

HOUSE OF REPRESENTATIVES*Friday, May 24, 2024*

The House met at 1.30 p.m.

PRAYERS[MADAM SPEAKER *in the Chair*]**LEAVE OF ABSENCE**

Madam Speaker: Hon. Members, I have received communication from Mr. Esmond Forde, MP, Member for Tunapuna, who has requested leave of absence for the period May 24 to June 03, 2024; the hon. Kamla Persad-Bissessar SC, MP, Member for Siparia; and from Mr. Rushton Paray, MP, Member for Mayaro, who have requested leave of absence from today's Sitting of the House. The leave which the Members seek is granted.

VISITORS**SEN. THE HON. ALVINA REYNOLDS****(President of the Senate, St. Lucia)**

Madam Speaker: Hon. Members, please join me in recognizing Sen. The Hon. Alvina Reynolds, President of the Senate of the Parliament of St. Lucia.

Hon. Members: [*Desk thumping*]

Madam Speaker: Madam President is here also to attend the regional seminar, jointly organized by the Inter-Parliamentary Union and the Parliament of Trinidad and Tobago, to be hosted in the upcoming week.

CARIBBEAN UNION COLLEGE SECONDARY SCHOOL**(History and Social Studies Class)**

Madam Speaker: Hon. Members, please also join me in recognizing students of the history and social studies class of the Caribbean Union

College Secondary School who are here with us in the public gallery to view today's proceedings of the House.

Hon. Members: [*Desk thumping*]

Madam Speaker: Leader of the House.

ARRANGEMENT OF BUSINESS

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Madam Speaker, on behalf of the Minister of Finance, I would like to defer this until later in the proceedings, please.

Madam Speaker: So, hon. Members, Papers 1, 7 and 8 will be deferred to later in the proceedings.

Agreed to.

Madam Speaker: Might I therefore call on the Minister of Education.

PAPERS LAID

1. Annual Administrative Report of the University of Trinidad and Tobago for the period 2021/2022. [*The Minister of Education (Hon. Dr. Nyan Gadsby-Dolly)*]
2. Annual Administrative Report of the National Carnival Commission of Trinidad and Tobago (NCC) for the fiscal year 2019/2020. [*The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis)*]
3. Annual Administrative Report of the Ministry of Trade and Industry for the year ended September 30, 2021. [*Hon. C. Robinson-Regis*]
4. Ministerial Response of the Ministry of National Security to the Sixth Report of the Joint Select Committee on Human Rights, Equality and Diversity on a follow-up inquiry into the Implementation of the Recommendations of the 18th Report, 11th Parliament, on an Inquiry

into the Treatment of Migrants with specific focus on the Rights to Education, Employment and Protection from Sexual Exploitation. [*Hon. C. Robinson-Regis*]

5. Ministerial Response of the Office of the Prime Minister, Gender and Child Affairs to the Eleventh Report of the Public Account Committee on the examination of the Audited Financial Statements of the Children's Authority of Trinidad and Tobago (CATT) for the financial years 2014-2018. [*Hon. C. Robinson-Regis*]
6. Ministerial Response of the Ministry of Education to the Seventh Report of the Joint Select Committee on Social Services and Public Administration on an examination of the state of the Regulation and Administration of Public and Private Early Childhood Institutions in Trinidad and Tobago. [*Hon. C. Robinson-Regis*]
7. Ministerial Response of the Ministry of Finance to the Second Report of the Joint Select Committee on National Security on an inquiry into the Safety, Security and Protection of Citizens with specific reference to the factors that contribute to the prevalence of illegal firearms and gun violence in Trinidad and Tobago. [*Hon. C. Robinson-Regis*]

PRIME MINISTER'S QUESTIONS

The following questions stood on the Supplemental Order Paper:

AgriExpo 2023

(Reasons for Postponement)

Considering the Prime Minister's emphasis on the importance of the AgriExpo in 2022 and its role in fostering regional collaboration for food security, will the Prime Minister provide insight into the reasons behind the postponement of the 2023 AgriExpo? [*Mr. R. Ratiram*]

**Strategic Services Agency
(Review and Audit of)**

Given that the Cabinet met and advised the Acting President to terminate the appointment of Retired Major Roger Best as the Director of the Strategic Services Agency (SSA) as well as several other employees, will the Prime Minister inform this House whether an extensive review and audit of all personnel, equipment and processes within the SSA has been completed?
[*Mr. R. Indarsingh*]

**Impact of Crime on Tobago's Tourism Sector
(Government's Assessment of)**

Given that Tobago has registered its tenth homicide for the year, will the Prime Minister inform this House whether the Central Government has undertaken an evaluation in collaboration with the THA, Ministry of Tourism, and other stakeholders, to assess the impact of crime on the tourism sector on the island? [*Mr. R. Indarsingh*]

**Mrs. Erla Harewood-Christopher
(Extension in CoP's Office)**

Will the Prime Minister advise if the recent extension of Mrs. Erla Harewood-Christopher in the Office of Commissioner of Police was based on her positive performance appraisal by the Police Service Commission (PSC)? [*Mr. R. Indarsingh*]

**Construction of Cricket Academy
(Commencement of)**

Will the Prime Minister indicate when construction of the cricket academy funded by the Reliance Group of India will commence? [*Mr. R. Indarsingh*]

**Extension of COP Position
(Performance Criteria Used)**

Can the Prime Minister state what measurable performance criteria were used to inform Cabinet's decision to extend by one year Mrs. Erla Harewood Christopher's position as COP? [*Mr. R. Charles*]

**Upheavals in the SSA
(Compromised-Intelligence Gathering of)**

Can the PM indicate whether the recent upheavals in the SSA has compromised the intelligence gathering capability of the TTPS resulting in current unacceptable levels of kidnappings, home invasions, and murders? [*Mr. R. Charles*]

**PM's Recent Travels to Ghana
(Well-Paying Jobs Coming Out of)**

Can the Prime Minister state how many well-paying jobs our country can expect, and in what time frame, based on his recent travels to Ghana? [*Mr. R. Charles*]

Madam Speaker: Leader of the House.

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Thank you very kindly, Madam Speaker. I am asking for these questions to be deferred. I am asking for these questions to be deferred, Madam Speaker. The Prime Minister is not here today.

Mr. Lee: Madam Speaker, I seek clarification from when my friend from Arouca/Maloney says "deferred". What does she mean by deferred? Is it to

a next Sitting or later in the House today?

Madam Speaker: Leader of the House.

Hon. C. Robinson-Regis: Thank you very much, Madam Speaker. It would not be later in the House today because the Prime Minister will not be here today.

Mr. Lee: So again, Madam Speaker, I seek clarification. Is it then another—to the next Sitting that we will have Prime Minister's Questions?

Madam Speaker: Leader of the House.

Hon. C. Robinson-Regis: Thank you, again, Madam Speaker. Yes, it would be to another Sitting when we have Prime Minister's Questions.

Hon. Members: [*Interruption*]

Mr. Lee: Madam Speaker, it cannot be to the next month, Madam Speaker. I am asking, is it to the next Sitting that we will have Prime Minister's Questions? Because this is unacceptable. We could do Prime Minister's Questions.

Hon. Members: [*Desk thumping*]

Mr. Lee: We could have done Prime Minister's Questions virtually. We have done it before. So I seek clarification. It is unacceptable.

Madam Speaker: Leader of the House.

Hon. C. Robinson-Regis: Madam Speaker, I am sure my friend knows that when we did the Prime Minister's Questions virtually, it was because of the illness of the Prime Minister at the time and as a consequence of that, he did have permission to appear virtually. Madam Speaker, not to go into too much detail, but the Prime Minister has had a death in his family and he will not be at today's Sitting, and consequently it will be deferred to the next Sitting when we have Prime Minister's Question.

Madam Speaker, in addition to that, my friend asked if it would be to the end of the month. Next Friday is a holiday. It would obviously be next month, which would be the second Friday, I assume, or the second Sitting, but it will be when the Prime Minister is next available when there is Prime Minister's Questions. Thank you, Madam Speaker. I think I have been quite lucid, pellucid and clear.

Mr. Lee: Madam Speaker, please, Standing Order 24. This is a mockery of our Standing Orders.

Hon. Members: [*Desk thumping*]

Mr. Lee: She is making a mockery of our Standing Orders and it is unacceptable, and we will not stand for that here.

Hon. Members: [*Interruption*]

1.40 p.m.

Madam Speaker: So, hon. Members—Member for Diego Martin North East, Member for Port of Spain North/St Ann's West, Member for Couva South, I am on my legs. Okay, so, I think, we have had a lot of back and forth with respect to this matter.

It is quite clear that the Prime Minister is not present, and he is not going to be present today. There is an undertaking from the leader of the House that, in spite of the circumstances on the next occasion of Prime Ministerial questions that, these questions are present, and the others to come will then be responded to, and I so rule. Let us move on.

Questions, by leave, deferred.

URGENT QUESTIONS

Madam Speaker: Member for Couva South.

Hon. Members: [*Desk thumping*]

UNREVISED

Mr. Rudranath Indarsingh (*Couva South*): Madam Speaker, again, I seek clarification because, on this question, I see it is to the Prime Minister, and the Prime Minister is not in the House.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member, is it that you are not going to ask your question?

Mr. Indarsingh: Madam Speaker, I am seeking clarification. Who must I ask this question to?

Hon. Members: [*Desk thumping*]

Mrs. Robinson-Regis: Do not ask it.

Madam Speaker: Member, I invite you—

Hon. Members: [*Crosstalk*]

Madam Speaker: Can we have some order please. I invite you to ask your question, or if not, we will move on.

Sexual Abuse at the Couva Children's Home

(Reports of)

Mr. Indarsingh: Madam Speaker, to the Prime Minister, in his absence, given the recent reports of sexual abuse at the Couva Children's Home and Crisis Nursery, will the Prime Minister indicate when were these reports brought to the attention of the Ministry?

Madam Speaker: To the Minister in the Office of the Prime Minister.

Hon. Members: [*Desk thumping*]

The Minister in the Office of the Prime Minister (Hon. Ayanna Webster-Roy): Thank you, Madam Speaker. The reports first came to the Office of the Prime Minister on May 13th, and on that same day, Madam Speaker, the matter was referred to the Child Protection Unit of the Trinidad

and Tobago Police Service and the Children's Authority of Trinidad and Tobago. Thank you.

Madam Speaker: Member for Couva South.

Mr. Indarsingh: Minister, taking into consideration what you have just revealed, could you inform this House, if the victims of this incident have been removed from this home?

Madam Speaker: Minister.

Hon. A. Webster-Roy: Madam Speaker, the children involved in this matter were indeed removed by the Child Protection Unit of the Trinidad and Tobago Police Service, as well as, the Children's Authority of Trinidad and Tobago, and they are receiving the necessary psychosocial support. Thank you, Madam Speaker.

Madam Speaker: Member for Couva South.

Mr. Indarsingh: Madam Speaker, to the Minister. Minister, given the ongoing saga of children being abused in homes supported by the Government, and within the private sector, and so on, and recently we heard that 10,000 reports of child abuse in the past eight years, could you inform this House when the Government intends to appoint the commissioner of the children's homes in Trinidad and Tobago?

Hon. Member: [*Desk thumping*]

Madam Speaker: So, Member, having regard to the question originally asked, and the follow-up question, I will not allow that question.

ANSWERS TO QUESTIONS

Madam Speaker: Leader of the House.

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Madam Speaker, there is one question for oral response.

We will be answering that question. There are three questions for written response, and we will be answering two of the three questions. We are asking for a deferral of question number 69, a two-week deferral. Thank you, Madam Speaker.

WRITTEN ANSWERS TO QUESTIONS

Oil Spill in Tobago

(Details of)

- 71. Mr. Ravi Ratiram** (*Couva South*) asked the hon. Prime Minister:
- Will the Prime Minister indicate the following in relation to the February 2024 oil spill in Tobago:
- a) the total costs incurred by the Government for the clean-up activities as at April 19, 2024;
 - b) further to PMQ No. 1, raised in the House on April 19, 2024, what steps have been taken to locate the owner of the barge and the tugboat;
 - c) on what dates were the attempts made to locate the owner(s) of the barge and tugboat; and
 - d) what are the current economic and environmental impacts of the oil spill?

Bamboo #2, Bamboo #3, and Real Spring, Valsayn

(Alleviation of Flooding)

- 72. Ms. Khadijah Ameen** (*St. Augustine*) asked the hon. Minister of works and Transport:
- Will the Minister provide the following details regarding contracts issued to alleviate flooding in the communities of Bamboo #2, Bamboo #3, and Real Spring, Valsayn:

- a) the scope of works;
- b) the name of the contractors;
- c) the expected date of completion; and
- d) the percentage of works completed to date?

Awaiting written responses.

1.45 p.m.

Madam Speaker: Member for Pointe-a-Pierre.

(Uriah Butler and Solomon Hochoy Highways)

(Installation of Cable Barriers/Guardrails)

Mr. David Lee (*Pointe-a-Pierre*) on behalf of the Member for Oropouche East, asked the Minister of Works and Transport:

In light of the tragic death of Azizah Mohammed on April 08, 2024, will the Minister indicate the reason/s for the delay in installing cable barriers and/or guardrails along the Uriah Butler and Solomon Hochoy Highways?

Madam Speaker: Minister of Works and Transport.

The Minister in the Ministry of Works and Transport (Sen. The Hon. Richie Sookhai): Madam Speaker, thank you and thank you to the hon. Member for the question posed. Madam Speaker, before I enter into the presentation of this question, I would like to offer condolences to the family and friends of Ms. Azizah Mohammed, and to also confirm and reaffirm to the travelling population that the Ministry of Works and Transport takes road users' safety as its foremost importance via its highways division.

With that being said, Madam Speaker, the Ministry has developed and has currently implemented its medium barrier programme to be executed over a three-year period to remove all cable barriers and replace them with guardrails. Phase one of this programme consist of three packages as

follows:

- Package one: Installation of W-type metal beam guardrails on the Uriah Butler Highway, Caroni. The length of that would be 5.2 kilometres, and the estimated completion date, September 2024.
- Package two: Installation of W-type metal beams guardrails, Solomon Hochoy Highway, Caroni. The length 8.34 kilometres, estimated completion date, September 2024.
- Package three: Installation of W-type metal beam guardrails, Solomon Hochoy Highway, Victoria West. The length of that will be 12.66 kilometres, estimated completion date, October 2024.

A total length for the first phase being be 26.2 kilometres.

The packages were advertised via open tender in order to ensure competitiveness and value for money. The section that is referred in—that where the fatal accident occurred, is in the forgoing. In accordance with the requirements of the Public Procurement and Disposal of Public Property Act, these projects are at present in the tender evaluation stage, and it is anticipated that it will commence in June of 2024. I thank you.

Madam Speaker: Member for Pointe-a-Pierre.

Mr. Lee: Thank you, Madam Speaker. Supplemental to the Minister. Based on your response—all the different packages—as it relates to guardrails, are you saying to this country that you are doing away with cable barriers along the Uriah Butler Highway, and replacing all cable barriers with guardrails?

Madam Speaker: Minister.

Sen. The Hon. R. Sookhai: Thank you again and thank you for the supplemental. The maintenance of cable barriers continues to pose a

significant challenge to the Ministry. There are several areas where large sections of the barriers have been damaged by impacts, and it is viewed by the Ministry that the type of barrier are not the best solution. This was already stated in a previous question. So, the Ministry has looked at the more sustainable initiative which is by implementing guardrails as of right now.

Madam Speaker: Member for Pointe-a-Pierre.

Mr. Lee: Thank you, Madam Speaker, supplemental again to the Minister. Minister based on what you just responded, do you know that the cable barrier—I am asking—the question is that the cable barriers have a higher impact resistance on vehicle accidents than guardrails, and why are you all doing away with the cable barriers throughout the highway?

Madam Speaker: So, which question is it?

Hon. Members: [*Desk thumping*]

Madam Speaker: I heard two.

Mr. Lee: Oh, sorry Madam. The cable barriers have a higher impact, and why are you removing the cable barriers and replacing it with guardrails, because of the higher impact resistance?

Madam Speaker: Minister.

Sen. The Hon. R. Sookhai: Madam Speaker, the cable barriers, after we did the whole scenario and the evaluation of the process, the Ministry found that it will be a lot more efficient to be able to implement the guardrails as it will ensure the maintenance of the safety for road connectivity, and road users are totally kept at all times. So we have actually done a study, and it came back to us that the guardrails are the method to be used by the Ministry.

Madam Speaker: Member for Couva North.

Mr. Ratiram: Thank you most kindly, Madam Speaker. Madam Speaker, when questions were asked in this House previously concerning the guardrails, with respect to the accident with WPS Duncan Thomas—

Madam Speaker: Remember you have 15 seconds to ask the question, okay.

Hon. Members: [*Crosstalk*]

Mr. Ratiram: Thank you most kindly, Madam Speaker, thank you most kindly.

Hon. Members: [*Crosstalk*]

Madam Speaker: Can we have some order please. You have 15 seconds to ask the question.

Mr. Ratiram: Thank you most kindly. Madam Speaker, when the Minister responded to a question posed to him at the Standing Finance Committee in 2022, he responded by saying:

“It is a constant work in progress with these barriers and...cables. This is a constant work...the Ministry continues to look at them and...have them...”—repaired.

Can the Minister advise us, over the last year how much kilometres or metres of cable barriers were in fact repaired, taking into consideration that the Minister told us that it was being done on a phased basis?

Madam Speaker: I am really lost in the question to even allow it, so could you—

Hon. Members: [*Laughter*]

Madam Speaker: Could you ask the question very succinctly, so that the Minister will know what he is being asked?

Mr. Ratiram: Thank you, sure. Can the hon. Minister advise how many kilometres or metres of cable barriers were actually repaired, either over the last year, two years, three years, or four years? Whatever is convenient to you.

Madam Speaker: Okay, so, Member having regard to the initial question, the supplemental question, and the answers, that question is out of order. Member for Pointe-a-Pierre.

Mr. Lee: Thank you, Madam Speaker. Based on your last response Minister to my supplemental, are you saying to this country that it is a cheaper option to use guardrails than cable barriers for the safety of our citizens on the highway?

Madam Speaker: Minister.

Sen. The Hon. R. Sookhai: No, Madam Speaker, I never said that. And yes, I do know, we did the evaluation.

Hon. Members: [*Desk thumping*]

Clerk: Statement by Ministers.

ARRANGEMENT OF BUSINESS

Madam Speaker: Hon. Members, I would also ask that this be deferred to later in today's proceedings.

Assent indicated.

PUBLIC HEALTH CARE SERVICES (GOVERNMENT MEASURES TO IMPROVE)

[Fourth Day]

Order read for resuming adjourned debate on question [April 26th 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 care sector.

Question again proposed.

Madam Speaker: The Member for St. Augustine—

Hon. Members: [*Inaudible*]

Madam Speaker: So, I am having “rell” difficulty even hearing myself. The Member for St. Augustine who has 15 minutes of original speaking remaining also will have a further 15 minutes if she should wish to avail herself. Member would you be availing yourself of the—

Ms. Ameen: Yes.

Madam Speaker: So, I will give you 30 minutes, I am not going to interrupt you.

Ms. Ameen: Thank you very much Madam.

Madam Speaker: Please proceed.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: Madam Speaker, too many of our Members on the opposite side, in seeking to defend the failing Minister of Health during this Motion—

Mr. Indarsingh: Not failing, failed.

Ms. K. Ameen:—have been trying to say, you know, many of these things are acts of God not failures of the public health system. Madam Speaker, I want to refer to a *Hansard* record of the 26th of January, this year, where the Minister of Health indicated that our children is our greatest asset and he was taking credit for the maternal mortality rate. He said he took personal

responsibility because of his intervention and so on, that the infant mortality rate had been reduced. Madam Speaker, this things goes both ways. Just as the Minister took responsibility for decreasing the maternal mortality rate, he also has to take responsibility for the babies who died.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: But, Madam Speaker, before I go further, two things. I want to acknowledge our students in the public gallery today.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: And I am always very delighted when I see young people taking an interest in what is taking place in the Parliament, so I welcome you. Secondly, a very long serving member, Mr. Ronald Tsoi-a-Fatt, who was the CEO of the Eastern Regional Health Authority passed away. I want to take this opportunity to express condolences to him, and acknowledge his work in the public health sector in Trinidad and Tobago. Madam Speaker, I indicated that I will deal with the inadequate human capital in the public health as well as the machinery issues that we have.

Madam Speaker, the World Health Organization recommends four doctors, nurses and midwives for every 1,000 patients in the population; 1,000 persons in the population not the country. Do you know that the Auditor General's report from June 5th, 2023 stated that we in Trinidad and Tobago currently have one doctor, nurse and midwife per 1,000 persons in Trinidad and Tobago? That is a clear, clear indication that we are significantly undermanned and understaffed in our nations hospital. And so we are unable to provide high level patient care when compared to other countries around the world. The World Health Organization's observation

and health systems and policies, said that it was—hear this:

Futile to prioritize infrastructure and equipment if you do not have hospital staff to operate them.

That is a clear, clear failure of this Government.

That same Auditor General's report went on to say that out of approximately 17,682 healthcare positions in this country, 6,647 or 37 per cent of them were vacant at the end of 2021. Has any of the Members opposite given an update in terms of what the Government plans to do to fix this? Almost 40 per cent of vacant positions in the public health sector. Not one of them had a recommendation in terms of filling the vacancies, and the highest number of vacancies across the Regional Health Authorities is in the nursing profession. Building new hospitals but no new jobs for unemployed young doctors and nurses. It is not taking us anywhere except further down a path of hopelessness and joblessness, and the blame lies at the feet of the Minister of Health.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: This Government continues to fail our nurses. Even when a solution is presented to them, they are so incompetent they just destroy it. In 2013, Madam Speaker, then Prime Minister Kamla Persad-Bissessar opened the Academy of Nursing and Allied Health in El Dorado.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: This academy Madam Speaker, was the country's first ever public facility dedicated exclusively to training nurses and those in the allied health areas, in this country. It had the capacity to train up to 2,500 nurses per year. And that would mean, of course, sustainable employment for

qualified nurses, more nurses now in our understaffed hospitals, and better care at our hospitals. And you know what happened? The PNM shut it down, shut it down, punishing our young people who are aspiring for careers in the health sector.

Madam Speaker, on top of that, the nurses who are already there are facing callous treatment from the Government. There was an article in June of 2023, in the *Guardian*:

“Nursing students seek \$13 million as programme scrapped.”

So, there was a nursing programme, and it was advertised that after successful completion of the programme, the graduates would have a three-year contract with one of the Regional Health Authorities. There were 40 successful applicants, and they are instructed to resign from their jobs, resign, because they are going to be paid a stipend. Lo and behold, halfway through, this Government scrapped the programme and in essence, left these people in a state where they have now brought legal action against the Government.

2.00 p.m.

The Auditor General’s report made mention of disrespect meted out to the Trinidad and Tobago nursing authority during the COVID-19 pandemic. In that report, they said that the TTRNA was not included in any decisions concerning COVID. In other countries in the world, nurses and medical professionals had the input to make recommendations to optimize the equipment, the systems, and the resources in the height of the panic. But you know, this—the Government has also refused that same nursing association health insurance and hazard allowances during the pandemic.

Public Health Care Services
(Government Measures to Improve)
Ms. Ameen (cont'd)

2024.05.24

This was standard practice all over the world. I want to take the opportunity to salute the nurses, our nurses, in Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: They did not just survive COVID, they survived COVID under the PNM Government.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: And sadly not all of them did, we lost some lives. My thoughts and prayers are with the families of nurses who died because of that lack of care by this Government to protect them.

Madam Speaker, the disregard for nurses, like so many other hardships brought into this country, did not only happen during the COVID pandemic. The COVID really highlighted the shortcomings. There were over 3,400 nurses who worked under those conditions. And you know what? They are working on 2013 salaries, negotiated and awarded under the Government led by Kamla Persad-Bissessar.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: Can you believe that for more than 10 years these nurses have not received an increase in salary? You have inflation, you have increased cost of living. How can you expect a nurse to attend to patients, to give them the best care in the world, when they do not even know where their next meal is coming from, how they are feeding their children, how they are going to pay their mortgage or rent, if they could send their children to school? Nurses are humans too and they understand the effect, and the demoralizing effect, the effect on their mental and emotional well-being of our nurses who then in turn have to care for our patients. That is what the

Government has been subjecting our medical practitioners to.

Madam Speaker, the Auditor General's Special Report also indicated that our nurses and doctors were burnt out. That is no surprise. You are overworking them, they are understaffed and they are being forced to work extra hours, to give up their vacation leave. It was also mentioned that there was a lot of unpaid overtime, job insecurity, poor meals, lack of transportation, no childcare support, and very poor working conditions. Madam Speaker, \$25.6 billion spent during this period under assessment by this Government; Trinidad and Tobago taxpayers' dollars. COVID just exacerbated an already depressed health sector. We thank God that the COVID pandemic is over but what has changed? What have you learned? What have you taken from that report to help you improve the public health system going forward? Nothing, failure after failure.

Another issue that the public health sector is grappling with, Madam Speaker, is lack of medical equipment. When the Opposition Members say that patients cannot get certain simple tests, procedures, or treatments done, the Government, you know what they do? They accuse us of telling untruths. They accuse us of being alarmists and they call us unpatriotic. But the truth is also in the Auditor General's report. Every citizen in Trinidad and Tobago knows when you go to the health centres, when you go to the hospitals, what you face in there, it is a reflection of the failure and the decay because of the Government's incompetence.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: That Auditor General's Special Report also stated that they were concerned and I quote:

...about our doctors' ability to diagnose patients presenting for care. So in a survey of about 319 health care workers, it was revealed that 65 per cent of doctors stated that there was no adequate access to medical equipment that they needed to diagnose and then treat their patients. Representatives from the health association and private health institutions also expressed concern over delays in administering diagnostic treatment in the public health care facilities. As you know, doctors are bound by this non-disclosure agreement. So, that is the closest that those doing the report could have gotten to confirmation that there is widespread negligence by the Regional Health Authorities because of the failure of this Government.

In the years 2016 to 2021, \$25.66 billion was budgeted to the Ministry of Health. Where has that money gone? Do citizens feel an improved sense of confidence that they will get good health care at our nation's hospitals? Madam Speaker, the answer is a resounding no. Patients still cannot get diagnostic tests, simple procedures done. They are still sleeping on the floor waiting for care in emergency in hospitals.

Mr. Indarsingh: Shame.

Ms. K. Ameen: Madam Speaker, the waiting time for emergency treatment is still unacceptable. Our hospitals are lacking equipment according to the World Health Organization and the Auditor General, not the Opposition, and it is for you to do your job.

Madam Speaker, as representatives, we in the UNC, we work closely with the people in our constituency and I would never forget I had a constituent who lives in Spring Village who had a heart attack, went to the emergency at Mt. Hope and he had to wait for more than 48 hours.

Hon Member: What?

Ms. K. Ameen: They put him to sit on a chair. He was so uncomfortable that he took his bag with his clothes, and made a pillow and laid down on the floor. That is a reality that happens every day in our hospitals and the Government cannot deny it.

Madam Speaker, when we are talking about quality health care, the Government will tell us they have a quality department at the Regional Health Authority, you know. So, the South-West Regional Health Authority, for instance, has this quality department where they receive complaints on conduct of doctors, nurses, administrative staff in the hospital, treatment, and so on.

The complaints are done on a form which is to be completed by the complainant, including the full name and contact of that person, so there are no anonymous complaints. For a person to go through this process of making a formal complaint, they must have, of course, credible and valid issues. These complaints, however, are not often given the attention they deserve. There is no response, there is no follow-up with the complainant, there is no feedback. So, even though they have so many formal complaints—and then the Minister comes to this Chamber and in the media and claims that these issues do not exist, simply amazing, amazing. The hospital equipment failure is leading to patients suffering and we are making a call for action in this Motion here today in Parliament.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: I want to touch on the urology dialysis and oncology units. Urology patients in San Fernando hospital are facing prolonged suffering

due to the breakdown of critical medical equipment there. This was published in an article on the 22nd of April, 2024 and one such case is that of a patient who had been enduring excruciating pain as a result of the hospital's failure to address the malfunctioning laser machine.

The patient had a stent in her kidney and was scheduled for a very minor procedure to shatter the kidney stone on multiple occasions, only to have it cancelled a few times in a row. On one occasion, the machine stopped working halfway through her procedure. So the stones were left in her kidneys and they continued to increase in size and in mass. Her rescheduled appointments were postponed on numerous occasions and she continued to be on "the list." Anybody who goes to a hospital in Trinidad and Tobago knows about "the list." You are on "the list" waiting to get an ultrasound. You are on "the list" waiting to get kidney stone treatment. You are on "the list" waiting to get some test. You are on "the list" for surgery. There is always a list.

2.10 p.m.

The unfortunate series of events for this patient not only caused inconvenience, you know. This is beyond inconvenience. This caused this woman to have a severe infection to the point where she became septic and she almost died. The symptoms of sepsis could vary, but it includes fever, increased heart rate, rapid breathing, confusion and extreme discomfort. If left untreated, of course, sepsis can progress to severe sepsis or septic shock, which could be life-threatening. That is what our patients face, death under the current Minister of Health.

The root of the problem lies not in the non-functioning of the

hospital's laser machine, which is out of service for more than a year, but the Government's failure to address that situation. Fix it, correct it, replace it, but what do we have? No action. Medical professionals will tell you that prolonged time without treatment will allow kidney stones to grow in the patient's kidney and result in constant and unbearable pain. And you know, shockingly, in spite of all these repeated complaints, the hospital administration has not been able to take any kind of action to rectify this situation.

So patients who rely on the San Fernando General Hospital for essential medical care in urology are really left in limbo and they are enduring a lot of needless suffering as a result of the shortcomings, in terms of equipment failures. And today, I am calling on the Minister of Health to pay some attention to that urology department, and ensure that they have the proper working equipment and the systems to ensure immediate attention and intervention to all the patients. There is an urgency, there is a need for accountability and transparency in addressing these things.

Madam Speaker, I move now to information that came out during one of our previous debates and arising out of the *Public Sector Investment Programme 2023*, which was laid in Parliament. And I want to raise the issue of External Patient Programme, specifically with the renal dialysis programme. Madam Speaker, in 2010, when we had a Prime Minister who cared about citizens—

Hon. Members: Anniversary—[*Inaudible*]

Ms. K. Ameen: And I want to mention, today, May 24th, is actually the anniversary of the election of—

Public Health Care Services
(Government Measures to Improve)
Ms. Ameen (cont'd)

2024.05.24

Hon. Members: [*Desk thumping*]

Ms. K. Ameen:—Kamla Persad-Bissessar as Prime Minister in 2010.

Dr. Moonilal: A sign of things to come.

Ms. K. Ameen: And perhaps it is a sign of things to come.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: Madam Speaker, when we had a government that cared, when we had lists in the hospitals for renal treatment, for dialysis, for test, and so on, the External Patient Programme was developed, where the Government partnered with private organizations. But in 2016, \$15 million was paid for dialysis service through the renal dialysis programme of that External Patient Programme. In 2022, the Ministry paid \$90 million for outstanding patients and for an estimated 1,115 patients in the current period.

In the last budget, \$160 million was approved for 1,187 patients. “So you watching de numbers, eh, dey going up”. And yet, because of untimely payments and mismanagement by the Minister of Health, a lot of these private institutions have threatened to withdraw their services now because payments are not being made in full or made on time. And we have budget after budget, last year, 2022, every year, vast sums, 90 million, 160 million being approved by this Parliament, of taxpayer’s dollars, and not being paid to these private institutions. “Where de money gone”? “Where de money gone”? Why does it take years to pay a provider?

We can understand an administrative period to ensure, you know, accountability and so on, but these institutions are providing life-saving procedures to assist with the Government’s backlog and the Government’s

failure; \$ 250 million over two years is an exorbitant amount. And how much debt can these private institutions shoulder in order to provide a service and to continue doing business with a big bad-paying client, the Government?

Madam Speaker, the Minister is on record—the Minister of Health is on record saying:

Patients may not necessarily have to attend private facilities to be dialyzed.

The public is now left wondering if the dialysis treatment facilities in our public health care institutions are at 100 per cent capacity, and what we see in actuality is very, very different.

In 2018, dialysis equipment was purchased for the Eric Williams Medical Sciences Complex. In 2019, Point Fortin Hospital was moved from a 24-hour rotation—they were moved to a 24-hour rotation so that more patients could be dialysed in the public sector.

In 2020, 30 dialysis stations were procured for the Couva Hospital. Up to now, they are still claiming that the Couva hospital is not a hospital; up to now. And in 2022, six dialysis stations were procured for the Port of Spain General Hospital. The Ministry is also asking for more funds to do more dialysis stations. And as we come out of the COVID pandemic and we return to normalcy, we are still seeing huge bills to these private organizations. And you know why? In many cases, these dialysis units in the hospitals are not functional because of failure of equipment. So you still have large number of patients going to the private hospitals.

Madam Speaker, I move now to this National Oncology Centre. We

have seen the issue of cancer patients being unable to acquire drugs and treatments on time. I myself have experienced tearful conversations with constituents. I remember a father calling me, his daughter is a cancer patient, and when he took her, she could not get that one tablet that she needed for her cancer treatment, and he was afraid his daughter would die and leave his two young grandchildren motherless. And there are many patients like that.

The National Oncology Centre was an initiative of the government led by Kamla Persad-Bissessar.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: And what has the PNM done? Destroyed it. In 2016, in the budget debate, Minister of Health, the hon. Terrence Deyalsingh, stated that the National Oncology Centre was carded to be completed. Okay. The *Public Sector Investment Programme* stated that the sum of \$200 million would be provided for the National Oncology Centre, which would be located at the Eric Williams Medical Sciences Complex. To date, what has been done? Has that centre been completed? What is the new date? When you provide a solution for this Government, even when you give them it on a silver platter, they throw it away. They do not know what to do.

We had the nursing academy, same thing. We provide a solution, they discard it. We have the National Oncology Centre, we provide a solution, they discard it. We have the Couva Children's Hospital, wonderful facility—

Hon. Members: [*Desk thumping*]

Ms. K. Ameen:—you present it to them, they discard it. They do not know

what to do. They are totally failing even when you present the solution to them on a silver platter. That National Oncology Centre was supposed to transform the way cancer patients were treated in this country by assembling specialist facilities, the right technology and treatments all in the same place, so that you will increase the patient's recovery but also their peace of mind, rather than having to go to different places to source different types of treatment. And that centre was supposed to serve as the country's main treatment facility for cancer, and you really want to have a sustainable, comprehensive, state-of-the-art institution to provide cancer care.

Madam Speaker, that facility was supposed to have all the major and minor medical equipment, including linear accelerators, PET scans and CT scanners, and furniture and fixtures that are necessary and suitable to provide the treatment that would be needed. So it was also, very importantly, outfitted to accommodate teaching. So the vision of Kamla Persad-Bissessar's Government, including the teaching accommodation at the National Oncology Centre and the San Fernando teaching hospital, was to ensure that we will have sustainability in our medical sector and that, the Government is just throwing away.

Madam Speaker, you know who is feeling this? It is not any of those Government Ministers. Who feels this is our ordinary citizens. And statistics show that there is an increase in incidents of cancer in our society and, in fact, all over the world. Our cancer patients are feeling the brunt of this Government's betrayal and abuse and incompetence.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: What we also have is the shortage of medication. And I

gave the example of my constituent, but that is not an isolated incident. There are many instances when cancer patients go and for some reason, they cannot get the medication. These medications are not available on CDAP. Well, CDAP is a whole other issue that highlights the failure of this Government, but I would not go into that now.

Madam Speaker, what we have happening now in this country is that the state of the health sector constitutes a breach of Trinidad and Tobago's international obligations under the United Nations Conventions on the Rights of the Child and the United Nations Conventions on the Rights of Persons with Disabilities. This is not the UNC saying so. This is not the Opposition saying so. These are reports that come out from the Auditor General and from these international organizations.

Madam Speaker, I also want to go very quickly, as I wrap up, to the Government's mishandling of the COVID pandemic. There was a Member on the other side who said that the Opposition has perfected the art of criticizing, criticizing and criticizing without acknowledging progress. We cannot forget the COVID-19 team. And I am happy that they mentioned the COVID-19. The Member is referring to the Minister and several of his senior doctors who were responsible for leading this country. Madam Speaker, I make no apologies that this Minister of Health and this Government failed the country during the COVID pandemic.

Hon. Members: [*Desk thumping*]

Ms. K. Ameen: We are in a situation now where it is critical—it is such a crisis that patients actually face death. We, in this Opposition, led by Kamla Persad-Bissessar, the hon. Member for Siparia, will continue to

highlight and expose the Government's failure and we will also continue to share with the public our recommendations in going forward to fix the problem.

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

Ms. K. Ameen: I thank you.

Madam Speaker: Member for Diego Martin Central.

Hon. Members: [*Desk thumping*]

The Minister in the Office of the Prime Minister- Communications (Hon. Symon de Nobriga): Thank you. Thank you, Madam Speaker. Madam Speaker, I had intended not to spend too much time in my contribution today because this is now the third month that we have had to come here on this frivolous Motion, that is, no matter what the Members opposite try to portray, really an attack against the Member for St. Joseph, the Minister of Health.

Madam Speaker, there are a few things that I would like to clear up for the public record. The Member for St. Augustine, as did her colleagues as they began, started, of course, by saying that this was not a personal attack, that this was not an attack on the Minister of Health, the Member for St. Joseph, and then, as did all of her colleagues, one by one, each one of them launched into a vicious attack on the Member for St. Joseph.

2.25 p.m.

And it is interesting because they would put at the Member, in his capacity as the Minister of Health, the responsibility for every death, for every woe in the public service. And they know that that is simply not true, but of course, it assists the narrative that they would like to portray. Not

only—

Madam Speaker: Member, I know while it is a bit difficult to keep saying hon. Members so sometimes I will allow the pronoun, just remember that it is hon. Members or the Member for whatever. Okay?

Hon. S de Nobriga: Thank you, Madam Speaker. Madam Speaker, there are a few things as I said I would like to clarify. The Member for St. Augustine spoke about a shortage of medical professionals in this country and somehow wanted to portray that as a shortcoming of this Government without acknowledging the fact that it is a global issue, that there is a shortage of medical professionals across the board, in all facets of the medical field.

Madam Speaker, if I could ask for your indulgence to protect me from the harassment of the Member for Naparima.

Madam Speaker: So you know we understand the little banter and so being part of the culture of the Chamber, but I would just ask Members to allow the debate. Any Member who has not as yet spoken, and of course, wants to catch my eye, will have an opportunity to speak and certainly to rebut anything that the Member of Diego Martin Central puts on the Hansard. Let us continue.

Hon. S de Nobriga: Thank you so much, Madam Speaker. Let me also welcome, Madam Speaker, our guest, both on the Floor, as well as our students who have joined us from the Caribbean Union College—

Hon. Members: [*Desk thumping*]

Hon. S de Nobriga: —and to assure them that there is still some hope for positive work to be done in this Chamber, despite what they may see on

show today from those opposite. Madam Speaker, I was speaking—

Hon. Members: [*Desk thumping*]

Hon. S de Nobriga: —about the issue of a global shortage. I want to draw your attention and the Members opposite, to an online article on *onlinenursing.duq.edu*, which is an article from Duquesne University School of Nursing, which goes into great detail. And I will not go into all the details here, Madam Speaker, but it goes into great detail about studies being done, going back as far as 2009 and projecting to 2032, a shortage of professionals; of doctors, of nurses, of midwives, of healthcare educators.

And the fact of the matter is Madam Speaker, is that in these larger countries, they are also experiencing shortages and very often, our highly qualified, well-trained nurses do find opportunities abroad and they go seeking those opportunities, and congratulations to them for that.

2.30 p.m.

Madam Speaker, it is interesting that the Member also wanted to speak about there being no hiring of young doctors and I refer to an article in the Trinidad *Guardian* on the 21st of November 2011, written by Yvonne Webb. The headline is dubbed:

“SWRHA boss ‘critical issue’ at South Hospital: Maternal deaths ‘hurting’.”

Madam Speaker, it is interesting that the Chairman of the South-West Health Authority at that time, the current Member for Fyzabad, has acknowledged that there is an unacceptable number of maternal deaths at the San Fernando General Hospital.

Madam Speaker, in the article it states that:

“His...”—the Member for Fyzabad’s—“...comments followed claims by former head of the hospital’s obstetrics and gynecology unit, Dr. Jehan Ali, that the material mortality rate was 80 in 100,000 and not ten in 100,000...”—as the Member in his previous capacity—“...had quoted by a recent media interview. The issue came up during the question and answer session...”

—and this question-answer session was at the first public meeting of the SWRHA at the Naparima Bowl on the Thursday preceding the 21st of November 2011. Madam Speaker, Dr. Ali’s position at that time was that:

“‘The maternal mortality rate has gone up. Why is it you cannot solve this problem?’ Ali said when he left the unit in 2007, the maternal mortality rate had been reduced to 20 in 100,000 and the pre-natal mortality rate to 20 per 1,000 births. ‘What is it today?’”

Today, of course, being that November 2011 date.

“‘The maternal mortality rate is at in 100,000 and not on par with developed countries as fellow OBGYN Dr. Bodoë”—my apologies Madam Speaker, the Member Fyzabad—“has said,’ he added.”

Madam Speaker, it is interesting that at that point the article states:

“Bodoë did not contradict Ali’s statement.”

Madam Speaker: Member.

Hon. S. de Nobriga: The Member for Fyzabad in his previous capacity, Madam Speaker. It is a bit long-winded so, you will forgive me Madam Speaker, but I am guided.

So, Madam Speaker, it is easy to stand up there and throw numbers out. It is easy to cast aspersions and lay blame at the feet of those tasked

with heading, whether it be RHAs or organizations or the Ministry of Health as a whole. Of course, it is easy. It is easy, of course, to do that if it fits your political narrative and your desire. But, Madam Speaker, I do not think that the Member, in his capacity at that time, resigned. I do not think that there was an outcry blaming him for every single death of every single mother and every single child at that moment, because the truth is, as we have experienced while in our own tenure in Government, there are times when these things happen, and it is more important to find out what has happened. It is more important to ensure that this never happens again. It is more important to put in things to ensure that we mitigate any future occurrence than it is to launch into political attacks in order to gain political mileage.

Madam Speaker, I said this in my last contribution in this House and I say it again. This country deserves better. This country deserves more. We come here, and all we have to deal with for three months now, is an attack on the Member for St. Joseph and, Madam Speaker, I put it to you that this has nothing to do with the Member in his capacity as the Minister of Health. This has all to do with him in his capacity as a Member for St. Joseph and whatever aspirations those opposite have with that constituency in whatever future election they may be seeking.

Hon. Members: [*Desk thumping*]

Hon. S. de Nobriga: Madam Speaker, while those opposite may measure success in elections won, although they have not been able to do it for quite some time, we on this side measure success by governance and effective governance at that.

So Madam Speaker, why are we here? We are here because—oh, Madam Speaker, my apologies, there was another thing that I wanted to address. It is not passing strange that the Member then launched into the NOC and the National Oncology Centre. Madam Speaker, for the record, the NOC, that National Oncology Centre, started under the Patrick Manning administration, a PNM-led administration. It was embroiled in legal issues and the architect went bankrupt. It then fell under the UNC during their time in Government. It did not progress in any way whatsoever, and this Government, after seeing more than \$200 million having been spent on what was deemed the failed project, decided to do the responsible thing, pull the plug on the project and stop it.

Madam Speaker, the Member also—I see she has left the House—the Member also went into a diatribe about—my apologies, Madam Speaker—about the provision of cancer services and in particular cancer drugs. Madam Speaker, I draw your attention to a media release from the North West Regional Health Authority, dated the 21st of March 2024. Madam Speaker, it is four pages long. I will not read all four pages. However, there are a few things that I would like to draw and put on the record. The North West this—I am quoting from the media release, Madam Speaker.

Madam Speaker: Just to advise Member for Diego Martin Central. You have forewarned me that it is four pages. While you are allowed to quote extracts, it cannot be substantial extracts.

Hon. S. de Nobriga: It will not be Madam Speaker. Thank you.

The North West Regional Health Authority (NWRHA) strongly refutes these allegations—these allegations being antiquated drugs—if

any at all due to shortages and lack of funding, and recognizes the significant impact accurate information plays in shaping public perception.

Madam Speaker, if I could add to that, I would also like to state that there is a significant impact in shaping public perception by the dissemination of inaccurate information which we see too much of in this House, particularly, as it relates to health care.

Madam Speaker, Trinidad and Tobago offers the majority of all needed cancer drugs free of charge within our public health care framework. We are one of the few regional countries offering these drugs at no cost to our citizens within our public health care system. The NWRHA, as part of its commitment to the digitalization of its operations, implemented a full feature state-of-the-art hospital and electronic health record system at the cancer centre of St. James, which includes the following: a comprehensive electronic record system; comprehensive inventory and pharmacy management; patient mobile app with fill features; featured patient interaction system; and a comprehensive analytics and visual dashboarding platform. I would have thought that the Member for Naparima would have been thumping on his desk as he is always regaling this House with the need for data-driven decisions. Right here we see that being implemented at the North West Regional Health Authority.

Madam Speaker, the NWRHA flatly contradicted the statements made before the JSC about drug shortages and a lack of funding. These changes allowed them to track their daily basis of current stock and drugs by categories. The estimated demand for the month, estimating stock and drugs

requisition to effectively manage their inventory and order the necessary drugs on a timely basis. It also assisted them in dealing with the issue of expired drugs, which were previously valued in the hundreds of thousands of dollars and stands currently in the value of hundreds of dollars.

Madam Speaker, in addition to that, under this Minister of Health, under this PNM Government, we are also seeing the line at St. James, MRI services at St. James, as well as a new suite in San Fernando. And, Madam Speaker, maybe I should, as the Member for St. Augustine was happy to regale us with one of—and they, I am not saying that there are not failures within the system, but she was regaling us with one of those instances.

Madam Speaker, if anyone goes into the medical records and the NWRHA, they will see my name as a patient at the Woodbrook Health Centre. They will see my son's name as a patient at Mt. Hope, they will see my mother's name as a cancer patient at the St. James Health Centre. All of us having been brought up to know that if you need service, medical treatment in this country, this country offers medical treatment of the highest standard to the citizens of this country. And I have always—

Hon. Member: For free.

Hon. S. de Nobriga: For free. I have always stressed to my children that the first stop is at our public health care systems.

Madam Speaker, when my now deceased mother had been diagnosed with breast cancer, it was to St. James that she went. My interactions with the nurses there were quite good. I have nothing bad to say about my interactions with the doctors and nurses there, and the treatment that she got was of the highest quality. When my mother eventually left us, she left us

on a bed in the Mt. Hope Medical Centre being treated by nurses who not only looked after her, but also looked after the family as we gathered around her with compassion, both them and the doctors and care.

Now, Madam Speaker, I am not saying that there is not work to be done; there is always work to be done. And there is nobody on this side that does not acknowledge that. What we are saying is that if we are to get it done, what we cannot do is besmirch these professionals, even as we start off our contributions, with the hollow words of “this is not an attack on medical professionals or the hard working nurses”, because the substance of your contributions says different. We cannot start off with hollow words saying “this is not an attack on the Minister of Health” because the substance of your contribution says different.

Madam Speaker, when my son at, I think maybe eight or nine, suffered a vicious attack by a dog in the neighbourhood, the pediatrician told us—the first thing that she told us was, “Get that boy to Mt. Hope now”. Did not say to get into any of the private institutions, get him to Mt. Hope now. We did and I am happy to say that after undergoing surgery, that he was able to return to his normal shenanigans as a nine-year-old and I am forever grateful to the nurses, the doctors, the anesthesiologist in particular, who spoke to him as he was putting him under because of course, as a young boy, he was very worried.

Hon. Members: [*Desk thumping*]

Hon. S. de Nobriga: And of course, his parents were even more so. So when we come here, and we attack the public health sector as being failing, I am here to tell you as someone who has used the public health sector for

decades, has trusted it, trusted my children to it, has trusted my mother to it, I have trusted myself to it, it is not failing. Yes, it can be better, yes, there are things that we can improve. But to come here for three months, with a consistent and constant attack on it, we deserve better than that, Madam Speaker.

Hon. Members: [*Desk thumping*]

2.45 p.m.

Hon. S. de Nobriga: Madam Speaker, the Motion was moved by the Member for Caroni East, who is a medical practitioner, a dentist, and—where is it—the basis of his Motion—

Mr. Lee: [*Inaudible*]

Hon. S. de Nobriga: That is your opinion, Pointe-a-Pierre. The basis of this Motion:

“...to implement measures to immediately improve the delivery of healthcare services to the people of Trinidad and Tobago and to address mismanagement in the health care sector.”

And in the recitals he acknowledges the duty of the Government. I want to remind him that it is the duty of all governments, past and present, to provide safe, reliable, and compassionate health care services to all citizens.

Madam Speaker, you know, one of the most stressful jobs in this world are those—or the most stressful jobs in this world are those that involve high-risk, involve high pressure and high responsibility. And it is by that definition, I would expect that we could all agree, that a career in the medical field is defined by that and it is that. And it might also surprise him that listed amongst the top 10 jobs deemed to be the most stressful in the

world, are positions like ER nurses, surgeons and anesthesiologists. And, it is therefore given that persons employed in the medical field are by the very nature of their profession under stress.

But I would like to ask him three questions, Madam Speaker, through you. First one is whether in his own private practice, has he ever had to postpone a client's appointment for reasons that were either personal to himself or to the client? Has he ever had any of his patients wait longer for his services than they thought was necessary? And thirdly, Madam Speaker, I would ask him whether in his many years of practice has he ever had to prioritize one client over another, due to the severity of the client's presenting problem.

Madam Speaker, I think that should also be posed to the Members for Cumuto/Manzanilla and Fyzabad, as well. And I am certain that the answer to—from all of them to those three questions would be undoubtedly, yes. But, it is in there that the level of hypocrisy that has pervaded the contributions from those opposite is so evident. Under those circumstances, Madam Speaker, I am certain that the Member did not go immediately out to hire additional persons for his practice or to recruit additional dental nurses or technicians. And I am equally certain that he did not immediately raise the salaries of his hard-working and stressed staff.

But Madam Speaker, multiply that, that most probable eventuality, multiply that by hundreds or even thousands and you will get a picture of what the public health sector is like. It is a picture of nurses and medical professionals, as part of a triage process. Prioritizing one patient who comes in with severe chest pains and difficulty breathing, over another patient who

comes in with a laceration on their finger. It is a picture of nurses and medical professionals having to postpone a client's surgery because their blood pressure or their blood sugar is too high, or their platelets are too low. Madam Speaker, it is a picture of registrars having to postpone a clinic because a patient just flatlined on the ward and they were called to assist in their recovery.

Madam Speaker, there is a reality to public health care that we cannot avoid, and we have to acknowledge it, even as we say we must do everything to make it better. And it would go a long way if we had colleagues opposite who were willing to acknowledge that and utilize their time during their private Motions to actually bring solutions to work with the Government to make public health care better, by a collaborative process, instead of utilizing their time; not to the benefit of their own constituents, or the patients in the health care system, or the national public as a whole but to just make “rab” and bacchanal and “janjat” and to point fingers, and call out the Member for St. Joseph because, quite frankly, they want his seat.

Madam Speaker, I am not going to spend too much longer here. I think enough has been said on this, and I think that there needs to be—

Hon. Member: [*Interruption*]

Hon. S. de Nobriga:—there is a lot more I can say, Member, right. Hollow like—anyway—Madam Speaker, my apologies, I will not be distracted by Barataria/San Juan. However, I do represent the constituency of Diego Martin Central, and I would like to spend some time speaking about the public health care service in my constituency. Madam Speaker, Diego Martin Health Centre serves a catchment population of just over 50,000—

just under 51,000 patients and was commissioned in early 2020, to facilitate the growing needs of the rapidly expanding population.

The throughput figures for March 2024, just the month before, include the following: A total of 4,785 persons receiving treatment of one kind or another, or just under 10 per cent of the estimated population in the catchment area. These included visits to the chronic disease, anti-natal, post-natal, child health and diabetes wellness clinics; 354 patients were able to access radiology services; 72 patients accessed dental services and 1,645 were able to access pharmacy services.

Madam Speaker, the Petit Valley Health Centre serves a smaller catchment area, a population of just over 17,000 persons, but whose performance, comparatively speaking, is on par with the Diego Martin facility. The throughput for March 2024, at that health centre included a total of 1,540 persons receiving treatment of one kind, or another, or just under 9 per cent of the estimated population in the catchment area. These also included visits to the chronic disease, anti-natal, post-natal, child health. And diabetes wellness clinics, as well as 610 patients accessing pharmacy services.

Madam Speaker, one of the successes—and this is something that I want to personally thank the Minister, the Member for St. Joseph, for. One of the personal successes of that Petit Valley Health Centre is its—

Madam Speaker: Hon. Member, you have two more minutes of ordinary speaking time. You are entitled to 15 more minutes to wind up your contribution if you wish and, therefore, if you are going to utilize that, I will let you proceed. You have 15 more minutes.

Hon. S. de Nobriga: Thank you, Madam Speaker, I spoke longer than I thought I was going to. Madam Speaker, as I was saying, that success of the Petit Valley Health Centre is to do with a lot of the activities centered around their wellness programme and the Ministry of Health's approach to NCDs, which is a real problem, not only in Trinidad and Tobago but across the world. Madam Speaker, at the Petit Valley Health Centre, there are all manner of services when it comes to nutrition, dietary, screening, diabetes clinics and the like. Madam Speaker, this speaks to the Ministry addressing the problem at the primary level before you have the issues that fill hospital beds.

2.55 p.m.

So when the Member speaks about what is being done to improve medical services, or to improve medical services in this country, this is a clear indication that the Ministry of Health understands what fills beds in hospitals, what takes up time for doctors and nurses in hospitals, and is addressing the issue before it becomes an issue. Madam Speaker, even in the services being offered are also mental health checks, and when we see these things being offered—it also speaks to a Motion that was previously raised by the Member for Chaguanas East, because it does speak to addressing another real issue that we have found post-COVID in this country. In fact, not only in this country, it is a global issue as well, and that is teenage suicide, and particularly teenage suicide among young men.

So, Madam Speaker, we are seeing a Ministry being led, policy-driven. We are seeing decisions being made, data-driven. We are seeing across—and I can speak to Diego Martin Central. I can speak to the

Public Health Care Services
(Government Measures to Improve)
Hon. S. de Nobriga (cont'd)

way that we have interacted with—and I have interacted personally with medical services of the NWRHA and the NCRHA, and I can tell you that the evidence is there for all to see. While, yes, we can work together to make this thing better, while, yes, we can work together focused on delivering quality health care, it does not start with an attack on the head of the Ministry. It does not start there.

Hon. Members: [*Desk thumping*]

Hon. S. de Nobriga: What it starts with is an Opposition that comes to say, “This is a problem and these are the solutions we put forward. Will you, as the Government, meet us here and speak about these things?”

Madam Speaker, I do not think I am speaking out of turn. I think that the Minister of Health, if faced with colleagues across the floor who approached him like that, he would see it as us being on the same side and would gladly listen to what they had to say. Madam Speaker, with those few words, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Couva South.

Hon. Members: [*Desk thumping*]

Mr. Rudranath Indarsingh (*Couva South*): Thank you very much, Madam Speaker, as I join this debate here this evening. I want to take the opportunity to commend the contributions of all my colleagues on this side of the aisle who have spoken during the course of this debate.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: I want to recommend it, not only for reading but for education and information to all citizens of Trinidad and Tobago, because

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

my colleague, the Member for Caroni East, moved this Motion in a very clinical way and in an eloquent manner, that we have a responsibility to come again and again on Private Members' Day—but I will deal with Diego Martin Central in a couple of minutes because we have guests in the Chamber, Madam Speaker, and I want to assure our guests, we have better to offer.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: We, on this side, have better to offer, Madam Speaker.

Mr. Imbert: [*Inaudible*]

Mr. R. Indarsingh: You know, Madam Speaker, the Member for Diego Martin North/East, I know he is very busy these days with persons, such as Jaiwantie and Rohini and Indrani, and so on, so I will not allow him to distract me.

Mr. Imbert: Who is Indrani?

Mr. R. Indarsingh: Madam Speaker, the contributions, not only of the mover, but the MPs for Fyzabad, Cumuto/Manzanilla, Oropouche East, Chaguanas East, Couva North, Siparia, the Leader of the Opposition, and this afternoon, St. Augustine, have been very telling and revealing. The UNC, in our powerful contributions, Madam Speaker, has left the Government, more or less—we have triaged them. We have diagnosed them this afternoon—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—and in the past days that this Motion was debated, and the diagnosis is very clear, Madam Speaker. They are in the Intensive Care Unit. They are comatose.

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

Hon. Members: [*Desk thumping*]

Dr. Moonilal: They are comatose.

Mr. R. Indarsingh: Madam Speaker, they are indeed in the departure lounge and that is why they cannot offer no credible solutions to the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: And you have a Minister of Communications coming here this evening and begging and pleading for the Opposition's help.

Mr. Hosein: He is trying to revive the dead.

Hon. Member: [*Interruption*]

Dr. Seecheran: What Standing Order? What Standing Order?

Mr. de Nobriga: [*Inaudible*]—not the Minister of Communications.

Madam Speaker: Member, if you are standing, is it on a Standing Order or is it that you are asking your friend to give way?

Hon. Member: [*Inaudible*]

Mr. R. Indarsingh: Madam Speaker, it is very clear that his contribution was pedestrian, lackluster.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: His constituents got no hope this evening.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: The country got no hope. And he is charged with responsibility for communicating on behalf of the Government of Trinidad and Tobago?

Last week, I told a couple of Ministers during the debate on the ICC Men's T20 Cricket World Cup 2024 Bill that they would not even have

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

brought water onto the cricket field. Well, I do not know what I would have done with him if I were the captain. He would not even have made—

Madam Speaker: The hon. Member.

Mr. R. Indarsingh: The hon. Member would not even have made—

Mrs. Robinson-Regis: So where is your captain?

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

Mr. R. Indarsingh: Arouca/Maloney, stay in your lane.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: Stay in your lane. The UNC can handle all and sundry, internally and externally, Madam Speaker, and that is how we handle our business in the UNC. And come the 15th of June, the star executive of the United National Congress—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—will govern the affairs of the party, and then you will talk to me.

Hon. Members: [*Laughter*]

Mr. R. Indarsingh: Then you will talk to me, Madam Speaker.

Mrs. Robinson-Regis: [*Inaudible*]

Mr. R. Indarsingh: Madam Speaker—

Hon. Member: Who is your leader?

Mr. R. Indarsingh: Madam Speaker, I have one party and one leader, and that is the hon. Kamla Persad-Bissessar, the Member for Siparia.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: If you want any other answers, meet me on the outside.

Madam Speaker: So, Member, let us continue with the debate. I am

standing here on Standing Order 48(1). Okay? So let us get back to the debate. Do not be distracted.

Mr. R. Indarsingh: At no point in time, Madam Speaker.

As I said, the UNC, through the contributions of all of my colleagues during the course of this debate, we have clearly demonstrated that we can return reliable health care and quality health care to the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: Madam Speaker, I want to immediately—because, you see, we have to put this in the proper historical context, eh, this debate, and why we have brought it here. I do not like to refer to their manifesto but I am forced to, Madam Speaker. Because in 2015, under “Health Care” and under “Let’s Do This Together”, let me quote:

“The PNM’s approach to health care is quite different. Rather than spending billions of dollars on white elephants...”

—I want to reiterate, eh:

“Rather than spending billions of dollars on white elephants, our focus will be on using this substantial resources allocated to the health sector to aggressively expand the training opportunities for our citizens in all areas of health care, including support staff in professions allied to medicine, particularly nurses, so that can deal with our shortage of medical personnel once and for all.”

That is in 2015, you know, Madam Speaker. And then when you turn to page 44—I did not want to walk with the whole manifesto, so I just came with one page because that is, you know, extra extraneous material in my

bag. Madam Speaker:

“A key feature of a modern health care system is ‘objective standards of care’. Many of the complaints of our citizens using the public and private services relate to standards of care and the accountability of medical professionals.”

I want you to listen very carefully, Madam Speaker:

“The PNM will thus ensure that proper standards of care for the national health care system (public and private) are established, supported by the appropriate legislation, regulations and guidelines to make them binding on all health care practitioners and institutions, to improve service delivery and accountability, and to protect the public interest.”

This was promised, not by the UNC, this was promised by the People’s National Movement since 2015, Madam Speaker. We are in 2024, and in 2024, you have a Minister of Communications, the Member for Diego Martin Central, telling this august Chamber that this Motion that we have come here to debate for the fourth time under Private Members’ Day is frivolous. Imagine a Motion on health care, they deem it to be frivolous and saw this as an attack on the Minister of Health.

Apparently, the Minister really has a problem with communicating because if he read the Motion, the Motion says:

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

They did not refer simply or solely to the Minister of Health. It is the responsibility of your party, that is the Government of Trinidad and Tobago.

It is the Cabinet of Trinidad and Tobago, Madam Speaker, and you have this Minister of Communication saying that it is a vicious attack on the Minister of Health. This is the Opposition bringing to bear and making the Government account—

Mr. de Nobriga: [*Inaudible*]—to the Parliament.

Mr. R. Indarsingh:—bringing to bear—and if you do not understand what politics is about, I will tell you, politics is a substitute for war, and when war is declared, we have a responsibility to fight back. You have declared war on the citizens of this country for the last nine years and it is the Opposition—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—fighting back on behalf of the citizens of the country.

Madam Speaker, the voiceless who go—the people who do not have a voice, when they go to the health centres and the general hospitals and so on, and they have to deal with the woes and the challenges, they find their voices in the Members of the Opposition, Madam Speaker.

And then, you know, the Member for Diego Martin Central spoke about a global shortage of medical professionals and so on. Madam Speaker, that may be factual. He quoted from some document and so on, but when the population of Trinidad and Tobago votes for a government, it is not to be told every day and every time they stand to speak in the Parliament that “This is a global problem.”

If the electorate wanted—the electorate voted you not to solve global problems, you know.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: The electorate elected you to solve the problems of the people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: If you cannot solve the problems of the people of Trinidad and Tobago, then pack up and surrender.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: And surrender in a form that is in keeping with the highest democratic traditions of the country, call the elections and let the people decide who they want to govern Trinidad and Tobago in the context of providing quality health care for all the citizens of the country, Madam Speaker.

3.10 p.m.

Madam Speaker, then he went on to speak about a national oncology centre, and what the Member did during his contribution, he stated that the National Oncology Centre was started by Prime Minister Patrick Manning and the Government, \$200 million was spent, and so on. Then the Government did the most responsible thing and pulled the plug on the project. Probably if he was so advised, he could have provided us with an update through his ministerial colleague, Madam Speaker, because I am sure that all cancer patients, they want to know, they want to understand because we have been told by the Minister—I think—of Health, that the oncology centre is coming through the Augustus Long Hospital and Madam Speaker, we have established that the project has been abandoned—

Hon. Member: No, it is not.

Mr. R. Indarsingh: You had your turn. Madam Speaker, and as I said, we have been told that it is coming through the Augustus Long Hospital. But did they take into consideration, Madam Speaker, that when this centre was being established at the Eric Williams Medical Sciences Complex, it was so done, so that patients would have easy access to the main hospital. All specialists would have been easily accessible, and the main X-ray department, and so on, would have served as a backup? Madam Speaker, the Minister in the Office of the Prime Minister - Communications was in “no man's land” as it relates to this project because, again, we were told that a July opening is on the horizon for this project, for this facility. I am told, I am reliably informed, that work is at a standstill and will the opening date not be met because the mixing cabinet for the chemotherapy drugs has not been procured, Madam Speaker? And I think that that is important in the context of where we are, to be answered by the Government during the course of this debate, Madam Speaker.

Madam Speaker, as I continue with my contribution as it relates to this particular debate, you see it is important because as I said, I have recommended the contributions of all my colleagues, not only for reading but for information because they mislead the population in a very brazen manner. They conduct themselves with the highest degree of propaganda and misinformation to the people, and during the course of this debate, there were contributions from Members of the Government that presented a sense of worry and concern for me because, Madam Speaker, I want to spend a few moments on the issue of neonatal mortality and maternal mortality rates.

In his response to my colleague from Caroni East who moved this Motion, the hon. Member for St. Joseph took full and personal credit for what he would have the country believe was a miraculous improvement in maternity care in Trinidad and Tobago. So let me put the facts on the record, Madam Speaker. Madam Speaker, I have a table that I took from the UNICEF website, so if they want to challenge the statistics and so on or the veracity of the source, I am providing that to you.

3.15p.m.

Madam Speaker, I would want to read some statistics on neonatal mortality and highlight the trend prior to 2010 and note the improvement over 2010 to 2015 under the People's Partnership Government led by the hon. Kamla Persad-Bissessar at that point in time. And in terms of the deaths per 1,000 live births in 2007, it was 15.608; in 2008, it was 15.166; in 2009, it was 14.694; in 2010, it was 14.22; in 2011, it was 13.821; in 2012, 13.403; in 2013, 12.996; in 2014, 12.582 and in 2015, 12.228, Madam Speaker.

So, Madam Speaker, it is very clear that there were improvements between 2010 to 2015 and I want to emphasize that we left a platform for the Minister of Health and his Government to follow through on and, Madam Speaker, like everything else this Government touches, the Minister managed to reverse all the gains made over those years in this area as evidenced by the tragic deaths of some 20 babies at the Neonatal Intensive Care Unit at the Port of Spain General Hospital.

Madam Speaker, on the last occasion in which this Motion was debated in this House, the Member for Lopinot/Bon Air West allowed himself to be "chained up" by—I do not know which Member on his side,

and he got himself tangled in a web, if I should use that phrase, when he attempted to focus on maternal mortality and maternal mortality rates. The Member for Lopinot/Bon Air West, against his better judgment, rushed to criticize the performance of my colleague the Member for Fyzabad when he was the Chairman of the South-West Regional Health Authority and, Madam Speaker, that is like chalk and cheese in terms of comparison. We on this side are proud of our achievements in reducing—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—maternal mortality rates during our time in office. And what are the facts, Madam Speaker? The facts are—and if you will allow me, Madam Speaker, to refer a table that I have in my possession. Again, it is a table entitled, Maternal Mortality for 1,000 live births in Trinidad and Tobago between the years 2000 and 2020. And again, the source is the UNICEF website and prior to 2010 in terms of maternal mortality per 100,000 live births in Trinidad and Tobago. In 2006, it was 56; in 2007, it was 54; 2008, 54; 2009, 45; 2010, 47; 2011, 44; 2012, 41; 2013, 37; 2014, 35; 2015, 31, Madam Speaker. So, Madam Speaker, it is very clear that under the Government of Prime Minister Kamla Persad-Bissessar we on this side are proud of our achievements and the Member for Lopinot/Bon Air West stated in reference to a newspaper article that in 2011 my colleague, the Member for Fyzabad, expressed concern about maternal deaths, Madam Speaker. The Member for Fyzabad had good reason for his concern, he inherited an untenable situation from the then PNM administration but—

Ms. Ameen: Yes.

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

2024.05.24

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—when we inherited the problem, on the instruction of the then Prime Minister Kamla Persad-Bissessar we did something about it, an investigation into the state of maternity services, Madam Speaker, and I have the report in my hand. I will not display it because I always am guided by your rulings, Madam Speaker, and it is a report of the Maternity Services Review Committee of Trinidad and Tobago done by the Ministry of Health in May of 2013. Madam Speaker, the Minister of Health cannot deny this, and professionals from various sectors were involved and solid recommendations were presented. Indeed, this very report created the Directorate of Women’s Health—

Ms. Ameen: Yes.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—now overseeing maternal and child health care which the Member for St. Joseph frequently boasts about. It is the work that the then Government did, Madam Speaker. And at the end of the day—and I want to quote from the *Hansard* that the Ministry of Health during his contribution spoke and I quote him:

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

“Our greatest asset is our children. Under my tenure, as Minister of Health, maternal mortality rates and infant mortality rates have dropped, and this was before the Directorate of Women’s Health was appointed in 2017. I took personal responsibility to save our women who were dying at the rate of one a month. I took personal responsibility to save our children in our hospitals, and because of my

direct intervention which started to bear fruit in the middle of 2016, eight months after I was appointed, one year before Dr. Sirjusingh was appointed, there was a positive turnaround.”

Madam Speaker, I will now ask the Minister equally whether he will take the blame for the fiasco at the Neonatal Intensive Care Unit at the Port of Spain General Hospital.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: Madam Speaker, I am reliably informed that a mother died in childbirth in January of this year at the Mount Hope Women’s Hospital. Madam Speaker, based on information that came in my mailbox, I am also reliably informed that a second mother died in child birth at the Mount Hope Women’s Hospital in April, a few weeks ago nothing was reported in the media, Madam Speaker. Not a word, not a word from the Minister of Health.

Mr. Deyalsingh: [*Inaudible*]

Mr. R. Indarsingh: But he continues to try to speak from across the Floor. Speak to the population of Trinidad and Tobago, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: Or shut “yuh” mouth.

Madam Speaker: Member, I know you might feel very passionate about this topic but I do not think that is parliamentary at all. So, could you kindly just stand up and withdraw it? And I know you always try to comply with the rulings so let us keep on that track. Please withdraw that statement.

Mr. R. Indarsingh: Madam Speaker, I withdraw but I will not withdraw my passion.

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

Hon. Members: [*Desk thumping*]

Madam Speaker: Thank you. But remember when you withdraw it is unconditional. No one is talking about your passion. One is talking about your words, please continue.

Mr. R. Indarsingh: I withdraw, Madam Speaker unconditionally. So, Madam Speaker, you see, this is not about propaganda, this is not about nice words and cunning the population and so on, this is about the reality—

Madam Speaker: Nice words—I think I heard a word there that I—

Mr. Scotland: [*Inaudible*]

Hon. Members: [*Crosstalk*]

Madam Speaker: Members, I am on my legs. There is a word I think you used that is unparliamentary, please, withdraw it. Do not say it, just withdraw it, good?

Mr. R. Indarsingh: This is not about deceiving the population of Trinidad and Tobago.

Madam Speaker: Even that, I am sure you can do better than that, okay? Please, withdraw that, find a nicer word.

Mr. R. Indarsingh: Thank you, Madam Speaker. This is not about misleading the population of Trinidad and Tobago, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: And, Madam Speaker, it is very clear that the delivery of quality health care has collapsed under this Government over the last nine years.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: It is very, very clear, Madam Speaker. Because on the

7th March, 2019, Madam Speaker, one Michelle Dymally Davis sent a letter to the editor. On the 7th March 2019 it was published in the *Newsday* and I want to quote from the said letter:

“Why as a country are we not utilising a proactive approach in identifying the recurring failures in the healthcare system and putting measures in place to avoid continued failure?

Instead, we continue to hear nightmares of citizens waiting hours or days for a bed while personnel stand by without a solution in sight.

...Citizens continue to die due to neglect and the authorities continue to cover up the root cause of these deaths as families are left with unresolved concerns and questions.

Our healthcare system continues to be plagued by failure after failure yet we are not implementing new systems to protect the patient.

“A friend recently watched her mother suffer strokes while hospital staff were not equipped to handle the emergency. The hospital had waited hours to tell my friend the required machinery was not working and that her mother would need to be taken to a private doctor. By then her mother had suffered so much that less than 24 hours later she passed away.

Please tell me who is negligent here. A woman, a mother, a grandmother, a sister, an aunt is dead. How many more people must suffer...”—and die.

Madam Speaker, that is the reality. That was in 2019, we are in 2024, Madam Speaker, and what has changed? Nothing has changed, and that is what has forced the Opposition to bring this Motion.

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

2024.05.24

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: We are concerned about the woes, we are concerned about the suffering, the pain, the agony, the trauma of all of our constituents who visit our offices from time to time, Madam Speaker. I can report to you, Madam Speaker, that my office is located opposite the Couva District Health Facility, it is a stone's throw away, Madam Speaker, and constituents from the constituency and outside of the constituency come because they go to the Couva District Health Facility—

Madam Speaker: Hon. Member, your original time is now spent. You are entitled to 15 more minutes to wind up your contribution, if you wish, yes? You may proceed.

3.30 p.m.

Mr. R. Indarsingh: Thank you, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: I have to listen to their agony, their pain. I have to wipe away their tears at times because of their frustration over the public health care system, Madam Speaker. Just about two weeks ago, Madam Speaker, I had to attend the wake of a UNC stalwart in my home community by the name of Mr. Indal Seeharack. We all know him as

“**Mr. La Paille**

Dr. Moonilal: Great man.

Mr. R. Indarsingh: A great man, a great soldier—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—of the United National Congress. A great soldier of the people. A great soldier of the voiceless on the airwaves of Trinidad and

Tobago who highlighted the shortcomings of the public health care system in Trinidad and Tobago, Madam Speaker.

Madam Speaker, during that wake, members of the family approached me and they virtually broke down in tears. You know what they told me, Madam Speaker? Someone near and dear to them had been hospitalized at the Hibiscus Ward of the Mount Hope Eric Williams Medical Sciences Complex for the last two months. You know what was their pain and agony? Mother's Day was approaching, Madam Speaker, and they could not be told when their loved one was being provided with a specific date for open-heart surgery.

Ms. Ameen: "Hmph."

Mr. R. Indarsingh: That person was inside Mount Hope for two months, not getting a specific date. Three arteries were clogged totally, Madam Speaker. Imagine the sheer frustration. When I did my research, information came to me, again, in my mailbox, which indicated that over 11 persons are waiting on a date for open-heart surgery. I am forced to ask the question to the Minister of Health and the Minister of Finance who is not here, he is a former Minister of Health, is the Government financially broke? Is the Government unable to pay the service provider Caribbean Heart Care to provide open-heart surgeries in a timely manner—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—and end this frustration, the agony, pain and suffering that persons are relying upon the Government for the supply or provision of what we would call, reliable health care, Madam Speaker? They must answer that question, Madam Speaker.

Of course, Madam Speaker, I will move very quickly to their continued promises and their continued propaganda because, Madam Speaker, during the budget of 2022, the Minister of Finance and I quote, promised:

“I have also...advised that several nurses in the regional health authorities are employed on temporary contracts. As a result, I have instructed the Chief Personnel Officer to investigate this situation and its implication for pension arrangements and recommend solutions to ensure that the employment contracts of these nurses are regularised. I expect that this exercise will be completed by the end of December 2021.

Madam Speaker, the issue of pensionable service for daily rated...”—employees—“has been long-outstanding. To resolve the situation and put the service of these daily-rated workers on a pensionable basis, I propose to finalise the arrangements for the Daily-rated Pension Plan in 2022. Expressions of Interest for suitable Consultants to implement this Plan have already been received...evaluated, and a Request for Proposal will be issued shortly.” Madam Speaker.

Madam Speaker, the truth be told because, you see, health care cannot be advanced in this country because at the end of the day, health care workers continue to suffer physical and mental stress and pain. But then, again, in the Parliament and outside of the Parliament they will stand and boast and engage in their rhetoric and indicate that they have solved the problems of all medical workers in Trinidad and Tobago. This must not only be confined to nurses, but it must be seen in the context of escorts and

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

2024.05.24

attendance on the wards and so on and the administrative professionals, Madam Speaker, in the public health care system. I do not know if the Minister of Labour can stand and join this debate and add value to tell the public health care workers in the country that they have disposed of all and sundry as it relates to outstanding negotiations for health care workers, whether they are in the medical field or the administrative sector—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—in relation to the delivery of health care in this country, Madam Speaker. 2014 to '17 is outstanding; 2018 to 2020 is outstanding, Madam Speaker; 2021 to 2023 is outstanding in terms of the collective bargaining period, Madam Speaker. Where is the pension plan that was promised to nurses who were working from a temporary basis over the last 10 years? Have they been regularized, Madam Speaker? The Trinidad and Tobago Medical Association in October 2023, called on Minister Deyalsingh to “focus on human resources”, and I quote from a Trinidad *Guardian* article dated 27th of October, 2023:

We need—“...qualified and trained Healthcare professionals, who...”—will endeavour—“their best every day to care for the patients in their charge, but that care is often thwarted by insufficient bed space, inadequate theatre time resulting in long surgical...waiting lists, lack of...health”—care—“support services like physiotherapy, speech therapy...occupational therapy for both... pediatric and adult patients,’...”

Madam Speaker, this is not the UNC. This is the Trinidad and Tobago Medical Association—

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

2024.05.24

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—advising the Government of Trinidad and Tobago, Madam Speaker. Madam Speaker, I also want to ask the Government because apparently they are not aware of an Auditor General’s report that was done and laid in this Parliament on the 5th of June, 2023, a Special Report which is entitled, “Contributing Towards a Strong and Resilient National Public Health System (2016-2021)”, Madam Speaker. It spoke to inadequate human capital, Madam Speaker. We, when I say “we”, we have a ratio of one doctor and nurse and midwife per 1,000 persons. The World Health Organization’s benchmark is four doctors and nurses and midwives per 1,000. Out of the data that was presented, Madam Speaker, it came to the conclusion that there were 17,682 health care positions, 6,647 of them were vacant at the end of 2021, Madam Speaker. We are forced to ask the Government, have they addressed the nursing shortage in this country, Madam Speaker?

At the end of the day, in addition to that, we must not only look at the provision of health care in terms of what is provided in the hospitals. We must also look in the context of outside of the hospitals, Madam Speaker, because the World Health Organization is encouraging governments to focus on primary health care. Primary health care takes into consideration what is happening at your district health centres, and your district health centres need personnel, needs nurses to go into homes and do an assessment of why patients are not returning or are they following up with their medications? Are they following up with their visits and so on and find out the reasons they are not going back to these clinics and so on, and also, to assess the

state and mental health of potential mothers, pregnant women, the environment, the home environment. Is the Ministry of Health and the Government recruiting enough, what we may call mental health officers and district health nurses that are needed to tackle and give the appropriate advice as it relates to primary health care in Trinidad and Tobago, Madam Speaker?

Madam Speaker, this Government has failed the people of Trinidad and Tobago. I want to assure them because there are many other issues that we can put on the record as it relates to how they continue to meet and treat with workers in the health care services of Trinidad and Tobago, Madam Speaker.

Another worrying issue, they continue because of their inaction, their procrastination, their lack of oversight as a government, all cark parks especially at the Eric Williams Medical Sciences Complex and the San Fernando General Hospital and so on, across the regional health authorities are poorly lit. Medical personnel are robbed, they are attacked, their vehicles are broken into, and even the provision of security services, who is monitoring that at these hospitals, Madam Speaker? Because at the end of the day, even the security services in terms of the provision of manpower is woefully short. At times security officers are found to be sleeping on the job because they work 24 hours straight. In addition to that, Madam Speaker, they are undermanned in terms of providing adequate security. So where is the Government priority in terms of medical professionals, workers in the public health care system? They have fallen woefully short. Visitors, the public, when they seek to visit these health care institutions throughout

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

2024.05.24

Trinidad and Tobago are left at the hands of criminals because even in the public health care system the Government cannot manage the threat of crime to the ordinary citizens of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh: So, Madam Speaker, whether it is health, whether it is crime, whether it is the economy of Trinidad and Tobago, this Government is in the intensive care unit. They have no sense of delivery. They have no sense of understanding the needs and woes of the ordinary people of Trinidad and Tobago and that is why they are in the departure lounge and the credible Opposition, the loyal Opposition during the course of this debate will continue to bring the facts to the people of Trinidad and Tobago and offer a sense of hope to all and sundry as we highlight the shortcomings of the public health system under this Government for the last nine years. I want to assure you, it is not a personal attack on any Member of the Cabinet. It is an attack on incompetence—

Hon. Members: [*Desk thumping*]

Mr. R. Indarsingh:—and a lack of leadership and a lack of political will to deal with the problems plaguing the people—

Ms. Ameen: Yes. Yes.

Mr. R. Indarsingh:—of Trinidad and Tobago. I thank you, Madam Speaker.

Hon. Members: [*Desk thumping*]

Ms. Ameen: Oh yes. Oh yes.

Madam Speaker: Member for San Fernando East.

Hon. Members: [*Desk thumping*]

The Minister in the Ministry of Finance (Hon. Brian Manning): Good afternoon, Madam Speaker. Thank you for the opportunity to contribute on this important topic, but yet frivolous Motion, Madam Speaker. Now, the Motion may be frivolous, but the People's National Movement has always taken the health care system of Trinidad and Tobago extremely seriously, Madam Speaker. For the past 68 years, the People's National Movement has played a pivotal role in Trinidad and Tobago's national development, whether in a governing capacity or in the Opposition, Madam Speaker, and we have implemented over that time—

Hon. Members: [*Interruption*]

Mr. B. Manning: Madam Speaker, I am having difficulty in concentrating.

Madam Speaker: Members, let us all abide by Standing Order 53 and talk either in hushed tones. If we have long conversations, maybe you can go outside and carry on the conversations and you are always welcomed back in. Member for San Fernando East.

3.45 p.m.

Hon. B. Manning: Thank you for your intervention, Madam Speaker. Madam Speaker, a commitment has always been directed towards enhancing the health care delivery system of this country, Madam Speaker, and much of the groundbreaking and revolutionary initiatives that we have seen thus far in this sector came under the leadership of the late Patrick Manning from the year 2001 to 2010.

Hon. Members: [*Desk thumping*]

Hon. B. Manning: The health care sector during that time witnessed significant development and transformation. This era laid the groundwork

for a more people-centric health care system and introduced initiatives that continue to benefit the people of Trinidad and Tobago, Madam Speaker. And much to the chagrin to those on the other side, many of those initiatives are undeniable and have saved tens of thousands of lives in Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Hon. B. Manning: So, they can mock them all they want, they can laugh and giggle, they know that those accomplishments are undeniable, Madam Speaker.

Let me begin with possibly the most groundbreaking programme introduced during that period. It was the CDAP programme, Madam Speaker. It was introduced in 2003. The Chronic Disease Assistance Programme was introduced to reduce the burden on dispensaries at the public health institutions, Madam Speaker, to minimize patient wait times and general inconvenience, as well as providing social support to citizens in need. Madam Speaker, it is safe to say that tens of thousands of people are alive today because of that CDAP programme introduced by this Government, and that is the kind of initiatives that we take, the People's National Movement, when we are in government, Madam Speaker. Since then, thousands of citizens have been provided with medication free of charge for treatment of several diseases, including diabetes, hypertension, cardiac disease, depression, glaucoma and others, Madam Speaker. This is an undeniable accomplishment of this Government and an indication of our dedication to the health care system of Trinidad and Tobago.

Another important initiative during that time, Madam Speaker, was

the adult cardiac programme developed to assist those unable to afford cardiac procedures. And, Madam Speaker, as you can see, as we have done with every policy ever introduced, we never leave the vulnerable behind. We always move towards becoming First World in whatever it is we do and to meet international benchmarks, but while doing that, we do not leave the poor and vulnerable behind. This is also a programme that has saved lives and it is free of charge.

The School Health Programme: thousands of students received vision and hearing screening. Madam Speaker, this programme has also been extremely important. And I can tell you, when I was a primary school student, I remember there was another young child in my class who had not been performing so well in school, and during this less enlightened time, some of the teachers and other students would refer to this child as “duncey”. Madam Speaker, over one holiday period, this young man came back to school wearing glasses and there was a dramatic improvement in his performance in school. It was not that he was not bright at all, it is that he just could not see. And when they discovered the problem, it changed his life and he became a different person, and he performed, Madam Speaker. The Government of Trinidad and Tobago, the People’s National Movement, recognized that this was an important issue and implemented the School Health Programme, to which thousands of students have received vision and hearing screening.

Hon. Member: [*Desk thumping*]

Hon. B. Manning: Those on the other side can giggle and laugh at that, Madam Speaker.

Another, the Medical Aid Programme, which provided assistance to elderly, children and other financially-challenged persons. Again, Madam Speaker, no one would be left behind with the People's National Movement at the helm. During this period, the PNM Government built the infrastructure to achieve a world-class health system with the completion of several new primary health care facilities, which brought us to our 2015 target by the end of 2020. Madam Speaker, we were well ahead of schedule and fortunately, for that—because in 2010, those on the other side came and during those dark ages, did absolutely nothing for the health care sector of Trinidad and Tobago. So, fortunately, we were ahead of target.

Since our return to office in 2015, the hon. Minister of Health has been leading the charge in transforming, modernizing, repositioning and reinvigorating our health sector in line with our *Vision 2030* strategy. Madam Speaker, since the Minister of Health has come to office, he has worked tirelessly and, in fact, has become a champion of several causes that are of extreme importance to the health of Trinidad and Tobago. One of them, Madam Speaker—despite recent incidents, which I am sure we have all heard, and, you know, feel apologetic about, Madam Speaker, and those on the other side, unfortunately, have tried to politicize. In the maternal and child health sector, we have seen a reduction of 50 to 60 per 100,000 live births—50 to 60 deaths, sorry, per 100,000 live births in 2015, to under 30 deaths per 100,000 live births in 2018 and 2020; in 2021, 54.4 per 100,000 live births. It is estimated that six to 10 women are alive due to this intervention. The neonatal mortality, where T&T has already obtained its SDG goal status from 12 per 1,000 live births in 2015, to under nine per

1,000 live births in 2017, to under seven per 1,000 live births in 2018 and 2020. Madam Speaker, the statistics speak for themselves. They want to focus on one period where things have not gone wrong—and it is still under investigations, so I cannot say too much. But this country has been showing steady improvement in terms of infant and mortality safety during child birth, Madam Speaker. I would like to congratulate the Minister of Health for the hard work and dedication he has put in to ensure that the women and children of this country remain safe.

Madam Speaker, next, in the area of non-communicable disease prevention and control strategy across Trinidad and Tobago. Madam Speaker, the Minister of Health has probably done more for this segment than any other previous Minister of Health, and with good cause. Because when you look at the statistics involved, Madam Speaker, you understand how serious non-communicable diseases have become in Trinidad and Tobago. I want you to keep in mind that non-communicable diseases are lifestyle illnesses. That means that our own behaviours encourage these illnesses and we bring them upon ourselves. In spite of that, Madam Speaker, this Government has done tremendous service in ensuring that those who have suffered from NCDs are taken care of, free of charge, in many cases, Madam Speaker.

In some other countries, for NCDs, they say, “Aye that is your fault. Your actions are the ones that caused you to be in this situation, so you have to pay for it yourself.” Not here in Trinidad and Tobago, Madam Speaker. The Government pays for all of these services so the cost is not borne by the patient. Madam Speaker, let us look at some of those statistics I spoke about

earlier. Madam Speaker, currently, in Trinidad and Tobago, NCDs account for 62 per cent of deaths every year; 62 per cent. We are essentially killing ourselves.

The Minister of Health, every time he speaks here in this Chamber, he pleads with the country to re-examine our habits, especially when it comes to lifestyle, because we are killing ourselves. I have listened to him speak here passionately several times, and he has even encouraged me to change some of my habits and I have done so, Madam Speaker. I see the numbers, I see what it looks like and the Minister of Health has explained, in detail, exactly why it is we should consider how it is we live in Trinidad and Tobago, so that we can all live a healthier lifestyle and be here for our family and loved ones.

Madam Speaker, Trinidad and Tobago has a population of 1.35 million, with 1 million over the age of 18. In the past 50 years, the country's disease profile has seen a marked shift from communicable diseases to non-communicable diseases being more prevalent. The rise of NCDs has been driven primarily by four major risk factors: tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets. Madam Speaker, all of these risk factors are controllable, and I would implore the people of Trinidad and Tobago to look at our habits and to rethink the way we live, so that we can live longer, healthier lives.

Madam Speaker, I was focusing on the general health care system, but let me refer to the one of the specific issues that was brought to the fore by the Member for Caroni East, and the Member for Caroni East is a medical professional, so he will be able to empathize with and understand some of

the points that I am going to make.

3.55 p.m.

Madam Speaker, it is disingenuous and misleading to suggest that somehow the Government of Trinidad and Tobago is restricting the provision of health care professionals in Trinidad and Tobago. It is a global issue, it is a simple matter of supply and demand. One, Madam Speaker, it is difficult to produce medical professionals in the first place, and then once you have produced those medical professionals, it becomes even more difficult to retain those said people.

Madam Speaker, let me give you an idea of the kind of sacrifice and blood, sweat and tears that our medical professionals have to endure to live the dream of becoming a medical professional. Madam Speaker, so firstly due to the high quality of medical professionals being produced here in Trinidad and Tobago, they become very attractive to health care providers in other jurisdictions, so that is a problem.

All over the world it requires—to become medical professional, sorry, all over the world it requires years of tertiary education and a multitude of examinations. Madam Speaker, right here in Trinidad and Tobago to become a medical professional, it requires five years at the University of the West Indies, I believe you earn your MBBS in that time. That is five years, and a one-year internship, then you have to pass the medical board exam. After that we have five years of additional education to become a specialist, which includes five years of apprenticeship. So it is both. Also to subspecialize requires an additional one to two years. Madam Speaker, that is more than a decade of tertiary education before you can even start to make

a living.

Many of our health care professionals, Madam Speaker, during that time would have seen many of their friends that they grow up with, would have gotten married, started their professions, bought their first home, bought their first new car, started a family. All of this time many of our young people who have had the dream of becoming a health care professional would still be in school. Madam Speaker, how many young people are willing to spend their entire 20s going to school, and in many cases into your 30s? It is difficult. Health care is an important field.

An old professor of mine said a long time ago, he said finance and economics was much like health care. So I asked him, how is that? He said that they are similar because in both cases you are dealing with person's health and wealth, you are dealing with matters of life and death, and that is why our health care professionals have to spend such a long time in school to ensure that they are properly prepared to serve and save the lives of the people of Trinidad and Tobago. It is extremely difficult to become a health care professional.

Madam Speaker, after that, they become a specialist—yes, before you become a specialist, you have five years of experience, and then to become a specialist you are required to complete five additional years. Madam Speaker, I actually have a cousin living in the United States who took the bold, brave step of deciding to become a dentist. This girl, Dominique, my cousin, has been in school for so long it is unbelievable, and this is in the US. This is not in Trinidad and Tobago where it is just as difficult to produce a professional.

It requires post-secondary school education, four years of pre-med, bachelors' degree, a dental admission test or DAT, they have to apply to enrol in an accredited dental school, that is four years to earn your ADA, the American Dental Association certificate, leads to a DDS, plus internships, and then you have to become licensed. This requires passing both the written and clinical portions of the National Board Dental Examinations, then you can specialize in orthodontics, endodontics, paediatric dentistry and prosthodontics, and other fields that I am sure I will have difficulty pronouncing. It is difficult. Many medical professionals do not begin to make a livelihood until they are in their 30s. Many of their friends have gotten married, done all of that, and it is over a decade of blood, sweat and tears.

Madam Speaker, and you have to consider, you know it is easy for us to say a decade but what does that decade entail? It is a decade of accumulated debts, it is a decade of expenses, a decade of calling home crying to your parents wondering if you can make it, it is a decade of wondering if you can have what it takes, a decade of emotional support from friends, family, well-wishers. Madam Speaker, it truly takes a village to produce a medical professional because of the gruelling requirements and how long it takes and how difficult it is to earn your qualifications. And after all of that, Madam Speaker, they become medical professionals and become difficult to retain these persons for various reasons, and I will go into some of those reasons here today.

Madam Speaker, we have difficulty in retaining health care professionals: One, burnout and stress, of course. Working in the medical

field is gruelling, it is difficult, it is hard, it is stressful. As I said earlier, you are dealing with matters of life and death, and you are dealing with them on a near daily basis. It must be emotionally difficult for someone to go into work and deal with people who they know are on the verge of death, and are probably going to die but still require treatment that they deserve. It is difficult physically, it is difficult emotionally, but our brave health care professionals do it on a daily basis. There is a high turnover rate, long work hours.

Madam Speaker, workforce shortages, they have school loan debts. After you have been through tertiary education for over a decade, your debts would accumulate, whether they are tuition, whether you had to borrow money for rental of a vehicle, whether for a home, somewhere to stay, rent, it is difficult financially on anyone who has to go through such a gruelling process.

Too little patient provider time, organization problems, technology roadblocks, worker migration, Madam Speaker. And, Madam Speaker, we get to the point of worker migration. Let me give you a little story: Over 20 years ago I was writing my thesis for my MBA and the question was, “Draft a business plan for a business that would solve a major issue in the South Florida or Miami community”. And the issue I decided to choose was the one of health care. If you do not know Florida-Miami area, it is very attractive to the elderly demographic in the United States. Many Americans dream of one day retiring to Florida because of the weather, one, and the absence of the State’s income taxes. They all want to move to Florida.

I lived there for two years and I could tell you, if you ever got caught

driving slowly behind a vehicle in front of you, because they are just driving at a ridiculously slow rate, it is one of two reasons: They are either on their phone or they are over 80 years old. It is a common issue, Madam Speaker, for anyone who has ever lived in that community, you drive by and you want to give the person a piece of your mind but then you realize it is two lovely old ladies having a Sunday drive on a Tuesday

Mrs. Robinson-Regis: Men too.

Hon. B. Manning: Men too, Madam Leader, of course. Ladies and men. So I had to draft this thesis, so I decided to collect some data over there in the US, I also collected data here in Trinidad and Tobago, and at the time I had to pay a visit to the then Minister of Health who just so happens to be the current Minister of Finance, the Member for Diego Martin Central/East.

Mr. Lee: North/East.

Hon. B. Manning: Sorry?

Mr. Imbert: North/East.

Hon. B. Manning: North/East, sorry. So, I met with the hon. Minister who was kind enough to speak with me, and first he had given me a preamble and assured me that he wanted no involvement in any business that was going to take nurses and doctors from Trinidad and Tobago. I assured him that it was purely an academic exercise and no such thing would occur. After that he provided extremely important, relevant information for my thesis. So, Madam Speaker, you can see how long I have been harassing and annoying the Minister of Finance, and he has stuck with me during all this time.

Hon. Members: [*Laughter*]

Hon. B. Manning: But the data, Madam Speaker, was extremely important.

It showed the huge disparity in, essentially, the payment. But even in the State of Florida, they had a shortage of health care professionals because of their ageing population. Now we have an ageing population issue worldwide, and the State of Florida was also being criticized by the other States in the United States for poaching their health care professionals. So there was also a shortage in the US. So in a developed country like the US pay high salaries there was a shortage of health care professionals. In Trinidad and Tobago, there was a shortage; in the UK, there was a shortage, there was a shortage everywhere, Madam Speaker. As I said, it is difficult to produce health care professionals.

ARRANGEMENT OF BUSINESS

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Thank you very kindly, Madam Speaker. Madam Speaker, I seek your leave in accordance with Standing Order 122(1) to move a Motion for the suspension of Standing Order—no, Madam Speaker, I am seeking your leave to suspend the debate in order for us to revert to Papers and then to Statements by Ministers. Thank you, Madam Speaker.

Madam Speaker: So, leave is granted.

Question put and agreed to.

PAPERS LAID

1. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Point Fortin Civic Centre for the year ended September 30, 2012. [*The Minister of Finance (Hon. Colm Imbert)*]
7. Report of the Auditor General of the Republic of Trinidad and Tobago

8. on the Public Accounts of the Republic of Trinidad and Tobago for the financial year ended September 30, 2023. [*Hon. C. Imbert*]
9. Public Accounts of the Republic of Trinidad and Tobago for the financial year 2023. [*Hon. C. Imbert*]
- [*Papers 1, 7 and 8 to be referred to the Public Accounts Committee*]

STANDING ORDER 126

Madam Speaker: Leader of the House.

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

Madam Speaker: Whip, there is agreement?

[*Assent indicated*]

Madam Speaker: So, agreement having been reached there is no need for my leave.

STATEMENT BY MINISTER

Laying of The Auditor General's Report

(Public Accounts for the Financial Year 2023)

Madam Speaker: The Minister of Finance.

Hon. Members: [*Desk thumping*]

The Minister of Finance (Hon. Colm Imbert): Thank you, Madam Speaker. Madam Speaker, I am authorized by Cabinet to make the following statement in relation to the laying of the Auditor General's Report on the Public Accounts for the financial year 2023.

I would have made the point clear during the debate to extend the time under

sections 24(1) and 25(1) of the Exchequer and Audit Act, that on April 26th, in the House and on April 29th, in the other place, the statutory time period for the Minister of Finance to lay the Auditor General's Report had not yet crystalized. This is evident by virtue of section 25(3) of the Exchequer and Audit Act, which sets the period as within 30 days after the commencement of the next sitting.

Madam Speaker, it does not appear to be disputed that the Auditor General did not accept the relevant documentation pertaining to errors in the Public Accounts until the 16th of April, 2024, and before the report was submitted to the Speaker of the House, the President of the Senate and the Minister of Finance on the 24th of April, 2024. On that same day, the Auditor General delivered to the Ministry of Finance a management letter dated the 23rd of April, 2024, which amongst other things, identified certain errors in the accounts and requested certain explanations relating to the errors identified, and invited the Ministry's comments on the findings, observations and recommendations contained in the management letter.

4.10 p.m.

It is therefore unfortunate that the Ministry was not afforded the opportunity of responding to the management letter before the Auditor General's Report was submitted to the Speaker and the President.

In the face of the Auditor General's refusal to take delivery of the amended collated public accounts, the Ministry sent those accounts via TTPost to the Auditor General's Department on the 12th of April 2024, and they were delivered to the offices of that Department on the 15th of April 2024. The 12th of April accounts included the Exchequer Account and a

statement of receipts and disbursement which were each certified. Those certificates were dated with the dates on which the accounts were certified, that is to say, the 8th of April 2024, and 5th of April 2024, respectively. However, as already stated, a copy of the Statement of Declaration and Certification dated the 31st of January 2024, which had been included in the original treasury accounts, was inadvertently included in the 12th of April accounts.

Although the Auditor General did eventually accept delivery of the amended public accounts on the 16th of April 2024, there had been a failure by her to mention in her April 28th 2024 letter to me that prior to that date the Auditor General's Department repeatedly and steadfastly refused for almost a week to accept delivery of or consider those accounts or to discuss the understatement in any meaningful way with personnel from the Ministry of Finance.

Madam Speaker, it may be reasonable to conclude that the Auditor General's initial refusal to accept the amended public accounts delayed her consideration of those accounts for what was a significant period of time given the statutory deadline of the 30th of April 2024 for the submission of her report to the Minister, the Speaker of the House, and the President of the Senate under section 25(1) of the Exchequer and Audit Act.

In the circumstances, the Auditor General's said refusal, particularly when considered together with her conduct, subsequently to her eventual acceptance of those accounts as discussed below, have raised concerns, whether intentionally or not, the Ministry of Finance was denied a reasonable and timely opportunity to correct or explain the error made in the

original treasury statements and to verify the increase in revenue resulting from the correction of that error, before the Auditor General's Report was submitted to the Speaker and President.

Moreover, the Auditor General's refusal to receive and consider the amended public accounts prior to the 16th of April 2024, I am advised by Senior Counsel that this was unlawful and irrational. It was unlawful because it constituted a failure to fulfil her duties under section 116 of the Constitution and section 9 of the Act, and it was irrational because it was inexplicable that the Auditor General would refuse to consider such amended accounts in the course of executing her duties to examine and audit the public accounts.

Quite seriously, the Auditor General's allegation that the Ministry of Finance or the MoF simply backdated the original accounts and attempted by way of administrative sleight of hand to sweep under the rug the fact that an error had occurred and the MoF had not sought the reasonable extension of time from Parliament to rectify same, and other such allegations in similar vein, are patently false. The first point to be made is that both the original public accounts and the amended public accounts include certain certificates, signed by representatives of the MoF that make declarations and certify certain matters regarding one or more of the accounts/statements that comprise the public accounts. The dates on which those certificates have been signed are endorsed on the certificate. Apart from those dates, neither the original public accounts nor the amended public accounts state or indicate the date on which they were prepared. These accounts represent the financial position of Trinidad and Tobago as of September 30th, 2023,

irrespective of the date on which they were prepared or certified.

All accounts, included in the amended public accounts, which contained amendments made after they were originally submitted to the Auditor General as part of the original treasury statements, were certified in the amended public accounts by way of certificates that were dated the 16th or the 15th of April 2024.

None of the accounts included in the amended public accounts which contained amendments made after they were originally submitted to the Auditor General on the 31st of January 2024, as part of the original treasury statements, were certified in the amended public accounts by way of certificates dated 31st January 2024. And with your permission, Madam Speaker, let me read that again. None of the accounts included in the amended public accounts which contained amendments made after they were originally submitted to the Auditor General on the 31st of January 2024, as part of the original treasury statements, were certified in the amended public accounts by way of certificates dated 31st January 2024.

In the circumstances, the amended public accounts correctly identified the date or dates on which the accounts comprised therein were certified. Thus, any suggestion that the amended public accounts were backdated in some way is inexplicably false.

Madam Speaker, there was also an allegation that the MoF simply replaced the old revenue figure with the new one without showing any amendment to the national accounts. This is incorrect. Notice of the amendments made to revenue figures in the original treasury statements in preparing the amended public accounts was given in the latter accounts by

way of Note 24 of the notes to the amended public accounts. Every such amendment was cross-referenced to Note 24.

Further, the Exchequer Account included in the amended public accounts expressly referred to the understatement at pages 6, 7 and 12 of those accounts. There was yet another allegation that the MoF was unable to account for over \$700 million, which has been published widely in local media. This too is also false.

The said sum of \$780,499,791.27, which was originally thought to be part of a variance in the revenue statement, had as early as the 5th of April 2024, been identified by the Ministry of Finance as being tax refunds issued by way of cheques to taxpayers in the financial year 2022, but which were encashed in the financial year 2023. The audit team could have gleaned that information from the documents provided to them by the Ministry for the purpose of conducting their audit, and in particular from the credit advices.

Further, during the course of their audit, no member of the audit team suggested to the Ministry that the Ministry had failed to account for the said sum, nor did any such member make any enquiry about the said sum of \$780,499,791.27 with the Ministry nor did she suggest to the Ministry that that sum had not been accounted for in the accounts and documents submitted to her or the audit team.

A further allegation that despite thorough and diligent attempts, the MoF was unable to produce any financial records to substantiate and verify this said sum, is also incorrect, as is the allegation that there is no explanation why the Ministry was able to provide the Auditor General with the particular documents she required to verify the amended figure in the

amended public accounts. The debit advices, credit advices, and revised reconciliation statements provided by the Ministry to the audit team constituted source documents that substantiated and verified the changes to the original public accounts effected by the amended public accounts.

In the management letter and Auditor General's Report, the Auditor General appears to have taken the position that notwithstanding the production of these documents such changes could not be verified for the purposes of her audit because the credit advices supporting such amendments had not been processed by the Board of Inland Revenue. Even assuming that that position is correct, it is not true to say that the MoF was unable to produce any financial records to substantiate and verify this said sum, the said source documents do substantiate those changes.

With regard to the processing of the relevant credit advices by the Board of Inland Revenue, and the adjustment of certain of the accounts and records reflecting the amendments to the original treasury statements made in the amended public accounts, the audit team was advised by the Ministry in the course of conducting their audit that:

- (i) the processing of the credit advices required that the general ledger be reopened to make the necessary adjustments given that at the time the understatement had been identified the accounts had already been consolidated and the General Ledger closed for the financial year;
- (ii) that the re-opening of the general ledger, which was an electronic system created and maintained using computer software, in those circumstances was an unprecedented,

technical exercise;

- (iii) that in those circumstances the Ministry wanted to receive external expert advice and conduct a simulation adjustment in a test environment before attempting to re-open the General Ledger to make adjustments; and
- (iv) such testing was being arranged by the Ministry, but until those tests were completed the Board of Inland Revenue was not in a position to process the said credit advices in order for the Treasury Division to make the required adjustments to the said accounts and records.

Further, historically, it has been the practice of the Office of the Auditor General to hold an exit interview with Ministry's staff before submitting his/her report to the said officials, so that the Ministry has an opportunity to address any concerns he or she may have with respect to the public accounts submitted to him/her before the Auditor General's Report is submitted to the Speaker and the President.

However on this occasion, the Auditor General failed to hold any such exit interview prior to issuing the management letter and although the management letter requested information and comments from the Ministry in submitting the Auditor General's Report to the Speaker and the President at or around the same time, she issued the management letter to the MOF. The Auditor General effectively denied the Ministry any opportunity to address her concerns, observations, or requests stated in the management letter before the submission of the Report.

With regard to the submission of the Auditor General's Report to the

Speaker and the President on the 24th April 2024, it has been said by the Auditor General that she could not possibly have done anything else without compromising the integrity and independence of her office. However, given that the deadline for the submission of that report to the Speaker and the President was the 30th April 2024, there was no good reason why, after issuing the management letter, the Auditor General could not have delayed submission of the Auditor General's Report to the Speaker and the President until 30th April 2024, so as to give the Ministry an opportunity to either address the matters raised in the management letter or to respond with a proposed course of action that would have allowed the Ministry additional time to address the concerns of the Auditor General, including those expressed in the management letter, prior to the issuing of the Auditor General's Report to the Speaker and the President. Indeed, in submitting the Auditor General's Report at the same time as issuing the management letter, the Auditor General exposed herself to the criticism that the Ministry was denied any opportunity to address the concerns observations and requests in the management letter before the report was submitted.

Such criticism is supported by the fact that it has not been the practice for the Office of the Auditor General to submit the Auditor General's Report to the Speaker and the President as early as six days prior to the statutory deadline for doing so. In that regard, the Auditor General's Report for the years 2020, 2021 and 2022, are dated the 29th April, the 28th April and the 27th April, respectively, and therefore were submitted to the said officials on or after those dates. Unfortunately, when viewed against that history, the Auditor General's inexplicable rush to submit the Auditor General's Report

to the Speaker and the President at the same time as seeking comments and answers from the Ministry with respect to that report and the amended public accounts, is even more alarming and makes the early submission more curious.

4.25 p.m.

Notwithstanding, the Auditor General has indicated her willingness, as set out in her letter dated April 28, 2024, to consider the preparation of a special report pursuant to section 25(4) of the Exchequer and Audit Act.

Accordingly, by separate correspondence and engagement, the Ministry has made all reasonable efforts to provide all documents the Auditor General requires in so far as those documents exist and to allay the Auditor General's reasonable concerns as stated in her management letter dated the 23rd of May which was received by the Ministry of Finance on the 24th of May, 2024.

Madam Speaker, because of the public disquiet and the stark difference of opinions surrounding this issue and the need for Parliament and the public to be properly and accurately informed on the revenue collected and payments made for the service of the Republic of Trinidad and Tobago, it is expected that this special report on the public accounts for the financial year 2023, will be completed and submitted in the shortest possible time, and certainly by the 31st of August, 2024, which is the extended date for reporting on the accounts for Financial Year 2023.

Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Oropouche West.

Mr. Tancoo: Thank you, Madam Speaker. Madam Speaker, I stand on Standing Order 24(4). Can the Minister confirm whether any of the assertions made in his statement here today have been informed by the findings of the investigation team established by the State to review this entire debacle?

Madam Speaker: Minister of Finance.

Hon. C. Imbert: Madam Speaker, that is such a strange question. The said team is in the process of conducting its investigation. That is public knowledge. I made a statement. The statement was widely published in the media that the investigation team has been asked to complete its report by the end of June. We are not yet in June.

Madam Speaker: Hon Members, it is now 4.27 p.m. I think now might be a convenient time for us to take the suspension for half an hour. We will return at five o'clock. This House is now suspended to 5.00 p.m.

4.27 p.m.: *Sitting suspended.*

5.00 p.m.: *Sitting resumed.*

Public Health Care Services

(Government Measures to Improve)

Madam Speaker: Member for San Fernando East, you have five minutes of ordinary time remaining and you are entitled to 15 more additional minutes if you wish to wind up your contribution. So if you are going to take those 15 minutes, we will just keep it at 20 minutes left.

Hon. B. Manning: Good.

Madam Speaker: Yes? You may proceed.

Hon. B. Manning: I would take it. Thank you, Ma'am. Thank you,

Madam Speaker. Madam Speaker, we had been speaking about the migration of health care workers and as those on the other side, especially the health care professions on the other side, would know, this is not a Trinidad and Tobago problem. It is an international problem. Even in the developed countries they are having challenges with migration of health care workers within their borders as we are having challenges of health care workers going from developing to developed countries, Madam Speaker. Let me read into *Hansard* here a quote from a UK newspaper. There was article in the UK *Guardian* from July 22, 2023, which highlighted how:

“The NHS...”—is facing an exodus of—“...doctors to countries like Ireland, Australia and the United Arab Emirates...”—where—“...they can double their salary and enjoy better working conditions.”

This is from United Kingdom to these jurisdictions.

Similarly, in the US there has been a significant departure of medical professionals leading to projected shortages of doctors by 2034, as reported by the Association of American Medical Colleges (AAMC). The World Economic Forum has also underscored the global medical recruitment and retention crisis exacerbated by the COVID-19 pandemic, with an estimated shortfall of 10 million health care workers worldwide by 2030, Madam Speaker. Madam Speaker, that is a very serious situation not one that should be politicized. The entire world is seeing a shortage of health care professionals, not just here in Trinidad and Tobago.

Madam Speaker, mentioning the COVID-19 crisis and the impact it had on the medical professionals in Trinidad and Tobago, a few weeks ago the hon. Opposition Leader came here speaking about the COVID crisis,

and, you know, just threw out this red herring to the House and to the country about “where de money gone” for COVID. Madam Speaker, during the COVID crisis this Government would have spent billions of dollars to protect the lives and livelihoods of the people of this country, and that is not something that we would ever regret. Madam Speaker, during that time the revenues of this country fell to zero, but not a single Government employee lost their job. Not one.

Hon. Members: [*Desk thumping*]

Hon. B. Manning: Not one. Public servants were paid, police were paid, teachers paid, prison officers paid—police paid.

Hon. Members: [*Desk thumping*]

Hon. B. Manning: Madam Speaker, all of these persons received their salaries in a timely manner during the COVID crisis when our revenues were zero, yet the Opposition Leader will come here, try to distract from the internal wrangling going on within her own party, to ask: “Where de money gone”? Well, Madam Speaker, let me outline a few ways in which the money was spent during the COVID crisis and how it benefited health care workers also.

Madam Speaker, there was the setting up of a mental health psychosocial support or the MHPSS technical working—Madam Speaker, I am being distracted by the Member for Barataria/San Juan, please. I crave your protection.

Madam Speaker: Please proceed.

Hon. B. Manning: Madam Speaker, apparently the truth offends. I continue. The ongoing use of virtual mental health sessions for patients

within the parallel health care system throughout the pandemic. Madam Speaker, we spent funds on the continued access to mental health care services for health care workers through the Employee Assistance Programme and existing services provided by the RHAs multidisciplinary mental health team.

Madam Speaker, there was the continued use of the network of mental health services offered to our public health institutions for health care workers and our citizens including the use of psychiatric outpatient clinics, namely, the child guidance clinics at San Fernando, Port of Spain, and Scarborough, and the Children and Adolescents Living with Mental health clinic at Eric Williams Medical Sciences Complex. There was the establishment of a stress clinic at the North Central Regional Health Authority, and the priority treatment of staff at the mental health wellness clinics. All of this done to attempt to protect our health care workers during the COVID crisis.

For the wider population, Madam Speaker, further—the entire population—the Ministry of Health has developed a digital directory of crisis and emergency mental health and psychosocial services under FindcareTT, with over 30 entities which has been published and widely utilized to ensure easy access to mental health services. Additionally, the implementation plan for the national mental health policy anticipates and provides for further increases in mental health needs through the creation of community mental health teams and the incorporation of mental health into the primary health care system.

It also envisaged that the above changes will result in a wider range of

mental health services being provided at the community level and will make those services more accessible to persons who need them including persons whose mental health challenges were triggered or exacerbated by the COVID-19 pandemic, Madam Speaker. That is what this Government did for the people and health care professionals of this country during the COVID crisis. So any time those on the other side wonder “where the money gone” during COVID, all they have to do is look at the extensive work done by this Government during that period while they were trying to obstruct us at every turn, Madam Speaker. Madam Speaker, I move on.

Madam Speaker, in an attempt to further develop and improve health care services in Trinidad and Tobago, the Government of Trinidad and Tobago has decided to reopen the Augustus Long health care facility in Pointe-a-Pierre. Madam Speaker, at this facility we expect to see services which include daytime chemotherapy infusions; 15 oncology palliative beds for end of life services; chemo administration room; haematology services; also designed waiting room for 150 persons. Ongoing works is the installation of two walk-in chillers; biosafety cabinet; a mammogram unit; two portable X-ray machines; portable ultrasound machines; and a vacuum assisted breast biopsy set up; and an estimated completion date of July or August of 2024, Madam Speaker.

Madam Speaker—

Hon. Members: [*Desk thumping*]

Hon. B. Manning:—while those on the other side continue to criticize everything, we continue to work to expand the services to the people of Trinidad and Tobago.

Madam Speaker, as I draw near to the end of my contribution, I would like to—on a personal note, I would like to thank the hardworking doctors and medical professionals at the SWRHA. Recently, a very close family member of mine went into hospital for treatment and we were all concerned that he was not going to make it. Madam Speaker, the hardworking staff there went above and beyond to ensure that our dear close family member had a comfortable surgery and that he actually survived. It has been a very stressful and difficult time for my family and I, but those hardworking professionals at the SWRHA did everything possible to ensure that our family member survived and he did, and he is now recovering, and I thank those health care professionals.

Hon. Members: [*Desk thumping*]

Hon. B. Manning: Madam Speaker, the People's National Movement has had a long tradition of working diligently within the health care sector to provide for the people of this country. Though this Motion may be frivolous, those on this side take the health of the people of Trinidad and Tobago seriously and it is a tradition that we intend to continue. Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Barataria/San Juan.

Mr. Saddam Hosein (*Barataria/San Juan*): Thank you very much, Madam Speaker, for recognizing me to join this debate. I welcome this debate and the clinical, surgical astute competence my friend from Caroni East would have piloted this debate, I want to compliment him and congratulate him—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—and also all the other Members who would have spoken on this side of the House. Madam Speaker, today is a good day. Today is the 24th of May, 2024. Madam Speaker, 14 years ago Trinidad and Tobago saw the light when we ushered in the first female Prime Minister of Trinidad and Tobago, the Member for Siparia, the hon. Kamla Persad-Bissessar.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: And, Madam Speaker, that campaign in 2010 was based on the fact that the then PNM Government was running the health care system to the ground. There was one speech that was given by the hon. Leader where she spoke of lack of hospital beds and medicine.

5.10 p.m.

Madam Speaker, today, under this incompetent PNM Government, we are facing the same trials and tribulations; the same thing. Now, all of us wish that we have a good health care system. I mean, all of us would get sick one day. We are not here to stay forever but when we go into the public health care system, there is an expectation of the general public to be treated within a particular and reasonable time. There is an expectation that they will get the services, the drugs, the medicine that is necessary to treat with their illness or sickness that they may be harbouring from.

When you look at successive budgets, there is an average about \$6 billion every year that is being pumped into the health care system. So from the onset, there is no issue with respect to resources. The issue is with respect to bad, poor management. That is the issue.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: That is the issue. It is bad management. We have about 1.3 million persons in Trinidad and Tobago, and the Prime Minister has only found the Member for St. Joseph to be the Minister of Health; 1.3 million persons he had to choose from but he chose the Member for Joseph. I think recently he only figured out how to use a smartphone and then he discovered the app called TikTok.

Mr. Manning: Madam Speaker, 48(1). Are we discussing the health care system or attacking the Minister of Health personally?

Madam Speaker: Okay. So I want to guide the Member for Barataria/San Juan. Remember, this is not a substantive Motion on the Minister of Health. So while you may need to work that into the Motion, just remember, this is not a substantive Motion against the Minister of Health.

Mr. S. Hosein: Thank you very much, Madam Speaker. And I will get to the management issues because I will show that, especially in the health care system, you must have competent persons managing the health care system. Because their incompetence is so grave, that it is now dangerous. You are dealing with people's lives. You are dealing with their health and their well-being and that is why you must have proper, fit, competent persons at the wheels, Madam Speaker, because that is why Trinidad and Tobago saw the untimely, unfortunate death of 21 babies in this country because of what happened at the NICU.

Madam Speaker, I have a series of articles in my hand. An *Express* editorial dated the 28th of April, 2024, "An unhealthy health sector", and it says:

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

2024.05.24

“At a town hall meeting held by the Joint Select Committee (JSC) on Social Services and Public Administration...several people described the nightmares they faced trying to get treatment for themselves or their loved ones at public hospitals.”

There is another article:

“Deyalsingh...”

—and I am quoting, Madam Speaker, a *LoopTT* article dated the 9th of February—and I would say the Minister of Health.

Madam Speaker: Yes, please.

Mr. S. Hosein: Yes.

“Deyalsingh ‘distressed’ over lye incident involving Katherine Akum Lum”

This was a woman who went to the public health care system to perform a hysterectomy and there was lye, a poisonous substance used, and this woman had to go for surgery abroad, begging the Government for some help, and you know what they said, Madam Speaker? There is a shortage of forex so they had to delay the matter. This is where the health care system has reached in this country.

Another article, “Mental health failure”, dated the 07th of May, 2024, another *Express* editorial, Madam Speaker, dealing with mental health. Then you have all that happened at the NICU. And you have the “Public healthcare system slammed at JSC town hall meeting”, this is another article coming out of the *Newsday*, 30 November, 2023; “Horrors in health care”, December 1st, *Express* article, Madam Speaker. And these are the experiences that the ordinary citizens face in this country. So when the

Government comes here to say all is well and all is good, Madam Speaker, just take a glimpse of reality, read the newspaper and realize what the citizens are going through. There is a total disconnect between the Government and the ground, Madam Speaker—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—a total disconnect between the Government and the reality. It is totally disconnected.

Then, the Member for San Fernando East—I am still trying to find a point that he made in this entire debate. He spoke about driving behind elderly citizens in Miami. I do not see the relevance to that in this debate. But, Madam Speaker, he said we are asking, “Where de money gone?”

Hon. Members: [*Interruption*]

Mr. S. Hosein: Madam Speaker, if the Member could remember, \$9 million was pumped into a basketball scandal. That \$9 million could have bought beds, medicine and help the health care system. That is what that should have gone into, not basketball. I do not know if the Member had any involvement with that, Madam Speaker.

And then he said, miraculously, sitting as a Minister in the Ministry of Finance, that during COVID, our revenue was zero; zero, you know, Madam Speaker. If your revenue is zero, it means that you are broke, you have no money. This Member stood up here as a Minister in the Ministry of Finance, making such an irresponsible statement, that the revenue was zero in this country, Madam Speaker. That is why today we cannot find \$3 billion worth of revenue in this country. That is why we cannot find it today.

Mr. Manning: Madam Speaker, 48(1). We are not here to discuss \$2

billion in anything Madam Speaker. It is the health care system.

Madam Speaker: Member, continue.

Mr. S. Hosein: Thank you very much, Madam Speaker.

Mr. Indarsingh: Jaiwantie will assist them.

Mr. S. Hosein: [*Laughter*] We have to look at what is taking place very carefully in the health care system—and I am going back into the Motion. The Member for Diego Martin Central and the Member for San Fernando East deemed the Motion as being frivolous. I really want to address that particular point. When you look at the recitals in the Motion, it says:

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

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

What the Member for Caroni East is doing through this Motion is advocating for better working conditions for these medical professionals.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: Because they came and they gave stories, Madam Speaker, of all the good treatment and service that they got at the public health care institutions. They did that, but they did not tell you the conditions that these doctors are operating under. The conditions that these doctors are operating under is substandard, Madam Speaker. It is substandard. I can give one example. If you look at the San Fernando General Hospital, you will see that the patients are lined up along the corridor. There are no beds at the accident and emergency department.

They spent \$118 million to build a car park. When they signed the lease for the car park, it was \$118 million. At the time of cutting the ribbon, it cost \$132 million. Today, they have built a car park and cannot build a cath lab in San Fernando General Hospital. Year after year, they have promised this particular service, Madam Speaker, and they cannot simply do it, and that is what the persons and the citizens of Trinidad and Tobago are faced with. We understand health care is an expensive commodity. It is costing us lots of money but you cannot continue to throw money behind bad management. You have to change the management system.

We have talented doctors. We have some of the best doctors here in the Western Hemisphere but what this Government is doing is running them away from Trinidad and Tobago. There is a brain drain in this country, and I will give an example. Doctors, what they are doing, Madam Speaker, is that they are specializing into various fields, which means that they have to go and complete various examinations, there is the UWI programme, there are foreign programmes. So, Madam Speaker, these programmes are in international institutions. They spend their own money. They go there. When they go there, Madam Speaker, and they come back to Trinidad and Tobago, they are not getting the opportunities that they would like. For example, a person in Trinidad, before they leave for the particular programme, may be acting in a position. So they may be a registrar, but acting consultant, because they have not filled the consultancy position. So the person is acting as a registrar. When they come back to Trinidad, Madam Speaker, they are putting them as a registrar and not as a consultant, and they have the qualifications to become a consultant.

5.20 p.m.

What I am hearing, Madam Speaker, and it is taking place in the RHAs, is if, who you know is getting the positions, and that is wrong because you are demotivating persons, and they are leaving the country. This Government is running the talent away from Trinidad and Tobago, and that must stop. Madam Speaker, that must stop. Why is it we have the opportunity here to keep specialists within the industry, and they are not getting the opportunities here, so they are running away from Trinidad and Tobago.

I heard the member for San Fernando East say there is no exodus of any persons. The Trinidad and Tobago Registered Nurses Association, President, Mr. Idi Stuart, has confirmed that there is an exodus of nurses going away from Trinidad and Tobago, and they are going towards the United Kingdom. He is saying that the United Kingdom is bad. So imagine if they leaving here to go into the UK, what is taking place in Trinidad and Tobago. Madam Speaker, those are some of the issues that persons are facing in this country.

And there is another area in which there are young doctors, those doctors that are considered to be house officers. The problem with them, Madam Speaker, is that they are putting them under something called a locum contract. A locum contract is short-term employment. So, they are getting employment for two to three months at a time. Madam Speaker, those doctors worked the majority of the COVID period, over that two to three-month contract. And let me give you an example of what they had to face, Madam Speaker. Those doctors, they are not entitled to sick days, they

are not entitled to a gratuity, they are not entitled to any leave, and they are not entitled to any casual days. So if they stay home because they are sick, they are not going to be paid for that day. They have no permanency. They cannot get a loan. They cannot get a mortgage, nothing like that. And these are professionals who have spent their lives training in the medical field, young doctors, and when they do not have these opportunities, where will they go? They will look outside. They will leave our jurisdiction, and today, we on the Opposition are advocating for better working conditions for our medical professionals, the young people of Trinidad and Tobago.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: This is no laughing matter, Madam Speaker. This is a serious issue. Because what we will be faced with is a healthcare system that is continuously collapsing because of poor and bad management, poor and bad management.

And you would understand, Madam Speaker, that while the powers of the Minister have been delegating out in terms of management to various RHAs, we had the 1994 RHA Act, which removed most of the administration from the Minister directly and would have delegated it towards the various RHAs, the NWRHA, NCRHA, ERHA, SWRHA, and TRHA, Madam Speaker. And they have their management boards, and they will conduct their management of the various health facilities that fall within their purview. And the Minister has general oversight over those RHAs.

But, Madam Speaker, we have to understand that we cannot remove the Minister from that equation. Because at the end of the day, it is the Minister who creates the policy for those RHAs to comply with. He is the

driving force behind the healthcare system. So when the Member San Fernando East stands up and says the Minister is not relevant to the debate, the Minister is very relevant to this debate—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—because he drives the policy with respect to this particular issue, Madam Speaker. In fact, the Minister is involved in the appointment of the RHAs. So he is selecting those persons to conduct the management of those healthcare facilities in Trinidad and Tobago, Madam Speaker.

Look at what is taking place. The head office for the Minister went up in record time, record time, but the central block cannot be completed. That was hundreds of millions of dollars and lands being leased to private individuals in this country, Madam Speaker, for the construction of that mega head office where the Minister is comfortable. But you have people lying on the corridors of the hospital in this country dying, Madam Speaker. That is a total shame in this country after \$6 billion, almost every single year is allocated to his Ministry, Madam Speaker. This is a crying shame in this country.

5.25 p.m.

But I want to raise various issues when it comes to where the money gone, and some of the issues with respect to procurement. Because, Madam Speaker, we have to examine, we are here as the Opposition to hold the Government to account, they are in charge of the public space. So, Madam Speaker, let us look at some of the examples that is taking place right now in the healthcare system.

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

2024.05.24

Now, I have in my possession, Madam Speaker, and this deals with the SWRHA, in particular the San Fernando General Hospital. When the Member for Fyzabad was in charge, he was the Chairman of that particular RHA, there was a drive to increase the potable water storage and delivery at the San Fernando General Hospital. I think it was an additional capacity of 150,000 gallons of water in storage, Madam Speaker and there was a drive to create even more storage. Today, Madam Speaker, I have in my possession an invoice from a company called Debros Marketing and Services Company Limited; Debros. Madam Speaker, the hospital, the SWRHA, is paying \$50,000 for water in this RHA, and hear this, they are renting a hose, a 100-foot hose, for \$4,950.

Mr. Charles: What?

Mr. S. Hosein: They are renting a hose for \$4,950, and they are paying water, \$50,000, for this 100,000 gallons of water, Madam Speaker. So, I wanted to know, well, who is Debros Marketing and Services Company Limited who gets this contract? Madam Speaker, I pulled the company's records and I found a name called one Nigel Cleghorn, Managing Director. When I did some further research, do you know this person was nominated as a PNM alderman in the San Fernando city corporation?

Mr. Charles: Hmm, no.

Mr. S. Hosein: Madam Speaker, when I did further research I am to understand he is also a member of a San Fernando constituency PNM executive.

Mr. Charles: No.

Mr. S. Hosein: And, Madam Speaker, when I did further research, I

went on Facebook and saw him shaking hands with the member for San Fernando East.

Mr. Charles: Oh!

Mr. S. Hosein: So, Madam Speaker, I want to know how this company Debros is getting this contract to provide water to the RHA for \$50,000, and renting a hose for almost \$5,000, in this country, Madam Speaker. That is what is taking place in this RHA.

Look, I have another email here, Madam Speaker, which speaks about—an email dated the 1st of December, 2023—it deals with what is taking place with the electrical supply at the hospital. What it says is that there is a sole generator servicing the new wing of the hospital and it is non-functional because of mechanical repairs and issues. And they require about 300—a rental of a generator for the demands of the wing, Madam Speaker. And there is a company that is receiving a total of—and I have the invoice here, Madam Speaker. I walked with the receipts today. This generator is costing us, \$161,000 for a two week period.

Mr. Charles: For what, two weeks?

Mr. S. Hosein: For a two week period. The amount of money they have spent in rental of this generator, they could have bought a new one. But, Madam Speaker, they will not do that because it is favouring friends and families of this PNM Government; that is what it is doing. So, when patients go to the hospital, they must understand what this Government is doing with their money. Madam Speaker, they are paying for the disposal of sharps bins every three days, Madam Speaker. The quantity of 20,000 kilograms, \$528,000 every two months, to dispose sharps, Madam Speaker,

and all they have to do is fix the incinerator at the San Fernando General Hospital.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: That is the all they have to do, Madam Speaker. But they chose to frustrate these processes at the hospital so friends, and families and financiers of the PNM can benefit. That is what this Government is doing, Madam Speaker. That is what they are doing. Look, I have other information in my possession here, where it speaks of the issues of the supply, installation and commissioning of washers and industrial steamers at the San Fernando General Hospital. And this is in relation to the cleaning of the linens and the various other apparatus at the San Fernando General Hospital, Madam Speaker.

Madam Speaker, they went out in 2022, I believe, for tendering of this particular service and equipment at the San Fernando General Hospital. This was on the 2nd of the fourth month, 2022. You know today they cannot buy a washing machine for that hospital? They cannot buy a washing machine, so what they have to do, Madam Speaker, is send it to various departments and that will cause cross-contamination and further issues at the San Fernando General Hospital. And the Minister is fully aware of all of this, Madam Speaker.

Mr. Charles: [*Inaudible*]

Mr. S. Hosein: Fully aware of all of this, Madam Speaker. When you look at other issues with respect to what is taking place there in terms of the boilers, and the electric steam boilers and ancillaries at the new wing San Fernando, again, the tenders went out in 2022. To date no boilers have been

purchased or installed at the San Fernando General Hospital, leaving items that require sterilization for theatre services, ICU, HU and neonatal compromised, Madam Speaker.

Mr. de Nobriga: I am very certain that this was dealt with by the Member for Siparia in her contribution ad nauseam.

Madam Speaker: Well, the difficulty with—of course, Bartaria/San Juan when you come this late in a debate, a lot of ground has been covered. This particular issue was not just only covered by the Member for Siparia, so I will ask you to just wind up on that and deal with another aspect that has not been touched.

Mr. S. Hosein: Madam Speaker, I have much more information, and if the Member wants me to move on—

Hon. Members: [*Laughter*]

Mr. S. Hosein: I have some fresh information to provide to this House.

Madam Speaker, through my tedious research that I normally do, I filed an FOIA request. And when I filed this FOIA request, I filed with respect to the expenditure during the COVID period. And under the Auditor General's report, there was a particular special audit was done for expenses in COVID, and various Ministries and Departments had to submit those expenditures to the Auditor General in order for it to be audited. One particular document landed on my desk, and it is, Madam Speaker, a payment order for 12 portable ventilators, and this was around March 2020.

So, the NCRHA went out to get 12 ventilators around the 30th of March, 2020. The supplier, Madam Speaker, is one called Casa Secrets, well, I think that translates to the house of secrets. So, the NCRHA is now going to

Casa Secrets, address of 205 Vista Parkway, Suite 400, West Palm Beach, Florida. And there is, Madam Speaker, one portable ventilator, Shangrila 510S, that is the model. The quantity, 12; unit price, \$302,274, which amounts to a total expenditure of \$3,627,288. So, Madam Speaker, I found this was a very expensive ventilator. So, I did some research and based on the prices of these ventilators, they are normally \$20,000, for one, TT\$20,000 for one ventilator. The RHA has spent \$302,000, on one ventilator, Madam Speaker. So, it means that if they bought the 12 it would have cost roughly about, close to \$400,000. So there is a missing \$3.2 million or additional expenditure for these ventilators, Madam Speaker, \$3.2 million, you know. So they have spent about \$280,000 more per ventilator in this country. Casa Secrets, Madam Speaker, Casa Secrets.

Madam Speaker, then, I also have some other expenditures that came out of the ERHA, so we have the other RHAs. This particular issue was highlighted in the media especially around the COVID period. On the 13th of April, 2020, there was an article called:

“Recovering patients says ERHA CEO”—he—“insists it’s clean”.

And it is a CNC3 article. This was in relation to a step-down facility in Brooklyn Sande Grande—not New York. The patients in that particular facility, Madam Speaker, complained of how dirty and how unfit that particular step down facility was. There were cockroaches, the complaints were that it was derelict, it was in inhumane conditions, one person who was there was reported to have said, and I am quoting from the article:

“There cockroaches crawling down everywhere it was the most rundown building I have ever seen...There are no dustbins but only, ‘filthy’,

garbage bags in the toilet area.”

This is the complaint that persons who have been quarantined after the COVID period, they would have had to be placed mandatorily in these state facilities. And this was—I think it is called the Home for the Ageing, I believe that was the name of that facility, Madam Speaker.

Now the Auditor General also got—based on the FOIA that I received, Madam Speaker—the rental amount for that particular facility. It is a one lot land so it is not a very large facility. The Government has spent in one month, \$191,000 in rent for that facility, \$191,000 per month. And, Madam Speaker, well, I thought it was a state-of-the-art facility, but then I saw some additional figures in terms of cost. When I looked at this I was very surprised, because hear what happens here. It says in this particular facility, they had to fix the water pump and the plumbing. That cost an additional \$32,750. It had more plumbing to be done. Repairs, \$2,743. Other repairs to that facility in terms of the electrical now, \$3,818. And they have spent about \$191,000 or so per month for that facility, Madam Speaker. So, when San Fernando East asks where the money gone, this is where the money going.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: When we come in Government, Madam Speaker, we will investigate every single cent that this Government has spent, Madam Speaker. This here is scandalous. You are spending \$191,000 on a facility and you have to go and fix the plumbing, you have to go and fix the electricity, it is riddled with cockroaches, there are inhumane conditions, unfit for human occupation. Madam Speaker, this is where sick persons

were going after their quarantine period. This is unacceptable in this country, and the facts are now coming out here, Madam Speaker, as we speak.

When we were in the COVID period, we had called for the establishment of a commission of enquiry to look into the expenditure of these moneys with respect to the RHAs and the Ministry of Health to really understand where the money has gone, and where the money is going. Madam Speaker, we would have heard that they would have spent billions of dollars on COVID. In fact, there is the Auditor General report also that says that Government access funding of approximately \$10 billion, “eh”, \$10 billion from local and international sources to mitigate the effects of the pandemic. The domestic capital market, \$1 billion; HSF, US\$900 million; the World Bank, US\$20 million; the IDB, US\$130 million; the CAF, US\$150 million; and the external capital market; \$150 million.

So, Madam Speaker, again, I filed another FOIA request, and I asked the Ministry of Health this time for a detailed list of all expenditures that have been paid and/or owing from the Ministry, inclusive of all departments including those statutory bodies, state enterprises, under the Ministry’s purview in relation to COVID-19 for the period January 2020 to September 2022. The Ministry responded, and they responded by way of letter dated the 23rd January, 2023. The Ministry of Health, under their official letterhead, as confirmed, these are the expenditures for COVID: Hotel accommodation, \$4.3 million; total payments to suppliers, sanitizing, decontamination, procurable items, electronics, COVID hotlines, vaccines, test kits, advertisements, \$112.8 million; total payment to staff, \$7 million;

total payment to ambulance services, \$39.2 million; total payments to RHAs, \$47 million, which amounts to \$210.6 million.

Madam Speaker, earlier on I told you that they borrowed \$10 billion for COVID, and the Ministry of Health is confirming that all they have spent on COVID for the period January 2020 to September 2022, is \$210.6 million. So, where the money gone, Madam Speaker?

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: Where the money gone? And now we can understand why maybe 4,500 persons died because of the COVID-19 pandemic, because the money was not spent in the right places, Madam Speaker. The money simply was not spent in the right places, and these are some of the things that we have to expose in this Motion because we have to deal with priority spending.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: This deals in direct relation to the management of these RHAs under the Member for Saint Joseph.

5.40p.m.

Madam Speaker, I want to give some more information because I want to tell you “where de money gone”.

Hon. Member: Again.

Mr. S. Hosein: This Government, Madam Speaker, finds it fit to engage in something what we call “unnecessary spending”, and I will put it in this context. They rather spend money on lawyers rather than pay persons damages for compensation.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: More FOI responses we get Madam Speaker—more FOI responses. NWRHA, Madam Speaker, we ask for the money expended by RHAs as legal fees to attorneys-at-law, external counsel from September, 2015 to the 1st January, 2024. NWRHA, \$26.2 million.

Mr. Imbert: “Don’t” go there.

Mr. S. Hosein: NCRHA, \$13.89 million; the ERHA, \$7.5 million; the TRHA, \$3.5 million, and, Madam Speaker, we are awaiting the figure from the South-West Regional Health Authority. But when we get that figure we will be very happy to let the House know exactly where the money has gone.

When you dig down deeper into the responses given by the various RHAs, Madam Speaker—I am looking at the ERHA first—they have spent \$7.5 million in that RHA behind lawyers. You know how much they spent in compensation to the victims?—\$4 million.

Hon. Member: Oh, Lord.

Mr. S. Hosein: Four million dollars; they have spent more money paying the lawyers than the actual persons who were victims, Madam Speaker. That is what was taking place in this country. And then we are seeing names coming up here and I do not know if these names are familiar to my friends opposite.

There is one person called Margaret Hinds of Hinds and Company receiving \$190,000 in legal fees from the ERHA. There is another person called Charles Law—I mean, we ask about this Mr. Charles Law and I do not know, we cannot find him. Madam Speaker, \$2.2 million he received from the ERHA in terms of legal fees from the ERHA, and this goes towards spending. So instead of buying drugs, instead of buying beds, you pay

external lawyers.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: They are feeding at the trough, Madam Speaker. They are feeding at the trough. Let us look at the NWRHA.

Hon. Members: [*Crosstalk*]

Hon. Member: Yes.

Mr. S. Hosein: The NWRHA, as I earlier said, has spent a total of—

Hon. Member: [*Inaudible*]

Mr. S. Hosein: He is not qualified to be a lawyer.

Hon. Member: [*Inaudible*]

Mr. S. Hosein: The NWRHA, \$26.2 million they spent, Madam Speaker. Again, this Mr. Charles Law comes up again receiving \$7.3million in briefs; Hinds and Company, \$92,000 from this RHA; Kerywn Garcia, Senior Counsel, \$641,000. Reginald Armour “geh ah lil \$40,000”. Sorry, the Attorney General, Madam Speaker, I do apologize. Terrence Bharath, \$592,000, Madam Speaker, in legal fees.

Then again we have the SWRHA, some of the figures here, Madam Speaker, and in this particular one, which was very shocking, there is a gentleman by the name of Mr. Roger Kawalsingh who received a total of \$3.489 million worth of legal fees—\$3.8 million. Mr. Charles Law again appears here, \$374,000, Madam Speaker. This is where the money is going. So when patients go into the hospital and they cannot get medicine, they cannot get simple things like aspirin or metformin from CDAP, Madam Speaker, they are spending millions and millions, and millions of dollars into these legal fees, and the victims are not benefiting whatsoever.

If you look at the four RHAs, because we are missing one yet, they have spent \$51 million in total in legal fees, Madam Speaker, in this country. So when patients are complaining in this country, you must tell the patients where the money is going.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: As I tell you, Madam Speaker, the problem here is not resources, it is management. It is management, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: Their management is so incompetent that it is causing people to die in this country.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: It is causing people to die, Madam Speaker.

Madam Speaker, that is why doctors in this country are running away from your hospital's system. We are asking you all, we are begging you all, we are demanding from this Government that, treat the doctors with some level of courtesy and respect that they deserve.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: Do not wait for a next pandemic and the only thing you give them is a clap. You have everybody coming outside their house and clapping and putting up a video. Give them better working conditions, terms and conditions, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: Look, they are spending all of these moneys behind all of these hospitals—yes, persons need health care but, Madam Speaker, why are you not optimizing and maximizing what you already have?

You have the Eric Williams Medical Sciences Complex, look at what is taking place there, go through all of the issues that you all have, speak to the staff, speak to the orderlies, speak to the doctors, speak to the nurses, speak to the administration, identify the problems, fix those particular problems before you go and build other hospitals, because what will happen, Madam Speaker, is that they will give the attention to all the new hospitals and forget what is existing.

Hon. Member: And repeat.

Mr. S. Hosein: And it will repeat itself over and over, and over.

This Government has not done anything whatsoever to improve the health care system in Trinidad and Tobago. They have done nothing. My friend from Caroni East in his last budget contribution went through, ad nauseam, some of the issues that are facing and plaguing the health care system. Look, for example, I want to go back to that issue with the cath lab because, Madam Speaker, they are spending their money on this particular cath lab, and that has been promised since, I believe, 2016—

Hon. Member: Yes.

Mr. S. Hosein:—budget 2016. We are now going into budget 2025 and they did not buy a brick, a bag of cement, or a shovel for that cath lab in San Fernando.

In fact, I saw that my friends, the Member for San Fernando West and the Member for St. Joseph, went to the San Fernando General Hospital and painted a wall. The doctors and nurses are saying, “Come and finish paint the wall”. I think they only painted “ah lil” piece.

Hon. Members: [*Laughter*]

Mr. S. Hosein: So it is mamaguy that this Government is engaged in, Madam Speaker. It is total mamaguy.

Hon. Members: [*Desk thumping*]

Mr. Indarsingh: “Is ah square foot.”

Mr. S. Hosein: But when we return, Madam Speaker, we will have to build that cath lab because it is under a People’s Partnership Government and a UNC-led Government, Madam Speaker, we have seen improvements in the health care system.

I can give an example, look at the San Fernando Teaching Hospital, had it not been for that 2010 to 2015 Government, Madam Speaker—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—that would have been a building with desks and chairs. People would have been lined up, dying. Imagine that entire building is filled with various medical equipment and patients, and whatsoever, where would they have fit if that was not utilized as the San Fernando Teaching Hospital? Where? That was a brainchild, I believe, of the Member for Fyzabad when he was the Chairman of the SWRHA, together with Dr. Moonilal—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—the Member for Oropouche East, and the Member for Siparia, and Sen. Jearlean John, and this is the visionary leadership we had for this country, Madam Speaker.

For example, the Children’s Life Fund, there are many children who would have died today had it not been for the Children’s Life Fund, where the Member for Oropouche East always said that people had to go and sell

barbecue and “toolum” and cake to raise funds for surgeries, Madam Speaker, when the Kamla Persad-Bissessar Government, Cabinet Note, No. 1 of 2010—the Minute, I believe, established the Children’s Life Fund.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: That is not all, there are legislative problems and fixes within the legislation to widen the scope of the legislation to capture other life-threatening diseases, and again, we are calling on the Government to bring those amendments to the Children’s Life Fund so more children can access that life fund, Madam Speaker—more of them can access it. That is one of the most remarkable things that our Government would have done in Trinidad and Tobago to save the lives of our future, Madam Speaker—to save the lives of our future.

Then we have the National Oncology Centre that—

Madam Speaker: Hon. Member—

Mr. S. Hosein: Yes, Madam.

Madam Speaker:—you have five more minutes of full time left. You will end at 5.54.05.

Mr. S. Hosein: Thank you very much, Madam Speaker. Time flies when you are having fun. Madam Speaker, I will tell you, what is taking place in Trinidad and Tobago. The Member for St. Joseph has mismanaged the health care system that it has now become dangerous for the citizens of Trinidad and Tobago. We are calling on this Government to remove the Minister of Health—

Hon. Members: [*Desk thumping*]

Mr. S. Hosein:—and then, Madam Speaker—remove themselves.

Actually, they should remove themselves also.

5.50 p.m.

I have identified several issues with respect to procurement. I have identified several issues with respect to corruption—sorry, Madam Speaker, with respect to mismanagement with financial accounts in this country within the RHAs, and we are calling again for the establishment of a commission of enquiry to examine all of the expenditure from COVID-19.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: That is what we are calling for. So just like what Prime Minister Rishi Sunak did a couple days ago in the United Kingdom, I also invite the Member for Diego Martin West, who may be on a golf course by now, to also follow similarly and call the elections now, Madam Speaker.

Hon. Members: [*Desk thumping*]

Mr. S. Hosein: They have proven that they cannot fix the health care system or any system in Trinidad and Tobago, and I thank you very much.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Point Fortin.

Hon. Members: [*Desk thumping*]

Mr. Kennedy Richards (*Point Fortin*): Madam Speaker—

Dr. Moonilal: “Yuh get ah bligh today boy”.

Mr. K. Richards: I know you like the suit, Member for Oropouche East. Madam Speaker, I thank you for acknowledging me to join this debate and while listening to the Member for Barataria/San Juan, I would have picked up on a few things that I think is necessary that we correct.

The first thing he would have said is, out of 1.3 million people, the

only man that the Prime Minister could have gotten was the Member for St. Joseph. But I want to bring his attention to an *Express* article back in—let me get the correct date first—September 2012, and I will just read a little piece of it.

“A video of a 30-minute lecture, which was uploaded on YouTube on June 28, sparked controversy as Baptiste-Cornelius...”

Hon. Members: [*Laughter*]

Mr. K. Richards:

“...spoke at length...”

Hon. Members: [*Desk thumping*]

Mr. K. Richards:

“...as Baptiste-Cornelius spoke at length about her stint as health Minister, how her friendship with the Prime Minister Kamla Persad-Bissessar motivated her appointment, and also how she met her husband online.”

Hon. Members: [*Desk thumping*]

Mr. K. Richards: Not my business. He also said that—

Hon. Member: [*Inaudible*]

Hon. Members: [*Laughter*]

Mr. K. Richards: He also said, Madam Speaker, that the Government is engaged in mamaguy. Being from Point Fortin, Madam Speaker, that big, nice building that I deem the Hyatt, that is not mamaguy to the people of Point Fortin.

Hon. Members: [*Desk thumping*]

Mr. K. Richards: He also said that the problem is not resources, and it

is mismanagement or it is management. And, Madam Speaker, in my excerpt here, I will show how well organized and how well-oiled the People's National Movement Government has been in managing the resources in the Ministry of Health and how we have been able to progress this country going forward.

Hon. Member: [*Inaudible*]

Mr. K. Richards: "I is ah maths man".

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

Mr. K. Richards: The hon. Member also said, Madam Speaker, they should fix the old one and not invest in new ones. I take offence to that. Being from Point Fortin, Madam Speaker, we have a brand-new hospital and I think the people are getting great service, Madam Speaker. And I will tell you who—I will tell you shortly who brought that hospital to being.

Hon. Members: [*Interruption*]

Mr. K. Richards: Hold on, hold on, hold on, very shortly. And nobody on this side, Madam Speaker—if you listen to what we debating here, nobody on this side said that all is well, and all is great. But what we are saying, Madam Speaker, is that in the eight years that this Government has been functioning in this country, we have taken it a couple steps up and a couple notches up, in terms of the health care system.

Hon. Members: [*Desk thumping*]

Mr. K. Richards: Madam Speaker, I want to dissect this Motion, where it says:

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

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

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

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

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.”

And I do not think that the Member for Caroni East is coming from a point of aggression against the Government or anything like that. But this Motion gives me an opportunity to show, not just to the people of Point Fortin but to the entire country of Trinidad and Tobago, and even the wider nations who take a look at us in the Parliament, as to how our Government has been able to function in the last couple years.

Madam Speaker, it was in 2001—this is my first experience. In 2001 or thereabouts, I was riding my bicycle and at that point in time, Madam Speaker—

Hon. Member: [*Inaudible*]

Mr. K. Richards: Bicycle, right? And I was riding my bicycle at that point in time, young and aggressive and, you know, you are having fun with your neighbours and we are going along. It so happened that I got in an accident,

broke my two hands at the same time, so I was slung up like this. [*Member crosses arms over chest*] And my mom—my mother had to carry me to the health facility. And at that point in time, I was wondering—she carried me straight to San Fernando and that was the sentiment that we had back in the day in Point Fortin. But from the inception, Madam Speaker, the People's National Movement has played an important and integral role in nation-building, and central to that role has always been the public health care system.

Hon. Members: [*Desk thumping*]

Mr. K. Richards: The substantial efforts that we have made and dedicated towards elevating the health care system and services to the citizens are definitely bearing fruit.

As we go into this Motion, first, it would have stated what I just stated:

“...to provide safe, reliable...”

And it is a well-known fact that the PNM Government invests wisely and wholeheartedly.

During the period of 2001 to 2010, the health care sector witnessed significant development and transformation. In 2003—we spoke about the CDAP already. “Ah doh” want to go into tedious repetition, but the CDAP was formed, which is the Chronic Disease Assistance Programme, and this was done to reduce the burden on the dispensary at the public health care facilities. Medication was given free for certain diseases, for example, hypertension, cardiac disease, depression, just to name a few.

Some other programmes also were brought to life in that period: the adult cardiac programme—the Member for San Fernando East would have gone in depth with that—the School Health Programme, the medical aid programme.

Fast forward to 2014, Madam Speaker, the political leader of the PNM, who was then the Opposition Leader, Dr. Keith Rowley, said to us in Point Fortin, he said, “Put me to work for you and I will build the Point Fortin General Hospital.” So said, Madam Speaker, so done.

Hon. Members: [*Desk thumping*]

Mr. K. Richards: A man of his word. Point Fortin Hospital was built, a very modern-day building, Madam Speaker, multi-story parking space, state-of-the-art equipment, it has various clinics. And Point Fortin and environs, being an industrial zone, there is also a Burns Unit, and I will give you a quick story about that Burns Unit.

The Point Fortin Hospital, the new hospital, was actually in discussion for about two decades. I was about this high—about two feet high. Right?

Ms. Ameen: [*Inaudible*]

Mr. K. Richards: I was about two feet high. St. Augustine, you had your time, you know. I am dealing with you just now. I have something here for you here just now. Right? You had your time. Right? I will speed up. Right?

So in that discussion, the people of Point Fortin were adamant—because of Petrotrin, and Trinmar, and Atlantic, and the industrial zone in La Brea—that they must have a burns unit. And when, in 2014, the Opposition Leader came to Point Fortin, and we had the meeting like he had last night, a nice

sit-down where we discussed issues—

Mr. Monroe: Present Prime Minister.

Mr. K. Richards:—present Prime Minister, he would have said, he is going to sort that out in the new hospital, and so said, Madam Speaker, so done. So we are dealing with—

Hon. Members: [*Desk thumping*]

Mr. K. Richards:—a Prime Minister, Madam Speaker, we are dealing with a Minister of Health who you can take at their word. Right? So the Burns Unit, Madam Speaker; we have dental; a Maternity Unit, which is something we are indeed proud about because it is leading in terms of—it is now going to be a breastfeeding unit and the workers there are extremely proud and they work extremely hard to ensure that the mothers and the babies who are born in that facility are well taken care of.

You know, I recall clearly, Madam Speaker—

Hon. Members: [*Crosstalk*]

Mrs. Robinson-Regis: He was going very, very well, but if I had given him a chance, you all would have said that I gave him a chance and I do not give you all a chance. So he understands his leader and—

Hon. Members: [*Desk thumping*]

Hon. Member: Courtney Walsh.

ADJOURNMENT

The Minister of Housing and Urban Development (Hon. Camille Robinson-Regis): Madam Speaker, as I move the adjournment—just to let Naparima know that his senior citizen's location has been identified. Madam Speaker, I beg to move that this House do now adjourn to Friday, the 7th day

of June, 2024, at 1.30. p.m. Madam Speaker, permit me to indicate that on the 3rd of June, 2024, at 1.30 p.m., we will have the Standing Finance Committee meeting. Thank you, Madam Speaker.

Madam Speaker: Hon. Members, two matters qualify to be raised on the Motion for the Adjournment of this House. I have been informed that there is agreement that these two matters would be deferred. Whip? Yes? All right.

Hon. Members: [*Desk thumping*]

Corpus Christi Greetings

Madam Speaker: So, hon. Members, as we know, next Thursday, that is Thursday, the 30th day of May, 2024, we will celebrate both the feast of Corpus Christi and Indian Arrival Day. I will now invite Members to bring greetings on the occasion of Corpus Christi. Member for Diego Martin North/East.

Hon. Members: [*Desk thumping*]

The Minister of Finance (Hon. Colm Imbert): Thank you, Madam Speaker. As those of us who are practising Catholics are aware, the Feast of Corpus Christi is celebrated in honour of the real presence of the body of Jesus Christ in the Eucharist. It is a movable feast day. It is observed on the Thursday after Trinity Sunday and is a holy day of obligation in most countries, for Catholics that is. It has a very long—

Mrs. Robinson-Regis: [*Inaudible*]

Hon. C. Imbert: Pardon?

Mrs. Robinson-Regis: For Methodists too.

Hon. C. Imbert: Take it easy.

For those who do not know, the Feast of Corpus Christi originated in

the year 1246, when the Bishop of Liège ordered that the festival be celebrated in his diocese. He was persuaded to do this by St. Juliana, the prioress of Mont Cornillon near Liège, who had experienced a vision.

Now, as was just muttered across the floor, it is celebrated by Roman Catholics and other Christians, such as Methodists, to proclaim the truth of the transubstantiation of the bread and wine into the actual body of Christ during mass. In several countries in the world, and in Trinidad and Tobago in particular, the festival is celebrated, not just with a mass but also with a procession that carries the consecrated host through the streets as a public statement that the sacrifice of Christ was for the salvation of the whole world. We celebrate in this way in Trinidad and Tobago, and it is a very important festival for Christians. It is a very important festival for those of us who believe that during the Eucharistic ceremony, the host is transformed into the body of our Lord and Saviour, Jesus Christ. So it is very important for Christians.

I am very glad, as a Catholic, as a Christian, that we still celebrate this feast day in Trinidad and Tobago because the Eucharist forms the core of our religious observance. For those of us who go to mass regularly, it is the core of the service of mass on a Sunday or whenever we go to church.

So on behalf of the People's National Movement, on behalf of myself, I wish to wish all Christians a happy Corpus Christi and I wish them well. I sincerely hope that we have a procession this year. It had been suspended temporarily because of COVID and the restrictions and so on, but I sincerely hope we have the traditional procession out of the Roman Catholic Cathedral on Independence Square, so we can all proclaim the truth of the

transubstantiation of the bread and wine into the actual body and blood of Jesus Christ. Thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Pointe-a-Pierre.

Hon. Members: [*Desk thumping*]

6.05 p.m.

Corpus Christi Greetings

Mr. David Lee (*Pointe-a-Pierre*): Thank you. Thank you, Madam Speaker. On behalf of the Leader of the Opposition, Opposition Members of Parliament and the United National Congress, I would like to offer our Roman Catholic community and all other members of the Christian community, a blessed and auspicious holy Corpus Christi. The solemnity of the most holy body and blood of Christ called Corpus Christi, is a commemoration and reminder of Jesus' presence in our churches, hearts and beliefs. Often, when we reflect on the presence of Jesus and his teachings in our life, we focus on kindness. But there is also another important element, the act of thanksgiving.

Corpus Christi highlights the real presence of Jesus in the Eucharist—body, soul, blood and divinity. The word Eucharist means Thanksgiving. This Corpus Christi, no matter our respective faith, let us use it as a time to renew our gratitude to God and reinvigorate our ability to be kinder citizens throughout society. Trinidad and Tobago is at a watershed moment where so many vulnerable citizens are seeking the intervention of those of us who have the power to change their circumstances. From those facing poverty, homelessness, domestic violence, unemployment, mental health issues and

other socioeconomic burdens, they need our help as parliamentarians. Let us use the principles of Corpus Christi to rekindle hope in our society. I thank you, Madam Speaker.

Hon. Members: [*Desk thumping*]

Madam Speaker: Hon. Members, I too would like to bring greetings on this occasion of the feast of Corpus Christi. The feast or the solemnity of Corpus Christi celebrates the embodiment of Christ's ultimate sacrifice of love for humankind. Taking a moment to consider what the feast of Corpus Christi celebrates, we can easily comprehend the reason behind its significance as a devotional event. The actual presence of Jesus Christ in the Eucharist is precisely remembered by the Corpus Christi also known as the body of the Lord or more correctly, the Solemnity of the most holy body and blood of Christ.

The Eucharist, as Catholics know it, is the sacred moment when the bread and wine, given by the celebrant priest, is transformed for all times into the body and the blood of Jesus Christ, through the power of the Holy Spirit. Jesus' sacrifice is reborn in this miracle, which becomes tangible at every celebration of holy mass and involves in giving himself completely. Corpus Christi is a timely message of salvation that resonates across all religious beliefs. However, the message of giving completely of oneself, which is intrinsically linked with this feast, must not be diminished. Jesus Christ offered his flesh and blood as nourishment for all men and women, which serves as a continuous reminder of his unconditional and selfless love.

Hon. Members, in our own way, we are each called to give selflessly and completely. We should all strive to engage in self-reflection and adopt

the virtues of gratitude, sacrifice, courage, discipline, tolerance and production. These values are representative of the threads that unite us as a people and must be ever guarded and fostered if we are to rise above and turn from our carnal ways which afflict our society. Hon. Members, it is therefore with gratitude and respect that I say, let us now join in marking this important day with the members of the Roman Catholic community. I shall now call upon Members to bring greetings on the occasion of Indian Arrival Day. The Member for St. Joseph.

6.10 p.m.

Indian Arrival Day Greetings

Hon. Members: [*Desk thumping*]

The Minister of Health (Hon. Terrence Deyalsingh): Thank you very much, Madam Speaker. Madam Speaker, May 30th, which is next week Thursday, is the most significant day in the life of Trinidad and Tobago. It signifies that day when we celebrate the arrival of my ancestors and many of our ancestors here, Indian Arrival Day. It is characterized by the journey of that first ship, the *Fath-Al-Razak* across the *Kala Pani* or the “death water” bringing brave souls to find their destiny in Trinidad and Tobago. Between May 1845 and 1917, 140,000 of our ancestors, my ancestors, came to these lands.

Madam Speaker, with boundless faith Hindus, the majority, Muslims, and yes some Christians—there will actually some Catholics that actually came from India and found a home in Trinidad and Tobago. Many found their homes in the cane fields. Some found their way as traders, jewelers,

business people. But what is clear is that the East Indian presence in Trinidad and Tobago is one that we should celebrate.

As a young boy growing up in Caroni opposite a cane field, I saw first-hand in my youth, 10 years old, the burden of working in those cane fields, when they would rise at 4.00 a.m. go in to the cane fields and return all blackened with soot and they came into my father's shop, which was opposite the cane field, to purchase their goods on trust.

Today in 2024, as we move forward, we the descendants of those 140,000 souls, who saw their destiny with boundless faith in Trinidad and Tobago, can point to the indelible mark that we the descendants have left on Trinidad and Tobago and continue to leave in the spheres of education, in the spheres of culture, music, food, dance, and business. And now Madam Speaker, in 2024, our shared destiny is one that we should all pursue with that same boundless faith that our ancestors came with and will lead to a society where we can all stand side by side, where we all find an equal place in Trinidad and Tobago. Happy Indian Arrival Day, thank you very much.

Hon. Members: [*Desk thumping*]

Madam Speaker: Member for Chaguanas East.

Hon. Members: [*Desk thumping*]

Ms. Vandana Mohit (*Chaguanas East*): Thank you for this opportunity, Madam Speaker, to bring greetings on behalf of the Leader of the Opposition and my colleagues on this occasion of Indian Arrival Day. To commemorate Indian Arrival Day, 179 years of celebration, we stand at the intersection of history and resilience, reflecting on the profound journey of our Indian ancestors and their enduring legacy in our nation.

I am honoured on this momentous occasion to pay homage to the trials and triumphs that have shaped our collective identity. Indian Arrival Day serves as a touching reminder of the harrowing experiences endured by our forbearers who embarked on a perilous voyage to unfamiliar shores in search of opportunity and in search of hope. From the moment they set foot on Trinidad and Tobago's soil, they faced formidable challenges grappling with adversity, exploitation and discrimination.

The trials and tribulations of our Indian forefathers serve as a testament to their resilience, courage and unwavering spirit. Despite facing many odds, they toiled tirelessly in the sugarcane fields, plantations and factories, laying the foundation for our nation's economic prosperity, yet their journey was fraught with hardship and suffering. They endured harsh working conditions and marginalization, yet they persevered, forging a new identity rooted in resilience, unity and cultural pride.

Today, as we commemorate Indian Arrival Day, we honour the indomitable spirit of our forefathers and celebrate their legacy. Their sacrifices have paved the way for future generations, empowering us to embrace our cultural heritage, celebrate diversity, and strive for a more inclusive society.

As we pay tribute to the contributions of our Indian forbearers, let us also reaffirm our commitment to justice, equality and unity. We as a people must stand in solidarity with all marginalized communities, working together to build a society where every individual is valued, respected and empowered to thrive.

We in the Opposition extend our deepest gratitude to our Indian ancestors for their courage, their resilience, an unwavering commitment to a better future for all of us. May their legacy continue to inspire us as we strive to create a more just, equitable and inclusive Trinidad and Tobago. Happy Indian Arrival Day to Trinidad and Tobago, Madam Speaker, I thank you.

Hon. Members: [*Desk thumping*]

Madam Speaker: Hon. Members, I too would like to bring greetings on the occasion of Indian Arrival Day, which will be celebrated on May 30th 2024. This year's observance is the 179th year since the first East Indian forefathers and mothers brought a different identity and culture to our shores. Between 1845 and 1917 over 140,000 indentured labourers made the conscious decision to undertake a voyage of the seas from India, all in an effort to create a better quality of life for themselves and their families.

Even today, we can relate to that aspiration of improving our quality of life and that of our families. I join in paying tribute to those who took the significant journey, bringing with them their religious traditions and customs, music, dance fashion and cuisine, all of which have contributed greatly to shaping our nation's cultural identity.

While there may be mixed feelings about celebrating a day, which ushered in the inhumanity of indentureship and that experience, it is important that we acknowledge and recognize the hard work and the resilience of the East Indian ancestors. The contributions made by the Eastern community to our socio-economic development, to the forging of the unique culture that is Trinidad and Tobago, is undeniable.

Be it from the Office of the President, the Office of the Prime Minister, the Office of the Chief Justice, captains of industry, art, literature, song and dance, all have been touched and fostered by the heritage of and lineage of those who came from India on that *Fath-Al-Razak*.

On behalf of the Parliament of the Republic of Trinidad and Tobago, my family and on my own behalf, I take this opportunity to wish all of Trinidad and Tobago and in particular the East Indian community, a happy and safe Indian Arrival Day.

Hon. Members: [*Desk thumping*]

Question put and agreed to.

House adjourned accordingly.

Adjourned at 6.19 p.m.