

HOUSE OF REPRESENTATIVES

Friday, March 22, 2024

The House met at 1.30 p.m.

PRAYERS

[MADAM SPEAKER *in the Chair*]

JOINT SELECT COMMITTEE REPORT

Social Services and Public Administration

(Regulation and Administration of

Public and Private Early-Childhood Institutions

(Presentation)



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

Seventh Report of the Joint Select committee on Social Services and Public Administration, Fourth Session (2023/2034), Twelfth Parliament on an examination of the state of the regulation and administration of public and private early childhood institutions in Trinidad and Tobago.

PUBLIC HEALTH CARE SERVICES

(GOVERNMENT MEASURES TO IMPROVE)

[Second Day]

Order read for resuming adjourned debate on question [January 26, 2024]

Be it resolved, that this House call on the 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 sector.

Question again proposed.

Madam Speaker: The Members who have participated in the debate thus far, are as follows: The mover of the Motion, the Member for Caroni/East, Dr. Rishad

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Seecheran MP; the Minister of Health, Member for St. Joseph, hon. Terrence Deyalsingh MP; Member for Fyzabad, Dr. Lackram Bodoie MP; Member for D'Abadie/O'Meara, hon. Lisa Morris-Julian MP; Member for Cumuto/Manzanilla, Dr. Rai Ragbir MP, who has four minutes of original speaking time remaining, as well as, the hon. Member is entitled to another 15 minutes extended time, should he wish to avail himself of such. Would you be availing yourself of such, Member?

Dr. R. Ragbir: Yes.

Madam Speaker: Yes. So I will not interrupt you at the end of the four minutes, so you may proceed.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: Thank you, Madam Speaker. And a wonderful blessed day to all my colleagues on both sides. Madam Speaker, sometimes on our side here, I feel left alone. You cannot see my smile, you cannot hear me, but I am here today, but I know as a man of the cloth, the last shall be first and the first shall be last.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: So, Madam Speaker, in the little time that I have, I want to focus on our little ones. Specifically, mental health in the adolescence.

Mental Health is an integral part of our general health and wellbeing and a basic human right, about, yes, one in eight people in this world have some form of a mental disorder. It is very, very common, and since that global pandemic COVID-19, it has increased in leaps and bounds. The economic consequence of mental health conditions are enormous, I want to focus specially on adolescents, and when we hear the word, Madam Speaker, adolescence, I am referring to that age group, from the age of 10 to 19, and apart from anxiety, stress, depression, they have bipolar disorders, schizophrenia. Depression is very common, and here

in Trinidad and Tobago, and in our CARICOM, suicide is the third leading cause of death within that age group, between 15 and 24.

Sadly, we saw recently a young lady took her life, 18 years old. Condolences to the family. She hung herself in her brother's room. We will never understand what transpired, or what we will understand, is what is happening to the young generation. You know there is a new terminology now, called the Gen Z generation, Madam Speaker, and that goes from 12 to 27. It is a 15-year span. And, what has happened now, is that this generation there is a pressure upon them, from both, at the school level, at the parental level, to excel academically, in sports and other spheres. Some of these children came from single member families, or both parents—their parents may have lost their jobs. So, there is a lot of stress that is emanating from these children.

Another part of it is that, when you ask those young children and when I say young, again, we talk about the adolescents here. What do you want to be in terms of when you grow up, your career path? What is happening, is that, the people that have stood by you, and you are looking on that—your parents may have lost their jobs. They may be career persons—you look at Trinidad and Tobago, there are so many in average, professionals that are out there. The island effect I like to call it. Doctors, lawyers, engineers, technical/vocational and many spheres. My colleagues, I must compliment Dr. Seecheran, our Member for Caroni/East for his wonderful presentation that he did, and for bringing this Motion.

Hon. Members: [*Desk thumping*]

Dr. R. Ragbir: It is a wide Motion and this is it. Health is general, and that is why I choose to bring the young people there, and to all the speakers on this side.

Now, because of that, those children, they do not know what to do. And, in

the secondary schools system—we have the Member for St. Ann's/East—you have business, you have science, and they still do not know what career path to choose. And that amounts to a tremendous amount of stress. And, even before the COVID-19, you will see something when you pull up the shirts of both young boys and girls, they are called cutters. The physical pain blunts the emotional pain, and that is still very rampant. And they keep that stress and anxiety onto themselves, because—especially after the COVID—that bedroom where they stayed in for two years, that was a comfortable haven. Now, it has become a prison. So they would lash out at their sibling, they would lash out at their parents—because parents now, the guardians, they have a problem with discipline. Each one of us here as adults got some form of flogging from our parents, our loved ones, and looked how we turned out. But, it is a different world now, not only in Trinidad and Tobago.

So our society has changed, our children are telling us, knock on the door before you enter. Social isolation, drug use. Let us talk about drugs. We have young boys and girls from a very tender age, smoking. They are vaping; they are consuming large amounts of alcohol. And I have witnessed it. They chug this alcohol, straight into their mouths, Madam Speaker, so that they could get a fast head. It is not the whiskeys and what not, it is white rum, and the high energy drinks, which has taurine and has caffeine. Of course that raises your heart rate, but it can make them very ill. And recently you are seeing them, gathering more in groups, boys and girls together or separately, and they are consuming these alcohols—is going to affect that generation, and this is why we are looking at all the mental health disorders associated with alcohol, and with some form of abuse.

1.40 p.m.

Many of these children come from homes that have some form of violence.

When these children themselves cannot perform well academically, they are lured into other spheres where they can get an income, where they can get nice things and this is where criminal activity, Madam Speaker—that they are lured into gangs. So now adolescents, 10 to 19, what is going to happen to our generation to come? As each one of us here, as you get older, what is going to happen to these children?

Madam Speaker: Right. So, hon. Member, you are about eight minutes into your contribution. I just want to remind you—and I understand you are dealing with mental illness—but I just want to remind you of what the resolution of the Motion is and therefore, try to, in the remaining time that you have, get you back on track with respect to the Motion itself. Okay?

Dr. R. Ragbir: Yeah. Thank you, Madam Speaker, for your guidance. So how do we manage this mild to major depression? It is psychotherapy; counselling; we need a multipronged approach between Ministry of Health, Ministry of Education, social workers.

And before I come off this topic, I must tell you though that sadly, we have been seeing that more and more of our children are getting depressed and they need assistance. And recently, in one of the dailies, I saw where the Member for St. Joseph alluded to 61,000 visits from the 18 to 34 age group needed help in a very short space of time. And we keep asking, when and where are we going to put this in the schools so that the children can use that? And I am going to leave that here and talk about something else, it is about adolescent obesity.

I had mentioned previously about ultra-processed foods, Madam Speaker, and those are the fast foods, high saturated fats, extra salt, extra sugar, and we are getting an overweight population of young people. So that will lead to non-

communicable diseases at an earlier age, so that means, diabetes, hypertension, high cholesterol, and two aspects, heart attacks and cancers.

Madam Speaker, the green mangoes fall leave and leave the ripe mangoes on the tree. That means our young population will not be productive in their late 20s and 30s. So who is doing the jobs? Recently, we are seeing now people with chest pains, with myocardial infarctions, and when they go to the emergency unit, sometimes they may not get the troponin enzymes—I understand that is heart enzymes because you can have a normal ECG. So we have to ensure that we have enough testing and treatment.

The External Patient Programme for angiograms and other forms of testing for transplants and bypass surgery and angioplasty, we need to look at that programme again, Member for St. Joseph, because there are so many people that are waiting on the list. I know it is tremendous and it is costly, but we need look at a way that we can help the population of Trinidad and Tobago because while waiting, many people die; many people die. I will continue by saying that our young people are our future. We need to take care of them, we need to ensure that we have a healthy population and just as well, there is something that we need to understand with the adolescents, in terms of sexual activity.

There is a plethora of increased promiscuity with the absence of some form of protection and we well know, if we look at the data, there is a large amount of sexually transmitted infections in Trinidad and Tobago, like the rest of the world, but we still need to protect our children, and that comes with education, and we need to start from a very early age. The little ones from three onwards, they are on their tablets, they are on their phones and trust me, they know about things. When you want to tell them when they are nine and 10 about “the birds and bees”, guess

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what? They would teach you about “the birds and bees”. So we cannot be naive, Madam Speaker, we have to be forthright and do what we have to do to protect our next generation.

Madam Speaker, with those few words, I thank you and I want to recognize my colleagues and my colleague who brought this Motion from Caroni East. Job well done. Thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for San Fernando East.

Hon. Members: [*Desk thumping*]

The Minister of Rural Development and Local Government (Hon. Faris Al-Rawi): Thank you very much, Madam Speaker. Madam Speaker, I rise to participate in this Motion. The Motion itself, which is No. 1 on our Order Paper, as I bring it to your attention, Madam Speaker, and as I take the chance to welcome our visiting Girl Guides in the Public Gallery.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: Having served as a scout for all of my formative years, I have a great belief in the power of scouting and what it does for young people. So today’s Chamber, through you, Madam Speaker, we have the opportunity in this very important Motion to discuss perspectives and very importantly, Madam Speaker, to discuss how a narrative can affect the psyche of a population.

My learned friend for Cumuto/Manzanilla raised an extremely important point, which is sometimes underestimated depending upon the generation that you are in. My learned friend, a medical doctor, a talented man, somebody I have great like for, the hon. Member, raised the issue of our 10 to 19-year-old adolescents, and dare I say beyond, in the difficulty of mental health. We, the slightly older

generation—

Mr. Hosein: [*Inaudible*]

Hon. F. Al-Rawi:—Barataria/San Juan excluded.

Hon. Members: [*Laughter*]

Hon. F. Al-Rawi: We, Madam Speaker, sometimes trivialize mental health. We were brought up tough, we were let out on the streets to play, we got home at dark, parents did not worry where you were, society did not involve cell phones. Today's world involves a phone call and the first thing you hear is somebody say—when— they say, “Ay yuh answer de phone.” You say, “Hello,” the first question you get is, “Where are you?” usually indicative of the line of questioning to say, “Are you safe? Where are you?” et cetera.

But now, we are in a generation bombarded by information; bombarded. And we are in a generation, from a health perspective—and I will come to wording of the Motion in a moment—that is not only bombarded by information, but is bombarded by dangerously selectively small aspects of information; selectively small aspects of information which fit into 10-second and 21-second dopamine hits. What do I mean? TikTok, Snapchat, Instagram, headline news, Loop Trinidad & Tobago News, CNC3—no condemnation of the fourth estate, the media. But what I am saying is, you see a headline, that headline click baits you, you jump to it.

Younger generations are taught, life is happy, John Brown has it easy, look at that beautiful person, look at that happy person. But equally joined in that conversation in the context of today's Motion, we, the Parliament of the Republic Trinidad and Tobago, 41 of us on Private Members' Day are invited by a senior member of the medical profession—again, somebody that I have great respect for,

my friend opposite, and listen to the Motion that we are considering today:

“...it is the duty of the Government to provide safe, reliable, and compassionate healthcare services for all citizens...”

Agreed.

“...*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;

...*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;

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

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.”

The resolution, I must compliment the hon. Member, is not the type that an Opposition usually brings, which is one of condemnation; a condemnation of the Minister of Health, et cetera. It allows us to have a discussion today. But in this Motion, we are now, in society, being fed, in the clickbait of a headline, the small story, we are being fed with information which brings the wrong impression to people in Trinidad and Tobago. So let us start with where we are.

We have a Ministry of Health that has an annual budget of roughly \$7.4 billion; \$7.4 billion spent upon the people of the Republic of Trinidad and Tobago and anybody that passes through emergency health care, citizen or non-citizen.

Secondly, we have a system where we have the Ministry of Health and it runs the RHA models, the regional health authorities created by statute. You have the North West Regional Health Authority, the North Central Regional Health Authority, the Eastern Regional Health Authority, the South-West Regional Health Authority and the Tobago Regional Health Authority. You have five of them. Those five entities get roughly 40 per cent of that \$7.4billion. But, Madam Speaker, what is not told is the level of sophistication by number in the system. Are we doing well or not with what we have? Are we a country that pays for health care?

As we were coming up to the Chamber, the Member for Diego Martin Central told me something, which I will share in the context of the Motion. He said to me that one of his constituents had a child playing on a football field in Diego Martin. The child fell, broke his arm, was taken immediately to a private health care facility, a well-known one in the west. They said, “Yes, we can treat you, \$65,000, please, pay downstairs.”

Hon. Member: Serious?

Hon. F. Al-Rawi: “Sixty-five thousand dollars, please, pay downstairs.” That parent took the child immediately to Mount Hope, the surgery was done, the medication provided, the bed was given, the aftercare done for absolutely no cost; none.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: Those stories can be told over and over again, but today we are dealing with the negative side. We accept that an Opposition must bring certain challenges to air an issue out but in society, we have negative stories. So let us get to the example of the North Central Regional Health Authority, which Mount Hope

medical is a part of. Let us treat with that.

Madam Speaker, if you look at that particular health authority, which comprises the Caura Hospital; the Eric Williams Medical Sciences Complex, which is Mount Hope; the Mount Hope Women's Hospital; the Couva Hospital and Multi-Training Facility; the Arima cluster; the Chaguanas cluster; the St. Joseph cluster; the Arima General Hospital cluster, permit me, Madam Speaker, in saying that those eight entities that are comprised in the NCRHA, which is basically nearly a quarter of the Trinidad and Tobago including the densely populated East-West Corridor, let us look at the through-put of numbers in the context of this Motion.

Madam Speaker, at these particular places, in answer to the Opposition's Motion, I can say that there is a diligent digitization effort, a diligent drug delivery management structure—I will come to that—a diligent patient delivery structure. But, Madam Speaker, permit me to you an idea of one regional health authority, the NCRHA, North Central, of their numbers look like: 2021, Accident and Emergency alone, these eight entities had 153,860 in A&E; 2022, 183,308; 2023, 204,155.

1.55 p.m.

That is 33 per cent more patients seen in 2023 than in 2021. Let me say that again, 204,155 patients alone in accident in emergency. Of course, when you get to accident and emergency, doctors are present, registrars are present, consultants are present, nurses are present, technicians are present 24 hours a day.

How about general practice clinic. 2021, 93,000-odd; 2022, 98,000-odd; 2023, 116,000-odd. That is a 24 per cent increase over 2021. Maternal and child health attendances, 89,000 in 2023; financial year '22, 83,000; '21, 90,000, that

was in a COVID year in particular.

Madam Speaker, let us look at chronic disease clinics, 61,000 in '21; 60,000 in '22; 59,000 in '23. Radiology procedures, 215,000 people in 2021; 223,000 in 2022; 252,000 in 2023. Madam Speaker, laboratory diagnostics, listen to these numbers, 2021, 2,457,000-odd, 2022, 2.7 million diagnostics conducted.

Mr. Deyalsingh: Free.

Hon. F. Al-Rawi: 2023, 2.575 million diagnostics done for free, Madam Speaker.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: Surgical procedures, '23, year 2023, 12,700; 2022, 9,134; 2021, 9,192 all for free. Clinic attendances, because, Madam Speaker, you have people in the hospital and then you have people that attend clinics. So apart from the millions of diagnostic tests, apart from the million-plus attendances between—you are looking at accident and emergency, maternal, et cetera, these are all inpatient aspects. Madam Speaker, outpatient for 2023, 166,000 people; 2022, 112,000 people. Madam Speaker, I would not even get to the COVID numbers because they are in the hundreds of thousands as well.

So permit me to put this into context now, \$7.4 billion for the Ministry of Health. That is to run Ministry of Health, the five RHAs, pay all the doctors, all the nurses, all the lab attendants, 40 per cent of that across five regional health authorities, millions of patient hours, millions of patient hours, millions of diagnostic tests, millions all for free in a population of 1.4 million people where we have a strong, robust, well-resourced private sector medical attendance. In our country to get doctors to perform, doctors are allowed the privilege at law of being able to practice in the hospital and in their private practice. Nowhere else in the world does that happen for conflict of interest reasons.

I can tell you, I confess, Madam Speaker, I have a son who is now a medical intern now, pulling the hours that all doctors do, 48 hours, 24 hours, et cetera. I see it myself. I have not seen the number of hours that my colleagues opposite have seen, those medical doctors opposite. As a lawyer I was accustomed to those hours myself, and in Government I testify that law is no different. But, Madam Speaker, 1.4 million people with millions, this is only the North-Central Regional Health Authority figures I have just described. This is not south-west which is larger. This is not north-west which is more concentrated. This is not Tobago, this is not eastern regional health authority. One regional health authority I have just described, millions of diagnostic tests, millions of treatment hours, outpatient hours and we think our country has a problem?

In the perfect world we would love to have everybody treated for free, immediately, on-time, but we are on a national budget. Let us connect the dots. This Motion asks for more. Yes, more but from where? The Government says, let us get more. Let us allow people via a revenue authority to improve the revenue collection in this country so that we can have millions of more procedures in diagnostics. They say, no.

Let us allow for the public service to be reformed through digitization. They say, no. Let us feed local government with property taxes and take it away from central government so that the health system can have more money. They say, no.

Madam Speaker, the only way a government runs itself is via that ugly word, "tax". The question is, are you getting value for money? You do not mind paying for something you are buying. Is it worthwhile to you? Surely for the dad from Diego Martin Central whose son broke the arm, that fixing of the arm at Mount Hope for free was \$65,000 that that family did not have to pay. As a lawyer I

recall my days in private practice, as the Attorney General I recall my days there. I remember all of the medical negligence suits, et cetera. I remember when people arrive at private institutions and they say, sorry. No money, no treatment. At least we have an alternative in this country.

So where are we in the alternative? What are some of the other narratives out there? Let us get to the North-West Regional Health Authority. Let us deal with a hot item in the news today and yesterday. A member of the medical fraternity, I do not often call names, but I will say it today, Dr. Asante Le Blanc attended before a joint select committee which was televised and therefore we all heard the contribution. The particular doctor made an allegation, a very bold statement, that oncology drugs are effectively not available or they are outdated drugs that are being used and effectively people walked away with the impression that cancer treatment in this country is not the kind of treatment you want. What did that cause?

At the beginning of my contribution I started off with the headline, the 10-second, the dopamine hit: Cancer care gone through in Trinidad. That is what you get when you see a headline. The North-West Regional Health Authority and the Ministry of Health and I dare say some of the most respected players in the field of oncology, cancer treatment, came out aggressively to say, no, no, no, no, Trinidad and Tobago deserves better than that. Madam Speaker, it is a matter of record that this Government has taken the treatment of cancer extremely seriously.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: How? How did we do that? This Minister of Health, this Prime Minister, the hon. Member for Diego Martin West ensured, number one, whereas you will see movies over and over talking about people dying from

cancer, kids having lost their hair, the desperation of childhood cancer, of cancer in a family— you are seeing people in the movies cannot afford treatment, Madam Speaker. You are seeing raising of funds. In Trinidad and Tobago, cancer care treatment is available via the State for free, Madam Speaker.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: What is given for free? Number one, radiation services. Number two, oncology drugs, the treatment of drugs, chemotherapy, et cetera. Number three, after-care services; number four, some of the diagnostic services involved in there, sometimes PET scanning, sometimes CT scanning, sometimes MRI scanning. Diagnostic services in Trinidad and Tobago that is for free.

Mr. Deyalsingh: And palliative care.

Hon. F. Al-Rawi: Palliative care. For those who do not know and again this once brought me to tears in this Parliament literally. I remember Independent Senator—

Mr. Deyalsingh: Corinne.

Hon. F. Al-Rawi:—Corinne Baptiste-McKnight, herself a cancer treatment patient, got to the point of not being able to survive, had to go into palliative care right there at St. James—[*Member becomes emotional*—it happens every time. I recall visiting her.

Mr. Deyalsingh: Me too.

Hon. F. Al-Rawi: I recall her lying down in her bed. I recall her laughing, “Faris, I have a yellow blanket on me, doh read into it”. But I recall her saying, “God bless the people that treat me here for free as I live out my dying days in Trinidad and Tobago”. Sorry to be a little emotional. She was a good soul. Really good soul. But what I got to see there at St. James medical was treatment with courtesy. Doctors who gave their lives and time at the expense of their families to treat

people like that. Doctors who ensured that the palliative care came after chemotherapy, radiation therapy, et cetera. We got to see, Madam Speaker, some of the best of Trinidad and Tobago at work.

So what did the Minister of Health pioneer? The Minister of Health pioneered and the hon. Prime Minister insisted that what we get was the St. James radiation facility. What is that? A linac, linear accelerator nuclear machine that directly targets cancer treatment. That was put down for millions and millions of dollars at the St. James health facility. That was added to the stock of private sector that had the money before. Maybe you perhaps do not recall, but at Mount Hope there was supposed to be an oncology centre. It went into litigation and frustration.

The private sector stepped in, in particular the Brian Lara Treatment Centre, as well as the Southern Medical Clinic, they came on board, Madam Speaker. They treat patients by the hundreds of thousands of patients over the years, and the Government said, let us add to that stock by adding to the St. James facility where the palliative care goes, where people go to die in peace and are measured, Madam Speaker, and let us put the linac facility there. So it was promised and so it was opened and now it performs, Madam Speaker. But, Madam Speaker, as I come back to Dr. Asante Le Blanc permit me to use this opportunity in the confines of this Motion to put out, there is no shortage of chemotherapy infusion pharmaceuticals in this country—

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi:—including those used for breast and prostatic cancer. While chemotherapy drugs are short in in other countries, Madam Speaker, Trinidad and Tobago is not experiencing any shortages.

Madam Speaker, the confirmation of that comes from the media release of the Ministry of Health that is dated March 21, 2024, from the media release of the North-West Regional Health Authority, 21 March, 2024, Madam Speaker. In that I can tell you, Madam Speaker, confirmation, myself from doctors in the field, some of the leading oncology experts in Trinidad, independent of these releases have confirmed to me, that every single drug in St. James is on the 2024 NCCN guideline or the WHO—

Mr. Deyalsingh: Essential.

Hon. F. Al-Rawi:—essential listing or both—

Mr. Deyalsingh: Or both.

Hon. F. Al-Rawi:—and that none of them are obsolete, Madam Speaker. None of them are obsolete. Let me put this into context. When we came into Government, Madam Speaker, I was introduced to the term, the VEN list, V-E-N list. Pharmaceuticals are purchased in Trinidad and Tobago, then under the Central Tenders Board Act, asking NIPDEC to purchase the drugs in something called the C40 programme. NIPDEC to purchase pharmaceuticals would go to something called the VEN list which is the essential drug list and purchase from that list. I recall the horror I felt and the Cabinet felt when we were told that purchasing on the VEN list there were duplicates and triplicates of drugs. We had to eliminate approximately \$150 million of expired drugs every year because the list was not refined.

2.10 p.m.

This Minister of Health, the hon. Member for St Joseph—

Mr. Deyalsingh: Refined the list.

Hon. F. Al-Rawi:—refined the list, saving us hundreds of millions of dollars in

purchasing. Allowing in the press releases I have just referred to—the NWRHA is able to confirm that whereas at their institutions they would have hundreds of thousands of dollars in expired drugs, they now have hundreds of dollars in expired drugs, Madam Speaker.

Doing more with less. If your Opposition says no to tax, your Opposition says give us more, but we are not giving you the ability to get more, the Opposition says no to borrowing limits. Madam Speaker, in this House, the country was faced with the request to raise the debt ceiling limit for development and for companies. Statutory authorities—hear the foolishness coming from Naparima, to pay rent, Madam Speaker, fixated in his retirement.

Madam Speaker: Conversation this way.

Hon. F. Al-Rawi: Madam Speaker, coming from the Members opposite is a level of vile contribution that is so personal—

Mr. Deyalsingh: And puerile.

Hon. F. Al-Rawi:—and puerile, and obnoxious, Madam Speaker, that in the middle of serious contribution, about a major issue of sourcing financing for the Regional Health Authorities which are statutory authorities at law, Madam Speaker, that Naparima could engage in absolute nonsense, Madam Speaker.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: A self-professed elder amongst us. Madam Speaker, let us put this into context, we came to this country and said via the Parliament raise the debt ceiling limit so we can buy and invest in more. What is development? Madam Speaker, I am going to come to that when I come to the South-West Regional Authority, and Mount Hope in particular, I am tying it into this debate. Madam Speaker, in a place where, and my point being made was there is the Minister of

Health cutting the Ven List, cutting hundreds of millions of dollars in wasted expenditure in expired goods, getting down now to only nearly hundreds of dollars. There is the Minister—and I will come to this on digitization in a short while saying that, Madam Speaker, the digitization will again improve the efficiencies.

There is the Government saying let us develop the facilities at the North West Regional Health Authority, the North/Central Regional Health Authority, the Eastern Regional Health Authority, the South-West Regional Authority, the Tobago Regional Health Authority.

What are we met with? A resounding “no!” by the Opposition. So you bring a Motion, you want more, you say no to all of the remedies, it is like somebody saying “ah hungry but ah want nothing you have to offer, but ah I want the food now! Give me the food now! No, I doh want anything you have to offer, and ah not paying for it, and ah want it for free, and ah want it now!”

Madam Speaker, that Naparima sort of logic does not mesh with this Government. That Naparima sort of logic is the abhorrence that people should have in mind as to what does not make sense, Madam Speaker. So, Madam Speaker, coming to conclusion on the cancer issue, permit me to say that the release from Ministry of Health says

The “Trinidad and Tobago public health care system...”—

Madam Speaker: Hon. Member you have two more minutes of ordinary speaking time available, you are entitled to 15 more minutes extended time, if you so wish to wind up your presentation.

Hon. F. Al-Rawi: Should it please you, Madam Speaker.

Madam Chairman: You may proceed.

Hon. F. Al-Rawi: Thank you. Madam Speaker, so the media release from the

Ministry of Health dated 21st March 2024, says:

“... public healthcare system ... provides free chemotherapy and radiation ... for patients at ... St James ..., Southern Medical ..., ... Brian Lara Treatment, at an annual cost of ...”

Nearly \$41 million per year.

In relation to drugs for treatment of cancer, for the period 2021 to 2023, approximately here this figure \$246 million expended on the drugs alone for the treatment of cancer.

Madam Speaker, in relation to the North West Regional Health Authority, they have a digitized environment, and I will come to this in slightly larger detail. At Mount Hope and South-West Regional Health Authority, at their hospitals their health record system ensures electronic record system, inventory and pharmacy management, full feature, patient interaction system, analytical and digital dash boarding, and, Madam Speaker, there is no shortage of drugs.

So, Madam Speaker, insofar as the Minister of Health has spoken already, I am taking this opportunity nationally to publicly refute the statements made and televised in a joint select committee coming from a particular member of the medical fraternity, Dr. Asante—

Mr. Deyalsingh: Le Blanc.

Hon. F. Al-Rawi:—Le Blanc, respectfully I do not know the lady. I do not know the context that the honourable doctor spoke in but I am putting it on the record from the information I have.

2.15 p.m.

Mr. Deyalsingh: She is an excellent GP, excellent GP.

Hon. Members: [*Crosstalk*]

Mr. Deyalsingh: She is an excellent GP.

Hon. F. Al-Rawi: Let us get to the position of where are we going now. Madam Speaker, in the entire Government, whole-of-government system, I can tell you that the ambition of the Government is to have each arm of government coordinating with the rest. It is why the hon. Prime Minister created the Ministry of Digital Transformation.

Madam Speaker, in my capacity serving in the eight years as the AG and Minister of Legal Affairs I can tell you the courts have been digitized, legal affairs has been digitized, the first Ministry in the Caribbean to have online payments was the office of the Attorney General and Ministry of Legal Affairs. We took birth certificates and put them digital, we took companies, et cetera, but that experience is now in local government, as my gazetted responsibility now is to deliver those services, and local government in combination with the Ministry of Health, by the blessing of the Ministry of Digital Transformation, we are providing resources for the full digitization of the San Fernando aspects in the South West Regional Health Authority at the San Fernando General Hospital and at the Mount Hope facilities, North Central Regional Health Authority. What does that mean? It means, Madam Speaker, that patient records will be able to move faster.

It means, Madam Speaker, that diagnostic intervention can happen at real-time basis by the use of technology at bedside. It means more jobs in the digital transformation aspects of health. It means, Madam Speaker, that you can manage the data better, exactly as the Minister of Health did in the VEN list. In going through the list to see why it is we were spending \$150 million a year in expired goods that we bought too much of. Madam Speaker, you get that facility now at the other aspects of health care in the five regional health authorities. Madam

Speaker, what we get to do at local government now, is to add local economic development in these catchment basins.

So, Madam Speaker, I gave you an idea at the North Central Regional Health Authority of millions of diagnostic positions. If you look at the Mount Hope General—Mount Hope Hospital, the Eric Williams Medical Complex, and you look at San Fernando General, you are looking at millions of patients' hours a year. Local economic development allows us the proper entry in those campuses to provide local economic boost, to provide business places, to provide structures for pharmacies, to provide a food court. I confess I watch my son packing lunch and dinner every day from home, and I said to him, well, where are you going with food? The last time you packed a box you were in high school. I am a doctor, they have no food in the hospital that you could buy for sale at particular hours, because during COVID a lot of the establishments had to be reorganized because of patient contact and COVID contamination and therefore businesses began to fold there. The Minister has instructed—the Minister of Health—that there is a need for resurgence in those services and therefore local economic development at the Ministry of Rural Development and Local Government now ties in to the Ministry of Health to provide job opportunities and structures, that is called whole-of-government structuring.

The Minister of Digital Transformation is leading the charge for a unique identification number for all people in this country, even visitors. What does that allow? It allows harmonization of records. It allows disability grants to be tied in to patient care upon confirmation. It allows maternity grants, it allows for other forms of grants paid for by the Ministry of Social Development and Family Services or under the Office of the Prime Minister or under the Minister of Health,

to be integrated into one module tied into the office of the Attorney General and Ministry of Legal Affairs, et cetera.

You see, what the Members opposite do not quite grasp is that all of the systems have to be working together. There is a reason why the tagline of the Attorney General's office under my tenure established, was "bringing the pieces together", because that repository of information had to be harmonized across the basis of government, but our Prime Minister has lead the charge to say, we need to make sure we eliminate waste and corruption and mismanagement from the flow of money. How do we get more for \$7.4 billion? I will tell you in San Fernando General's context. If you look at San Fernando General Hospital, and my friend from Fyzabad will be well accustomed. He was chairman of SWRHA at one point. He has practised at the San Fernando General Hospital. He is one of our leading persons in obstetrics and gynaecology.

Madam Speaker, 60 per cent of the campus if not 70 per cent of the campus is derelict, old buildings, nurses quarters. It is an old colonial hospital, the Government focused its efforts on building Point Fortin, on building other facilities to lighten the load of the San Fernando General Hospital, but at San Fernando General Hospital, the Ministry of Rural Development and Local Government in the local economic development, we have done the condition survey and the engineering survey to tear down the buildings, and then the Minister will consider under the confines of the public procurement law, and advice that the Cabinet may give, how you invite the private medical sector onto the campus so that pharmacies can be built at San Fernando General Hospital.

Physical therapy, any form of medical related services in one campus. Why? Because we are building the waterfront as we speak. We have built the

hospital car park, we have rehabilitated the roads, we have rehabilitated the structures. The whole-of-government is coming together, so for the people of San Fernando, the redevelopment of the San Fernando General Hospital stands now as an opportunity for business, growth, which leads to medical growth, which leads to medical tourism, which relates to better value for money for our citizens, so that the many people who are on the outside of the position.

And, Madam Speaker, I accept plainly and truthfully that there are problems in the system, in the health care system, as there are in any system. The problems that do exist have to be remedied. They can only be remedied by the application of planning, of integration, and of financing, and then over a course of time getting to step 10 but you identify that you are at step one or step two, but you must have a line of sight where you wish to go. And I would like to say, Madam Speaker, as I come to an end, I have worked with the Minister of Health, the Member for St. Joseph, for 14 years now. I worked with the Minister of Health for eight years, two and a half of those years were spent in COVID. I have dealt with the Minister of Health and the entire Ministry of Health team: Dr. Roshan Parasram, Dr. Avery Hinds, Dr. Maryam Richards, Dr. Othello, Dr. Trotman and many others. The Regional Health Authority, the volunteers, the structures. Madam Speaker, I want to publicly salute the Member for St. Joseph as the hardest working, most efficient, most outstanding Minister of Health in the history of this country.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: And I have no fear of contradiction in saying that. I want to lay it on the Parliament record, because I was there in the midnight and 2.00 a.m. hours, when the Opposition had me in court fighting COVID, and fighting regulations, and wanting to strike everything down, using sunlight to cure COVID.

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It was the Minister of Health, the Minister of National Security, and the Attorney General with the Prime Minister and medical team that had to hold up the country in COVID.

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi: And, Madam Speaker, that was brutal, and I add here for the public record, the CPC's department at the AG's office, when we were drafting regulations from scratch, from my head to paper via the intellect and ability of the CPC's Department to make sure that we withstood, ultimately. The Opposition went to the Privy Council challenging our COVID regulations, and lost, and they had to pay costs.

Mr. Deyalsingh: Have they paid it?

Hon. F. Al-Rawi: So, Madam Speaker, I am grateful for this Motion to put from the Government's perspective some of the plans, activities and improvements on the record. I am grateful for this Motion to be heard and ventilated in the presence of some of our younger folk, our Girl Guides—

Hon. Members: [*Desk thumping*]

Hon. F. Al-Rawi:—who get to hear some of what debate and contribution looks like. I accept this is a very emotive and heart-wrenching Motion. I accept that all of us are going to interact with the health care system at some point, and have interacted at some point. Allow me, Madam Speaker, to congratulate and to compliment all of the health care workers in this country for their amazing job in dealing with millions of contact hours, and I thank you for this opportunity to contribute.

Hon. Members: [*Desk thumping*]

VISITORS

Girl Guides Association of the Republic of Trinidad and Tobago

Madam Speaker: Hon. Members, please join me in welcoming young ladies from the various squadrons of the Girl Guides Association of the Republic of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Madam Speaker: These young ladies came in just as the hon. Member for San Fernando West was about to begin his contribution, and they are still here with us. We welcome you. Member for Oropouche East.

PUBLIC HEALTH CARE SERVICES

(GOVERNMENT MEASURES TO IMPROVE)

Dr. Roodal Moonilal (*Oropouche East*): Thank you, Madam Speaker. Thank you very much for the opportunity to join the debate today on a most timely, most critical Motion, courageously filed by the Member for Caroni East—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—and supported by Members on this side of the House, that calls upon this House to resolve:

“...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.”

Madam Speaker, the recitals are very clear, I will not read those over and over again, but they speak to a situation that is dire, that is serious, that is affecting citizens. Madam Speaker, in the preparation for today I had the benefit—well, not the benefit, I had the opportunity of reading the *Hansard* record from the Minister of Health, the Member for St. Joseph. And, Madam Speaker, the speaker before

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me the Member for San Fernando West, the most wordy speaker—

Hon. Members: [*Laughter*]

Dr. R. Moonilal:—repeated somewhat some of the issues raised by the Member for St. Joseph. I want to begin by saying that on this side of the House we would like to commend those hard-working doctors, nurses, health professionals—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—all administrative staff in our public health system for the service that they provide in light of clear deficiencies in the system, clear mismanagement by the central government, clueless leadership by the Minister of Health in this sector.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: And our contribution is to highlight some of the challenges in the sector. It is not to condemn doctors or nurses or health administrators and so on, at all. And both the Member for St. Joseph and the Member for San Fernando West adopted a particular posture, that—and they both had the same data, it is just that they talk one month apart so nobody except who read the speech of the Minister this morning, would remember. Both came with this 1 million, 2 million, 3 million, the Port of Spain hospital, the Arima Health Centre, the south—they saw 3 million, 4 million, and quite rightly of course, the ordinary citizen who is listening would ask, “but you have about 1.4 million people in the country”. “What they talking about 2.6 million people seen and so on”? But of course what they do, and I will ask the Member for San Fernando West and others who will speak after, could you please provide us with the source of that data?

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Before questioning the accuracy of the data, tell us the source of

the data? Where and who sat in a room somewhere in Arima and calculated 2.6 million visits by people, of course doubling up and tripling up, and so on? Because what they are coming with here is a narrative that if somebody goes to the hospital six times, well, that is six diagnostic tests. If a doctor comes downstairs and sees a patient, “how are you feeling” or “explain your symptoms”, oh, well that is one to add to the book. If the next doctor comes and sees the next patient, we add that to the book, and you come up with 2.5 million. So eventually that 2.5 will reach probably 10 million by the time this debate is finished.

2.30 p.m.

But that is really not a stress test for the state of the health sector. It is not how much times you see the patient, it is the waiting time for the patient.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: That is a critical issue, waiting time, not how many times. And I have some—Madam Speaker, in preparation for this debate, I did something which part of me regrets. Madam Speaker, as I do, and those of us on this side do, I encourage the members of the public, my constituents and persons in the health care system, could you please—“I am debating this matter in the coming days, would you have any policy issues to raise? Would you have any suggestions, recommendations? What was your experience at the public health sector like?” And, Madam Speaker, I had to take Panadol Ultra when I started to get the replies.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: I myself needed medicating. I needed to take Panadol non-drowsy when I started to get the reports.

Hon. Member: [*Interruption*]

Dr. R. Moonilal: I took two, yes, every four hours. Madam Speaker, I did not

know it was so bad. So I want to tell my friends opposite, policy—I do not want to academize here, but policy is linked to problems. The reason you have policy is because you have problems. You do not have policy because everything is working good. There is no need for policy. Policy is linked to, in a developmental sense, problems. So if I announce to you now with fanfare that over the last six hours, three aircrafts landed safely at Piarco International, would you jump up, thump the Table, clap and cheer? No, because we expect that aircrafts would land safely. If I announce that in the last hour, an aircraft overran the runway and crashed, that is a serious concern. You jump, you say, “No, no, no.” But you have to find policy for that problem, for a problem.

So in the health sector, while I agree there are persons who will visit the health sector—and the Minister of Health and San Fernando West quoted I think—I think the Minister quoted from persons who were writing in, “We had a good experience,” or “Thank you for the service,” and so on. Yes, you will have persons who will go in the health centre and come out and say, “Okay, I had a service provided,” but that is your job to provide the service.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: That is your job. What do you think you are there for? But it is the persons, the citizens—whether there are a hundred, a thousand, a million or whatever, it is the persons who are facing crisis with this system that we must address, so that we can match problem to policy. That is the issue. So you cannot just say that, “Well, two people send me a letter and they say we did well, the hospital treated me good,” and then we come with persons who have clearly had a disappointment in the health care system—and a disappointment in the health care system is fatal, eh, you live or you die. So that is an issue I want to put on the

table.

So that we are not saying that the person A or B may not have an experience that is positive and so on, but you have to focus on the persons who did not have that good experience, did not get the medicine, had to wait and so on—and I will come to some of the anecdotal evidence that came to me from persons writing in.

The Member spoke—Madam Speaker, I am close to this sector in a way because I spent some good time in government working with the health professionals for the construction of infrastructure for the health sector. I was aware of some of those developments. The Member spoke about San Fernando. I am most aware of San Fernando, in particular, where it was under our administration, 2010—2015, we established that oncology unit in San Fernando to meet and treat with the patients.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: When the Minister came in, he said he met a shed, promised to build oncology centre. Where is the oncology centre now? Anybody saw it? When is it coming?

Mr. Deyalsingh: Augustus Long.

Dr. R. Moonilal: When is it coming?

Mr. Deyalsingh: In June.

Dr. R. Moonilal: Okay, I understand now.

Mrs. Persad-Bissessar SC: I thought they said in May. Now it is June.

Dr. R. Moonilal: No, but they are not building anything. They are taking Augustus Long Hospital, which is an existing installation, and are going to convert it somehow. That is the plan. They are not building anything really. But made this remark that we had a shed. That shed is treating patients today as this debate

continues. What the Partnership left—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—is treating patients today and, yes, we know the identity of a couple of patients who are being treated at this moment because of the infrastructure left by the People's Partnership administration.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: We are very proud of that. We talk about health care and I would focus, Madam Speaker, in my time, on some of the issues with health infrastructure, because health infrastructure is linked to health care and human resource management in that sector which appears to be a challenge as well.

Madam Speaker, I want to touch on something that the Member for San Fernando West and Government Ministers will be talking about. "It free, it free, it free, we treat people in this country and it free. They come to the hospital, they get their tablet, they get their pills, they get to see a doctor in a white coat and it free." Madam Speaker, it is not free. We pay health surcharge, we pay taxes.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: The man or woman who presents himself/herself at the hospital door pays health surcharge, taxes in most cases. So it is not free. Because we have this impression, you know, the health sector, they get it free. No, it is not free, we are paying for that. And this notion that we should be so happy because 2.6 million times people were seen—the same people, of course, were seen, 2.6 million, and it is free. It is not free. In fact, when he was saying that, I asked for my payslip from the Parliament. They gave me it, it is here, I cannot exhibit it but I noticed I pay health surcharge too. It is not free. So I want to debunk that immediately.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: The Member said that no doctor in no part of the world can have a private practice and work in the public health system—the last Member. But this is not true. In the United Kingdom, consultants/specialists are allowed to practise in the private health sector and in the national health system.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: So this is simply not true. And I do not want to enter into any bad or unparliamentary language and so on, Madam Speaker, but it is not true. Let us leave it like. Madam Speaker, the Member talked about—the debt development loan and all types of things came in this debate now, you know. But I will leave that there for now.

Madam Speaker, I just want go through a couple of items that I received and I want to just deal with one matter quickly. Madam Speaker, this matter is in the news, and I quote from the *Express* Editorial today, page 12 of the *Express*:

“No apology needed”

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: And the *Express* reflecting on the contribution, of course, of Dr. Le Blanc who spoke at a joint select committee a few days ago and spoke about the lack of medication, and the lack of equipment and waiting time and so on, the *Express* is saying there is no apology needed to speak in that manner. And notwithstanding the statements from the particular individual, 24 hours later, the *Express* makes an important point that:

“...long delays in getting mammograms and colonoscopies, two essential diagnostic tests, according to...”—the doctor, these—“...experiences...”—and so on have not been debunked by the Ministry.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: The Ministry said nothing about that, about waiting times. They said nothing about the issue raised as it relates to vaping and young persons and so on, which is a matter I am sure other colleagues would want to take up from a medical point of view. So that the information put in the public record by this Dr. Le Blanc stands.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: They did not debunk or rebut it.

Madam Speaker, I wanted to indicate just one—because there are so many things you can say on this matter. One person who wrote in to me, gave an account—which I will read without calling names, because I will not call names of persons and so on, you know, to bring them necessarily into the debate.

I had a recent experience. My mother was a critical patient at Mount Hope and did not get a CT scan within three days there. It turned out to be something needed immediately. It needed immediate surgery once diagnosed on CT. She only got that at a private institution, not at Mount Hope. Mount Hope had no policy for transfer to private medical facilities and openly encumbered and endangered the life of my mother who wanted to move from Mount Hope to a private ICU on a particular time, on a particular day quite recently. Government hospitals would not give anyone over 60...

That is a serious matter.

Government hospitals...

Mr. Charles: [*Inaudible*]

Dr. R. Moonilal: The Member for Naparima is very concerned with this.

Government hospitals would not give anyone over 60 an ICU bed

automatically due to their age and would not allow transfer by government ambulance to a private ICU either.

Mr. Hosein: What?

Dr. R. Moonilal:

Even—called a hospital in the west—does not...

Private hospitals, private facilities may not have their own ambulance service. Private might have their emergency area but not privately. Madam Speaker, in this particular case:

When the ambulance arrived to transfer my mother—the person—the nurses at Mount Hope pulled out the infusion on the mother's arm which was keeping her heart going. Their rationale was that the IV—and other technical terms they used—is the property of Mount Hope and cannot be removed.

So that the patient had to be transferred to a private facility for treatment and they indicated that they could not allow the patient to go with the adrenaline infusion and so on, because that was the property of Mount Hope.

They refused those three things—all the equipment—to the patient that was being transferred. The ambulance then had to put in their own IV and bring a fresh set from another ambulance to start their own procedure.

Could you imagine that?

The Mount Hope house officer was present and did nothing. The medical team in Mount Hope said the hospital policy prevented them from giving medical handover of a patient, clinical information, to a private ICU team.

So they could not hand over information on the patient who is in a very bad condition, seriously ill, to a private facility. So if you are over 60 and in critical

illness, they automatically refuse you an ICU facility.

They do not have a form for patient transfer in Mount Hope.

Madam Speaker, I do not want to read on and on, but this is very serious. Now, I will tell you the little bottom line to this whole thing. The patient here is the mother of a medical doctor.

Mr. Hosein: Oh my God.

Dr. R. Moonilal: So when the medical doctor write things like these, he understands what he is writing. This is a medical doctor, the mother had this experienced in the public health system.

Madam Speaker, recently, in the San Fernando health system, I had a firsthand view of an unfolding drama—a Friday night, I believe it was—where a patient, a constituent of Oropouche East, was at the San Fernando Hospital and needed emergency dialysis; needed emergency dialysis. The hospital had dialysis machines but they did not have the staff in the night to undertake emergency dialysis. So you had the machines but your human resource management did not allow you to have staff on standby, on call, or whatever. Madam Speaker, the patient subsequently died about two days later, and that is the reality. That is the reality.

And someone else told me a story—they come fast and furious, these stories, you know—where there are several patients with problems. In particular, Mount Hope is being called here. The Casualty Department is a mess. One of the patients were fragile and sick, having hiccups and vomiting, went to the emergency at Mount Hope around 4.00 p.m. on a day, waited until midnight, did not see a doctor, got fed up and was really feeling terrible, left and went home. That patient got a call 11.00 a.m. the next day asking him, “Where are you? The doctor is

looking for you.”

Hon. Members: [*Laughter*]

Dr. R. Moonilal: He said he got a call 11.00 a.m. the next day asking him where he was, they were now going to attend to him. When you are warded and you are not mobile, you are in big trouble.

Madam Speaker, I have some other stories, I really do not want to continue with that. This week—in fact, just this week, Madam Speaker, in a letter issued—and it is something that, I believe, should be fixed, and maybe by now it is fixed, I do not know—a letter was issued, a memorandum to all laboratory users from the manager:

Limited reagent for CBC

Blood tests, correct?

Mr. Hosein: Yeah.

Dr. R. Moonilal: I depend on these doctors here to help me out through this.

Mr. Hosein: Are you a doctor?

Dr. R. Moonilal: [*Laughter*]

Dear all,

Please note that our current supplier of the reagent required to run CBCs has informed us that they currently do not have any in stock and that they are unable to supply the lab with any reagent in the next coming weeks.

Could you imagine that? Reagent to do a blood test, so to speak, that is the preliminary work for any procedure, they do not have that at North West Regional Health Authority; do not have it. And I understand the situation is the same in Arima, it is the same in Port of Spain, it is the same at Mount Hope—

Hon. Member: Paying rent—[*Inaudible*]

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Dr. R. Moonilal: And I will come to rental in a little while. In fact, I have a note on rental in the health sector—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—and I am holding that because I want to hold attention as well. Madam Speaker, electricity issues at North Central Regional Health Authority. My colleagues from Fyzabad, 11 July, 2023, had to do a press release. A report in the *Express* of:

“...a power outage due to malfunctioning transformer”—at the Eric Williams Medical Complex—“...which...”—required—“...evacuation of...”—patients to another facility.

2.45 p.m.

“...a power outage was...disturbing to patients and health care workers alike.”

This was revealed “by the CEO...to the media that the transformer involved was upgraded a mere two weeks ago.”

Power outage we faced there.

Madam Speaker, as I am on power, there is a note from San Fernando I want to just get back to. In a nutshell, and again I really do not want to be reading at length some of these things, but in San Fernando, there are particular challenges there. When the Partnership was in office, Madam Speaker, a lot was done in the San Fernando South Regional Health Authority and the chairman there, not surprisingly, was a Member of Parliament for Fyzabad

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Madam Speaker, there is a problem with the generator in San Fernando we are told. In the new wing of the San Fernando General Hospital, it is

serviced by two stand by generators to provide power in the event of a T&TEC power failure. One generator is a primary back up and the other is secondary. The primary generator failed—hear this one. The primary generator failed on the 9th of April, 2016—eight years ago. Attempts to have and replace and repair has proven unsuccessful over the years citing on availability of funds. Of funds for a generator. Where the money is going and we will come to that of course.

The second generator failed on November 25th, 2023. That is last year. That is the second generator. Let us look now for the third generator. As a result the Health Authority has been renting a standby generator at a cost of \$75,000 per week from a company called Standby Power—how appropriate—at a total cost to date of approximately \$1.4 million. The cost does not cover additional works to be done. maintenance and so on.

Mr. Indarsingh: “Coulda buy a generator.”

Dr. R. Moonilal: You could buy a generator for that.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: You “could have buy” a generator for \$2 million. Madam Speaker, a next problem at San Fernando—you know in San Fernando they built a carpark, I believe I could be wrong, for about \$40 million. Is it 40? Correct me if I am wrong, but they built the carpark in San Fernando. But while they were building the carpark they forget that the incinerator was not working. One hundred and thirty? Oh, I was wrong. That was probably one floor I was talking about. It is in excess of \$120 million.

Madam Speaker, the South-West procured a new incinerator in 2012 under the Partnership administration, 2012, new incinerator. This system was designed by international standard and met EMA requirements for emissions. The

incinerator was functioning efficiently. However, due to a lack of maintenance—because they claimed they did not have funding—this incinerator came into a state of disrepair. It had to be repaired. Madam Speaker, instead of repairing or buying a new one they started to contract out the disposal of needles and bio-hazards. They contract out this as well, and they pay to remove bio-waste now instead of incinerating \$60,000 plus transport per week, per week.

They are paying a funeral home—I would not call the name of the funeral home to incinerate body parts at a cost of \$40,000 weekly. So instead of buying an incinerator, which is \$2.4 million I am told, they will pay \$40,000 to a funeral home and \$60,000 to a company for waste management services. You understand what is happening here? Everything was working until 2015. Everything stopped working after. Everything stopped working remarkably after.

Madam Speaker, another important matter is the oxygen plant at the San Fernando General/Teaching Hospital. That plant has been out of service since November 2022. The General Manager of Operations failed to approve the repairs to the same plant. To date the company is spending—South-West, hundreds of dollar annually for procurement of oxygen cylinders from one Massy Gas Products (Trinidad) Limited. You understand where that going now. Madam Speaker, it goes on and on and I have some other matters to get to but the situation is serious. The situation is serious. But where did they use the money for? Where did the money go? And you know I took a note in my research.

2.50 p.m.

The Minister of Finance promised in his 2022 Budget Statement, and I am reading the 2022 Budget Statement under theme: “Social Development Health”, page 31: “These centres are being located...”

These are centres for the treatment and management of renal disease.

“...at the Couva hospital beginning with a National Centre for Treatment and Management of Renal Disease...”—to be established at the Couva Hospital.

We are in 2024, anybody established a renal disease centre at the Couva Hospital? Do you know at the Couva hospital, I checked last night—did I?—Yes, after a very good meeting at the UNC headquarters, yeah.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: The light blew on the sign so it is now the “Couva Hospital Multi...nothing Facility”. I think that meant training but all the bulbs are blown out on “training”. So I think literally and metaphorically, training went off. They cannot even fix the bulb at the hospital, you are expecting them to fix machines.

Madam Speaker, at the Couva hospital, let me put it on record, 230 beds. You know what they are using now? Sixteen; 230 minus 16, how much, 14? Two hundred and fourteen beds are there placed by the People’s Partnership Administration for the citizens of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: And when you go to San Fernando, Mount Hope, you cannot get a bed. You stay 12 hours, 18 hours on a bench, “on ah peerha”—

Mr. Indarsingh: Days.

Dr. R. Moonilal: Days without a bed and 214 languishing at Couva. Management, PNM-style. In renal treatment and so on, there are some other issues concerning that, I would—the Minister raised this issue now of what? I do not want to get into digital business and so on. I do not think that will take me far.

But, Madam Speaker, what did they do with the money? I have raised before the

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Ministry of Health constructed a brand-new spanking business for their Ministry of Health central staff at a cost \$260 million. That is where the money went in the health sector, to construct a building for \$260 million, a carpark for \$120 million; 260 and \$120 million is how much?

Mr. Hosein: Three-eighty.

Dr. R. Moonilal: Almost 400, \$400 million have gone into health-related infrastructure that does not touch and concern a patient in terms of equipment, in terms of machine—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—in terms of medication, in terms of cutting down waiting time. While they were spending \$400 million, 500 doctors are unemployed in this country, 500 unemployed. Some worked during the COVID and were promised their contracts as a result of their great work to assist during COVID; never got any contract. Correct?

Hon. Member: [*Interruption*]

Dr. R. Moonilal: Good. So this money went in the construction and we told them instead of building at this time a headquarters for the Ministry for \$260 million, why do you not take that and put it into the basic essential drugs, basic essential equipment.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: In the Mount Hope and other hospitals, I have had constituents who tell me, I verily believe, that when they had a relative in the hospital, they went to buy a—what is it called? “Ah laslo fan?”

Hon. Members: Lasko.

Dr. R. Moonilal: Lasko, yes. They went to buy a Lasko fan to donate to the ward

because it was too hot for their relative. A relative told me, they had her family member in the hospital and actually went in the hardware to buy, well, equipment for washrooms, I would not go into detail. Equipment for washrooms in the hospital.

And when we checked the report, Madam Speaker, I have raised this matter before, the Ministry of Health engaged UDeCOTT to construct the Ministry of Health headquarters, \$260 million in a nutshell without reading all the details and so on. When they did the request for proposals and the contracts, it was clear, it was a build-own-lease-transfer model. Now that is a simple model, you build, you own—

Madam Speaker: Hon. Member, you have two more minutes of ordinary time.

Dr. R. Moonilal: Thank you very much.

Madam Speaker: You are entitled to 15 more minutes.

Dr. R. Moonilal: Yes. Thanks.

Madam Speaker: Yes, you may proceed.

Dr. R. Moonilal: Madam Speaker, you build, you own, you lease back to the Government and then you transfer. That is something we have used here over the years. It was very clear in the contractual documents:

The contractor shall make its own financial arrangements to secure financing for the design and construction of works subject to terms and conditions included in the contractor's tender.

This is a UDeCOTT document, Madam Speaker, it is called: Request For Proposals, 21 March, 2018. Another document prepared by UDeCOTT, 21 March, 2018, the same document: Financial evaluation:

If UDeCOTT in its sole direction determines that the proponent is unlikely

to obtain satisfactory financing to achieve the close off, then it may reject a proposal.

Reject. Madam Speaker, I have in my hand some company documents. You know what they did as a model? What they did? They had persons or companies bidding for a \$260 million project. The documents are in my hand, I will not exhibit it high and large and so on. And a company by the name of Asclepius Holdings Limited. Asclepius, it is Greek, meaning the God of medicine. The God of medicine. Asclepius Holdings Limited. This company incorporated in May 2019 was able to work with another company well known to the Government by the name of NH International that has shareholdings in Asclepius Holdings Limited, and what the Government did and facilitated was to transfer the State land, prime real estate around Queen's Park West and Jerningham Junction, transfer the State land for the contractor, the holding company, to use as equity to get a loan to build the building.

Mr. Hosein: What? No. No. No.

Hon. Members: "Ohhh."

Dr. R. Moonilal: So you tell contractors it is BOLT, raise your financing yourself, PPP model, and then you take state land, prime state land, surrender it to a private company and say go to the bank and get a loan now. So the private contractor, the company does not spend one red cent from his pocket and the proposal, the tender document says that you have to finance yourself, secure financing for the design and construction of works mandated by the request for proposals.

Mr. Hosein: Design and construction.

Dr. R. Moonilal: Design and construction.

So, Madam Speaker, Asclepius Holdings Limited goes to Republic Bank and says, “I would like to take a loan for \$260 million and here, the Government has leased this land to me, hold the land as equity for this loan”, state land. The Caroni workers are still waiting for residential lots, still waiting for agricultural land.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Prime property goes to Republic Bank so that a contractor gets a \$260 million contract without spending one dime from their pocket. This is how they operate with the Ministry of Health headquarters.

Now, there is “a next” related matter to this that remains a mystery. It is so mysterious that I told colleagues assisting me that I am sure the Government could explain it. You ever see something and you say it must have an explanation? No, this one must have an explanation. Madam Speaker, in a company’s website and I am going to get it now for you shortly.

Hon. Member: [*Interruption*]

Dr. R. Moonilal: [*Laughter*] I hope you, yeah. In a company’s website, it is called—

Hon. Member: Quite a bundle there.

Dr. R. Moonilal: Yes, this is what happens when you have all these bundles in front of you. The name of the company is Aleron company. On their website, Madam Speaker, they are advertising on their website that the Government, of course, has now opened the brand new spanking Queen’s Park facility.

Government “...Formally Opens the New Ministry of Health Administration...”

Right. Aleron, it is a consulting company, engineering consulting company.

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“On Monday August 07th, 2023, Prime Minister Dr....Keith Rowley...opened the new state of the art Ministry of Health Administrative Building...

Aleron...partnered...”

This is the engineering company—

“...with NH International...to deliver this design-build project under via...(BOLT) contract between...”—UDeCOTT—“and...Republic Bank and NH...”

Hear this:

“The lease will run for 15 years at a cost to the government of TT\$30M per annum...”

So the Government, the taxpayer pays \$30 million for 15 years. How much is that?

Mr. Hosein: Four hundred and fifty million.

Dr. R. Moonilal: Four hundred and fifty million dollars the Government is paying for a building of \$260 million. “Where the money gone?”

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: How much is that difference—450 minus 260? Okay, we have just calculated it, we did the sums: \$190 million more than the building for \$260 million.

Now, what is interesting is that the Government did not take the loan from Republic Bank. It is Asclepius Holdings Limited that took the loan so the Government is paying Asclepius and/or NH International \$30 million a year for 15 years, \$450 million but the building is \$260 and the land belongs to the State. Where did the—190? Where is the \$190 million going? Is that pre-ordered to help

with gratuity and pensions and estate fees? Where is the money going, because this is a serious matter. The Government could have simply used the land itself and build a building for \$260 million. Why do you go through all this intricacy to pay \$30 million per year for 15 years, according to Aleron of their website? “Is somebody pension?” This is on a website, \$30 million for 15 years, 450. So every government every year to come pays \$30 million.

So what they did is they created a narrative that this will help. What? “We saving money, we not renting but dey doh tell the people is \$30 million a year yuh paying fuh that” before the building is transferred over and you pay \$190 million more than the cost of building. Republic Bank is a blue-chip asset in the national insurance—in the NIF. We went through that. So, Madam Speaker, the Government needs to explain this type of arrangement and value for money. “Where the \$190 million gone” and what rent are you saving? We know they like rent. In fact today, somebody mentioned to me that in light of some news that Pan Trinbago involving a Minister, they have moved from “Al-Rental” to “Al-Randall”.

Hon. Members: [*Laughter*]

Dr. R. Moonilal: The thing is contagious. Madam Speaker, we are still talking about health, eh. We are still talking about health because it is contagious. “De fellas” are contagious now. No, and the Minister in question said, “it is not me, that is a company I have interest in, I do not know anything about that”. Yeah, we believe you.

So, Madam Speaker, while the Government may try to con the population into believing that they are saving rent, they are saving money, they are not telling you that the UNC Government as well will have to face a \$30 million tab on the

Ministry of Health's headquarters for the next term of office and we will be there for five, 10, 15.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: And we will have to pay it out but this requires some serious explanation and I dare say that the Minister of Finance should explain to us the posting by Aleron in terms of the amount of money that the Government has to pay for a \$260 million facility.

Madam Speaker, another matter that I want to raise because I know this time, we are flying, the Welch report, this famous Welch report argument that the PNM always uses. The Minister of Health came with it already. Every time they raise this report, they call the Member for Siparia's name, every time, every time. The Prime Minister will do it, the Minister of Health. They parrot each other, they tap each other on the back and so on. But, Madam Speaker, this is a serious matter that they are continuously misleading the population on. The facts of the matter are very clear. They would like to blame the Opposition Leader for not sending representatives or so to the—is it the Welch report? This is a pack of nonsense.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: In the newspaper headline, Madam Speaker, it is called: "Rowley gaslighting T&T over health sector..."

Hon. Member: All the time.

Dr. R. Moonilal: All the time. Former Minister Dr. Gopeesingh dealt with this matter.

Madam Speaker: Hon. Member, just remember what the Standing Orders say and while you might be quoting an article, remember it becomes your words, so you may have to put in parenthesis what you know is the proper thing to say.

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Okay?

3.05 p.m.

Dr. R. Moonilal: Okay. Madam Speaker, the former Minister of Government, Dr. Gopeesingh, indicated in a newspaper story on the 22nd of July, 2022—it is in the *Express*. Madam Speaker, I will not read anything disruptive, but he said that the Prime Minister was:

“...‘simultaneously...’—scrapping—“...all the progressive, effective measures that the Kamla Persad-Bissessar-led...government had successfully implemented...to the detriment of the public health...system’.”

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:

“...‘the Welch committee took two whole years to deliver their report, despite having significant resources and manpower...’”

And we believe:

“...that the best people to talk to about...health...”—is as we did—
 “...the...medical specialists in the country...
 ...the majority of the Welch report’s recommendations were no different from the Gladys Gaffoor commission of enquiry report of...2007-2008.”

That enquiry, Gladys Gafoor:

“...was ‘commissioned by the then-PNM government...which...’”—the current Prime Minister—“...was a senior...’”—member.

“...the Gaffoor recommendations were implemented under the People’s Partnership,”—administration—“...resulting in significant and meaningful advances in the public health sector...’

The Welch report had also recommended an international partner to manage

the Couva Hospital, and suggested the establishment of an offshore medical school, ‘the latter of which was also contained in the PNM’s election manifestos...’”

To this day, nothing has been done on this score.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: And we repeat that this is a fictitious misdirection and misleading statement to talk about the Welch report, when the Gladys Gafoor report had all the recommendations there for the Government to implement at once and rescue the health sector.

Madam Speaker, in another statement, a report of the Public Administration and Appropriations Committee, it also dealt with this thing. It was laid on the 10th of November, 2021, under status of the recommendations and so on of the Welch. It reported that:

Very few, if any recommendations at all, were ever implemented. Never implemented—the Ministry of Health has never implemented anything, Madam Speaker, and there is a long list of that, that we can read out for you but the time is, of course, going.

But, Madam Speaker, this is a myth that they perpetuate all the time, that we did not participate and support the Welch committee and so on, while we had a comprehensive report on fundamental change, as recommended by the Gladys Gafoor commission of enquiry into the health sector, which they failed to address, Madam Speaker; which they a downright failed to address. And in the Welch report, they have not implemented anything; anything at all.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Madam Speaker—

Mr. Hosein: They “mash up” everything.

Dr. R. Moonilal:—they have destroyed every single thing in the health sector. They come now to tell us, you know, what a great job they are doing and people are happy, and so on, while you look at the issue of renal disease, you look at oncology, you look at accident and emergency departments throughout—

Mr. Hosein: Cardiac.

Dr. R. Moonilal:—cardiac problems and so on, and much more could be said about that. They have failed to take action, they have failed to deal with that.

But, Madam Speaker, there is also a human resource challenge in the health sector, which I will mention briefly. You see, Madam Speaker, this happens when you put square pegs in round holes. And—

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—when you put round pegs in square holes—

Hon. Members: [*Laughter*]

Dr. R. Moonilal:—this happens. They are managing the health sector with persons themselves who do not have one hour of experience in the health sector. And they have mismatch between administration, and medical experts and specialists. There is no synchronization, so the administrators do not have experience and know-how of health sector management, and the specialists are not involved in administration, and that creates enormous tension and conflict.

In Mount Hope, for example, they are hiring people willy-nilly with PNM party card. The organizational structural does not cater for some people hiring. They hire, they pay; they hire, they pay, Madam Speaker, and they are doing it as elections get nearer and so on. I imagine that is what it is about. But at the regional health authorities, the management of these health authorities are out of sync with

the doctors, with the nurses. The nurses were protesting. In fact, a few of the nurses have sent in remarks and so on, concerning their terms and conditions, their conditions of work, what they have been arguing for, what they have been clamouring for, for years.

Mr. Indarsingh: Pension, security of tenure.

Dr. R. Moonilal: Pension, security of tenure. And, Madam Speaker, even with doctors, they go to Cuba to bring doctors and it has 500 unemployed doctors in Trinidad and Tobago.

Hon. Members: Shame, shame.

Dr. R. Moonilal: What is shame?

Hon. Member: Shame.

Dr. R. Moonilal: What is shame? And they cannot meet and treat doctors by providing contracts with reasonable terms and conditions of work. So what happens is our medical specialists, our key medical professionals, they migrate and they help to develop another country, another society because the Government has no room for them. I want to tell—how much more minutes do I have?

Mr. Indarsingh: One.

Dr. R. Moonilal: I want to, Madam Speaker, to close by indicating to the medical professionals, the doctors, the nurses, the administrators and so on, hold strain; hold strain. The UNC is here, hold strain.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Their suffering will not last much longer. We are here, we are caring, we are fair, we empathize with your situation—

Mr. Indarsingh: People-centred.

Dr. R. Moonilal:—and we are people-centred—

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Hon. Members: [*Desk thumping*]

Dr. R. Moonilal:—and we will take steps to upgrade terms and conditions of work, to open that Couva children's hospital—**Hon. Members:** [*Desk thumping*]

Dr. R. Moonilal:—built by the Member of Parliament for Siparia. We will take steps, Madam Speaker, to have fully operational, the San Fernando Teaching Hospital.

Hon. Members: [*Desk thumping*]

Mr. Indarsingh: Yeah.

Dr. R. Moonilal: There are rooms in that place, I am told, with cobweb. “It ha” cobweb, mosquito, and so on, in some of the areas that we designed with former Minister, the late Fazal Karim, for teaching purposes.

Mrs. Persad-Bissessar: The nursing academy.

Dr. R. Moonilal: The nursing academy is in the East-West Corridor, El Dorado.

Hon. Members: [*Interruption*]

Dr. R. Moonilal: The nursing academy collapsed under them.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: Madam Speaker, they boast about Point Fortin and Arima. I want to tell you today, there will be no Point Fortin Hospital, no Arima hospital had it not been for the People's Partnership.

Hon. Members: [*Desk thumping*]

Dr. R. Moonilal: We contracted for that hospital, we started the hospitals, they delayed it for eight years; eight years they delayed Point Fortin and Arima so they could put their stamp and say, “Well, the PNM built that too.”

Madam Speaker, I thank you for your attention.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Tobago East.

Hon. Members: [*Desk thumping*]

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

Madam Speaker, I want to thank you for recognizing me and giving me the opportunity to contribute to the debate on this very important Motion. I want to, first and foremost, start by commending the Member for Cumuto/Manzanilla for the way he would have delivered his—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—points as well as the recommendations he would have made.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: And I also want to acknowledge the mover of the Motion, because this is very important for all of us, as representatives of the people of Trinidad and Tobago, and it gives the Government the opportunity to present on what we have been doing to, not only accelerate the delivery of health care but improve the health care system—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—and to really signal what has been happening for the people of Trinidad and Tobago.

Madam Speaker, I want to recognize and commend the hon. Minister of Health and the Government, of which I am a part, for the relentless efforts in advancing the quality delivery of free health care services through an all-inclusive, whole-of-government approach to all persons in our country.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: The Government has been deliberating our strategies to

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provide a safe, dependable, people-centred health sector, which is equitable for all. And, Madam Speaker, before be I go into the substance of my contribution, I want to take this opportunity to just pause and recognize all health care workers and to thank them for their service. Madam Speaker—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—we know that working in the health care system, it takes a toll, physically, emotionally, spiritually, and I want to commend everybody, from the cleaners, the administrators, the doctors, the nurses, and thank them for their efforts in helping to safeguard the citizens of Trinidad and Tobago, in terms of our health and our well-being.

Madam Speaker, we recognize that there is always room for improvement, we recognize that there is always room to improve what you have going, and the Government acknowledges that. While we recognize there is room for improvement, the need for improvement, I want to acknowledge the work that would have been done thus far through the Minister of Health and various colleagues, in terms of improving infrastructure, improving services, improving access to pharmaceuticals, et cetera.

I also want to recognize the work that is being done at present—and this is in direct rebuttal to something that was raised by the Member for Oropouche East. He would have mentioned that there is an issue at present in terms of the disposal of waste at the San Fernando hospital. But, Madam Speaker, on Monday coming, Monday the 25th of March, the Ministry of Health and the Minister Planning and Development—and I want to commend the Minister of Health and the Minister of Planning and Development, Minister Beckles, for their collaboration in bringing new technology to the San Fernando General Hospital.

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Hon. A. Webster-Roy (cont'd)

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: On Monday the 25th, an autoclave unit will be commissioned and be in use.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: This particular unit has the capacity to safely treat with 1.8 tonnes per day of medical waste. That is commendable. It is going to be done in an environmentally friendly and green process. It would be done without using hazardous chemicals. And, Madam Speaker, this will ensure that while we dispose of medical waste in that particular hospital, it would reduce the impact on the environment as well as the persons living around the hospital and neighbouring communities. So I want to commend the Minister of Health and commend the—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—Minister of Planning and Development.

Another issue raised by the Member for Oropouche East, which I would like to address, is the issue around policy, policy within the Government that persons 60 and over cannot access ICU beds. Madam Speaker, you cannot take anecdotal information and call it government policy. That is not right. That is not fair.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: I want you to bring the piece of the policy document that proves that that is what is happening in the health care system, that proves that that is the policy of this Government. Because as far I am aware, there is no such existing government policy that debars anybody 60 years and over from accessing ICU beds and ICU care. That is an untruth, Madam Speaker.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Madam Speaker, there is another area I want to raise, and

it has to do with the way in which some people have to treat with extended waiting periods. I acknowledge that that happens at times, and I want to share a story from my own constituency. In Tobago, there are some services that are not yet available to Tobagonians within our health system in Tobago through the TRHA or the Division of Health, Wellness and Social Protection. And at times, because of the beautiful relationship that has been nurtured over the years between Tobago and Trinidad, and especially more recently with the Minister of Health and his counterparts in Tobago, where they are making sure that Tobagonians have the opportunity to access services in Trinidad that may not be available, we have a challenge where sometimes when persons are referred to the public health system in Trinidad, and persons within the public health system who have ties to private practices would delay a process and delay a process, and then when persons get frustrated, they refer them to the same private hospitals that they are aligned to, Madam Speaker. I have always felt that that is a conflict of interest and that put the best interest of the people that we are meant to serve at risk.

And in discussing this with the Minister of Health, I said, “Well, how could we deal with this? What is the measure to deal with this?” He said, “If we had the opportunity to bring the Welch report before a JSC and publicly examine this report, put aside the politics, bring a joint select committee together and we go through this report and look at it, that would have been one of the ways we could have treated with this issue, because that was highlighted within this report,” Madam Speaker.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Madam Speaker, another issue was raised in terms of access to medication as well as services for persons who have cancers. I want to

thank the Ministry of Health on behalf of some of my constituents. I am seeing where more and younger Tobagonians, especially young women, are presenting with different types of cancers and they have to seek treatment in Trinidad. And, Madam Speaker, thank God—thank God for his goodness and his mercy and thank God for those persons within the public health care system who are passionate and genuine about caring for people. I am seeing where my constituents, who have been affected, coming to Trinidad, receiving quality care and then sending me pictures of them ringing that bell at the end of their treatment. And I say, thank you, thank you, thank you.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Madam Speaker, there is another area where constituents have to come to Trinidad for service, not yet available in Tobago. And I want to—as I present the issues—also acknowledge the attempts being made to improve delivery of services in Tobago and also, to improve the management in Tobago, again, through collaboration, partnership between the Ministry of Health and the counterparts in Tobago.

So, in Tobago, we do not have cardiology services available, so persons have to travel to Trinidad and Tobago for treatment. And on Tuesday, I had public day and a constituent came to me requesting assistance in terms of not getting access to come to Trinidad and Tobago, because that is done through the THA by the way of purchase of airline tickets, and if that is not available through the THA, the Office of the Prime Minister's Central Administrative Services Tobago also has a facility where anybody in Tobago who is referred for treatment in Trinidad within the public health care system or even through a private institution, where CAST would provide through a rebate system, assistance for the ticket for the

patient, as well as a chaperone or a travelling companion.

3.20 p.m.

But Madam Speaker, that person who came to me has a heart issue and the medication is quite costly because it is not available through CDAP. But one of the good things that I want to note is that when I reached out to the Division of Health, Wellness and Social Protection, I was told that Tobagonians who have to access that type of medication, once it is not available through CDAP or in the public health system, the THA will provide the financial assistance to those persons.

Madam Speaker, not only that, the Secretary for Health, Wellness and Social Protection would have offered advice that within the coming months in Tobago we would see where there is an attempt to recruit cardiologists so that we could develop our own cardiology services on the island in Tobago; again seeking guidance and partnership and collaboration with the Ministry of Health in Trinidad. So, again, I want to commend the Minister of Health for being an open, willing partner with those in Tobago to ensure Tobagonians receive good quality health care.

Madam Speaker, my colleagues who went before would have given a good account of reliable and compassionate public health services. I would also like to provide some perspectives under my remit as Minister with responsibility for gender and child affairs and the National Aids Coordinating Committee.

In keeping with global targets, our Government continues to pursue high quality and efficient access to health services for all people at low cost. I know the Member for Oropouche East would have scoffed at that low cost thing, saying that we pay health surcharge. But when you look at the amount we pay for health

surcharge and the actual cost, for—Member for Barataria/San Juan and MP for Oropouche East. Madam Speaker, yes, yes we do pay health surcharge, but what we pay when we compare it to the actual cost, Madam Speaker, if you do not use the word free, let us say heavily, heavily, heavily, heavily, heavily, heavily, heavily subsidized.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: If you do not like the term free, then that is the best way to describe it. Because it is really chick feed when you compare it to the actual cost. So, Madam Speaker, the Government delivers specified health services for vulnerable groups such as women, children and people living with HIV and AIDS in our society. As such, Government has heavily invested in delivering holistic health and well-being services.

As we talk about the delivery of health and the delivery of well-being services, I want to point to something raised by the Member for Cumuto/Manzanilla, because it is near and dear to my heart. He raised the issue of adolescent mental health and young people nowadays having to face more emotional stresses because of the experience of COVID, et cetera. And that is true. Recently, at the Gender and Child Affairs Division, we hosted a symposium on the U-Report, and I took the decision to sit in and listen to those young people, and Madam Speaker, it was an eye-opening experience for me. As a mother, as Minister, as somebody who is fully engaged within my constituency and communities in Trinidad and Tobago, I did not realize that so many young people were coping with mental health issues until they started publicly speaking out at the symposium. I want to commend, not only the Ministry of Health but the Ministry of Social Development and Family Services for the measures being put in

place to help young people to cope.

I also want to commend again, the Member for Cumuto/Manzanilla for being open and willing to collaborate with Government and with the Gender and Child Affairs Division at the Office of the Prime Minister.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: The Member would have signalled to me that within his constituency he is seeing a number of challenges around child abuse, around adolescent mental health and he reached out. He was the only person that reached out. When he reached out, I decided to extend it to colleagues opposite me. I remember inviting the Member for Moruga\Tabledale, as well as the Member for Tabaquite to also come in and be a part of this, where we could work across the island, develop meaningful interventions for our communities. Because I often say it is not an all-of-government approach that is required to ensure a better Trinidad and Tobago but a whole-of-society, where every single individual, regardless of your party colour, come together to make a better Trinidad and Tobago.

I am pleased to note that the relationship and the intervention would have borne fruit for Cumuto/Manzanilla. Next Wednesday, we are going to be launching an initiative in his constituency that we hope to replicate throughout Trinidad and Tobago, where we empower families and children and schools to treat with issues around children and their well-being in terms of knowing the good touch/bad touch, how to identify when somebody is preying on you, how to treat with somebody who has preyed on you, how to educate the community better.

I also want to commend the Member for Mayaro. I have to commend him, because under the Spotlight Initiative we did not just only treat with issues around gender-based violence for women and girls in particular, but that would have also

delved around mental health issues and all of that. I want to commend Members opposite who would have taken the opportunity to hold hands with us and walk this journey with us as we try to make a better Trinidad and Tobago for all. That is what representation is about and I salute you.

Hon. Members: [*Desk thumping*]

[MR. DEPUTY SPEAKER *in the Chair*]

Hon. A. Webster-Roy: Mr. Deputy Speaker, investment is critical as equitable access to quality health care service enhances the productivity of society. The policy objective on health and well-being of the Green Paper on National Policy and Gender Development aims to foster equitable access for men and women to gender awareness, appropriate, affordable and quality health care, information and related services through their life cycle, advancing their potential towards enhanced personal, social and productive lives. As such, the Government continues to implement systems to accomplish this goal.

Key points, Mr. Deputy Speaker, since 2020 the Government has invested upwards of 7 per cent of the annual budgetary allocation towards health and social protection initiatives. For fiscal 2024 alone, the Government, through its various ministries and agencies, has fetched over \$5.7 billion for health services, hospitals and other related services. Mr. Deputy Speaker, despite the many challenges presenting themselves over the years, Government continues to invest heavily in the delivery of free quality health care services to all people, with a special emphasis on the most vulnerable in our society, women and children. This gendered and a-specific approach underscores the Government's commitment to provide targeted and holistic care for all of our people.

Mr. Deputy Speaker, non-communicable diseases, including cardiovascular

disease, cancer, chronic respiratory disease and diabetes, are the leading cause of sickness and death for women and men accounting for 35 million deaths or 60 per cent of the deaths worldwide.

Mr. Deputy Speaker, one of the things I have noticed is that from day one, the hon. Minister of Health has been trying to create a change in mindset in Trinidad and Tobago, encouraging citizens to embrace the concept that your health and well-being is your responsibility, encouraging them to develop healthy lifestyle practices. Even within this honourable Chamber here, Mr. Deputy Speaker, sometimes you will see the hon. Minister of Health leading by example by constantly walking and exercising and encouraging all of us to get into that vein of ensuring that we have an active body. An active body means a healthy body, a healthy body means a healthy mind and we are better able to perform and function in society. I have seen him going to schools encouraging our children to develop healthy practices around what they would eat and how they would spend their free time by encouraging them to get involved in sport and activity and moving.

The Ministry of Sport and Community Development is specifically targeting women to ensure that our women are healthy through the Pink Reign Campaign. The Pink Reign Campaign does not just deal with the physical well-being of women but it deals with the emotional well-being of our women and ensures if our women have a healthy body and a healthy mind then they become better able to support their families and their communities.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Mr. Deputy Speaker, in the Americas, equal numbers of men and women, 250 million people, live with non-communicable diseases, which often require long periods of treatment and care. The prevention, management and

control of non-communicable diseases is key towards improving healthier lifestyles of all citizens and the reduction of morbidity, mortality and disability through a coordinated response. The Ministry of Health continues to tackle this issue with several gendered and youth-focused initiatives.

Now, I want to use this opportunity to speak to Tobagonians, not just Tobagonians in Tobago but all Tobagonians. I have noticed an alarming trend where more and more people are losing limbs. In discussions with people when they come to see me on public days or on my walkabouts, people take ownership of diabetes and sugar as though it is a badge of pride so they talk about “meh sugar” and “meh pressure”. No seriously, this is something serious and we need to start speaking differently. We need to not claim these lifestyle diseases, but instead start speaking about what am I doing to take better control of my health, ensure that my health remains my responsibility, instead of saying “well yuh know ah had de sugar” but you still want to eat the basket of ripe mango. You still want to eat “yuh sweet bread everyday”. We have to start doing better. We have to start taking responsibility. Because ultimately when we do a disservice to ourselves we then become a burden to the State. Then we take up bed space, then we take up a large percentage of the fund that is required for pharmaceuticals to treat with things that we could control simply by adjusting the way we eat and improving the way we treat our bodies in terms of exercise.

Mr. Deputy Speaker, “I real guilty. Every month I does promise mehself” next month I will start to exercise more, and I am using this opportunity to tell people that it is really important for us to take our health and our well-being seriously. Because if I am not healthy then I am not better able to service my constituents, I am unable to take care of my children.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: I am unable to take care of being the best version of myself as a wife, as a sister. So I want to encourage all of us to really start paying attention to the way we treat our bodies. Be more intentioned about what we put into our mouths. When we go to the grocery, make sure that we read the labels and give our families the best chance of survival, so we do not have to then go around trying to raise money through a raffle or a barbecue for something that could have been treated if we had just simply taken care of ourselves better.

Mr. Deputy Speaker, the diabetes in pregnancy programme facilitates universal screening for diabetes in pregnancy since its launch in 2018. This initiative allows the improved outcomes of mothers and new born infants in their current pregnancies, as well as reduces the chance of these children becoming obese and the long-term chance of becoming diabetic children and diabetic adults. I want to commend the Ministry of Health for this initiative, because I have known constituents who would have developed gestational diabetes and I would have seen a pattern in not only the mothers but also the babies. And I want to thank the Minister of Health for putting this initiative in place because I could see an improvement in the quality of life for young persons who are pregnant within my constituency, older women who might be more predisposed to this type of issue, I am seeing a better quality of life. So, I commend the Ministry of Health.

Mr. Deputy Speaker, the Ministry of Health breastfeeding policy helps promote breastfeeding from birth. The rates have moved from less than 10 per cent in 2015 to 80 per cent and then to 95 per cent at all public maternity units. Breastfeeding sets the stage for an improvement in health of our future generations and it reduces the likelihood of childhood obesity and diabetes.

Mr. Deputy Speaker, there was a time when persons, mostly women but younger women were mostly moving towards the bottle, and now we are seeing where younger women are feeling more comfortable to breastfeed their children, and this would have been through the efforts of the Ministry of Health to normalize breastfeeding and to encourage mothers to breastfeed, because we recognize that children who are breastfed are best fed and they have better outcomes in the latter years of their life.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Mr. Deputy Speaker, gendered health initiatives for both International Women's Day and Men's Day, a number of outreach initiatives were hosted to bring awareness of the importance of a healthy lifestyle. I remember for the last International Men's Day at the Office of the Prime Minister, Gender and Child Affairs, we hosted a health fair at the office and we invited not only our staff but persons from around, the nearby office buildings to come across. Mr. Deputy Speaker, God does not make a mistake. On that morning, a member of staff had to be rushed to the hospital. It was by, I guess, divine intervention we had doctors on spot that day because we were trying to promote people having a healthier lifestyle, and they tested that young man, and his blood pressure was so high they said to him: "go immediately to the hospital because you are on the verge of having a stroke". Because of early intervention that young man is still able to come to work and function effectively.

3.35 p.m.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: I remember that same men's health fair that we had for International Men's Day. A number of men for the first time would have had the

opportunity to do the new type of prostate screening because there is some mindset that it is invasive, but a lot of people did not realize that technology would have changed giving them a different approach to testing for prostate cancer, et cetera. And with that, coming to those persons partnering with us, coming to the Office of the Prime Minister, quite a number of persons were able to be tested, and I am grateful for the collaboration with the North West Regional Health Authority and the Ministry of Health for what we were able to do.

I am raising this point because recently I had a session for men in my constituency. But before I actually rolled out the session, I had discussions with people around—men around the constituency, and a lot of men were saying, “well, I don’t really want to go to the health centre, yuh know, it ain’t macho, how it go look if ah go in and somebody”, you know, the mindset, and this is one of the reasons why at Gender and Child Affairs we are trying to partner with different agencies and the Ministry of Health to ensure that we ease the burden on the public health care sector by doing interventions early within our communities. Providing that safe space where men can meet and discuss issues from health and gender-based violence, et cetera. And also use it as an opportunity to encourage them to normalize visiting a health centre just for a routine check-up. Normalize going to your doctor just for a routine check-up. Normalize when you go to your doctor, requesting to have a prostate screening so that you would know if there is something wrong, it would be caught early enough so that we will have the right intervention and treatment to ensure that you are able to live a long healthy life.

Mr. Deputy Speaker, the SDGs have set targets with respect to the reduction of neonatal mortality to at least as low as 12 deaths per 1000 live births, and under-five mortality to at least as low as 25 deaths per 1000 live births. Trinidad and

Tobago has been able to maintain these targets with an average of 10 neonatal deaths per 1000 live births, and under-five mortality or 15 deaths per 1000 live births over the past five years. While these rates remain well below global and regional averages, the Government will remain committed to improving the safety, reliability, and quality of care of all mothers, as we believe that the death of one mother or their child is one too many.

Mr. Deputy Speaker, the Gender and Child Affairs Division has established strategic partnerships with other key governmental Ministries, departmental agencies to collaborate and to support the whole-of-government approach to delivering quality health care services. Men, women, boys, and girls of Trinidad and Tobago have access to a number of government services that focus on prevention, intervention, and treatment, not only of physical needs but also of your mental and psychosocial needs within the public health care system. Through this spotlight initiative which I would have mentioned before, that the member for Mayaro would have collaborated on, as his constituency was one of the pilot communities selected for spotlight initiatives.

The Ministry of Health “National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence”, was developed as a framework that outlines best practices to provide survivors with high-quality health care. Additionally, complementary, the “National Strategic Action Plan on Gender-Based Violence and Sexual Violence” recently launched on March 04, 2024, is the largest financial and political national investment by any government to date, to effectively combat gender-based violence and sexual violence.

Mr. Deputy Speaker, UNICEF in collaboration with The Children’s Authority has implemented Primero an ICT-based initiative which monitors the

holistic health and well-being of the nation's children who are in need of care and protection, to ensure that they do not fall through the cracks of the system. The National Domestic Violence Hotline provides the country with active listeners who offer counselling, as well as referrals to services, legal, medical, and otherwise. Mr. Deputy Speaker, the National Domestic Violence Hotline has made over 3,414 referrals. ChildLine provides free reliable and confidential year-round support for children and youth up to the age of 25 years.

3.40 p.m.

Recently, I had an activity leading up to International Women's Day and I remember during an interview with one of the media houses, I was asked, "What message do you want to give to young women at this point in time, especially those who may be facing challenges?" And I said to them, "One of the things I want to stress is that if you are struggling mentally, help is available; help is available." And the Member for Cumuto/Manzanilla would have raised the issue around services for adolescents and young people to treat with mental health issues. I wish to let the public know and my colleagues know—

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

Hon. A. Webster-Roy: Thank you—

Mr. Deputy Speaker: Proceed.

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

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Help is available through ChildLine. Help is available. I want to encourage persons to reach out. In order to expand accessibility, ChildLine was extended to include contacts via instant messaging, WhatsApp and web chat,

which is accessed from the My ChildLine app as well as ChildLine's official website, *childlinett.org*.

Through ChildLine, psychosocial support was provided to over 1,061 persons during fiscal 2023. And again, I want to urge young people, if you are feeling as though you are alone and you do not have anybody to talk to, to reach out, there is always a friendly and listening ear. One child dying by way of suicide is one child too many. Help is available, please reach out.

Mr. Deputy Speaker, as the Minister with responsibility for the National AIDS Coordinating Committee, one of our primary areas of focus is the coordination of comprehensive support for persons infected and affected with HIV and AIDS. The Member for Cumuto/Manzanilla would have noted in his contribution, issues of HIV, taking care of our little ones, in terms of abuse and domestic violence and all parts of public health. Yes, they are all part of the public health, which the Government ensures that no one is left behind.

In keeping with this thematic area I of *Vision 2030*, "Putting People First: Nurturing Our Greatest Assets", I would have expounded on the plethora of initiatives the Government has implemented to tread with gender-based violence, sexual violence and child protection. HIV and AIDS is no different. Together with the Ministry of Health, our international partners, and civil society organization, the Government offers a suite of services, aimed towards fulfilling the NACC's mandate of:

"A future without new HIV infections, reduced AIDS related deaths and no stigma or discrimination associated with living with HIV."

Statistics provided by the Ministry of Health reveals that in keeping with the global 95-95-95 targets for HIV and AIDS, at the end of fiscal 2023, in Trinidad

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and Tobago, 11,315 persons knew their status, this represents 96 per cent of the number of people living with HIV and AIDS; 7,198 persons were receiving ARV treatment, this represents 64 per cent of the number of persons who know their status; 6,611 persons were virally suppressed, this represents 92 per cent of the number of persons receiving anti-retroviral treatments—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—and this is commendable. I want to solute the Minister of Health and the Ministry of Health for—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—this success that we have attained. The HIV helpline provides confidential information, counselling and referral for persons infected and affected by HIV and AIDS. During 2022 and 2023, the hotline received a combined of 1,196 calls. Since 2023, the HIV helpline has engaged in numerous outreach activities, which seek to create greater understanding and empathy for persons living with HIV and AIDS, as well as to educate the people about HIV and AIDS and other sexually transmitted infections and therefore, change behaviours and reduce new infections. These outreaches were coordinated in partnerships with secondary schools and universities, and the Ministries of Health, Youth and National Service, and Sport and Community Development. As of 19 March, 2024, the National Aids Coordinating Committee has already sensitized 5,302 youth since 2023, through our HIV awareness and prevention programme.

Mr. Deputy Speaker, again, I want to go back from where I started. In order for us to have a well-managed, fully-resourced, health care sector in Trinidad and Tobago, then each individual must take personal responsibility for their health and well-being. That is critical.

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Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Mr. Deputy Speaker, it is incumbent on all of us to encourage each other to develop healthy lifestyle practices. It is important that we ensure that when we access the health care service, that we access it when we truly need to access it. So sometimes—let me give you an example. Sometimes you get a cut on your finger and you run to the hospital and you complain because you sit down in the A&E for hours for a cut on your finger. Sometimes you bounce your foot, you run down to the A&E and you complain because you are there for hours, but it is not an accident or an emergency. We can make use of the other resources available.

And I want commend the Government for increasing access in Tobago, especially in Tobago East.

Ms. Beckles: Roxborough Hospital.

Hon. A. Webster-Roy: It was through collaboration with this central government as well as the former Tobago House of Assembly that we were able to construct the Roxborough Hospital.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: Mr. Deputy Speaker, it is through collaboration with this central government and the current Tobago House of Assembly, that we are seeing where the Roxborough Hospital is providing increased services, not only for the people for Tobago East, but for the people of Trinidad and Tobago. And I will tell you why.

Mrs. Cudjoe-Lewis: And Tobago West.

Hon. A. Webster-Roy: No, Trinidad and Tobago, and I will tell you why. Because I see people who have a Trinidad address, coming Tobago to get their

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cataract surgery done—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—in the Roxborough Hospital. Mr. Deputy Speaker, I am seeing where persons in high offices in Tobago now, when they are sick, their first hospital of choice is the Roxborough Hospital.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: This hospital was a vision of the People's National Movement, a vision made reality, and on behalf of all my constituents, I say, thank you.

Mr. Deputy Speaker, the Moriah Health Centre was constructed under a PNM administration in Tobago and a PNM central government, but it is —

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—being operationalized and rolled out under this Government and a different THA administration, but the work is being done—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—in collaboration and partnership. Because this Government recognizes that the health and well-being of the people of Trinidad and Tobago should never be a political issue—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—but one that all of us must come together and work together to ensure that all our citizens the opportunity to live their lives to their fullest potential, to have the best quality of life possible so that they could go on to become meaningful contributors to national development.

Mr. Deputy Speaker, again, I want to thank the Member for Caroni East for bringing this very important issue to the House of Representatives for us to explore

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and give the Government the opportunity to discuss what we have been doing. I want to thank my colleague from Cumuto/Manzanilla and my colleague for Mayaro being willing to embrace opportunities offered to them, through the Government, to do work in their constituency. And again, I want challenge my friend from Moruga/Tableland and Tabaquite, tell them the door is still open. The opportunity—

Ms. Ameen: The door is not open for St. Augustine?

Hon. A. Webster-Roy: All of you. If you are ready, come, we are willing to help.

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy: But initially, we had that meeting, and from that meeting, the Member for Cumuto/Manzanilla has been running with us on this drive to ensure that our young people—

Hon. Members: [*Desk thumping*]

Hon. A. Webster-Roy:—our children, in particular, are healthy, and I want commend him. And again, “ah healthy Trinidad and Tobago is all ah we business”. I thank you, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

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

Hon. Members: [*Desk thumping*]

Ms. Vandana Mohit (Chaguanas East): Thank you very much, Mr. Deputy Speaker. And, Mr. Deputy Speaker, let me first say that I am quite grateful for the opportunity to participate in this Motion brought to this House by the Member of Parliament for Caroni East, who is, by extension, my immediate neighbour, according to electoral constituencies. Mr. Deputy Speaker, I want also take this opportunity to commend all of my colleagues on this side who would have spoken

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before.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, you would have just heard the Member for Tobago East presenting on this particular Motion relating to health services in this country. And as usual, in all of her contributions, which is commendable as well, she asks the citizens of Trinidad and Tobago to take responsibility for their own health. The Member went on to even commend my colleagues before commending her very own Minister of Health, which I found a very good sign—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit:—for us on this side, Mr. Deputy Speaker. Mr. Deputy Speaker, it would indeed be an understatement if we say that the public health system is in chaos. The system is replete with ineffectiveness, mismanagement and general malaise—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit:—with no foreseeable improvement under this administration, despite an allocation—and you just heard from different speakers and at the last Sitting where we debated this very same Motion—in fiscal 2023/2024 of just under \$6.5 billion representing almost 10 per cent of the total budget, Mr. Deputy Speaker.

And, Mr. Deputy Speaker, my colleague for Caroni East would have stated it right when he opened this debate, many of the negatives do not stem from financial resources but rather from a lack of vision and general management, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, you know what is indeed sad and horrific in

this entire situation? What is indeed sad and horrific is that this system is responsible for the lives of our population, Mr. Deputy Speaker. And when I say “population”, I mean the poor and vulnerable who are forced to access the public health care institutions for treatment that impacts on their lives, for treatment that impacts on their well-being, for treatment that impacts on their ability to work, for treatment that impacts on them providing for their families and loves ones, Mr. Deputy Speaker. And, Mr. Deputy Speaker, yet no tangible efforts are being pursued to improve the system or let us say, the delivery of health care in this country. Mr. Deputy Speaker, today I want to say in this House that a poor, non-functioning public health care system is indeed a crime against humanity.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, I would have listened to all the speakers on the other side thus far, and you heard several comments coming from the Minister of Health, you heard from D’Abadie/O’Meara that this particular issue, dealing with it, bringing the Motion, it is time wasting, Mr. Deputy Speaker. Mr. Deputy Speaker, all I saw from that side in this entire debate on this particular Motion—and I want to read a part of this Motion, which must be made clear in this House:

“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. “

Mr. Deputy Speaker, in listening to the Minister of Health, in listening to all the speakers on the Government Bench, what we heard? Defence, defence, defence. Time and time again, you would hear defence, defence, defense. And when they can indeed defend, Mr. Deputy Speaker, they do so with little

testimony. You would have seen, you would have heard the Minister of Health scraping at the bottom of the barrel to get testimonies to bring to this House during his contribution. Mr. Deputy Speaker, and when they are scraping for testimonies and they cannot find testimonies to bring to defend themselves in this House, you know what they do, Mr. Deputy Speaker? They call it a “global issue”.

Hon. Members: [*Laughter*]

Ms. V. Mohit: Time and time again, they call it a global issue. But, Mr. Deputy Speaker, today I stand in support of my colleagues, this is Trinidad and Tobago, Mr. Deputy Speaker—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit:—fix our country’s problems, fix our health care system problems. You are leading. You are governing. Mr. Deputy Speaker, if you do not follow their trend, they tend to come here and tell you that you are unpatriotic.

3.55 p.m.

Mr. Deputy Speaker, I want to read from the *Hansard* from the Minister of Health’s contribution where in responding to my colleague for Caroni East, the Minister would have said:

“So therefore, we will do it alone. You do not want to help.”

He went on to say, Mr. Deputy Speaker:

“Let me take this opportunity to classify this Motion as frivolous, vexatious, absurd, irrelevant, ridiculous, unpatriotic...”

Mr. Deputy Speaker, and that is what happens when you do not follow their trend. You are labelled in this country as unpatriotic. Mr. Deputy Speaker, you know what is unpatriotic and I want to tell the Minister of Health that today, what is unpatriotic is turning a blind eye to our problems that we face.

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Hon. Members: [*Desk thumping*]

Ms. V. Mohit: That is what is unpatriotic. Mr. Deputy Speaker, the Minister spoke about unhelpful—he labelled this Motion as unhelpful. Mr. Deputy Speaker, we on this side do not want to help? We do not want to help on this side? Mr. Deputy Speaker, I want to remind the Minister of Health, if he forgot, when we on this side were assisting the Government in mobilizing persons throughout our constituencies across the country to go and get the vaccines—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: —when we were sending our staff—the COVID vaccines. When we were sending our staff, mobilizing to volunteer at Divali Nagar in Chaguanas, when we were sending our staff to volunteer and assist the Chambers of Commerce, Sewa TT and all of them—where was this Minister of health? Labelling us as unhelpful, Mr. Deputy Speaker?

Mr. Deputy Speaker, when we on this side, or all MPs as a matter of fact, all Members are writing this Minister of Health, continuously writing as a matter of fact on behalf of our constituents or, you know, various persons throughout Trinidad and Tobago, to make the Minister of Health aware of certain issues within the public healthcare system that these constituents may be facing, Mr. Deputy Speaker, trying to make the Minister of Health aware. We are not helping? This is what the Minister of Health is saying, you know, we underside are not helping yet we write for our constituents, yet we assist and we would have assisted in initiatives by the Ministry of Health and this Minister labelled us on the side as unhelpful. We condemn those statements.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, there is nothing more patriotic than holding you accountable and for asking for improvement—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: —as citizens and as representatives in this country, nothing is more patriotic than that. And I am glad that San Fernando West today embraced our contributions, embraced our concerns by saying that this Motion opens discussions on a critical issue, which is our health care system. But you know, Mr. Deputy Speaker, the Member for San Fernando West said something which had me really stunned that we want more—we are saying give more. We never said give more. We said improve, Mr. Deputy Speaker, we said that the issue is not money here, the issue is mismanagement and the Motion speaks for itself, Mr. Deputy Speaker. But you know what was disappointing, San Fernando West is busy everywhere in this country. Whether it be in the Parliament or on a platform or opening of, you know, commissioning of anything, the Member for San Fernando West speaking about taxes.

Mr. Deputy Speaker, what I could not get today is this country—yesterday in my very own constituency, someone tested positive for CHIKV, you have dengue cases, and you would have seen the releases by the Ministry of Health. We heard nothing from San Fernando as the Minister of Local Government on how the Ministry of Local Government is partnering with the Ministry of Health and regional corporations, local health authorities, to deal with matters such as CHIKV and dengue, as it relates to the public healthcare system, and that was disappointing—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: —coming from the Member for San Fernando West. But Mr. Deputy Speaker, everyone here today you just said the Member for Tobago East, of course. You heard San Fernando West, you heard D’Abadie, you heard the Minister of Health. And they are busy stressing on “free,” “free” public health care system, “free” it is “free”. It is—what?—extremely subsidized.

Mr. Deputy Speaker, this Government needs to stop behaving as though they are doing the people of this country a favour.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: And the citizens must take what they get because it is “free.” Mr. Deputy Speaker, just because it is “free,” does not mean that the citizens of this country do not deserve proper and quality health care.

Hon. Member: Exactly.

Mr. V. Mohit: Mr. Deputy Speaker, and you know what amazes me? They are speaking health surcharge, yes, the people pay health surcharge, yes—and they spoke about taxes even. Whatever citizens pay never seem to be enough for this Government. It never seems to be enough, Mr. Deputy Speaker, and that is disappointing that they do not even appreciate what our citizens contribute to this country.

Mr. Deputy Speaker, when this Motion was initially debated, on the 26th of January, 2024. The day before a friend sent me a video and I believe it was a newspaper article, a link. When I clicked on it, it was the Minister—excuse me—of Health, Mr. Deputy Speaker, distributing masks, and I happen to scroll through the comments. And you know what was one of the comments, Mr. Deputy Speaker? Give the people a good health care system not masks. And that speaks exactly to this Motion and what exactly the people of Trinidad and Tobago are

pleading for when it comes to health care services from this current Government that is governing this country.

Mr. Deputy Speaker, the Minister of Health even went on to speak about the Chaguanas Health Facility and he even asked my colleagues: I want to see you label that as a white elephant. Mr. Deputy Speaker, we in Chaguanas welcome any type of improvement because we hardly get much anyways from this Government.

Hon. Member: Is true.

Ms. V. Mohit: Mr. Deputy Speaker, I want to share with the Minister of Health that I received a call this week from one of my constituents who got a nail stick. Mr. Deputy Speaker, and went to the new emergency health facility located on Ramsaran Street and this was on Sunday this person went. And you know what was told to this constituent, Mr. Deputy Speaker? We cannot give you a tetanus injection here. You wait and go to the clinic on Wednesday of this week—

Hon. Member: “Nah.”

Ms. V. Mohit: —at Montrose, which is the old emergency facility. Mr. Deputy Speaker, and that is what we are speaking about when we are speaking about healthcare services in this country. This is why we are here today calling for the improvement of our public health care system.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, we heard a lot today about NCDs and the Member for Tobago East spoke a lot about NCDs, the Minister of Health as well in his contribution would have indicated that the next big NCD, hypertension, strokes. And he even went on, the Minister of Health, to say that I now have the 2023 close out data. So, Mr. Deputy Speaker, the Minister of Health indicated that yes, indeed, they have statistics and Member for Tobago East would have indicated

that she admires the Minister of Health for his lobby, for the change in mindset—yes, we get that personal responsibility is important, yes, we get that people need to do more for themselves. You need to market, you need to explain, you need to educate but, Mr. Deputy Speaker, the Minister of Health needs to admit that the strategies are not being changed, Mr. Deputy Speaker, because you know what the big problem still is, Mr. Deputy Speaker? I did not hear anything today about education and health awareness mechanisms are being criticized and this is the fact of the matter, it is being criticized as the same old. So you are trying to have public awareness and education for our citizens, but you are not bringing it up to standard meaning for it to appeal to persons. So, it is the same old and you would have heard this at public forums recently.

Mr. Deputy Speaker, I want to share something with you, you see one bad experience, turns away many people “eh”. And you see our health care system, the Minister of Health must admit that your system is creating a deterrent population. Long waiting times, you reach the hospital, you have to wait—according to my colleague for Oropouche East—lay on a stretcher, sit on a chair, sit on a bench, sometimes people discharge themselves, because they are so fed up and this is creating a deterrent population. So when you speak NCDs, when people are fed up and they cannot deal with your system, they go home and they are frustrated and they do not wish to go back to your system and this worsens their situation, Mr. Deputy Speaker. And unfortunately, if you really want to deal with NCDs first of all, you need to deal with your system, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, the Member for Tobago East in her contribution just now, I am very glad that she recognized that cardiac disease is an

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important cause of death and disability in Trinidad and Tobago. I am very glad about that. But you know what the question is? Why is it taking this Government so long to build a cardiac CATH lab at the San Fernando General Hospital, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Because the People's Partnership Government would have identified a space at the San Fernando General Hospital and finalize the user brief in 2015. But eight years later, Mr. Deputy Speaker, the people of Trinidad and Tobago are still awaiting for the CATH lab at the San Fernando General Hospital, unacceptable, Mr. Deputy Speaker. And you know what is happening Member for Tobago East, you know what is happening, sadly? In the meantime, Mr. Deputy Speaker, heart patients are dying in this country. Mr. Deputy Speaker, the only thing I can do here today, is call on this Government to have a heart for the heart patients of this country.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, the Member for Tobago East also spoke about closing extended, sorry, increasing access to health care facilities. But it is your Government, Mr. Deputy Speaker, it is their Government who closed the extended hours, which the People's Partnership Government would have opened up at over 40 health centres in this country and your Government would have closed those extended hours. So, are you improving our health care systems? No. Right at the Cunupia Health Centre, the Member for Barataria/ San Juan, the Member for Caroni East can attest to this, people are always complaining to us about the hours, the opening hours of that particular health facility. And I can

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remember under the People's Partnership Government, the Cunupia Health Centre, the hours at that health centre, it was extended Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: So—

Hon. Member: Bring it back.

Ms. V. Mohit: —Mr. Deputy Speaker, bring it back, extend the hours of our health facilities.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Open up the system if you are speaking, increasing access to our citizens. Mr. Deputy Speaker, Member for Tobago East spoke about political issue, making healthcare a political issue and we are not about that, Mr. Deputy Speaker, they should be the last one to talk about making public health care, a political issue because you left the Couva Children's Hospital closed—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: —for five years plus, and I commend the Leader of the Opposition because thank God for that hospital, when we had COVID in this country we had that facility to use Mr. Deputy Speaker—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: —and they do not like to hear it, but we will continue to preach it.

Mr. Deputy Speaker, the Minister of Health, and I remember in every contribution, the Minister of Health speaks about neonatal mortality. Mr. Deputy Speaker, today I want to place on the record. The Minister of Health always claims that neonatal mortality rates started to decrease under his watch and under his Government. Mr. Deputy Speaker, you know they say facts are stubborn

things, these figures speak for themselves, Mr. Deputy Speaker, and say otherwise, meaning, correct and puts in his place the Minister of Health.

4.10 p.m.

I want to categorically state that the decrease in neonatal mortality rates, the decrease started under the People's Partnership Government.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: And, the Leader of the Opposition. Mr. Deputy Speaker, and I want to invite the Minister of Health to look at the UNICEF data. And I want to read out, because he spent time reading out as well. I want to read out:

The indicator neonatal mortality rate, year 2010, deaths per 1,000 live births:
14.4.

Ms. V. Mohit: Mr. Deputy Speaker:

Neonatal mortality rate 2011, 14.0.

—Notice the drop.

Neonatal mortality rate 2012, 13.6.

Hon. Member: Wow.

Ms. V. Mohit: Mr. Deputy Speaker:

Neonatal mortality rate 2013, 13.2; neonatal mortality rate 2014, 12.8;
neonatal mortality rate 2015, 12.4.

Hon. Member: Wow.

Ms. V. Mohit: So, Mr. Deputy Speaker, the Minister of Health wants to take credit for this. You know, sometimes I do not want to do the tit for tat but this started under us.

Hon. Member: Yes.

Hon. Members: [*Desk thumping*]

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Ms. V. Mohit: Mr. Deputy Speaker, and we must commend the Leader of the Opposition, the Member for Siparia who would have initiated the review.

Hon. Member: It started under us.

Mr. Deputy Speaker: Thank you, Members.

Ms. V. Mohit: And, the decrease started under us. You could mumble what you want from across there, it started under us, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: “You tell me go easy”, I am going easy, eh, Minister of Health. Right. The Member for Siparia, under her government, Mr. Deputy Speaker, she would have ordered a review and the report is there. A report of the Maternity Services Review Committee, Trinidad and Tobago, Ministry of Health, dated May 10, 2013. And, I want to read for you because this decrease started under us, which I just explained. The Executive Summary of this particular report—and listen carefully, the Government of the Republic of Trinidad and Tobago—

Hon. Member: PP government.

Ms. V. Mohit:—and that is the PP Government, I am speaking of:

The Government of the Republic of Trinidad and Tobago has identified the health of pregnant women and their unborn and new born babies, as a priority

if this nation is to attain developed world status. In addition, the Government

is also cognizant of the fact that Trinidad and Tobago may be lagging behind Millennium Development Goal 5A of the United Nations, to reduce by three quarters, the maternal mortality ratio between 1990 and 2015.

So, Mr. Deputy Speaker, the Leader of the Opposition ordered the review.

The review was done and of course what I just read, the results of that particular report.

Hon Members: [*Desk thumping*]

Ms. V. Mohit: And of course, yes, you heard the decrease continued. So, it was work started by us and we will take the credit for it, just like you are trying to steal the credit for it. Mr. Deputy Speaker, I want to move a little bit, as I continue on the provision of safe, reliable, and compassionate health care services to our citizens, for all citizens of this country. And, again, the mover of this Motion must be commended for this intervention.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, there is a Joint Select Committee on Social Services and Public Administration. Of course, the report was not laid, so I will not deliberate too much on it, but what I want to refer to, is live broadcasting of town hall meetings, which was also reported in the newspaper and I had cause to reflect on it by viewing YouTube as well.

4.15 p.m.

Mr. Deputy Speaker, and I happen to be a member of that committee and just recently at a town hall in south Trinidad—there was also one at the Parliament building and there was one in Chaguanas. But just recently, in south, you would have heard about untold horrors besetting the public and that was absolutely—

Mr. Deputy Speaker: Hon. Member, again, you made mention of it, the JSC as being part of this parliamentary Sitting of this particular term and again, the report has not been laid and remember, those live town hall meetings will also be part of the report. So, again, I do not want you treading—even though you were going to talk about the town hall meetings, you know, it still will be, again, against the

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Standing Orders.

Ms. V. Mohit: Sure, Mr. Deputy Speaker. Only reports in the public domain I am dealing with.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: And I totally understand you. Yes? So I will try my best.

So, Mr. Deputy Speaker, in listening to the Minister of Health and all of his colleagues, what I want to say about the reporting on matters in the public domain on these particular town hall meetings is I want to know, based on all the Members of the Government's contributions, if the Ministry of Health and his advisers or members of the public health care services did not take the opportunity to watch or listen to the commentary coming out of those meetings? Because I want to beg the Minister to review what is in the public domain and, you know, Mr. Deputy Speaker, review what is in the public domain and breathe; breathe some compassion, Mr. Deputy Speaker—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit:—breathe some reliability and some safe assurances to our citizens of this country. Because, Mr. Deputy Speaker, at those live forums and what is reported in the public domain, there were clear and compelling accounts by persons affected by the system, Mr. Deputy Speaker, which reinforces that safety is definitely lacking in the public health care system, as it speaks to in this Motion here today, Mr. Deputy Speaker.

Mr. Deputy Speaker, and I want to look a little bit at safety, which is in the first paragraph of the Motion, and I want to refer to a *Guardian* article dated August 2023:

“Arima hospital worker gunned down in carpark”

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Mr. Deputy Speaker, *Loop* article dated 16 July, 2023:

“Police investigating suspected kidnapping in San Fernando”

Mr. Deputy Speaker, from these articles, it can be clearly gleaned that the safety of the public at these public health care institutions is indeed seriously compromised, and given the wider societal context relative to crime, even our health care institutions are not immune, Mr. Deputy Speaker.

Mr. Deputy Speaker, but what is indeed mind-boggling—and I want to deal a little bit with special needs persons, and I want to refer to a *Newsday* article dated 09 December, 2023:

“Mother: Special-needs son abused at San Fernando hospital”

Mr. Deputy Speaker:

“Amelia Browne wept”—and I quote—“as she called on the South West Regional Health Authority...to find out who abused her son Michael, 55, while he was being treated at the SFGH.

Browne, of Lady Hailes Avenue, San Fernando, said Michael told her he was pushed down and dragged by members of staff sometime between Wednesday evening and Thursday morning.

She said the injuries left him unable to walk properly or even stand, as his knees were swollen and bruised.”

I continue, Mr. Deputy Speaker:

“A...”—San Fernando General Hospital—“...staff member who accompanied Browne to *Newsday*’s office said ‘Mental patients go through hell in there, and all the...”—San Fernando General Hospital—“... do is cover up.”

Mr. Deputy Speaker: Okay. Hon. Member, your initial speaking time has

elapsed. You have an additional 15 minutes, care to avail yourself?

Ms. V. Mohit: Of course.

Mr. Deputy Speaker: Proceed.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Thank you, Mr. Deputy Speaker. I continue:

“The worker said when he realised the hospital was discharging the abused patient into his mother’s care, he advised her against it, took her to the public complaints department at...”—the San Fernando General Hospital—“... to register her complaint, and to *Newsday*, ‘because they were too quick to discharge him in another attempt to again cover up the incident.’”

Mr. Deputy Speaker, today, the Minister of Health is sitting in this House, we call on the authorities—it has been one month-plus after this unforeseen outrage has elapsed, Mr. Deputy Speaker. We call on the authorities to publicly indicate what the findings of their investigations are, and if none has been undertaken, Mr. Deputy Speaker, I am pleading with the Minister of Health to demand a response which should be ventilated in public. Because, Mr. Deputy Speaker, such a circumstance should never occur at a public health care facility—

Hon. Members: [*Desk thumping*]

Ms. V. Mohit:—especially, Mr. Deputy Speaker, when it is a special needs patient. This fiasco must not go away by virtue of any cover-up, but heads should roll from top to bottom for this act.

Mr. Deputy Speaker, my colleague from Caroni East would have touched on staffing at health care institutions, but quickly I just want to touch on this issue of staffing, and I want to deal with the data in which my colleague for Caroni East revealed during his contribution as it relates to the very figure required for nurses

across the country is 12,000. Mr. Deputy Speaker, as it relates to staff shortages, what must be discerned from this data presented and reported in the media as it relates to shortages at our public health care institutions are the following: Mr. Deputy Speaker, what are the shortfalls in the number of doctors? What does this result in? When you have shortfalls in the number of doctors, you have longer working hours, Mr. Deputy Speaker. You have less intensive history taking, Mr. Deputy Speaker. You also have long wait for surgeries and procedures, and my colleague would have outlined that clearly in this Motion.

Mr. Deputy Speaker, most importantly, shortage of doctors would ultimately cause a total collapse of the nation's health care system. Mr. Deputy Speaker, and one would ask if we are not already there as it relates to staff shortages, as it relates to our staff members at the health care—on one hand, you are commending the health care workers and we are commending them as well, but on the other hand, you are not acknowledging the pressures they face at these health institutions, which in turn is resulting in a collapse of our health care system.

Mr. Deputy Speaker, let us look at wardsmajds for example. What does shortfalls in wardsmajds result in? Reduced hygiene on the wards. It results in potential for infection spread or even opportunities for a reduction in aesthetics of medical health care institutions. And it must be noted that if wardsmajds do not work for a week, the hospitals would have to be closed because of sanitation issues. So when we speak staff shortages, we must not just think that we are attacking health care workers who are not trying their best, we are speaking improvement, Mr. Deputy Speaker.

Let us look at laboratory technicians for instance—shortfalls in laboratory technicians. What it results in: delays in the analysis of bodily fluids and tissues

creates a backlog for critical medical procedures. It results in increases in the chances of mortality. So therefore, the role of laboratory technicians cannot be underestimated, Mr. Deputy Speaker.

Let us look at sterilizing technicians, Mr. Deputy Speaker, Shortfalls in sterilizing technicians: it can result in absence, which compromises patient safety. It can result in impacts on infection control. It can result in negative concessions in ensuring the delivery of safe and sterile medical equipment at public institutions. So, Mr. Deputy Speaker, one must ensure that all the support staff and the subsystems within the overall public health care systems are harmonized to effectively provide proper health care to our citizens of Trinidad and Tobago. Mr. Deputy Speaker, of course, staff shortages will have a negative impact on our health care institutions.

I want to touch a little bit on long waiting periods at health care institutions. Mr. Deputy Speaker, from my perspective, this Motion and previous presentations as it relates to the public health care system or sector is not about scoring political points. If one could remember in March 2023, the 22nd of March to be exact, the *Hansard* would reflect where I raised a Matter on the Adjournment, and that Matter was:

“The need for the Government to address the pressing issues related to access to medical care for young persons living with physical/developmental challenges.”

And I went on to explain where:

“A child was referred by the general practitioner at the Chaguanas Health Facility to the Eric Williams Medical Sciences Complex, paediatric development unit, on August 22, 2022, for suspicion of autism...”

They visited the Eric Williams Medical Sciences Complex on the said August 22, 2022, got an appointment for Monday, 17 July, 2023,”—months later—“almost 11 months after the initial visit, and was told that they are speeding up the process. In the interim...”

—and I am reading here from what I would have stated, and it is on the *Hansard*:

“In the interim, on February 15, 2023, this child was knocked down in front of her home because she tends to run off...And suffered injuries to head, shoulders and upper body, with greater damages to her legs, hospitalized on February 15 to March 01, 2023.

At a scheduled clinic visit on March 20, 2023, the parent was advised that due to the complication arising from the broken leg, that no surgical procedure can be undertaken at present and for a possible three to four months, thus coinciding with her future appointment. Would this...not impact...”

And I asked:

“Would this...not impact on her scheduled autism determination appointment for Monday, 17 July, 2023?”

Mr. Deputy Speaker, just recently, I want to share with you, my office would have liaised with this particular mother for an update, and this mother would have informed my constituency office—because we tend to follow up on matters and, of course, I write the Minister of Health very often, and that aside, the mother informed me that the doctors at Mount Hope conducted an examination on her, scheduled an appointment in July 2023, and advised that the child required the services of a neurologist. And what is even more alarming is that she was not referred to a neurologist at Mount Hope or another public health care institution,

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she was advised to seek one in private, Mr. Deputy Speaker. And you want to tell me that we are providing the best health care to citizens of this country and this is what special children have to face when they go to public health care institutions in our country? Mr. Deputy Speaker, unacceptable.

Hon. Members: [*Desk thumping*]

Hon. Member: Totally.

4.30 p.m.

Ms. V. Mohit: Mr. Deputy Speaker, I want to touch on disabled persons seeking public health care at public health care institutions. The ELDAMO service is a service created to assist persons to get to public health care facilities or other state facilities as the need arises. Mr. Deputy Speaker, are you aware, and it is publicly stated at many public forums, that ELDAMO services provided by the PTSC being paid for by the Ministry of Social Development and Family Services in many instances have been non-functional in our country, non-functional. Persons are sitting at home, disabled persons, whether it be children or adults they are at home requesting this service, requesting the ELDAMO service, sitting at home waiting and are left, Mr. Deputy Speaker, with no service. They have to call private cars to take them. Of course, these private vehicles are not equipped to take them, so sometimes they have no choice but to miss their appointments, Mr. Deputy Speaker. That too, Mr. Deputy Speaker, is unacceptable as it relates to access to our public health care facilities.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker, quickly I want to touch on CDAP because there is so much to deal with under the public health care system. Mr. Deputy Speaker, they could press release this, they could press release that, they could try

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to correct this, they could try to get the RHAs to do the other, they cannot save themselves. Mr. Deputy Speaker, what is in the public domain from these public town hall meetings citizens are speaking their experiences. Dr. Le Blanc, if I am to state it correctly, she has nothing to defend, Mr. Deputy Speaker. I am so sorry that she had to write up a press release this morning or last night, but I saw it this morning, you know, apologizing if she made the Minister of Health feel anyhow.

Mr. Deputy Speaker, look at the newspaper and see how people have to spend \$3,000 to \$4,000 on medication as it relates to medication for cancer, Mr. Deputy Speaker. So they could press release whatever they want. They could say the Ministry and the RHAs are confirming. Mr. Deputy Speaker, the Ministry of Health is the Minister of Health. So if the RHA confirms, it is the Minister of Health trying to defend himself.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: It does not mean that it is available. They are speaking free cancer drugs, free treatment. Mr. Deputy Speaker, it might be free, but it is not available, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: What are you going to do about that, Minister of Health? You are going to come here and talk about expiry. No. No. No. No. You need to make it available to the people and stop trying to cover it up.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: Mr. Deputy Speaker—

Mr. Deyalsingh: Mr. Deputy Speaker, Standing Order 48(6) please.

Ms. V. Mohit: What?

Mr. Deyalsingh: “Cover it up”.

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Mr. Deputy Speaker: Hold on. Hold on. Hold on. All right. Again, Member, in terms of the context, I think you can, you know I mean, say it differently, please.

Ms. V. Mohit: I withdraw that statement and, Mr. Deputy Speaker, I wish to say that the Minister of Health should not try to tell the population differently.

Hon. Members: [*Desk thumping*]

Ms. V. Mohit: The truth shall always prevail. Mr. Deputy Speaker, I have just a few more seconds and I want to borrow a phrase and that is, where there is no question, there is no answer, so do not call it time wasting. We are holding you accountable and calling for improvement for our citizens who are also your citizens, Mr. Deputy Speaker, and we as the Opposition is here to ask. So therefore, Mr. Deputy Speaker, we are demanding an answer by action in fixing our health care system, in improving our health care system as I wholeheartedly endorse this Motion by my colleague for Caroni East. Mr. Deputy Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Mr. Deputy Speaker: I recognize the Member for Toco/Sangre Grande.

Hon. Members: [*Desk thumping*]

Mr. Roger Monroe (*Toco/Sangre Grande*): Thank you very much, Mr. Deputy Speaker, for the opportunity to join this debate brought to this House by the Member Caroni East, a Motion entitled:

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

Mr. Deputy Speaker, my answer to that first line is, we are aware of this responsibility as a Government and this is why we continue to provide excellent health care services to all our 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...”

Mr. Deputy Speaker, we are aware as a Government of our challenges that we may face from time to time. But I want to assure the population that the Ministry of Health, the Minister of Health and this Government will not neglect their responsibilities to ensure that we do better to ensure that the best health care services are provided to our citizens of Trinidad and Tobago. It also goes on to say:

“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;

Mr. Deputy Speaker, my response to that, this is totally misleading and untrue.

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

Mr. Deputy Speaker, I want to put on the record that I have been in continuous contact with various persons in the medical fields and no such report has come to me especially from the Eastern Regional Health Authority.

“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.”

Mr. Deputy Speaker, the implementation was done many years ago by this PNM Government and we will be continue provide an improved excellent health care service to all our citizens.

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Mr. Deputy Speaker, I want to say that as the Member of Parliament for Toco/Sangre Grande and as a citizen of Trinidad and Tobago, I usually give Jack his jacket and Jim his gym boots when they are right, but to my good friend from Caroni East, the Member for Caroni East, I want to say today that, I take your jacket and boots and hand them to my constituency neighbour the Member for Cumuto/Manzanilla for his sterling and truthful contribution here today.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, allow me to start by congratulating the Minister of Health the hon. Terrence Deyalsingh Member for St. Joseph and all health care workers throughout Trinidad and Tobago for their hard work and effort in ensuring all citizens of Trinidad and Tobago are afforded access to good health care, follow-up services inclusive of medication which are available in our health care facilities.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, given all the facts laid by the speakers on this side who went before me, I would speak on the quality of health care services available to all the citizens in the various communities in the north-eastern areas of Trinidad and Tobago, more particularly the constituency of Toco/Sangre Grande, Cumuto/Manzanilla, Mayaro who happen to fall under the Eastern Regional Health Authority.

Mr. Deputy Speaker, the Eastern Regional Health Authority more commonly known as the ERHA has become a staple throughout the constituency and the eastern region, being a well-established, high quality care provider. The Eastern Regional Health Authority offers a wealth of the services to the communities and to anyone that seeks them out in their time of need, Mr. Deputy Speaker. The

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ERHA is committed to providing a free means of health care for the sole purpose of enhancing the well-being of the population in and around the region.

Mr. Deputy Speaker, the ERHA is one of five regional health authorities in Trinidad and Tobago that was established by an Act of Parliament, December 1994, carried out by only a PNM Government, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, it is on this basis that I stand here proud to lay the facts of advancement and availability in the public health sector under the leadership of this Government and the hard working Minister of Health who belongs to the People's National Movement.

Mr. Deputy Speaker, I want to start by putting on the record the access and availability of our health centres in the region that happens to be taken care of by the Eastern Regional Health Authority. I would list the health centres, sorry, starting from Matelot, Toco, Cumana, Matura, Sangre Grande Enhanced Health Centre, Valencia, Coryal, Cumuto, Mayaro, Rio Claro, Coryal, Biche, Brothers Road, Guayaguayare, Grande Riviere, San Souci, 17 health centres that happen to be servicing all the persons that fall in the area that the Eastern Regional Health Authority takes care of.

Some of the services that are available, Mr. Deputy Speaker, through these facilities would be general practice services, accident and emergency, obstetrics and gynaecology, specialist chronic disease management, dermatology, emergency nursing, community nursing clinics, anti-natal chronic disease, child health, post-natal, family planning, men's health, women's care and dressing, home visits. You can also find radiology there, pharmacy, ultra sound, dental health, HIV rapid testing, renal screening, diabetes management and counselling services. Medical

social workers are also available, nutrition and diet services, mental health clinics, phlebotomy, pap smears and wellness activities.

Mr. Deputy Speaker, you see, the Minister of Health and the Ministry of Health understand that it is very important to provide health care not only for certain parts of the country of Trinidad and Tobago, but to ensure that the people on the north-eastern side of this country is not geographically disadvantaged and fall short of getting proper health care, and we want to thank the Minister of Health, the Ministry of Health and its health care workers for the services that have been providing for us, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, I would move on to obstetrics and the gynaecology department. Mr. Deputy Speaker, this is an important department especially for the ladies. They would understand where I am going, and the directorate of women health under the Ministry of Health, Trinidad and Tobago has the mandate to reduce maternal mortality and morbidity. This mandate falls under the Sustainable Development Goal SDG 3.1. This Goal is by 2030 to reduce global maternal mortality and ratio to less than 70 per 100,000 births.

Obstetric care is an integral part as well, Mr. Deputy Speaker. Mr. Deputy Speaker, these services are available. In September of 2022, the county of St. Andrew/St. David and Nariva/Mayaro have their centres, and it is available ongoing to date. Valencia, you could have that service on a Tuesday from 9.00 a.m. to 12.00 p.m.; Rio Claro, Wednesday; Cumuto on a Friday, all are between the hours 9.00 to 12.00. The Mayaro District Health Facility, Thursday 9.00 to 12.00; Toco on a Friday and the Sangre Grande Enhanced Health Centre is the same time on a Wednesday between the hours of 9.00 to 12.00.

So, Mr. Deputy Speaker, thus far in the Rio Claro/Mayaro area those clinics would have seen over 1,027 persons who would have accessed the service there. In the St. Andrew/St. David area 653 persons access service there. Mr. Deputy Speaker, in conclusion of the gynaecology and obstetrics departments, this has resulted in the reduction of maternal morbidity and, mortality rates in achieving global maternal ratio less than 70 per 100,000.

4.45 p.m.

Mr. Deputy Speaker, at the Eastern Regional Health Authority since its inception and existence, especially under our good Minister of Health, the hon. Terrence Deyalsingh, has a lot of achievements in its hat. The commencement of a satellite dialysis unit at the Naparima/Mayaro which benefited patients, improved service delivery for patients residing in the county. They saw over 56 patients during that period when it was established in 2020 on the 5th of October, 18 died and may their souls rest in peace. At present, the remaining 37 are accessing the service. Community rotation including accident and emergency is also available, benefits to the patients to bring specialized care closer to clients and to ensure the best outcome for high risk groups, Mr. Deputy Speaker.

A number of patients would have accessed that service from 2020 of October to June 2023, 405 patients have been at the St. Andrew/St. David Centre, and also to the Nariva/Mayaro Centre, 151 patients would have accessed such services. We also, as we are in line with achievements, introduction of an art, music therapy session at the ward five, the female ward. This is also to just enhance the aesthetics of the ward and to ensure that you make the environment a little more comfortable for persons who are ailing and those who come to visit them from time to time, it also offers relaxation to them, Mr. Deputy Speaker.

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We also saw the launch of the healthy hospital initiative in collaboration with UWI. Mr. Deputy Speaker, the Operations Department, they established a 12-chair Satellite Dialysis Centre in Naparima/Mayaro, and our numbers for October 2020 to December was 69; January 2021 to December, 347; January 2022 to December 2022, 391; and 2023 January to December, 454; Mr. Deputy Speaker

So, in context I could say that the equipment is there and the services are available, and our citizens are making use of those services available to them to ensure that they maintain good health and access the good and high quality health care that is being provided to them, Mr. Deputy Speaker.

The expansion of the service at the Toco Health Centre to include ultrasonography between 2020 and 2023, a total visit of 1,346 patients; ophthalmology, 2020 to 2023, 8,666 patients visited; the refurbishment of the de-commissioned maternity unit into a full Accident and Emergency Department, and we saw from 2020 to 2023, 15,632 patients visited that department as well.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: And that is not all, Mr. Deputy Speaker, we also saw right in the Sangre Grande Hospital, the commissioning of a new 16-slice computed tomograph CT scanner for the Sangre Grande Hospital, and we saw some 25,762 patients taking access and using such a service.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Installation of digital X-ray radiology system at the Sangre Grande Hospital and Rio Claro Health Centre, allowing for the elimination of analogue to digital conversion. So, Mr. Deputy Speaker, I think that this Government, the Minister of Health is pushing our health sector in the right direction, our citizens have available new and modern technology to ensure that

their health is intact.

And at this time I want to encourage persons to go out and take care of themselves. I would share the advice to myself as well, do not believe that we are heroes and superheroes, but make sure that the investment that the Government, the Ministry of Health, the Minister of Health, health care workers, are making to make good health care available to us, are appreciated and we use such that are available to us, Mr. Deputy Speaker.

Hon. Members: [*Desk thumping*]

4.50 p.m.

Mr. R. Monroe: Mr. Deputy Speaker, I witnessed the opening of the Sangre Grande Enhanced Health Centre, with service expansion to include X-ray services, ultrasonography, ophthalmology and general practitioner services. And I must say, Mr. Deputy Speaker, as a Member of Parliament who is always on the ground and amongst my people, I visit that enhanced centre from time to time, which open sometimes, I think, on a Saturday, Minister? And persons go there, and there is very little to no complaints of the service because of what was provided by this Government and by this Minister of Health. So I thank you very much for that, Minister of Health.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, we live in a society now that sometimes forget to say, "Thank you" and sometimes we forget to speak about the good things that happen. We are not in a perfect world and I can assure you as a government, we will continue to strive for excellence and ensure that we give the citizens of Trinidad and Tobago the best available services that we can provide for them.

I want to share, at this time, with your permission, some expressions of

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praise and thanks to different departments of the ERHA, and I would quote the following. Dated the 9th of May, 2022, and I would quote here:

I am very thankful for the proper cleaning and dressing from—nurse's name—She was gentle and did her job properly, and also the medication that was prescribed was available to me. Thank you very much.

—Patient's name.

Mr. Deputy Speaker, there are so many, and I would touch on a few, of grateful persons who access the good health care services provided to them right at the Sangre Grande Hospital and those health centres. Even at the Cumuto/Manzanilla constituency, we have a couple health centres there, and in the Nariva/Mayaro area:

On behalf of my father—patient's name—I would like to say thanks to you, Dr.—doctor's name—and your team for your dedication and compassion in the manner in which they handled my father's case today.

Mr. Deputy, this indicates to me that the claim of medical health care professionals being under pressure to execute their duties is non-existent or if it does exist, it is very minute.

Mr. Deputy Speaker, I want to share a good news article which went out by the Eastern Regional Health Authority and it was dated June 25, 2023, and they are asking to publish and let us help share to recognize the positive and fantastic service of the ERHA, and this is in the Rio Claro area, Accident & Emergency, to the doctors/nurses:

Thank you very much for your fantastic work and friendliness that was extended to my family. Hats off. Keep up the good work. May God continue to bless you all.

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—and so forth and so on. And it is so many “thank you’s”.

You know, there is also one that says here, Mr. Deputy Speaker, that:

Once upon a time I had little to no trust in the public health care sector but because of the service that was afforded, I chose private any day. Now I must say hats off to the staff at the Rio Claro Health Centre, significant improvement.

And this is during the tenure of this Minister of Health, this PNM Government.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, I just want to put on the record, there is so many, even from little kids and all.

Mr. Richards: Read them out.

Mr. R. Monroe: I would read them out, because the good Lord that we serve tells us about the little children, you know.

Mr. Richards: Read them out, man. Read them out.

Hon. Members: [*Desk thumping*]

Hon. Member: The children.

Mr. Monroe: The children. Yes, Mr. Deputy Speaker. So, Mr. Deputy Speaker, you know, the kids who go to the hospital, you have so many, and I would not show, but, Mr. Deputy Speaker—

Mr. Scotland: Read it. No, you go ahead.

Mr. R. Monroe:

To all the loving nurses of Ward 1, thank you for all the love and care extended to me.

—this little one.

I felt as if my mommy was here with me always.

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Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, I am also a member of the Joint Select Committee in the capacity of Vice-Chairman and I understand where the speaker who went before me, my friend for Chaguanas East, was trying to go, but what the Member did not mention is that that release that she mentioned, the latter release, did not mention the Minister of Health, it mentioned an apology to the Ministry of Health, but she chose to mention the Minister of Health, the Member for St. Joseph.

But, Mr. Deputy Speaker, I want to put on record here some “thank you’s” that I saw came to me to the nurses, doctors and the entire team for the oncology at the Sangre Grande Hospital. So it is on record that persons are receiving their medication, their services from the oncology, the cancer department, and the people who are receiving such are grateful for it.

I also have one here, which is in appreciation to the oncology department, and I would not go into too much details because it has personal information, but:

Our heartfelt thanks and love and dedication for your divine service to our loved one who would have been at the oncology department.

Mr. Deputy Speaker, I could also put on to the record some personal experience, which I choose to put on today. My deceased grandfather, may his soul rest in peace, a man that is dear to my heart, I personally took him to the oncology department at the Sangre Grande Hospital in the year 2015, and I must say that the service there was second to none. And it was not at that time that I was a Member of Parliament or I was anybody that would have been recognized to be treated specially, but he was treated with respect, we were treated as citizens. Whether he wanted to say he was paying health surcharge or not, he was treated

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with the service that is expected to be given to citizens by this Government of Trinidad and Tobago, and I want to say thank you very much for that service.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, I go on again, because I speak about the ERHA in my constituency and it is an entity that I am ever proud of.

“The ERHA prepares staff...”

And I read a clipping here:

“The ERHA prepares staff to respond to mass casualty...”

These are initiatives all geared and came from our Minister of Health and his team to ensure—because he understands the different and varying RHAs around the country, and if you know where we are located, this preparation is in tune with assisting our people on the north-eastern part, the eastern seaboard of Trinidad and Tobago and ensuring that our responders are well-equipped. So I want to continue by thanking the Minister, again, and his team for always looking out for his RHAs throughout Trinidad and Tobago.

Mr. Deputy Speaker, I quote Sunday, December 03, 2023, *Newsday* article:

“Woman survives deadly snake bite in Cumuto”

And I say here, quoting from the victim:

“To be honest, on the ward I got really good treatment. I remained in the hospital for approximately 12 days. The medical team was very attentive. I have absolutely no complaints about the treatment I got on the ward.”

Patient name’s—“...expressed...gratitude for the Ward 5 medical team who cared for her, including...”—doctor’s name—“...and the nursing staff.”

She said:

“She was depressed and wanted to leave, but their care made her stay

easier.”

This is right at the Sangre Grande Hospital. This is not outside of the jurisdiction of Trinidad and Tobago. This is the hospital that is manned by the ERHA and headed by the Minister of Health, the hon. Terrence Deyalsingh.

Mr. Deputy Speaker, I want to go on to the new Sangre Grande Hospital, and I must mention the construction of the new Sangre Grande 106-bed hospital campus.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: And I want to say here, in the presence of the Minister of Health and to my colleagues on the other side, that I express my heartfelt gratitude to the invitation offered to the Member for Cumuto/Manzanilla for attending that site visit and understanding what this Government is doing and making as an investment, not only to benefit the constituents or the citizens in Toco/Sangre Grande, but also yours, in Cumuto/Manzanilla, and as far as Mayaro as well. Thank you very much for your understanding and care to the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Mr. Deputy Speaker, this new 106-bed, state-of-the-art, well-equipped—I have been there, it is well-equipped—hospital will guarantee the further improvement in the health care delivery to the people of Sangre Grande, Valencia to Matelot, Matura, Guaico, Tamana, Cumuto, Manzanilla, and the entire eastern region of Trinidad and Tobago.

Mr. Deputy Speaker, the new facility will also offer various services, such as general X-ray, laboratory service, endoscopy, CT scan, general ultrasound, MRI, physiotherapy. We could boast of three operating theatres, boast also of four high

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dependency units, and an inpatient pharmacy, amongst many others. These services, in my opinion, is what is needed to further advance the already superb service that is carried out by the health care professionals in the eastern region of Trinidad and Tobago.

And, Mr. Deputy Speaker, as I close, once again I say, heartfelt thank you on behalf of all the constituents and citizens of the north-eastern region and myself to Minister Deyalsingh, the Government of Trinidad and Tobago, the entire team at the Ministry of Health, administration and staff at the ERHA.

And, Mr. Deputy Speaker, at this time I want to acknowledge the CEO of the ERHA, Mr. Tsoi-a-Fatt. I want to also acknowledge Dr. Rajiv Bhagaloo, who is a hard worker and ensuring that our brand new hospital would be on time and on stream for our constituents. Just today, I saw that they are going to have some talks with our citizens, our residents, our constituents to show the good work of the People's National Movement Government and the Member for St. Joseph.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: And I want to say at this point in time that sometime ago, the Member for Siparia would have mentioned that funds were used from NGC to build the Point Fortin and the Arima Hospitals. That is an untruth, it is misleading and it is disingenuous.

Hon. Members: [*Desk thumping*]

Mr. R. Monroe: Funding was done by a loan facility and the same was done for the Sangre Grande Hospital. So this Government does not operate in such a manner like those on the opposite side. We do things in accordance, we respect our citizenry—

Hon. Members: [*Desk thumping*]

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Mr. R. Monroe:—and to the Member for Caroni East, I thank you for the Motion so that we on this side could express the truth, which is in the public domain. And next time we have a Motion, I ask that not half-truths come forward but bring all the facts before us. I refuse to accept—I am not usually confused, Member for Caroni East. But I refuse to accept the offering that was brought before us in this House, I refuse to accept this Motion. I stand committed and resolute with my Government, my Minister of Health, our health care workers, and the citizens of Trinidad and Tobago. And, Mr. Deputy Speaker, I thank you.

Hon. Members: [*Desk thumping*]

5.05 p.m.

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

Hon. Members: [*Desk thumping*]

Mr. Ravi Ratiram (*Couva North*): Thank you most kindly, Mr. Deputy Speaker, for the opportunity to join this debate and express my full support for my colleague, the Member for Caroni East for brilliantly piloting this most relevant Motion which addresses the issues affecting the health care system here in Trinidad and Tobago.

Mr. Deputy Speaker, I would like to firstly congratulate and endorse all that has been said by my colleagues on this side, the Member for Caroni East, the Member for Fyzabad, the Member for Cumuto/Manzanilla, the Member for Chaguanas East. My colleagues have demonstrated that they are very familiar with the issues in the health care sector affecting the citizens of this country and also the issues affecting the staff who have to deal with the frustration of those issues on a daily basis.

Mr. Deputy Speaker, as I go into the Motion that is before us today which

states:

“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.”

Mr. Deputy Speaker, I begin my contribution by making reference to a news article by *Loop News* dated August 10th, 2023, entitled:

“Fyzabad MP: PM Rowley”—and they were referring to the hon. Member for Diego Martin West—“out of touch on local healthcare system”

In the article my colleague, the Member for Fyzabad stated and I quote:

“It is really a concern when the Prime Minister refuses to see and acknowledge the glaring realities that citizens and staff are faced with on a daily basis in the public healthcare system.”

This was in response, Mr. Deputy Speaker, to statements made by the hon. Prime Minister on Monday 07, August, 2023, when the Prime Minister chastised the

citizenry at the opening of the Ministry of Health's new administrative building in Port of Spain. Mr. Deputy Speaker, it was reported that the Prime Minister stated and I quote:

“...that citizens are ungrateful, shouldn't complain, and that the public healthcare system in this country is ‘better than most and better than many.’”

However, responding immediately to the Prime Minister is the:

“...President of the Trinidad and Tobago Registered Nurses Association, Mr. Idi Stuart”—stated—“that there are glaring deficits in the system...”—and—“that the Prime Minister's comments showed that he was insulated from the real experience at hospitals.”

Mr. Stuart also stated that the:

“...quality...”—of health care in Trinidad and Tobago—“is not up to the standard that citizens deserve.”

Mr. Stuart is quoted saying:

“It would seem as though the Prime Minister, and his government, is content to bury their collective heads in the sand and pretend that all is well in this country.

He, along with the Minister of Health, seem to be blissfully unaware of the long waiting times for clinic appointments, the long waiting times for surgeries, the lack of medicines and other basic supplies, the lack of maintenance of critical medical equipment, issues regarding employment and terms and conditions of doctors and nurses, poor nurse to patient ratio, and the list goes on and on.”

Mr. Deputy Speaker, does this sound like a government who is fulfilling their duty to provide safe, reliable and compassionate health care services to all citizens? I do

not think so, Mr. Deputy Speaker. There is a resounding no.

Mr. Deputy Speaker, I want to turn to a Joint Select Committee meeting that was reported just yesterday, the *Express* reported on a Joint Select Committee Town Hall Meeting held virtually on Wednesday 20th March. At the meeting the head of the Trinidad and Tobago Cancer Society, Dr. Asante Le Blanc told my colleague, the MP for Chaguanas East and other Members of the Joint Select Committee that there were shortages of cancer drugs and that patients were receiving antiquated drugs if any at all.

The Committee was told that this was due to the lack of funding. Lack of funding or should we ask the question, is it a mix of priority. We have to ask, Mr. Deputy Speaker. The head of the Trinidad and Tobago Cancer Society told the Joint Select Committee that:

“...breakdowns and shortages in equipment were still being reported...”—
in—“every single regional health authority”—and that—
...was...resulting in ‘huge delays’—in things like—“mamograms and colonoscopies, with some waiting for years...”

Mr. Deputy Speaker, in the article a very interesting piece of the article, and I want to go directly to the article to bring to your attention, is when the article spoke about free drug offer. And I quote here:

“Noting associations with pharmaceutical companies had to be approached with caution, Le Blanc disclosed she had been made offers of free drugs by companies, which were seeking an audience with the Government.

Le Blanc said she had been asked to act as an ‘ambassador’ between the parties, but there had been a lack of response from the Government. Le Blanc asked ‘why not explore it?’ as it was happening in other countries.”

And, Mr. Deputy Speaker, we ask the same question, why not explore when we are hearing that there are antiquated drugs in the system and persons cannot get these drugs and there is an offer on the table. All we are asking is for a conversion to take place and for the hon. Minister responsible to account to the population, to provide us with some sort of feedback.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: Mr. Deputy Speaker, I want to move to recital two which speaks of inadequate provision of human resources. In an Auditor General special report laid in this very House on the 05 June, 2023, it categorically states that the, current ratio of doctors, nurse and mid-wife per 1,000 persons in Trinidad and Tobago—let me just repeat that there, Mr. Deputy Speaker. The Auditor General's Special Report laid in this House on the 05 June, 2023, it categorically states that:

...currently there is a ratio of 1 doctor, nurse and mid wife per 1,000 person here in Trinidad and Tobago.

But I ask the question, Mr. Deputy Speaker, are you familiar with what the international best practise standard is? Well, the World Health Organization provides us with guidance on this, Mr. Deputy Speaker, and the standard recommended by the World Health Organization is that there be four doctors, nurses or mid wives per 1,000 persons. While best practise is recommending four we are operating at one, at 25 per cent of what should be.

According to the World Health Organization:

Trinidad and Tobago is significantly undermanned, understaffed in our nation hospitals and health centres.

That same Auditor General's special report goes on further saying that:

...out of 17,682 health care positions here in Trinidad and Tobago 6,647 of

them are vacant.

That is 40 per cent of the positions, Mr. Deputy Speaker, being vacant. Vacant when we have young doctors and nurses at home, jobless, unemployed and working in a non-sustainable job. You would have heard from my colleague, the Member for Oropouche East speaking about over 500 doctors home, unemployed. I know of scholarship winners, persons coming out of university who would have been scholarship winners and they cannot find themselves work in this system based on how it is at this point in time, Mr. Deputy Speaker. These significant vacancies in the system leads to long waiting time for patients to be attended to.

Mr. Deputy Speaker, do you think at this level of human resource shortage we can provide a satisfactory level of patient care for the citizens of this country? Is this why constituents in Couva North and many citizens across the length and breadth of Trinidad and Tobago are waiting to see doctors and specialists for weeks, months and some time going into years?

Mr. Deputy Speaker, I want to just share with you a little story about a young man from my constituency, the constituency of Couva North, came to my office and he was hoping to get some tests at Mount Hope. I did intervene and assisted the young man to get the tests and eventually he had a biopsy, he had a thyroid problem and he got a biopsy conducted in February 2023. That is last year, more than a year ago. You know, Mr. Deputy Speaker, speaking with this young man earlier, and I asked my office specifically to contact him again this week to find out what is the situation. You know that young man up to today's date is still waiting on the results of a biopsy done since February 2023. That is totally unacceptable, totally unacceptable, Mr. Deputy Speaker. I want to move to an article by the *Trinidad Express*, dated January 23rd, 2021:

“Waiting in vain at”—San Fernando—“hospital”

This article, Mr. Deputy Speaker, by the *Sunday Express*, the *Sunday Express* visited the Accident & Emergency Department at the South West Regional Health Authority on Wednesday and observed more patients waiting on a doctor.

“They say this has become routine”—at that hospital.

“One outpatient shrugged his shoulders and looked to the sky with a forlorn expression on his face.

He said, ‘What can I do? Every time I come here, all I do is wait. It’s been this way for years.’

Waiting for two, four, or even six hours a day on a chair in pain for medical care at public health institutions is the norm...”

Mr. Deputy Speaker, in the article it continues further:

“A man who had brought his 89-year-old mother to the hospital on Tuesday around 6 p.m. says she did not get a bed until”—6 a.m.—“the next day.”

Mr. Deputy Speaker, I want to turn to another article which deeply saddens me entitled:

“Hospital Horrors : Fed up of waiting”

Published by the Trinidad and Tobago *Express* on January 2021. The first line of the article states:

“I’m fed up”

When we go into this article it says:

“These three short words sum up the emotion of patients seeking outpatient services at the Eric Williams Medical Sciences Complex, Mt Hope, while their appointments keep getting pushed back over and over again.

While Health Minister...has showered praises on the parallel healthcare

system established due to the Covid-19 pandemic, the primary healthcare system is suffering.”

In the article:

““One patient lamented”—saying—““They keep saying it’s because of ‘Covid, Covid’, but it’s not. They are grossly mismanaged. They have a backlog. If you see people does be here waiting. And every time you come for your appointment, they put you off for another day. I was admitted to the clinic in July last year. I got rescheduled to September. When I went back in September, they put me off (to) January, and now today I got pushed back to April 2021.””

[MADAM SPEAKER *in the Chair*]

Another patient,

The “...relative of a diabetic patient...”—stated:

““My dad did surgery and two of his toes were removed. He needs to have his follow-up and see a doctor, and up to now he can’t see a doctor. He can’t even go the health centre because Mt Hope has to clear him first. This is ridiculous now. Since March last year he did surgery.””

And this article is in January, talking about almost another year this diabetic patient waiting to see a doctor.

““Another patient...said it is frustrating. ‘Every time you come, they keep pushing back, pushing back (your appointment date)...””

5.20 p.m.

Madam Speaker, the mother of an epileptic patient said:

““No reason! No reason at all. The appointment before today was in June last year. Now our appointment was today and we got put off until March

12.

We had to hire a taxi...We left home without even cooking lunch because we didn't want to miss the appointment.”

And this seems to be the norm that citizens out there, that patients continue to cry, continue to suffer, yearning and pleading for better health care in Trinidad and Tobago. And my colleague the Member for Oropouche West, he said do not come here and scrape the bottom of the barrel seeking testimonials of persons who are saying thank you for the services you offered. That is what you are supposed to provide for the citizens of this country.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: So yes, it is always good to say thank you for when you receive something but at the end of the day when we hear these kinds of testimonies being placed in the public domain and reported by the newspaper, Madam Speaker, then there is room for a lot of concern. Then there is room for us to check ourselves and to re-examine whether or not we are delivering on the mandate, on the responsibility that comes with the office we occupy. These are the sentiments of patients seeking health care services at medical—at the Eric Williams Medical Sciences Complex and where the appointments keep getting pushed back, and this is why this Motion is so relevant. This is why this Motion is so relevant, Madam Speaker, as stated by my colleague the Member for Caroni East which I make reference once more to the recital which brings into context all those testimonies which basically show how relevant recital No. 2 is:

“*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;”

Madam Speaker, moving on to recital 3 which speaks of modern information technology systems, according to the same Auditor General's special report there is no integration of information technology systems highlighted in the report.

And I want to move away to another *Newsday* article dated Thursday 30, November, 2023, reporting on a public health care—reporting on a Joint Select Committee Town Hall Meeting and this article is titled “Public healthcare system slammed at JSC town hall meeting”. This article speaks of long wait time and disappearing patient files. Some of the complaints from the public about the local health care system that the Joint Select Committee Town Hall Meeting on Social Services chaired by Independent Sen. Dr Richards. In this article an audience member—

“went to the Port of Spain General Hospital at 4.45 am...She only got to see a
doctor at 11.15 am and after waiting for medication, left...at 3.30 pm.”

Almost an entire day had to be spent at the hospital just to get to see that doctor.

“She said the doctor told her she was not experiencing menopause and was just depressed and should see a psychiatrist. The doctor, she said, also inaccurately assumed she had cancer when she mentioned she had a hysterectomy.

Her patient file...went missing.”

This is important to note here, Madam Speaker, what the *Newsday* is reporting that came out of that Joint Select Committee meeting. That the patient file also went missing.

“Had she not taken photos of the file and stored it in her phone...she would have been waiting even longer.”

So, we have patients—we have citizens who seem to be way advanced to this government when it comes to digitalization and digitizing their records. How difficult is it really, Madam Speaker, for us to move in this direction of utilizing information technology systems and integrating our system and digitizing our patients' records.

5.25 p.m.

In this report here:

“Another audience member, who was in an accident 19 years ago said her first patient file, which was ‘thick like an encyclopedia’ got lost. Her second file also lost.”

I want to move across swiftly because there is a very important contribution that was recorded in this committee meeting. It came from committee member and Minister in the Ministry of Agriculture, Land and Fisheries:

“...Minister Avinash Singh said his grandmother's patient file was once lost...”—also.

This is a Minister—this is a Government Minister giving a testimony here that:

“...his grandmother's...file was...lost, and he believes TT must ‘move away from this hardcopy, paperwork system...

Move into digitalisation where you could go into any health facility in the country, and your entire medical records will be at the disposal of the staff.”

Is it that those in this place do not speak to those in the other place? Is it that some Ministers are not taking into consideration what other Ministers are saying? Here we have Minister Avinash Singh making very valuable recommendations and it seems to me, Madam Speaker, like it is falling upon deaf ears.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: While it is reported that the Ministry of Health has their IT system and the regional health authority has their separate system, it is not interfaced nor integrated with each other. So when patients visit the Chaguanas Health Centre for a routine check-up, doctors at the health centre do not have access to the patient's medical history from another health centre or hospital. They may have had medical procedures, such as tests, operations or treatments done previously. This lack of integration means that a patient will have to explain their medical history and may even have to undergo redundant tests, hence wasting time, resources, finances, et cetera.

Furthermore, the systems used by these clinics do not talk to each other or connect to the broader Ministry of Health's system, meaning that crucial information about a person's health medical history might not reach the right people in a timely manner. Madam Speaker, the combination of integrating medical IT systems, cloud computing, mobile access devices is bringing about a new era, a new system called managed care environment. But while the world is talking about managed care environment and telemedicine, here in Trinidad and Tobago, we are still dealing with patients waiting hours and days and months to see doctors and patients' files going missing and being lost.

Madam Speaker, these are some serious issues that this Motion allows us to highlight and I really do hope that upon the completion of this Motion, that those on the other side take into consideration what comes out of this debate and what are some of the recommendations so that we can collectively work towards building a better health care for all the citizens of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: Madam Speaker, I want to turn to recital three: the lack of:

“...access to...equipment, and facilities to deliver modern and advanced healthcare;”

Since 2020, this Government has been promising the construction of a cardiac catheterization lab at the San Fernando General Hospital. A cardiac catheterization lab, which is also known as the cath lab, is used for diagnostic and interventional procedures relating to heart conditions. It is crucial in providing accurate diagnosis, which can enable healthcare providers to develop appropriate treatment plans tailored to each patient's need. It also facilitates procedures, including angioplasty and stent placement, along with other procedures. A cardiac catheterization lab is essential for the country's health care system.

However, year after year, we have been hearing of the promise of the completion of the catheterization lab at the San Fernando General Hospital. What we saw happened instead, Madam Speaker, is that \$131 million spent and instead of having a cath lab built out, now we have a modern nine-storey carpark that you can park and wait hours and hours to see the doctor. No cath lab still, up to now, after how many years at the San Fernando General Hospital. I understand after spending all that money, persons, vulnerable citizens, those who are dependent on the public health system, have to find money now to pay to park. I understand it is about \$9 an hour or \$60 if you have to spend the day to get health care. You spend about \$60 for the day to park at that \$131 million carpark.

Citizens who face the life-and-death situation of clogged arteries have to continue now to wait months and years for an angiogram or other tests to be done where no cath lab has been built out up to now. And I use this opportunity once

more again, Madam Speaker, to appeal to this Government to please find the necessary resources, the means and the will to deliver on your promise and have the cath lab services delivered at the San Fernando General Hospital.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: Madam Speaker, moving on to recital four:

“...health care workers...”—enduring—“...physical and mental stress...”

After the COVID-19 pandemic, most health care practitioners in Trinidad and Tobago felt overwhelmed by the ongoing challenges and lack of support in the health care system. In the Seemungal report, which was released in February 2022, a committee appointed by the hon. Prime Minister Dr. Keith Rowley:

“...to Investigate the Factors Contributing to Clinical Outcomes of COVID-19 Patients in Trinidad and Tobago”

—it was noted that in addition to medical staff shortage and burnout, there were shortages with basic items at the hospital. The report stated that:

“Any mention of short staffing must also mention treatment of staff. At some sites, young doctors had to sleep on mattresses on the floor. Often, this involved three or four doctors sleeping in the same room.”

There were also security concerns.”

Because:

“Some doctors complained that the door of their room could not be locked. This is worrisome”—Madam Speaker—“given the current state of crime in the country.”

The report also revealed that the short locum contract lasting one to three months has significantly dampened the morale of young doctors who were

subjecting themselves to considerable risk. The locum contract, Madam Speaker, is an employment contract designed to fill temporary vacancies and increases staff during the peak times in the health care industry. However, one of the main issues associated with this locum contract is that it does not allow doctors to have things like leave—to apply for leave, paid leave, vacation leave, sick leave, et cetera.

Nurses also:

“Some nurses spoke of the psychological pressure they felt when confronted with many deaths in a day.”

These same are the same medical practitioners that are still servicing our population today, Madam Speaker, and I have to pause to say a special thank you to all those health care workers who place themselves on the line to provide health care for the citizens of this country.

Madam Speaker: Hon. Member, might I advise that you have two more minutes of original—well, it is now one minute left. You are entitled to 15 more minutes extended time, if you wish, to wind up your contribution.

Mr. R. Ratiram: Thank you most kindly, Madam Speaker, and I do oblige. Today, we are calling on the 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. How do we recommend this happen? How is this achieved? Madam Speaker, I take this opportunity to put forward some recommendations for those on the other side to take note of.

As a matter of priority, Madam Speaker, we need to focus on our most important resource: our human resource. We need to fill all vacancies in the health care system and foster an environment for growth and development. Education and training programmes for health care professionals are instrumental in

improving service delivery. By investing in continuous education and skills development, we can empower health care workers to provide better care and to keep updated on the latest advancement in medical practices. We need to develop initiatives to improve health care access. This can be achieved through the expansion of health care coverage via the community health centres operating hours and the implementation of programmes to assist the vulnerable population.

And you know, Madam Speaker, I was so happy to listen to the Member for Toco/Sangre Grande speak about the services being offered by the 17 or so health centres that he called out in the north-east section, but it was really sad to see the expression of the Member next to him, the Member for Point Fortin, because while Toco/Sangre Grande would have been boasting of the health centres and the services that he claims are being offered out there—and I know that they have problems also with all those health centres—what happened in Point Fortin, Madam Speaker, is that during the People's Partnership, we had a health centre down in Cedros that was to be operated on a 24-hour basis, we had health centres down in Icacos, and as soon as this Government changed, the entire thing collapsed and now it is no longer 24/7 health care access for the folks of Point Fortin. So I do hope a hand will be extended to the people of Point Fortin and that kind of health care service that they once received under the People's Partnership can once more be extended to them.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: Madam Speaker, moving on with some of the recommendations, we also need to complete a comprehensive equipment audit and invest in all that is needed to ensure our health care professionals have access to the necessary tools and equipment to effectively deliver high-quality health care

services. We need to implement robust oversight mechanisms, which would involve regular audit, performance evaluation and transparent reporting systems, which hold all health care personnel accountable and ensure that resources are being utilized effectively for the greater benefit for all of our citizens.

In addition to this, Madam Speaker, we need to reduce the burden that is currently being placed on the health care sector. While our nurses and doctors may very well feel overwhelmed at this time, it should be the Government's initiative and priority to promote and institute preventive health measures. These will include immunization against diseases, maintaining of healthy diet, up keeping an exercise regime, engaging in routine medical check-ups. The United National Congress, led by the Member for Siparia, the hon. Kamla Persad-Bissessar, has continued to encourage the nation of Trinidad and Tobago to pursue a healthy lifestyle through its "Healthy Lifestyle Program".

In fact, in my constituency of Couva North, under the patronage of the Leader of the Opposition, the Member for Siparia, we hosted a series of health initiatives entitled "Celebrating Wellness: A Healthier T&T". The primary aim of this programme was to provide the citizens of T&T with enjoyable, stimulating physical activities and to increase health literacy. The most popular of the activities attended by hundreds were the Zumba and aerobics fitness session. I want to take this opportunity to thank the MP for Caroni East, who made that event a success; the MP for Cumuto/Manzanilla, who made that event a success; and the vision and guidance provided by the Member for Siparia, for us to be able to successfully execute that programme. It has been the aim of the United National Congress that by empowering and equipping communities to take charge of their health through prevention and self-management of chronic conditions, we can

build a healthier population and achieve better health—physical, mental and psychological—for all.

Earlier this month, Madam Speaker, our “Healthy Lifestyle Program” was taken to the constituency of St. Joseph, where we held a community medical clinic at the Aranguéz North Secondary School, again under the guidance and patronage of the Leader of the Opposition, the Member for Siparia. Many persons in that constituency and surrounding communities came out in their numbers to receive a free professional medical screening and consultation from a panel of doctors on site, and we also have to say a special thank you to Bodington Optical, and the folks at Bodington Optical, for providing free services in the making of that medical clinic happen.

Hon. Members: [*Desk thumping*]

The Member for Siparia shared a message of hope, empowerment, and responsibility, she stated that we are reminded of the invaluable importance of our health and wellbeing, and that the medical clinic represents a beacon of light, a sanctuary where individuals from all walks of life can access medical care, consultations and guidance without the burden of financial constraints. Madam Speaker, this is the kind of love, commitment and compassion that we see from our leader, encouraging us to go out on the ground, out on the field, all the Members, my colleague the Member for Fyzabad, the Member for Cumuto, and the Member for Caroni East, to serve the people. Because that has always been the mantra of our leader, serve the people, serve the people, serve the people.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: And that is what we on this side have continued to do. Madam Speaker, moving ahead with another preventative health measure that the

Government can use to reduce the burden of healthcare system, and improve the delivery of healthcare services to the people of Trinidad and Tobago, is to encourage citizens to engage in a healthy balanced diet. According to research done by Helen Millar of Medical News Today:

“An unbalanced diet restrict opportunities for physical development, and increases the risk of...”—non-communicable diseases.

These can include cardiovascular diseases, diabetes, some types of cancer to name a few. Encouraging a healthy diet for citizens means ensuring that local produce prices are affordable for all. However, when we look at what is happening in the country, we recognize that many families cannot afford to eat healthy. So, Madam Speaker, today I once more take this opportunity to once again ask those on the other side, to ask the Government, where is the mandatory market box component that was supposed to supplement the food card programme? That was something promised to be a permanent support to help vulnerable families that cannot afford these local produces. The hon. Minister of Finance promised in his 2024 budget presentation, that this initiative will become permanent, not only providing income for local farmers, but for families that relied on it, that needed it. And I quote here, Madam Speaker, from the presentation by the hon. Minister:

“Madam Speaker, we are...reintroducing the market box programme for the poor and vulnerable”—citizens. “Market boxes were distributed across...”—T&T—“...during the COVID 19 pandemic...I have allocated \$60 million in 2024, in the first instance for the resumption of the market box programme, under which beneficiaries will be identified from the food card database, among other areas. The programme...”—will—“...deliver market boxes to...poor and vulnerable. NAMDEVCO, the Ministry of Agriculture...”—

Land and Fisheries and—“...the Ministry of Social Development and Family Services will support it.”

Madam Speaker, this was a commitment given by our hon. Minister of Finance in this fiscal term. We are soon going to reach the mid-year review, and just now this term is going to end, and families who are poor and vulnerable still cannot afford to eat healthy, cannot afford to maintain of a healthy diet. And these individuals end up putting a strain and a burden on our public healthcare system. If only we take proactive measures, and we engage into preventive health measures, like ensuring all the citizens of Trinidad and Tobago can eat healthy, Madam Speaker, we will definitely be doing service to help our healthcare providers.

Hon. Members: [*Desk thumping*]

Mr. R. Ratiram: Madam Speaker, as we move from diet, I turn to exercise and the importance of engaging in routine exercise to avoid the development of the NCD's. However, to encourage citizens to use recreation grounds and savannah's to exercise is challenging based on the pervasive threat of crime plaguing our society. Crime is now restricting individual freedom, freedom of movement and engagement in outdoor activities. The fear of crime not only undermines individual sense of security, but also limits their access to recreational space and opportunities for physical activities. As a result, Madam Speaker, many individuals are forced to remain indoors leading sedentary lifestyles, and further exacerbates health issues and contributes to the prevalence of chronic diseases. Parks, recreational centres, and community spaces remain underutilized because of the worrying situation facing all our citizens, that of crime. And once more, I use this opportunity to call on the Government to take all the necessary measures to ensure that we can bring about safety and security for all our citizens.

In closing, Madam Speaker, I want to state that the state of the healthcare in Trinidad and Tobago is nothing short of an emergency. The Motion presented by the Member for Caroni East sheds light on the appalling condition endured by both patients and healthcare professionals in our country. This debate reveals a healthcare system riddled with neglect, incompetence, and indifference from what the Government would want to portray. Patients languish in overcrowded waiting rooms, enduring delays for basic medical care, while healthcare workers are forced to toil on the conditions of chronic understaffing, and inadequate resources. Despite promises, and hollow rhetoric, the reality on the ground speaks volumes, a healthcare system in crisis, tottering on the brink of collapse. It is abundantly clear that the current administration's indifference to the suffering of the citizens knows no bounds.

As representatives of the people, it is our solemn duty to hold the Government accountable for its failures, and demand immediate action to rectify the deplorable state of healthcare in our nation. The time for empty promises and half measures is over, the time for decisive action to ensure that every citizen has access to safe, reliable and compassionate healthcare they deserve. I implore my colleagues in this hon. House to stand together in solidarity with the people of Trinidad and Tobago, and support this Motion. Let us send a clear message to the Government that enough is enough, the time for change is now. If you cannot fix the healthcare situation, and the healthcare issues, and the healthcare problems affecting the citizens of this country, call the election now and a UNC government, under the leadership of Mrs. Kamla Persad-Bissessar, will fix it. With those few words, Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Public Health Care Services
(Government Measures to Improve)
Mr. Ratiram (cont'd)

2024.03.22

Madam Speaker: Member for Arima.

Hon. Members: [*Desk thumping*]

The Minister of Planning and Development (Hon. Penelope Beckles): Thank you very much, Madam Speaker. You know, I was listening very carefully to the hon. Member for Couva North, he was going very well you know, he started to give some recommendations that were making a lot of sense. And then, I realized what he is really here about, to call the election. But why would you want to go back in Opposition? “Eh”?

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

Hon. P. Beckles: Why would you want to go back in Opposition?

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

Hon. Member: Comfort zone.

Hon. P. Beckles: Comfort zone. So, you know, Madam Speaker, I have now concluded, having listened to several of the speakers today, that this Motion is brought with the intention of giving the impression to the public of Trinidad and Tobago that—as the hon. Member just said—the healthcare situation is short of an emergency, and he talked about neglect and incompetence, and call the elections. I just want to say to you that the hon. Prime Minister will call the elections when he is ready to call the elections.

Hon. Senators: [*Desk thumping*]

Hon. P. Beckles: And at this point in time, the people of Trinidad and Tobago are very satisfied with the People’s National Movement.

Hon. Senators: [*Desk thumping*]

Hon. P. Beckles: Now, you know, when I look at this Motion, I can understand that the Motion is intended—and just the last paragraph:

“...*Be it resolved* that this House call on”—the—“Government to implement measures to immediately improve the delivery of”—the—“health...services ...”—and so.

And they go into a lot of other things, but all of this is really tied to giving the impression that the healthcare situation is in such a bad way. Now, you know, what I find very strange—and what the hon. Member who just spoke sought to do, is to give the example of the hon. Sen. Avinash Singh. Because Avinash Singh was truthful enough to say that the records of his grandmother was lost, he wants to use that as an example of incompetence and negligence. We are not here, and I do not think any Member on this side gave the impression that the healthcare system is perfect. Nobody said that. But on the other side they want to give the impression that it is so imperfect that nothing is working. And, you know what is ironical, is that there are a lot of doctors on the Opposition side, some of who have worked in the same health system that they are calling incompetent, negligent, and it is not working. That is the irony.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: So, are you all saying that you yourselves have contributed to making the health sector that you are speaking about, that is so non-functional?

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And I do not have much time because you know, but I just want to say this, because I want to focus on just three areas very quickly. Another thing that the hon. Member for Couva North wants to celebrate and say, well you know the hon. Member for Siparia is going all over the country and having these clinics, you know, went to St. Joseph. The hon. Prime Minister had his health clinic just a couple months ago, and I strongly suspect they are really copying the health clinics

that we have been having all over the country.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: As a matter of fact, I think almost all my colleagues here have already had health clinics. And I want to use the—yes they could have gone to Maloney, they could have gone to Point Fortin, they could have gone to Laventille West, they could have gone to Tobago East, Tobago West. And I want to invite you hon. Member for Couva North, come to Arima on Sunday.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: Come on Sunday. I want you to know, and I am inviting you to let you know, because you spoke so much about health clinics and health clinics by the hon. Member for Siparia. Come to Arima—to be exact, Santa Rosa Government Primary School, Sunday 24th, your blood pressure, glucose testing, blood cholesterol, diabetes, prostate and stroke—I mean I can go on and on. So, do not boast about yourself, I mean I normally would not want to do it, but since you want to give the impression that you all alone are doing health clinic, come Arima—**Hon. Members:** [*Desk thumping*]

Hon. P. Beckles: —and come and get some testing.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: The other issue I want to talk about is that he used the Joint Select Committee—and I am going to be very careful, Madam Speaker, because I know there are limitations—but there are both Opposition as well as Government Members. The hon. Member for Chaguanas East, who is on that Committee, doing a very good job. There is nothing wrong—because we are on our side we cannot say, doing a very good job. And also the Member for Toco/Sande Grande, Sen. Nakhid. And one of the things that we did and we were comfortable doing, is

looking into how the healthcare system is working, and having members of the public coming to give recommendations. But not because we took that decision it means again that the only thing you talk about is what is negative. Because there are a number of persons who attended those sessions who talk about how great the healthcare system is working. I mean there is not a single person in here who could say that everything is perfect, I could give my stories too. But I can also speak of successes from members of my constituency who also came and said that they can talk about excellent service at the new Arima Health Facility.

Hon. Members: [*Desk thumping*]

Mr. Indarsingh: It was your idea that is why it is excellent.

Hon. P. Beckles: And I also want to say, you know, I am getting tired of every time they have to talk about issues relating to health, they built Arima, they start Arima, you start Point Fortin, well if you were in government, it is your responsibility to start it. Who else is supposed to do it?

Hon. Members: [*Desk thumping*]

Ms. Ameen: We who [*Inaudible*]

Hon. Members: [*Desk thumping*]

5.55 p.m.

But you never finished!

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And you did not take the loan. You did not sign the agreement.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And it was opened by the Hon. Terrence Deyalsingh, the Minister of Health.

Hon. Members: [*Desk thumping*]

Public Health Care Services
(Government Measures to Improve)
Hon. P. Beckles (cont'd)

Hon. P. Beckles: And I was present.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And it is not just a question you want to talk about this missing and that missing, “yuh doh have drugs, yuh doh have equipment”. Let us put it on record, Point Fortin, built by the People’s National Movement.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: Arima; and to be completed, Sangre Grande; Roxborough.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: So, it is not just a question of equipment. It is not just a question of digitalization, which I will speak about just know, but it is delivering for all the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: So, yes, the hon. Member wants to say—they have a new strategy. The new strategy is to give the recommendation and when we come, and we open, and we declare it, they say, “Oh, the PNM steal their recommendation”. Well, digitalization, the Government, the Hon. Prime Minister, Dr.Keith Christopher Rowley, set up a Ministry of Digitalization.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And he set it up for a reason. And the Hon. Terrence Deyalsingh has already entered negotiations with the Inter-American Development Bank to start the digitalization of patient records; one patient, one record. So, do not come and give the impression that you are coming with this great recommendation. We already started that. We are already way ahead.

Mr. Deyalsingh: Been there, done that.

Hon. P. Beckles: Been there, done that.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: And it was last year, if I recall correctly, the hon. Member and myself sitting as Governor of the Inter-American Development Bank had negotiations and concluded it. I want to tell the Hon. Minister of Health, you need to blow your horn and your trumpet a little more.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: I want to say that very soon you will see where that is going to bear fruit. And yet it is not everywhere. The pilot project is starting in Arima. It is going to go to Port of Spain. It is going to go to central. It is going to go to Point Fortin. It is going to go to Sangre Grande. And we will be able to demonstrate what a forward-thinking Government and a People's National Movement Government does for the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: I now want to go and focus on CDAP. Because you know, “they beat it like ah oil drum”. Everything is “no drugs, CDAP, nowhere it have CDAP.” Do you know what is ironical? When they were in government, because of the same fears that “no CDAP, CDAP everybody complaining”, they decided to do an evaluation of the CDAP programme. Yes. And hear what—let me just read a little something here quickly. Two minutes is enough; two minutes, I will be quick.

The utilization of CDAP's benefit grew rapidly since its inception. However, the growth may not have necessarily evolved optimally or most cost-effectively. The Ministry of Health, therefore sought to assess whether the overall goals of the CDAP were being met to identify organizational options and measures for making CDAP permanent.

Very quickly.

A further perspective on CDAP was obtained from the questionnaire.

So, they did a survey, scientific, data.

The majority of doctors surveyed, 81.2 per cent indicated that the drugs supplied under CDAP are effective in the treatment of chronic diseases they target.

This is UNC.

A few doctors went on to indicate that the diabetic and hypertension drugs were especially effective. The majority of doctors were generally satisfied with the quality of CDAP drugs, with 66.3 per cent of them being satisfied and 10.9 per cent of them being very satisfied; a total of 72.2 per cent. On the other hand, 21.8 per cent of the doctors were dissatisfied.

You see, we speak the truth, we “doh” hide it.

Hon. Members: [*Desk thumping*]

Hon. P. Beckles: It is interesting to note that the majority of doctors surveyed, 93 per cent—**Madam Speaker:** Leader of the House.

ADJOURNMENT

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Thank you, Ma'am.

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

Hon. C. Robinson-Regis: No need for you all to desk thump. Thank you. Madam Speaker, I beg to move that this House now adjourn to a date to be fixed.

Madam Speaker: Hon. Members, there is one matter that qualifies to be raised on the Motion for the adjournment of the House. I now call upon the Member for Chaguanas East.

Relief for Victims of Fire Disasters
(Government's Action Plan)

Ms. Vandana Mohit (*Chaguanas East*): Thank you very much, Madam Speaker, as I stand to raise a matter on the adjournment, which reads as follows: The need for the Government to implement an action plan aimed at providing relief measures for victims of fire disasters.

Madam Speaker, I want to preface this raised matter on the adjournment by stating that it is with utmost horror and utter bewilderment that this matter is being ventilated at this forum, since all 41 constituencies will or have at some point experienced the frustration of dealing with such a situation.

Madam Speaker, the big question is: Why is there a total breakdown in the systems, processes, policies, procedures or whatever may be applicable to persons who are reeling from the aftereffects of their homes being razed and/or destroyed completely by fire? Madam Speaker, the raising of this matter in this House is borne out of by sheer frustration and stress, because of, in some cases, inaction and maybe callousness by the authorities.

Madam Speaker, the decision to bring this Motion is because of my fervent desire that this action would spur the Government and agencies into action and minimize the psychological brutalizing of victims already traumatized with no positive discernable future. Madam Speaker, the intent purpose and objective is for the Government to acknowledge and design a of course of action via a speedier more humane institution of measures, systems and the distribution of support services to fire victims.

Madam Speaker, I want to refer to a *Guardian* article dated 09 March, 2024, headlined:

“Family of four left in tears as fire destroys Preysal home”

Madam Speaker, at present, it is a disaster, which further compounds the already experienced disaster of a fire and the psyche of the fire victims are dehumanized without any support systems to render assistance. Madam Speaker, today I say this cruelty towards fire victims must be stopped immediately. Today I want to highlight the challenges surrounding those affected by disasters, namely fire.

The plight of those persons, Madam Speaker, reminds me of the Greek King Sisyphus who, as an act of punishment he was forced to roll a huge bolder up hill, only for it to roll back downhill every time it neared the top. And Madam Speaker, I am using this analogy clearly, because it reflects what—

Hon. Members: [*Crosstalk*]

Madam Speaker: Hon. Members, it is only the Motion on the adjournment has been moved. The question has not yet been put. I am being disturbed.

Ms. V. Mohit: Thank you very much, Madam Speaker. And this analogy is what clearly reflects what fire victims endure and it can be described as a continuous exercise in futility. Madam Speaker, I just want to review recent fire victims in my very own constituency of Chaguanas East from 2023 to present. I am just relating to four fire victims, not calling their names: Date fire occurred, victim one, 24 February, 2023, date of fire report, received in June 2023; victim two, date fire occurred, 04 October, 2023, date of fire report, awaiting fire report, Madam Speaker; fire victim three, date fire occurred, 13 January, 2024, date of fire report, still awaiting fire report; fire victim four, 15 February, 2024, date of fire report, still awaiting fire report, Madam Speaker. And fires, Madam Speaker—the article I referred to earlier, the *Guardian* article, you would see the plea of this resident or this victim, and I quote:

“He, however, appealed to the Fire Service to expedite its fire report which

is required to solicit assistance from the various agencies.”

Madam Speaker, fires are a devastating force that can wreak havoc on the lives of our fellow citizens, leaving them in desperate need of assistance and support.

But unfortunately, the current response mechanisms in place are falling short and it is resulting in undue delays and suffering of those who have lost their homes, belongings and sometimes even their loved ones. Because, Madam Speaker, one of these victims that I referred to lost a baby in the fire.

So, Madam Speaker, whilst I acknowledge the hard work of the responding agencies, this matter remains a very critical and important one. It is evident, Madam Speaker, that the aftermath of fire disasters demand a more organized and efficient approach to provide swift relief to victims. It is not just the Minister of Social Development and Family Services or the Ministry of Social Development and Family Services, the Ministry of Sport and Community Development, through Self Help, also assists. But, Madam Speaker, the process is long, tedious and causing a lot of stress on our fire victims.

Madam Speaker, one of the primary issues at hand is the lack of a well-defined and timely action plan for addressing the immediate needs. Yes, you may have grants, et cetera, but it is the time, Madam Speaker, that it takes and the long drawn out processes. Madam Speaker, these victims require not only shelter, but also essentials in most cases, food, clothing, medical attention. And these delays in providing these basic necessities are really and truly unacceptable and contribute to further stress.

Madam Speaker, I propose the following key points: the establishment of emergency relief centers, really dealing with the issues; the streamlining of communication channels to ensure that fire victims are assisted as quickly as

possible; swift financial assistance, we say seven days at times, it does not happen that way, Madam Speaker; psychological support services in instances where families may have lost loved ones; swift, again; and collaboration with NGOs.

Madam Speaker, in conclusion, I would just like to say that fire victims in Trinidad and Tobago deserve more than the current ad hoc and delayed responses and it is our duty, all 41 of us, as representatives of the people, to ensure that they receive the support they need promptly and efficiently.

Madam Speaker, I urge all my colleagues to join hands in advocating for the implementation of a robust action plan that prioritizes the well-being and recovery of our fellow citizens and fire victims in their time of dire need.

I want to say to the Government and even all my colleagues, nobody asks for a fire disaster. Together, let us strive for Trinidad and Tobago where no one is left behind in the face of adversity, Madam Speaker, I thank you very much.

Madam Speaker: Minister of Social Development and Family Services.

The Minister of Social Development and Family Services (Sen. The Hon. Donna Cox): Thank you, Madam Speaker. Thank you for the opportunity to respond to this Motion brought by the Member of Parliament for Chaguanas East. Madam Speaker, the Ministry of Social Development and Family Services is mandated with the responsibility to address the social challenges of poverty, social inequality and social exclusion. The Ministry provides a safety net, which spans tangible and intangible social grants and services to those on the fringe of society.

During the times of disaster, Madam Speaker, the Ministry's role is that of a second responder and as such provides relief in the forms of grants and/or psychosocial support to individuals and families as they become vulnerable to unforeseen disasters. The Ministry provides a range of general assistance grants

aimed at facilitating the process of recovery of disaster victims.

6.10 p.m.

While the grants do not aim to replace all items destroyed, in terms of the same value, it aims to bring a sense of normalcy to the affected persons. These grants include a Household Items Grant of \$10,000 per household; temporary food support of \$550; clothing of up to \$1,000 per household member; school supplies of up to \$700 per child, primary level, and \$1000 per child at the secondary level; Rental Assistant Grant of \$2500 per month for three months; minor house repair allowances for up to \$20,000 in materials; statutory plumbing assistance of up to \$15,000 in materials; and house wiring assistance, also, \$15,000. When a disaster occurs, the Ministry's funds form part of a comprehensive collaborative approach, mobilizing a collective strategy to provide aid to individuals affected by disasters.

In the event of a fire, the Trinidad and Tobago Fire Service acts as the primary responder, promptly attending to the situation and preparing a fire report. This report is typically available or should be available for collection by the affected individual within one to two weeks of the incident, and I understand the Member for Chaguanas East mentioned how long it takes. And yes indeed, sometimes it takes a while, and for us to be able to process this, we must have the fire report, and that in itself is something that we are working on because they need to have that fire report, so that we can have proof of fire. In certain cases, the Disaster Management Unit of the regional corporation may also intervene, conducting assessments and providing necessary relief items to those individuals.

Reports to the Ministry of Social Development and Family Services of fire incidents may originate from various sources, including the affected individuals themselves, the regional corporations, Members of Parliament, the Disaster

Management Unit, concerned citizens, and any other challenge, we accept the report.

The provision of relief: we provide temporary food support, and this is the first form of relief provided, and it is issued immediately or within 24 hours of receipt of the notification of a fire.

The Rental Assistance Grant: fire victims who are in need of the Rental Assistance Grant are required to source a landlord who is willing to accept the invoice order from the Ministry. Documents required include the fire victim's national ID card, fire report, the landlord's national ID card, rental agreement, proof of property ownership, landlord's letter agreeing to accept the Rental Assistance Grant. The assigned officer will provide support to the client, while ensuring that the landlord meets the requirements before the client moves into the apartment. So later on, I will talk about some of the challenges faced. The \$10,000 per household grant is to help fire victims replace basic household items, and basic furniture and appliances.

The Ministry of Social Development and Family Services uses a standardized guide to determine the cost to be given to replace each item and further, fire victims must source quotations for any of the required basic items. That is the process.

Clothing Grant: fire victims must also source the quotations from the suppliers and submit them to the Ministry for processing. School Supplies Grant: the same thing. So, Madam Speaker, following the submission of the required documents, the invoice orders are issued directly to the suppliers and the fire victims are contacted by their assigned officers for collection.

So, Madam Speaker, for the period October 01, 2019, to March 11, 2024, the

Ministry has provided relief to fire victims in the amount of \$6,680,819.78, representing applications from 1,023 households.

The Ministry also provides psychosocial support and counselling services to fire victims through the assignment of a family service social officer. This officer, in addition to assessing the needs of the family, will also provide deferral and advocacy services. Sometimes they are always approached for psychosocial support but at times, persons would delay when the social workers approach them for it, which we understand because sometimes you are going through so much trauma you are not ready to speak. Okay? But it is not that we do not provide the support to them.

6. 15 p.m.

We do have some challenges and we are also working on those challenges. Some of them include the lack of consistent protocol for notifying the Ministry of Social Development and Family Services about fire events placing the responsibility on fire victims to initiate the application process for available grants. Additional delays may occur when clients fail to promptly submit fire reports to the Ministry of Social Development and Family Services. Our recommendation and the action that we are taking is that the Ministry proposes to launch a public information and education campaign on disaster relief particularly focusing on fire disasters, because many times persons apply and yet there is no fire report. So we have to ensure that they have the fire report, even though the Members of Parliament would call or some would send in the information but without a fire report. We must have that fire report to start the processing.

Providing immediate accommodation to fire disaster victims presents a significant challenge for the Ministry also. So while the Rental Assistance Grant is

available, it relies on clients securing landlords and sometimes there is an issue with that. Victims are encouraged to seek temporary housing with extended family, that is what we do initially. If this option is not feasible, assistance may be sought through the Regional Corporation Disaster Management Unit for shelter, or from NGOs for temporary housing. So we have formed relationships with NGOs so that they can also assist us. Referrals are also made to the Ministry of Housing and Urban Development for emergency housing.

To address this challenge of the immediate temporary accommodation the Ministry initiated a project to establish a transitional housing facility and the first facility is located in Penal, comprising five dedicated apartments and an administrative office and it is at 70 per cent completion. Additionally, the Ministry is pursuing acquisition of another facility in Pointe-a-Pierre for the same purpose.

There are a number of suppliers willing to accept government invoice orders, some of them are not willing to accept it and this poses a challenge for fire victims seeking assistance also. This process, it can be tough with suppliers potentially opting out during the grant process. The Ministry is exploring innovative approaches to service delivery including the development of a social benefits wallet in partnership with the Ministry of Digital Transformation and the United Nations Development Programme. And this wallet will digitize social benefits transfers, which will enable the clients to make digital payments to suppliers eliminating the need for invoice orders.

The introduction of the Public Procurement and Disposal of Public Property Act has complicated the grant administration process also for disaster relief, as non-monetary grants are considered under procurement activity by the Office of Procurement Regulation. To counteract this though, the Ministry received some

guidelines from the Office of Procurement Regulation and we are in the process of revising our special guidelines for the Office of Procurement Regulation approval to support its grant administration activities for disaster events.

We are also actively pursuing the recruitment of additional human resources to support our disaster response and relief efforts. We have enhanced our collaboration among the various Ministries, departments, and agencies involved in responding to fire victim needs if necessary. Stakeholder discussions are encouraged for a comprehensive strategy to strengthen response and relief provision, so I agree with the Member of Parliament for Chaguanas East, we have been, you know, forging alliances with NGOs and strategic partners for help so that we could try to be quicker with our responses to the fire victims. Ultimately, we are also pursuing the development of a shock response social protection policy, which will factor the input of various stakeholder agencies.

Madam Speaker: Hon. Member, you have one minute left of speaking time.

Sen. The Hon. D. Cox: Okay, thank you. Madam Speaker, the Ministry reaffirms its unwavering commitment to fulfilling its mandate of assisting, empowering and transforming lives, and in this pursuit, we remain dedicated to ensuring that robust systems are installed to detect, respond, and monitor disaster events so that no one is left behind. And yes indeed, we have a comprehensive plan in place. Thank you.

Hon. Members: [*Desk thumping*]

Easter Greetings

Madam Speaker: Hon. Members, as you are aware we are in the season of Lent and we are about to enter Holy Week observed by Christians. I will now invite greetings on the occasion of Easter. The Member for Diego Martin North East.

Hon. Members: [*Desk thumping*]

The Minister of Finance (Hon. Colm Imbert): Madam Speaker, as it is written in the Bible:

“This is what is written: The Messiah will suffer and rise from the dead on the third day.”

For those who do not know, that is Luke chapter 24, verse 46. And Luke is one of the better-written gospels in the Bible. Easter is still the oldest Christian holiday and again for those who do not know the timing of Easter is different every year because it is related to the spring equinox. And the reason why it is related to the spring equinox is because the Roman Emperor Constantine in the year 325, at the Council of Nicaea, decided that he would abolish all the pagan festivals at that time and he would decree that Easter would be held around that time, around the time of the equinox. So it is related to the full moon and it is a particular period of time after the equinox and therefore Easter Sunday can fall on any day between the 22nd of March and the 16 of April depending on the moon and the timing of the equinox. So that explains why Easter is different every single year.

But with respect to Christians, we consider it to be the most important Christian holiday. It is the oldest Christian holiday and all Catholic feasts in particular, and all Catholic celebrations and dates revolve around the central feast of Easter. We mark it as I indicated, as the first Sunday that follows the full moon of the spring equinox. In fact, the last day it could be is the 25th of April. We celebrate Christ's resurrection from the dead. At Easter one of the practices of Easter is the joyous greeting of Christ is risen and he is risen indeed. It is the symbolic reminder for all Catholics that Jesus has overcome death and it marks the victory of good over evil. And this is also illustrated in 1 Corinthians Chap. 15:17 where St. Paul wrote, that unless Christ rose from the dead our faith is in vain. By

sacrificing himself Jesus Christ saved humanity from the shackles of sin. His eventual resurrection is a promise of a new life. It shows that our faith in him is alive and powerful. It is also a powerful reminder, to all of us, that trusting in God will pull you up from the depths of despair.

Prior to Easter, Catholics observe 40 days of prayer and fasting, which culminates in Holy Week and this, is the season of Lent that I am referring to. For us Catholics, it is indeed a joyous celebration. For those of us who go to mass every Sunday, we observe that the churches are packed on Easter Sunday because it is a requirement for Catholics to go to mass once per year between Palm Sunday and Easter Sunday. So you always find that on Palm Sunday and Easter Sunday, the churches are packed.

On behalf of the People's National Movement, on behalf of myself, and the Government, we have observed that Easter has transcended the Catholic faith as it does with other celebrations such as Eid-ul-Fitr, which will fortuitously fall within Easter, this quite often happens this confluence of—Eid is on the 10th of April, my dear fellow. Eid is on the 10th of April so that it is going to fall within that period, and therefore we as Trinidadian and Tobagonians, we celebrate all religious observances, we celebrate Eid, we celebrate Divali, and all of our brethren celebrate Easter.

So on behalf of the PNM and on behalf of the Government, I join with the rest of the national community celebrating the resurrection of Christ and the joyous celebration of the victory of good over evil that that represents. Thank you.

Madam Speaker: Member for Pointe-a-Pierre.

Mr. David Lee (*Pointe-a-Pierre*): Thank you, Madam Speaker. On behalf of the Opposition Leader, Opposition Members of Parliament and the United National Congress, I rise to offer solemn Holy Week and warm Easter greetings to the

citizens of our nation.

As we meet here today as a Parliament, the Christian community and more specifically, Catholics across the globe are observing the final days of the Lenten period, which is a special time of prayer, penance, sacrifice and good works in preparation for the celebration of Easter. Today, we commend their sacrifice and journey of spiritual enrichment. Easter is the most significant celebration in the Christian faith because it symbolizes and celebrates the foundation of our belief that God so loved the world, he gave his only begotten son.

Easter, therefore is the celebration, acknowledgement and appreciation of God's unwavering love for humanity, a love which we should all replicate for each other. As we celebrate this joyous sacred celebration, we often say "Christ is risen, he is truly risen." The word "truly" reminds us that our hope is not an illusion, but the truth is now present with us in the Lord Jesus. He reminds us that hope for humanity is not just a statement but it is present in the resurrection of Jesus Christ.

However, before the celebration of Easter, we observe the very solemn and prayerful week of Holy Week. Holy Week is a sacred time of reflection on the sacrifices that have been made for us and those sacrifices we must make in an effort to improve our lives as well as the lives of others. Therefore, Holy Week and Easter both have a pertinent message for all of us as citizens, representatives, leaders, and those in authority, which we can all learn from despite our different religious beliefs, the message of selfless sacrifice. It is so too we as citizens of this nation must make selfless sacrifices to ensure we work to better the lives of those around us as we build our beautiful twin-island Republic.

This Easter, I pray that we take time to appreciate our loved ones, spend time with our loved ones and even come together to help the vulnerable in our communities. On behalf of the Opposition, Madam Speaker, we would like to

offer you warm Easter greetings to you and your family and all the Parliamentarian staff. I thank you.

Madam Speaker: Hon. Members, I too would like to offer greetings on the occasion of Easter. Hon. Members, Easter is the foremost Christian holiday as it celebrates the resurrection of Jesus Christ after his sacrificial death. It is this sacrificial love, which underpins and unites all Christianity. As we celebrate this season with our festive Easter bonnet parades, Easter egg hunts, and of course, kite flying in the Savannah, I would like to emphasize that this is a season of hope and joy, and most importantly it celebrates the power of sacrificial love and service.

May the hope that permeates the Easter atmosphere remind us as a nation that there is always light after the darkest night, that our challenges should neither consume us nor define us but should fortify us in readiness to see these challenges through, waiting expectantly for the joy that would come when we triumph. May the love and forgiveness that was freely given on the cross, help us to be more compassionate in our families, workspaces and to our fellow citizens. May we remember especially in this august House, that service involves sacrifice and it is selfless. As we enter Holy Week, we should also note that sometimes we are loved by those whom we serve, and on other occasions we are not.

However, this should not deter us as Members of Parliament, and indeed, the wider public from giving of ourselves to improve our homes, our families, our communities, and ultimately, our country.

6.30 p.m.

I therefore take this opportunity on behalf of the Parliament of the Republic of Trinidad and Tobago and on my own behalf, to extend to the Christian community and all of Trinidad and Tobago, a happy and holy Easter.

Hon. Members: [*Desk thumping*]

GREETINGS**SPIRITUAL/SHOUTER BAPTIST LIBERATION DAY**

Madam Speaker: Hon. Members, Spiritual/Shouter Baptist Liberation Day will be celebrated on March 30, 2024. I will now invite greetings on this special occasion. I call upon the Member for St. Ann's East.

Hon. Members: [*Desk thumping*]

The Minister of Education (Hon. Dr. Nyan Gadsby-Dolly): Thank you, Madam Speaker. Madam Speaker, I stand to extend warm greetings on behalf of the Government of Trinidad and Tobago to the Spiritual Baptist community who will celebrate Spiritual Baptist Liberation Day on March 30, 2024. On this day, the nation will commemorate the repeal on 30th of March, 1951, of the 1917 Shouter Prohibition Ordinance that outlawed the activities of the Shouter or Spiritual Baptist faith and sought to silence the voices of the Spiritual Baptist community. It is a day to honour the resilience and perseverance of our fellow citizens who, despite facing oppression, remained steadfast in their faith and devotion.

The significance of this was not lost on me as I attended last week, the annual pilgrimage of the St. Philomin Spiritual Baptist Church at La Fortune Road, Febeau Village, San Juan. No longer constrained by unjust laws, members of the Spiritual Baptist faith worshiped openly, joyfully, embracing their beliefs without fear of persecution. They sang, they danced, they anointed, they drummed, they rang their bells, burned their candles and incense and made a most joyful noise. This freedom to practice one's religion is a fundamental right that we now cherish and uphold in our democratic society. As I joined the singing and prayer, I wondered at the discrimination that passed for normal in societies gone by and I contemplated how the celebration of this national holiday, could serve as an annual

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reminder of what we must continuously guard against both in the present and the future.

Discrimination against the Spiritual Baptists had roots much deeper than what they wore, or how they worshiped. It spoke to our colonial legacy and the inherent wish of a society as it then existed to maintain a status quo where the unknown was untrusted and should be stamped out at any cost. Therefore, while we celebrate on March 30th, the abolition of a most egregious example of that behaviour, we must continue to guard against the principle of discrimination in our society, and consciously promote the principles of equity and inclusion. It is for this reason that the Government led by Prime Minister Dr. Keith Rowley took a decision to award land to the Spiritual Baptists for the construction of a Cathedral in Couva in 2019, followed by a grant of \$10 million towards that construction in 2020.

Every creed and race must find an equal place in Trinidad and Tobago. Today, let us reflect on the enduring symbol of the bell, a symbol of faith, resilience and freedom. Let its clear resonance serve as a reminder of the triumph of the human spirit over oppression and injustice.

On behalf of the Government of Trinidad and Tobago, we wish the Spiritual Baptists among us a holy and celebratory day as they live out the dreams of their ancestors, proclaiming their faith and worshipping proudly in a Trinidad and Tobago that acknowledges and accepts them as equal citizens, eminently worthy of every freedom, and all the support that other religions have received over the years. Trinidad and Tobago is a better place because of our Spiritual Baptist community.

Madam Speaker, I close with the words of a hymn cherished by the Spiritual Baptist community. Words which must have seen them through dark times, as

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they looked with hope to a future where their children would wear their Spiritual Baptist faith as a badge of honour:

“Be thou my guardian and my guide,
and hear me when I call;
let not my slippery footsteps slide,
and hold me lest I fall.
The world, the flesh, and Satan dwell
around the path I tread;
O save me from the snares of hell,
thou quickener of the dead.
And if I tempted am to sin,
and outward things are strong,
do thou, O Lord, keep watch within,
and save my soul from wrong.
Still let me ever watch and pray,
and feel that I am frail;
that if the tempter cross my way,
yet he may not prevail.”

Happy Spiritual Baptist Liberation Day to the Spiritual Baptist community. Thank you, Madam Speaker.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for St. Augustine.

Hon. Members: [*Desk thumping*]

Ms. Khadijah Ameen (*St. Augustine*): Thank you very much, Madam Speaker. As we commemorate Spiritual/Shouter Baptist Liberation Day, we are reminded of

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the enduring spirit and resilience of our community in Trinidad and Tobago. Madam Speaker, I am deeply honoured to stand before you and this House, representing the steadfast commitment of the Leader of Opposition, Member for Siparia, the hon. Kamla Persad-Bissessar, and the United National Congress.

This day holds profound significance, marking not only a celebration of faith, but it really is a tribute to the triumphant journey of the Shouter Baptist community in Trinidad and Tobago. This year, we are celebrating another year of the repeal of the Shouter Baptist Prohibition Ordinance. That Ordinance lasted for 34 years, from 1917 to 1951. Can anyone today imagine 34 years when just praying to your God was a crime? When it was normal to be brutalized by the police for raising a hymn, for holding flowers—imagine that or for carrying on worship? Today we take these things for granted.

The journey of the Spiritual/Shouter Baptist community has really been fraught with challenges from persecution to marginalization and to date, I say they still have some way to go into full integration. But yet through unwavering faith and steadfast determination they have overcome many obstacles in their path through their resilience. And as we reflect on the significance of this day, we in the United National Congress pledge our continued commitment towards promoting further recognition and inclusivity of the Spiritual/Shouter Baptist community.

In fact, it was under the leadership of the UNC in government that the Spiritual/Shouter Baptist Liberation Day was rightfully established as a national holiday in Trinidad and Tobago for the first time in history.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: And this is a testament to our unwavering dedication to honouring the cultural heritage of the community. The lands granted to churches

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and institutions of the Spiritual Baptist Shouter faith under the UNC Government also stand as testament to the hard-fought victories, ensuring that their faith is honoured and respected. As a matter of fact, Madam Speaker, the St. Barbara's Spiritual Baptist School, which is the only school of its faith in Trinidad and Tobago stands in the constituency of St. Augustine in Maloney, south of the Churchill Roosevelt Highway. And just a few days ago, I visited the school and I was warmly welcomed by the principal and teachers and I must make special mention of Archbishop Barbara Burke, former Senator under the UNC-led Government, and they were participating in a "head tie" pageant. And that is part of passing on traditions and practicing their faith and incorporating it into their life. And I feel so proud to know that they are not just a school, but they are teaching their way of life and their spirituality. So today, I honour them for that.

The UNC continues to embrace all cultures. Spiritual Baptist celebrations are, in Trinidad and Tobago to me, a representation of hope, a hope that lived in the heart of our forefathers in this country. A hope that catapulted that reinvigoration to repeal the Prohibition Ordinance after 34 years of struggle. And it is a hope that we can all take from that will give us the will to live to tomorrow.

So, as we stand with the Baptist community on their Liberation Day, we in the United National Congress, reaffirm our commitment to preserving our heritage and upholding the legacy of our ancestors in Trinidad and Tobago. And let us draw strength from the past as we continue to advocate for justice, equality and recognition for all. Madam Speaker, allow me to end with Psalm 30:5:

"...weeping may endure for a night, but joy cometh in the morning."

And might I add, so too will the rising sun. I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Hon. Members, I too would like to offer greetings to the Spiritual/Shouter Baptist community as its members begin to prepare to celebrate Spiritual/Shouter Baptist Liberation Day, which has been a public holiday in Trinidad and Tobago since 1996.

As a syncretic religious practice the Spiritual/Shouter Baptist faith features a combination of elements of faiths originated in regions along the West African coast, with elements of European Protestant Christianity, which came into contact with each other during the colonial period particularly, in the 19th Century. Early in the 20th Century, believers were unjustly deprived of the freedom to worship and to fully express their culture with the enactment of the Shouter Prohibition Ordinance of 1917, which was eventually repealed in 1951.

Those similar faiths infused with both African and European influences can be found elsewhere in the Americas. The Spiritual Shouter Baptist faith, as it exists in Trinidad and Tobago has taken on its own unique identity. The history and progress of the Spiritual/Shouter Baptist community is therefore, inextricably linked to the overall journey of Trinidad and Tobago, from a colonial society to an independent nation, striving to ensure that every creed and race find an equal place. May the bells of resilience, justice, peace and love, continue to chime loudly and may these principles continue to order our steps as a nation.

I therefore take this opportunity on behalf of the Parliament of the Republic of Trinidad and Tobago, and on my own behalf to extend best wishes to the Spiritual/Shouter Baptist community.

Hon. Members: [*Desk thumping*]

Question put and agreed to.

House adjourned accordingly.

Adjourned at 6.43 p.m.