SENATE

Tuesday, September 15, 2026

The Senate met at 1.30 p.m.

PRAYERS

[MR. PRESIDENT *in the Chair*]

Mr. President: Hon. Minister of Planning, Economic Affairs and Development.

Hon. Senators: [*Desk thumping*]

PUBLIC HEALTH (AMDT.) (NO. 2) BILL, 2026

Bill to amend Public Health Ordinance Ch. 12 No.4, brought from the House of Representatives [*The Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance*]; read the first time.

Motion made: That the next stage be taken at a later stage of the proceedings. [*Hon. Dr. K. Swaratsingh*]

Question put and agreed to.

PAPERS LAID

1. Annual Report of First Citizens Group Financial Holdings Limited for the financial year ended September 30, 2025. [*The Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance* (*Sen. The Hon. Dr. Kennedy Swaratsingh*)]
2. Annual Report of the University of the West Indies, St. Augustine Campus for the Academic Year 2018/2019. [*The Minister of Tertiary Education and Skills Training* (*Sen. The Hon. Prof. Prakash Persad*)]
3. Administrative Report of the National Training Agency for the fiscal year 2024/2025. [*Sen. The Hon. Prof. P. Persad*]Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2013/2014. [*Sen. The Hon. Prof. P. Persad*]

4. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2014/2015. [*Sen. The Hon. Prof. P. Persad*]
5. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2015/2016. [*Sen. The Hon. Prof. P. Persad*]
6. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2016/2017. [*Sen. The Hon. Prof. P. Persad*]
7. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2017/2018. [*Sen. The Hon. Prof. P. Persad*]
8. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2018/2019. [*Sen. The Hon. Prof. P. Persad*]
9. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2019/2020. [*Sen. The Hon. Prof. P. Persad*]
10. Annual Administrative Report of the College of Science, Technology and Applied Arts of Trinidad and Tobago for the fiscal year 2020/2021. [*Sen. The Hon. Prof. P. Persad*]
11. Administrative Report of the MIC Institute of Technology Limited for the fiscal year 2018/2019. [*Sen. The Hon. Prof. P. Persad*]
12. Administrative Report of the MIC Institute of Technology Limited for the fiscal year 2024/2025. [*Sen. The Hon. Prof. P. Persad*]

13. Administrative Report of the National Energy Skills Centre Technical Institute for the fiscal year 2023/2024. [*Sen. The Hon. Prof. P. Persad*]

14. Administrative Report of the National Energy Skills Centre Technical Institute for the fiscal year 2024/2025. [*Sen. The Hon. Prof. P. Persad*]

15. Ministerial Response of the Ministry of Health to the Special Report of the Joint Select Committee on Social Services and Public Administration, First Session (2025/2026), Thirteenth Parliament, on an inquiry into Trinidad and Tobago's Response to the Prevalence of Non-communicable diseases (with a focus on Diabetes, Cardiovascular Diseases and Cancer). [*The Minister in the Office of the Prime Minister* (*Sen. The Hon. Darrell Allahar*)]

ORAL ANSWER TO QUESTION

Reduction in Price of Super Gasoline

(Details of)

4. Sen. Dr. Marlene Attzs asked the hon. Minister of Finance:

With respect to the Government's decision to reduce the price of super gasoline by $1, could the Minister state:

(i) what is the estimated fiscal impact of this decision; and

(ii) whether rising global fuel prices have affected Government expenditure?

The Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance (Sen. The Hon. Dr. Kennedy Swaratsingh): Mr. President, thank you for the opportunity to respond to this question, and I thank the Member for her question. This Government understands the concerns of the working class, the man on the ground. We understand that policy goes beyond figures. It also involves people, households, workers, small businesses, taxi

drivers, vendors, parents and families who continue to feel the pressure of the cost of living. That is why in the Budget Statement of 2026, the Minister of Finance announced the reduction in the price of super gasoline by $1 per litre from TT $6.97 to TT $5.97. This was a deliberate decision to give some measure of relief to citizens.

Mr. President, over the last decade, the former Minister of Finance gleefully raised the price of super gasoline on several occasions during his tenure. We, however, would never take glee in further burdening the citizens of this country. Instead, we take great pride in having reduced those burdens, helping to secure a further measure of relief to families throughout Trinidad and Tobago.

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh: We understand that when fuel prices rise, the effect does not stop at the gas station but permeates throughout the entire country. It affects the person who must drive to work every day, the mother who has to send children to school. It affects the small business owner who has to pay higher transport costs and affects the consumer who eventually faces higher prices on the shelf.

Mr. President, the world is now facing serious geopolitical uncertainty. International oil and fuel markets remain volatile. Across the world, countries are experiencing rising energy prices, and import costs and increased pressures at the pump. In Trinidad and Tobago, this Government has kept the price of fuel steady. We have done so even though the cost of importing refined fuel has increased and even though we are more exposed to international markets following the former administration's closure of Petrotrin, which eliminated domestic refining capacity, thereby reducing economic resilience and flexibility as a country.

So today, when international fuel prices rise, Trinidad and Tobago feels it

more directly. But despite this unfortunate inheritance from the previous administration, this Government has not passed that burden onto the people. We have chosen to absorb that pressure because we understand that households are already under strain. Let us be clear, maintaining the reduced price of super gasoline does carry a cost to the State. Based on current estimates, this policy is expected to result in an additional subsidy requirement of approximately TT $318 million for fiscal 2026. But this Government is prepared to carry that cost because we understand that an increase in fuel prices would have a direct and immediate impact on transportation, food prices and overall cost of living.

Mr. President, the easiest thing to do would be to pass this increase directly onto the people. But that is the easy route. This is what we have seen before, and this is not the approach that this Government takes.

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh: This Government has taken a different approach. We have made a deliberate decision to shield citizens from those increases and to keep fuel prices stable even when it requires support from the State. Let me state this clearly, Mr. President, we will not allow international price volatility to automatically translate into hardships for the people of Trinidad and Tobago.

Mr. President, rising global fuel prices have increased the Government's subsidy liability. From October 2025 to present, the estimated subsidy liability for fiscal year 2026 has increased due to movement in international oil prices. However, the actual impact on expenditure will depend on the payments made during the fiscal year and these payments will continue to be managed carefully based on available fiscal space.

Mr. President, the fiscal impact of additional subsidy cannot be viewed in

isolation. While higher oil prices may increase subsidy costs, they will also result in increased energy revenue, which will partially mitigate the increased subsidy bill. The overall impact would be reported at the end of this fiscal year.

Mr. President, this is responsible economic management. We are not pretending that there is no cost. There is a cost, but there is also a cost to doing nothing. There is a cost when families cannot afford transportation. There is a cost when small businesses face higher import prices. There is a cost when higher fuel prices feed into inflation and make groceries and basic goods more expensive. This Government understands that, and that is why we reduced the price of super gasoline. That is why we have kept fuel prices steady despite rising international pressure. And that is why we will continue to carefully and responsibly manage this issue always in the interest of the people of Trinidad and Tobago because we are a government that keeps its promises—

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh:—a government that stands by its word and a government that delivers real relief, not just talk. Mr. President, I thank you.

Hon. Senators: [*Desk thumping*]

Mr. President: Sen. Attzs.

Sen. Dr. Attzs: Thank you, Mr. President, and thank you, Ministry, for that comprehensive response. Just to be clear, you have indicated that the additional—as a result of the reduction, the additional cost as at the end of fiscal 2026 is estimated to be TT $318 billion, all right? And I just wanted to find out—

Sen. The Hon. Dr. K. Swaratsingh: Million.

Sen. Dr. Attzs: Million dollars, my apologies. Thank you, Sir. Million dollars. And I wanted to find out, based on that information, if you can indicate now, what impact that is likely to have on the overall fiscal deficit?

Mr. President: Hon. Minister, would you like to respond to that?

Sen. The Hon. Dr. K. Swaratsingh: Thank you. Just to again repeat that we will do a fiscal statement at the end of the fiscal period. which is still being calculated.

Mr. President: Any other further questions?

Sen. Dr. Attzs: Thank you, Mr. President. Thanks, again, Minister. I appreciate the Government's Herculean effort, given everything that is happening in the energy sector globally and the volatility—

Mr. President: One second. Hon. Senator, I notice you have a tendency to give us a preamble. If you can just go directly to the question, it will save you time and will save us time. So, if you could directly go to your question, the Minister would have to respond accordingly.

Sen. Dr. Attzs: Thank you, Mr. President. I am guided. Could the Minister indicate, given the additional cost, at which point the Government will review the sustainability of maintaining this reduction in super gasoline?

Mr. President: The hon. Minister.

Sen. The Hon. Dr. K. Swaratsingh: Thank you, Mr. President. And again, as the Member would know, the Minister of Finance and his team are now in the process of writing up the budget at this time. So I would allow the Minister of Finance, in his budget statement, to give a review of that decision.

Sen. Dr. Attzs: [*Inaudible*]

Mr. President: Okay. Thank you.

1.45p.m.

PUBLIC HEALTH (AMDT.) (NO. 2) BILL, 2026

Mr. President: Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance.

Hon. Senators: [*Desk thumping*]

The Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance (Sen. The Hon. Dr. Kennedy Swaratsingh): Thank you, Mr. President. Mr. President, I beg to move:

That a Bill to amend the Public Health Ordinance Ch. 12 No. 4, be now read a second time.

Mr. President, before us is a simple, yet very consequential amendment. And at the outset, I just want to state, very candidly, my gratitude to the hon. Prime Minister for the prominence given to the Ministry of Planning and Development. You see, in the past, Planning and Development was a Ministry that was not given enough credence, and what this Prime Minister has done is included in Planning and Development, Economic Affairs—

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh: —which has allowed us to see the impact of planning decisions, or lack thereof, on the state of the economy and the general wellbeing of our twin island state. And because of that, this Prime Minister has given greater prominence in this administration to some of the features that directly impact on our economic wellbeing. So, with the inclusion of Economic Affairs as a key variable in the equation, the Prime Minister has demonstrated foresight and commitment to ensure due attention is given to secure financial stability, job creation, and poverty reduction through strategic resource allocation, generally raising the standard of living for everybody in Trinidad and Tobago.

In her wisdom, she has endeavoured to break the siloed approach to governance that has plagued Trinidad and Tobago in the past, through the integration of clusters of Ministries to deal with matters such as national security, economic development, trade, food security, education, housing, and other related national developments. Under the direction of the Prime Minister, we have

developed a strong legislative mandate, and the amendments to the Public Health Bill will have not only a direct bearing on the health, safety and well-being of the people of Trinidad and Tobago, but on spatial development, the national planning agenda and our national economy. Thus, providing and proving that we, as a government lead with foresight, servitude and a sense of purpose incorporated in our overall plan for the nation.

Hon. Senators: [*Desk thumping*]

The amendment to the Bill to remove the oversight of the County Medical Officer of Health, CMOH, from the construction permitting system of Trinidad and Tobago should receive unanimous support in this Senate, as these amendments to the Public Health Ordinance are focused on reducing bureaucratic delays and further integrating the construction permitting process, improving the ease of doing business in Trinidad and Tobago, enhancing government's efficiency and service, and recovering from economic losses associated with delays in the construction permitting system.

Mr. President, it is important to note that the amendments being made to the Public Ordinance Bill support the view that the County Medical Officers of Health's public health expertise remains essential. However, routine CMOH approval should no longer operate as a separate statutory gateway where the relevant public health, water, drainage, environmental, and building requirements are already addressed through competent regulatory agencies. In essence, we are removing duplication of approvals in the construction permitting process that hampers progress and productivity in the construction sector and overall economic development.

Just to give background to this, Mr. President, the proposed changes in this Bill, it is important to understand the genesis of the role of the County Medical

Officers of Health in the construction permitting process. The County Medical Officers of Health are currently the authorized agents of the Ministry of Health charged with the responsibility for matters pertaining to public health, sanitation and waste disposal. This requirement stems from a Public Health Ordinance, Ch. 12 No. 4, enacted in 1917, and related subsidiary legislation, including bylaws made under section 15 of the said Ordinance and discharged by the Ministry of Health and its authorized officers. The Public Health Ordinance is the overarching legislative framework for public health in Trinidad and Tobago. Together with its associated regulations and bylaws, the Ordinance governs administration and oversight of a wide range of national health matters.

The first aspect of this Bill is to repeal section 35A of the Public Health Ordinance, Ch. 12 No.4, inserted into the Public Health Ordinance by the Sixth Schedule to the Water and Sewage Act, No. 16 of 1965. Section 35A makes the Minister of Health jointly and separately responsible with local authorities for the administration of provisions concerning the regulation and control of building construction, building materials, foundations, walls, roofs, eaves and guttering space around buildings, light and ventilation, dimensions of rooms intended for human habitation, building heights, open spaces and other related matters.

These controls are already reviewed in whole or in part by the Town and Country Planning Division, the Water and Sewage Authority (WASA), the regional corporations, and other government agencies in the permitting process. This reform does not remove public health protection. It removes routine CMOH involvement where no distinct health approval is required and preserves CMOH authority where genuine health risks arise.

The Bill therefore removes a duplicated approval, not a safeguard. For any country to progress and develop for the benefit of its citizens, it must continuously

be in a state of reform. We reform because what may have served us well in the past has outlived its usefulness. Our environment has been changing over the years. Our population has grown significantly. Paper-based applications are moving at an increasing rate to electronic applications. In this case, this legislation, in an era where speed and efficiency are highly desired, has outlived its usefulness in certain areas.

Projects involving food preparation, healthcare, sanitation risks, on-site wastewater disposal, communicable disease concerns, or other prescribed health-sensitive uses must continue to receive the appropriate health review. What is being removed is an additional, overlapping approval that has too often duplicated the work of competent agencies, reopened matters already approved, and delayed projects without producing a separate public health benefit. The removal of this routine approval is justified. It is necessary, and it is overdue.

Our modern development system already assigns clear responsibilities: The Town and Country Planning Division determines land use, density, subdivision layouts, lot sizes, and planning standards. Municipal corporations administer building permits, inspections, and completion requirements. The Water and Sewage Authority addresses water, plumbing, and sewage. The Fire Services addresses fire and life safety. The EMA addresses environmental impact. Architects and engineers are professionally responsible for the technical designs they prepare and certify.

Yet, after these matters have been reviewed, applicants have still been required to obtain County Medical Officers of Health's concurrence. That concurrence has sometimes been used to revisit lot size, ceiling heights, room dimensions, elevations, plumbing, and engineering drawings, even where those matters have already been approved by the authority legally and technically

responsible.

This is a step towards streamlining Acts of Parliament, empowering other government Ministries and statutory agencies to govern land use planning and development, which has resulted in instances of jurisdictional duplication and redundancy in the construction permitting system, incurring protracted delays, bureaucratic inefficiencies, loss of investment opportunities, and public dissatisfaction. Today's step carries Trinidad and Tobago towards a more modernized system of government, and this administration's promise of timely, efficient, and fair service delivery. That, Mr. President, is effective regulation. We are avoiding cases where citizens, developers, builders, families looking to start a home, and investors pay a price for inefficiency and bureaucratic delays.

Therefore, the principle behind this reform is simple. One matter should be decided once by the agency and professional that is competent and accountable for deciding it. These reforms have received the support of the Joint Consultative Council for the Construction Industry, the JCC. In an April 04, 2026, Trinidad and Tobago *Express* report entitled:

"Removing CMOH hurdle will be a relief to builders."

It was stated, and I quote:

> "The Joint Consultative Council for the Construction Industry (JCC) welcomes the…decision to remove the County Medical Officer of Health (CMOH) from the building permit approval process-a reform that has been publicly presented as part of a broader effort to reduce duplication, shorten approval timelines, and improve administrative efficiency in the construction sector."

In this report, the JCC further added that:

> "For too many years, developers, professionals, and citizens have faced an

approvals system burdened by unnecessary layers and outdated procedures that delay legitimate projects and increase the cost of doing business. The removal of redundant steps is therefore a sensible and timely measure that should contribute to a more efficient development approval framework."

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh: From our actions today, we see that in taking the measures from a legislative angle, it improves efficiency while preserving appropriate health and safety safeguards. All citizens and those seeking investment interests in Trinidad and Tobago can trust that this reform will be advanced with urgency in the national interest and in support of a more modern, responsive construction sector.

The amendments of the Public Health Bill, therefore, highlight that in the absence of administrative streamlining of legislative enactments pertinent to the construction permitting process, the role of the County Medical Officers of Health has been rendered as largely administrative and duplicative, resulting in bottlenecks on developed TT, the online automated construction permitting system managed by the Town and Country Planning Division.

Consider housing developments of more than 200 units; the subdivision layout, including its lot size, has been fully approved by the Town and Country Planning Division. Nevertheless, the application remains on a CMOH desk for more than a year because some lots were considered undersized. There were no workable alternatives. No revised configuration was provided. No site-specific sanitation failure was identified that could be technically corrected. TCPD had already approved the lots, but the CMOH would not accept them. The project simply sat languishing.

During that period, the contractor and developer reportedly lost millions of

dollars through financing charges and escalating material costs. More than 200 homes were delayed because an additional health clearance had become, in practice, a second and unappealable planning decision. Consider the development of over a billion dollars, temporary buildings associated with and required to facilitate that project had already been approved, but the CMOH clearance was reportedly refused because the finished ceiling height was nine feet. Nine feet is not a cramped or, obviously, deficient ceiling height. It was regarded by the project team as generous and consistent with international applied design practice. Yet, the project was instructed to alter all of the affected buildings, which, in this case, could have entailed major renovations to the buildings as they were prefabricated structures.

Doing so would have changed the approved drawings and potentially placed the development in conflict with its operative planning approval, allowing it to be deemed potentially structurally unsound. An objection to temporary support buildings therefore became a constraint on the project of a billion-dollar development with significant consequences of time and cost. There were medical diagnoses. There were planning and architectural determinations. They were not made by the TCPD, a registered architect, nor an engineer exercising relevant technical responsibility. They were imposed through medical health clearance.

Every uncertainty and unnecessary month of delay has a cost. Interest continues, bridging and construction finance remain outstanding, loan commitments may expire, contractors' professional terms must be retained, materials and tender prices escalate, purchase agreements and mortgage approvals may lapse. In many developments, the exit from bridging finance is tiered to the corporation's completion certificate and the closing of sales. An overlapping CMOH clearance process prevents that certificate from being issued, a

substantially completed building can remain commercially stranded; the developer cannot exit expensive short-term financing; purchasers cannot close; proceeds cannot be released; and capital cannot be recycled into the next phase or the next project; for subdivisions, the same delays can prevent individual lots from being conveyed, mortgaged, or sold. The land remains trapped in the parent development instead of becoming marketable property.

2.00 p.m.

These are not abstract administrative inconveniences. They are losses borne by homeowners, developers, contractors, purchasers, lenders, and ultimately the national economy. They delay housing, employment, investment, taxes, and economic activity. All of this can arise from one additional approval that, where no genuine health question exists, adds no distinct regulatory value.

So, Mr. President, please allow me to put some figures that have been given to me into this. Permitting delays are a tax on investment, and Trinidad and Tobago has been paying it for a long time. When the World Bank last benchmarked us in 2020, it took 254 days and 16 procedures to obtain a construction permit in Trinidad and Tobago. The regional average for Latin America and the Caribbean was 191 days. The average for the advanced economy was 152 days. We ranked 126th out of 190 countries, and yet the official fee for a permit here was only .1 per cent of the value of the building.

In other words, it is not the cost of the permit that deters investment in Trinidad and Tobago. It is the time. Time, not money, is the binding constraint and the CMOH stage is one of the places where that time is spent. No comparable jurisdiction retains a step of this kind in any form. For the first time, we are able to measure the stage directly. Town and Country Planning Division has extracted every CMOH transaction recorded on DevelopTT since the system began in 2020.

The records show 7,277 applications referred to the CMOH. That is about 1,600 building permit applications a year, and 82 per cent of them are for single-family homes. Mr. President, this is overwhelmingly a stage that ordinary families pass through on the way to building a house.

DevelopTT gave the CMOH a service standard of 21 days; against this standard, an approved building permit application waited an average of 67 days at the CMOH. Only 15 per cent were decided within that standard; 22 per cent waited more than 90 days. One application in every four was sent back to the applicant with queries, on average after 72 days, and they joined the queue again. Non-residential projects, shops, factories, warehouses, and hotels that carry most of our employment and investment waited the longest of all, an average of 93 days. And because the CMOH stage is in sequence in the DevelopTT workflow and not alongside the other agencies, every one of these delays is added directly to the applicant's total waiting time. That is why sometimes it takes years for some people to get approval.

The data also tells something about the nature of this delay. The CMOH officers perform what is, in substance, the same review on the same kind of application, yet their performance differs enormously. St. Andrew/St. David averaged 32 days; St. George East averaged 40 days. Victoria averaged 77 days, St. Patrick averaged 106, and Nariva/Mayaro: 109 days. In St. Patrick and Nariva/Mayaro, no more than 4 per cent of approvals met the 21-day standard. When the same review takes one month in one county and more than three months in another, the delay is administrative, not technical. It cannot be fixed by adjusting the review. It can only be fixed by removing the duplication. A construction permit is an input in every building investment in the country: homes, schools, factories, et cetera. Each additional month spent waiting for an approval

imposes costs that are real even though they may never appear in any government account.

There are four ways in which delays cost the economy. Again, the carrying cost of capital, deferred output and income, cost escalation, and the fourth, the largest, is investment that is deterred or diverted. The cost is inevitable because it is the project that is scaled back, abandoned, or built in another country because of the delays the investors expect here. Applicants and investors have consistently identified lengthy permitting as a major constraint, and the Environmental Management Authority's own register records TTD1.3 billion of large project applications withdrawn or closed by applicants since 2020. We have put these factors together to estimate that the CMOH stage costs to the country, on conservative assumptions, about the value of each project is about TTD5.4 billion of construction and that passes through the CMOH every year, weighted by value, with the stage at 77 days to the path of that construction, taking carrying cost, deferred returns and escalation together at 0.75 per cent of project value for each month of delay.

The CMOH stage costs applicants about $100 million each year. Over 10 years, in today's dollars, that is close to $800 million. Half of the cost falls on non-residential projects even though they are only one referral in 11 because they are the largest projects and they wait the longest. The other half falls on households building their homes. These figures do not include the cost of query loops, and they do not include the investments that never come. Let me bring this down to the level of a single family. A family building a $1.5 million home that waits two extra months on the CMOH carries roughly TTD22,000 a month in additional financing costs, together with two more months of rent or interim accommodation. For many families, that is the difference between building this

year and waiting another year.

There is a rare life case that we faced when we came into Government. The United States Embassy planning matters illustrate the problem precisely, and it is a matter that the Ministry of Health itself had cited as an instance in which the Ministry of Health had to intervene. In March 2025, the embassy applied to the Town and Country Planning Division, through the DevelopTT, to redirect temporary living quarters for the workforce constructing its new facility. In May 2025, Town and Country granted approval during the statutory determination period. The application then went to the county medical officer of health, where it remained from May until August 2025, approximately three months. Approval was obtained in 2025 and only after the intervention of the line Minister.

Three features are worth putting on record. First, the statutory planning authority discharged its functions on time. The delay arose entirely at the duplicative state. Second, the matter was resolved not by the system but by Ministerial intervention, which is neither scalable nor available to the ordinary citizens building a home. And third, the applicant was a sovereign mission building accommodation for the workers constructing a major diplomatic facility. The reputational cost to Trinidad and Tobago as an investment destination of a three-month wait for a duplicated sanitary review is unacceptable. For a project worth $100 million, a three-month delay of this kind represents about $2.25 million in construction costs, roughly 2 per cent of the value of the project.

I remind this honourable Senate that three months is not exceptional. According to DevelopTT, three months is the average wait for a non-residential applicant at the CMOH. The embassy's experience was not an outlier. It was the ordinary experience of commercial applicants in Trinidad and Tobago. Over the last 10 years, no measures were taken to address the issue associated with the

Public Health Bill. Planning approvals languished. Certificates of environmental clearance for projects of $50 million and over languished, and applicants walked away from $1.3 billion of large projects. In a little over one year, the promises made in the campaign trail by this administration to improve the ease of business are being kept and are well on its way.

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh: Mr. President, the cost of delay is one side of the ledger. The other side is what the economy gains when the delay is removed. Shortening the permitting timeline changes when construction spending happens and at the margins, whether it happens at all. Construction draws on other types of input: cement, aggregate, transportation, fabrication, professional services, and labour. It generates economic activity once promulgated. For a small open economy such as ours, every single dollar spent on construction generates a further 60 cents of activity in the rest of the economy through suppliers, transporters and other workers.

The reform delivers its gain in two ways. The first is timing. Every project in the pipeline reaches the construction stage sooner, but the number of days the CMOH stage used to take, spending that would have arrived later, now arrives in the first year after this reform takes effect. We estimate that roughly TTD1.1 billion of construction spending is brought forward into the first year. Once the wider effects on suppliers and workers are counted, the spend generates about $1.8 billion in total sales through the economy, of which about $800 million is new value added to our GDP or half of 1 per cent of GDP, and it sustains roughly 6,000 jobs for a year.

I want to be precise, Mr. President. The nature of that gain, it is bringing forward activity, not a permanent increase in the size of the economy. Its

significance lies in its timing. It arrives exactly when the construction sector is contracting and needs it most. The second challenge is the recovery of investment that would otherwise be lost. The EMA register shows about $220 million a year of large project applications withdrawn or closed, and DevelopTT records a further 51 withdrawals at the CMOH. Withdrawals have many causes, and I will not put a number on how much of that investment our shorter process will bring back. But a system with one fewer discretionary stage will recover some of it, and none of that recovery is counted in the figure I have just given to the Senate.

This speaks to the timeliness of this reform, Mr. President. The CSO's national accounts show that construction activity in 2023 and 2024 contracted 6.4 and 5.8 per cent respectively. Over the 10 years, from 2015 and 2024, construction sector contracted in eight of them. Its output today is more than a quarter smaller than it was in 2014. Construction, together with electricity and water employees 69,900 persons in 2024, or 12.3 per cent of the employed labour force. There are some 5,300 jobs lost in a single year, based on the Central Bank's account. In a sector that has been shrinking for over a decade, a reform that shortens the path from planning permission to site mobilisation at no fiscal cost to the Government is precisely the measure this economy needs.

The construction sector is one of the most important drivers of activity in Trinidad and Tobago outside of the energy sector, and it works through forward and backward linkages. So, while we create a more efficient and streamlined process that eases the burden on citizens and investors, we are also recovering economic gains that could have been lost, and that have been lost over the last 10 years to delays in the construction permitting process. When we improve the ease of doing business for the investors who are already here, we send a signal to investors everywhere that Trinidad and Tobago is open, ready and serious about

making investments happen.

At this point, Mr. President, I would like to reiterate that the public health function of the County Medical Officers of Health is well preserved in sanitation, drainage and other areas. When we evaluate several matters currently reviewed by the CMOH as part of the construction approval process, we noted that they were not reviewed by the CMOH alone. As I have stated before, construction by TCPD Space and Light, by the regional corporation's height, plot size and drainage by Works and Infrastructure, the Drainage Division and so on.

So, therefore, as it currently stands, there are overlaps in the Public Health Ordinance that are deserving of this current legislation reform. The significance of the information above is that no matter what is reviewed by the CMOH, it is not reviewed by the CMOH alone. The marginal contribution of the CMOH stage to public health protection in these matters for review, along with the construction permitting process, is therefore close to zero.

Therefore, removing the CMOH from the construction permitting process significantly reduces permitting delays, making the process easier and more beneficial to everyone.

2.15 p.m.

As a government, we have maintained that the municipal corporations conduct the requisite public health assessment that ministerial powers are retained. Port of Spain, San Fernando, Arima, Point Fortin Corporations already exercise public health functions in the permitting process through their own medical officers of health and public health inspectors. The amendment to the Bill extends this model to all the other 10 corporations to exercise the same powers a local authority has, and therefore the ones in the four, in Port of Spain, San Fernando, Arima and Point Fortin remain untouched as we extend this to the other corporations.

The Ministry of Health has asked that the regional corporations be resourced to carry the function and that request is reasonable. Any incremental cost is modest, since the inspectorate staff already exists and the CMOH resources released can be redirected to post-permitting monitoring.

Mr. President, how much time do I have left?

Mr. President: You have until 2.30.

Sen. The Hon. Dr. K. Swaratsingh: Okay. Thank you very much. So Mr. President, the amendments to the Bill have no direct fiscal cost to Government nor stakeholders. No new office is recreated, no fee is abolished, no compensation arises. The CMOH establishment is unaffected. Officers are relieved of one function and retain all others. Any reallocation of inspectorate resources to the regional corporation is a matter for the Ministries of Health and of Rural Development and Local Government within existing budgets.

So therefore let me reiterate, Mr. President. The amendments to the Public Health Bill remove a duplicated approval created in 1965, before the modern planning municipal water and drainage statutes existed. It does not remove a safeguard. Every matter brought to the CMOH is reviewed by a specialist agency within statutory mandates. Trinidad and Tobago was last benchmarked at 254 days and 16 procedures to obtain construction permits. The CMOH stage is one of the procedures where that time is spent and these amendments eliminate that bottleneck and move us towards our goal of improving the ease of doing business in Trinidad and Tobago.

DevelopTT has provided the data and the data shows that benchmarked against a 21-day standard, all of the CMOHs reviewed do not fit within that requirement, barring 15 per cent. Some CMOH offices decide in a month and others take more than 100 days for the same review. The cost of delay is real. Estimated at 5.4

billion of construction passes through the CMOH each year. Trinidad and Tobago could ill-afford to have a process where so much is left up to so few with so little results. The construction sector contracted and therefore the need for reform is restated time and time again and this Government intends to act.

Public health protection is preserved through the municipal corporation, WASA Drainage Division, and EMA and the Ministry of Health, where they retain the general powers in section 21 of the ordinance. The Ministry of Health has no objection to this reform. Government will ensure that the repeal takes effect together with the necessary changes to DevelopTT, that applications already in the system are dealt with clearly and that the regional corporations are equipped to discharge the functions so that the benefit of this reform is realized from the first day of commencement.

The decision to remove routine CMOH approval is therefore not deregulation, it is better regulation. It restores planning decisions to the planning authority. It restores architectural and engineering decisions to qualified professionals and building authorities. It preserves CMOH involvement for genuine health matters. It introduces clarity where there has been overlap, accountability where there has been uncertainty and movement where projects have been allowed to sit indefinitely. This reflects this Government's dedication to development focused on inclusive people-driven growth, economic transformation and national resilience as envisaged by our leader and Prime Minister, the Hon. Kamla Persad-Bissessar—

Hon. Senators: [*Desk thumping*]

Sen. The Hon. Dr. K. Swaratsingh:—a vision backed by action for all in Trinidad and Tobago.

Mr. President, when I piloted this in the other place, I was very pleased to

get the support of the Leader of the Opposition and those opposite. I hope that we will have the same support here in this place and I thank my colleagues for allowing us to speak on this matter today. I think it is an important amendment. It is going to have—I think I lost one of my papers—tremendous impact and effect on the ease of business in Trinidad and Tobago and of course as my colleagues—it takes away discretion and allows an automation of a permitting process that will create further support in developing Trinidad and Tobago as an investment-ready place and increase the ease of business for Trinidad and Tobago. And so with those few words, Mr. President, I beg to move.

Hon. Senators: [*Desk thumping*]

Question proposed.

Sen. Foster Cummings: Thank you, Mr. President, for the opportunity to make a contribution on the Bill before us. Mr. President, whenever we come to this Parliament to make law, we on this side will always consider the impact of that legislation on the citizens of Trinidad and Tobago and as was said by the mover, that will impact the ease of doing business.

The Bill before us seeks to remove the oversight of the County Medical Officer of Health from the development process by repealing section 35A of the Public Health Ordinance and revoking bye-law 6 of the Public Health (Streets and Buildings) Bye-Laws.

The Government's case is that this requirement has become duplicative and is now contributing unnecessarily to delays in the approval of construction projects. And there is merit in that argument. We know only too well that those who are involved in the construction industry have complained over time about what might be seen as unnecessary delays in attaining a building permit after the process which starts at the Town and Country Division, which takes about 90 days. Then that

approval, that plan, those plans are sent to the municipal corporation. It also takes about two to three months and thereafter a series of other agencies, one of them being the CMOH. And as the Minister indicated, at different counties you have a range of between two to nine months. Some people have waited as long as two years to get that final approval. It really is inefficient and therefore any move to improve that situation and make it a situation that is more user-friendly will certainly be welcomed by citizens of Trinidad and Tobago.

What does the removal of bye-law 6 entail? Bye-law 6 deals with the size of the lot, where it specifies that the size of a lot should be at least 5,000 square feet, and we are all familiar with that. I did not hear from the Minister and I do not know what the Government policy is on this, whether at some future date we are going to have a policy position on what is going to be the minimum size of a lot. Because by removing this requirement of 5,000 square feet, what are you replacing it with? Are you going to—is it going to be 3,000? We know certain areas of the country, Belmont, Woodbrook, certain unplanned developments, in particular areas that have been regularized after squatting and so forth, may have irregular lot sizes. But what henceforth is going to be the workable minimum lot size? Or is it going to be left to the discretion of the various other agencies and is that not in itself going to cause a delay? Because if there is no guidance coming from the Legislature, what then is going to be the way forward?

And as in true Trinbago style, you may have an approval on a lot size 3,000 approved at Town and Country and when it gets to the municipality for approval, you have conflicting interpretations of how these approvals can go. So this in itself, while it is welcome in terms of clearing a bottleneck where persons who have a lot size less than 5,000 have been stuck in the approval process. Even the removal, without a clear indication or no indication at all might in itself result in

some difficulties and I want for the Government or maybe the Minister in his wrapping up to indicate to the Senate what is the Government's policy position on that matter.

Mr. President, at the post-Cabinet media briefing on April the 2nd, the Minister of Land and Legal Affairs indicated that the average time for a plan to receive CMOH approval was approximately eight months, with some applications taking as long as two years. This is more than a significant delay. At one stage of a process in which an applicant is required to obtain several other statutory approvals, if the CMOH office alone was taking that long, then one could imagine the other areas of bottlenecks that an applicant would be facing. And in his laying of the Bill, the Minister himself indicated that it is an effort to ease the process for citizens.

But the problem is not only one of length of time, it is also the way the present law is structured. Section 35A gives the Minister responsible for health, joint responsibility with the local authority for a range of matters relating to building construction, health and safety, ventilation, open spaces, building dimensions and other related considerations.

Now, what is this County Medical Officer of Health? Someone was asking me this question. Mr. President, for the listeners paying attention to this debate, the Office of the CMOH functions as an independent, professional and technical centre for protecting and improving the health of the population. Its work is primarily concerned with population health, rather than the day-to-day management of individual hospitals. The CMO and relevant technical units can provide medical advice, assess risks, coordinate responses and support the communication with other government agencies and the public.

2.30 p.m.

And what are some of the major responsibilities? Medical and public health

advice, public health policy and planning, disease surveillance and epidemiology, communicable disease prevention and control, environmental and public health, quality standards and patient safety, and emergency outbreak response. And therefore, there is a lot of responsibility falling under this office. So, one can understand, when you look at the structure—and some of these counties have one officer assigned to them—what may have been one of the reasons behind the delay is a manpower issue, is a systems issue, and I agree that there is an existing level of duplication.

Mr. President, where the exercise of those powers by the Minister conflicts with that of the local authority, the Minister's decision prevails. And before the local authority can approve building plans falling within that framework, it is required to give the Minister 28 days' notice and await the Minister's decision. For applications involving the use of land for buildings or the subdivision of land into building lots, duplicate plans must also be submitted to the Minister and the local authority must wait for the Minister's decision on the relevant matters before granting approval. So what section 35 creates is a separate layer of statutory oversight through health, which local authorities cannot simply bypass. And in practice, the Government says that this layer is now taking an average of between eight to two years, as I said. And this is where the case for reform becomes compelling. The Minister asked whether he was going to get support for the legislation. We support all good legislation coming to this House.

Hon. Senators: [*Desk thumping*]

Sen. F. Cummings: Many of the matters covered by the health oversight are now also dealt with elsewhere in the modern development approval process. The Minister of Planning, Economic Affairs and Development has argued, in moving this Motion, that the CMO is duplicating cheques already carried out by other

agencies, creating an additional requirement in an already lengthy process. The Public Health Ordinance itself also leaves local authorities with some substantial responsibilities relating to drainage, water supply, open spaces, ventilation, and matters affecting public health.

I wondered while the Minister was speaking, where the responsibility in terms of the health aspect was going to fall. But just before his winding up, he said something that may answer that concern. Because he said that the public health—and the Minister will let me know if I am quoting him incorrectly—responsibility at the regional corporations will be resourced to perform the function that is currently being performed by the CMOH in this construction approval process. So that you intend possibly to remove some of the revenue that is associated with the function at the CMOH office to the local authority, so that the public health officers at that location can conduct that function. And if that is the case, then we will look forward to that actually happening. Because quite often, we get those commitments at this stage of the process, but the actual implementation of that does not occur. So, therefore, in the budget that is to come in October or November, or whenever you intend to bring the budget, we would be looking to see whether, in fact, the allocation at the local government level has somehow been improved to make sure to pick up that requirement of the health considerations.

The case being made is that this layer is no longer required—this layer at the CMOH's office. And therefore, if that is correct, then there is no justification for retaining a process that can hold an application for the length of time that I have spoken about earlier on, which the Government says is between eight months and two years. Where this same objective can be achieved without that duplication, the process, of course, should be modernized, and we support the modernization of the process. The benefit of this amendment should therefore be quite practical.

Once section 35A is removed, the local authority will no longer be legally required to pause its approval while awaiting this separate decision from the Ministry of Health. Because in practice, what happens is that when you receive your Town and Country approval, and it goes to the municipal corporation for their approval, and their officers, in terms of their building inspectors, et cetera, do their approval, it then has to go to the CMOH office, get that approval to come back to the local authority before they can issue their final approval. And so, if this requirement is removed, then we expect that it will take a little less time. And, of course, you say it is duplication, and if it is in fact a duplication, we look forward to having people's plans and approvals being given in a faster time.

At one of the points at which an application can be stalled for months, the removal of this CMOH requirement will therefore improve the process, as I said earlier on. This will, of course, Mr. President, reduce processing time and allow developments that have satisfied the remaining applicable requirements to move forward sooner. So opposition on the principle of this amendment is clear: Where there is a genuine duplication, remove it. And not only in relation to the CMOH, but throughout the whole ecosystem of approvals in this matter. Where the necessary public health protections continue to exist elsewhere, there is no benefit in retaining an additional approval simply because it has existed for decades. This came into existence, I think, sometime in 1965, as was mentioned by the Minister in the moving of the Motion with the WASA legislation, and therefore it is more than an appropriate time for reconsideration.

On this side, Mr. President, we support the objective of this amendment, but having established why this particular bottleneck should be removed, of course, the next question is equally important: What happens to the rest of the development approval process once this is done? Because this may very well involve removing

a bottleneck from one location, only to place it at another location. So you remove the CMOH office, but if in the other areas it is not improved, then you have not really improved the overall system.

Mr. President, so we have to discuss the wider development approval process. In April of this year, the Minister of Land and Legal Affairs chaired a multi-ministerial meeting, specifically aimed at modernizing the national construction and development approval framework. The meeting brought together the Ministers with responsibility for planning, works and infrastructure, rural development and local government, together with teams from Town and Country Planning, the EMA, WASA, and the Drainage Division. And coming out of that exercise, the Government established a very ambitious target that all statutory approvals should be achieved within 45 days; very ambitious. I will be happy if you can achieve that. We always say on this side that you are still the Government of Trinidad and Tobago for all of us. You do not always behave that way, but when you do, we praise your successes. We want the Government to be successful, so if you can achieve this target of all approvals within 45 days, I will be the first one, along with my colleagues, cheering the successes of the Government as you move to modernize the economy, get construction booming, LandmarkTT, et al., HDC—

Sen. Alexander: [*Inaudible*]

Sen. F. Cummings: All of that, I will be very happy. We would be right there saying, "Cheer on, good and faithful servant."

Sen. Alexander: [*Inaudible*]

Sen. F. Cummings: We will not say that.

Hon. Senators: [*Laughter*]

Sen. F. Cummings: Because in Trinidad and Tobago, if you are serious about

improving the ease of business, accelerating housing construction, encouraging investments, then citizens and developers must be able to move through the approval system within a reasonable and predictable period. In the business world, predictability is money. You are taking risks, you are borrowing money. Even if it is a single-family investment of constructing a home, you might be getting involved in bridging financing. You are looking for a mortgage—there are very few families who can afford to build a home by cash, so you are talking about borrowing money. And when these unnecessary delays come about, it really puts a strain and a burden on working class families.

What is particularly relevant to this debate is that at the same time the Government said that it had already agreed to remove the CMOH from the routine building approval process and was examining the other bottlenecks that were causing the unnecessary delay. So this Bill, in fact, represents one tangible outcome of the wider exercise promised by the Government.

The Government then identified the CMOH process as a bottleneck. It determined that the function was duplicative and it has now brought legislation today to Parliament to remove that. We acknowledge that, but the 45-day commitment was not a commitment to fix the CMOH stage alone. It was a commitment concerning the entire statutory approval process, and that is where the discussion must go. Five months have passed since that target was announced, Mr. Minister, and this Bill tells us what the Government has decided to do about one bottleneck. What has the Government's wider review established about the others? Which other stages of the development process have been identified as significant sources of delay?

Sen. Roberts: PNM.

Sen. F. Cummings: Which of these delays require legislative intervention?

Sen. Roberts: [*Inaudible*]

Sen. F. Cummings: I would think that the Minister who is trying to distract me would pay attention to the $3.4billion that had to be stalled in the HDC by the procurement regulator.

Hon. Senators: [*Desk thumping*]

Sen. F. Cummings: Which of these delays require legislative intervention? Which require administrative changes or better coordination among the agencies involved? I am trying to keep this debate as productive as possible, so you will encourage yourself to not distract me when you are getting support.

Hon. Senators: [*Desk thumping*]

Sen. F. Cummings: And what is the Government's plan for addressing them so that the 45-day target can ultimately be achieved? Removing the CMOH requirement would save time at one stage, but the Government's own target requires improvements across the entire developmental approval process, Mr. President. If an application moves more quickly through one approval, only to spend months awaiting another, then the overall delay remains.

Mr. President, I am not suggesting that the Government promise that every application would already be completed within 45 days. That would not be a fair representation of what was announced, and we try to make sure that we accurately represent information from this side. But once the Government establishes a national target, brings the relevant agencies together, identifies the bottlenecks and commits itself to reforming the process, Parliament is entitled to know what that exercise has revealed and what comes next. I am making an assumption that this is the direction that the Government is going in, attempting to achieve what it promised citizens of Trinidad and Tobago that it would. The Bill gives us one answer: It tells us what the Government intends to do about the CMOH bottleneck.

What we need now is a road map for the rest of the system, Mr. President.

2.45 p.m.

Because ultimately, the process of this reform will not be measured by the removal of this requirement alone. As I said earlier, you can remove this requirement. We support the removal of this requirement, but I mean, on the face of it, because it is not unlike the behaviour of the Government to not give us the full picture. You know, we are keeping our eyes on LandmarkTT, in particular, and some of the very, you know, interesting things that have been happening there, but we take your word that this is genuinely intended to improve the application apparatus, and in that regard, we support it.

If anything happens later on, we come back here and report to Trinidad and Tobago that there is something—there is more in the mortar than the pestle. Because I mean, some people are saying you are reducing lot sizes. Are you going to go on a rampage to produce small lots and not look at the health considerations and all these things? But I know you are going to come back because the Minister spent a lot at time—are we going to have a flood of tiny homes across Trinidad and Tobago? I mean, containerized temporary structures, kind of like the police post. We are paying attention, but we support in principle what you are trying to do, but do not go overboard with it.

Mr. President, there is another question that follows directly from the Government's 45-day commitment. The development approval process does not sit with one agency; it involves statutory bodies, each with its own responsibilities and its own part to play. But the Government has established one overall target for the process of these 45 days. So, how is that target being managed across the different agencies involved? Because, as I said, 45 days is very, very ambitious. Even in the Minister's comments in relation to comparisons across the region, the

Caribbean and Latin America, et cetera. I did not hear any of those countries anywhere close to that 45-day target, so it is okay to adjust it. It is okay to come back and say, well, you know, we said 45 days, but after looking at everything, we think might be more reasonable to say 90 days, 60 days, et cetera. Nobody is going to beat you for that.

Because setting a 45-day target is one thing, making several agencies collectively deliver it is another. If an application passes through Town and Country Planning, then WASA, then EMA, then Ministry of Works Drainage, or any other relevant agency, then there must be a system for ensuring that each stage is completed within a time frame that allows this 45-day target to be met. What timelines have been established for the individual agencies? Who monitors whether these timelines are being met? What happens when an application begins to fall behind, is there an escalation mechanism? Who has responsibility for intervening before one delay causes an entire 45-day target to be missed? Who prevents one agency from taking that 45 days? Those questions will tell us whether this target was backed by a serious implementation plan, or whether it was simply a headline announcement with no clear path to delivery, and that is directly relevant to the Bill before us, Mr. President.

Because the stated purpose of this amendment, as stated by the hon. Minister, is to remove an unnecessary layer of approval and reduce delay within the development approval process—almost the Minister's words verbatim. So, if Parliament is being asked to remove one bottleneck in the interest of speeding up approvals, then Parliament is also entitled to know how the Government intends to ensure that the time saved at this stage is not simply lost elsewhere in the process. I am sure, in the Minister's winding up, he is going to tell us something about that,

he is going to speak to that because citizens are concerned that the delays are really unreasonable.

Who monitors the application across the different stages? Who intervenes when the delays begin to emerge? Who is accountable for ensuring that the overall process delivers the faster approval that this Bill intends to support? Because we must, at some stage, move towards almost a one-stop shop where someone can come in at one stage. Where there can be a tracking number; where they can go online; where they can see whatever queries there are; respond possibly online; get a response; track their application; predict when it should come back to them in terms of the approval, and that sort of overall position is what will be welcome.

Removing the CMOH may shorten one stage, but the success of this amendment will ultimately be measured by whether it contributes to a development approval process that is actually faster from beginning to end. This, Mr. President, requires coordination across the agencies, clear responsibility for delays, and a system capable of ensuring that the removal of one bottleneck does not simply expose another. So, as we remove this unnecessary layer today, the Government must also tell us how the wider process will be managed to ensure that the benefit of this amendment is actually felt by the applicant.

The Minister also placed some significant economic figures before the country in support of this amendment. In presenting the Bill, the Minister indicated that delays attributable to CMOH approval process cost applicants approximately 100 million every year annually. He went on to say that over an eight-year period, that would be $800 million. The Minister also estimated that removing this bottleneck could bring forward approximately $1.1 billion in construction expenditure. I did not hear him say that today, but he did say that in the other place. Those are quite substantial figures, Mr. President, and if the

Government is relying on them to demonstrate the economic case for this reform, then Parliament is entitled to know how they were arrived at? What methodology was used? What period was examined? What assumptions inform the calculation? Because 100 million cannot simply be a number used to sell this amendment. If that figure reflects the real cost of delay at one stage of the development approval process, then it also tells us something much bigger.

It tells us that delays within this system carry a serious economic cost. Projects are postponed, financing costs continue—bridging financing, mortgage financing, credit union funding, whatever the circumstances are. Construction activity is then deferred. Employment opportunities that would have been created as a result of these construction projects will be delayed or lost completely. An investment that could otherwise be moving through the economy remains tied up in the approval process. So, the importance of these figures goes far beyond the CMOH itself.

If the Government has developed a methodology, capable of quantifying the economic impact of this particular bottleneck, then that same evidence-based approach should inform the wider reform programme. The Minister spent a lot of time advising us that the hon. Prime Minister had given special attention to the Ministry of Planning and Development and added Economic Affairs as part of the responsibility falling under the Ministry of Planning and Development. And with the Minister's own experience in other places before he came to this current assignment, he should, of course, appreciate the importance of the evidence-based approach in these matters.

As the Government identifies other sources of delay, it should also be assessing which of these delays are having the greatest impact on investment, construction, and economic activity. That matters because reform should be driven

not only by which bottleneck is easiest to remove, but by where intervention will have the greatest effect. Mr. President, the wider problem becomes even clearer when we look at another part of the development approval process.

In November last year, the Minister of Planning, Economic Affairs and Development made a significant disclosure. He said that the EMA had advised him that over the previous five years—and the Minister can correct me if I am misquoting him—approximately 34 billion in potential projects had stalled within its system. According to the Minister, some applicants were still awaiting feedback, some had become so frustrated that they walked away, and more than one billion in potential projects had been taken out the system altogether. These figures demonstrate that the delays affecting development are not confined to the CMOH stage alone. So, while we support removing the duplicative CMOH requirement, the Government also has to account for the bottlenecks it has already acknowledged exist elsewhere in the system.

What has been done since that disclosure to address the delays affecting projects before the EMA? How much of that potential investment has since progressed, and what changes have been introduced to prevent similar projects from becoming stalled in the future? Because if billions of dollars in potential investment have encountered difficulty at another major approval agency, then reform cannot stop at the CMOH. We therefore look forward to your other steps in relation to the problems that you identify exist as bottlenecks elsewhere in the system. If removing the CMOH, simply allows an application to move more quickly into another queue, then we have not solved the problem, we have simply relocated the queue.

Mr. President, Tobago gives us a very practical example of why this Bill, while necessary, cannot be presented as a solution to the wider development

approval problem. In December last year, speaking at a public meeting in Mount Grace—you know I like Tobago—THA Chief Secretary Farley Augustine publicly complained about delays—

Sen. Roberts: [*Inaudible*] about Tobago?

Sen. F. Cummings: Tobago loves me—public delays affecting projects on the island. Among the agencies he identified—

Sen. Roberts: Fifteen-zero.

Sen. F. Cummings:—were WASA, Town and Country Planning, and T&TEC.

Mr. President: Member [*Inaudible*]

Sen. F. Cummings: Thank you, Mr. President. According to the Chief Secretary, Tobago had been waiting too long for approvals, affecting roads, tourism, infrastructure, and other major development plans, Mr. President. These are not CMOH delays, and that is precisely why Tobago matters to this debate.

We support removing this requirement of the CMOH because it is duplicative and because it has become a source of unnecessary delay. But let us not allow one legitimate reform to become a convenient explanation for every project that has failed to move. If the delay is at WASA, repealing section 35A does not fix it. If the delay is at Town and Country Planning, repealing this section does not fix it. If the delay is a T&TEC, repealing 35A does not fix it. This Bill solves one problem; it does not solve the problem. Tobago makes that distinction very clear. So, what has happened since these concerns were raised by the hon. Chief Secretary? Have the delays involving these agencies been addressed? Are those road works moving? Is the tourism project moving? I have not seen any. Are these major development plans moving?

Mr. President, if the Government is serious about unlocking development in this country, as the Minister has said in the moving of this Bill, then it must

confront the other bottlenecks with a level of urgency, otherwise, Tobago may see the CMOH disappear from the process—although the process is different in Tobago, it all falls under the Division of Health—while the projects themselves remain exactly where they were, still waiting on approval.

Mr. President, on this side, we support the objective of this Bill. We support that this requirement has become duplicative and that this has contributed to unnecessary delays. There is a sound case for removing it from the development process. When approval no longer serves a direct, distinct purpose, it should not remain simply because it has been there for a long time. So, on that principle, we agree, but necessary does not mean sufficient, because everything we have examined today points to a wider problem. The Government itself has acknowledged that.

3.00 p.m.

Its own Minister has spoken about billions of dollars in potential investment encountering difficulty elsewhere in the approval system, and in Tobago, projects have been publicly identified as facing delays involving agencies that have nothing to do with the CMOH. The Government must now show that removing this is part of a wider and credible programme to make the entire development approval process faster, more predictable, and more efficient. Mr. President, the real test comes after this Bill is passed.

Do applications move faster? Do projects that were stalled begin to move? Does investment that was waiting for approval begin to materialize? Do the people and businesses that depend on this system actually experience a developmental approval process that works better than the one we have today? Because, ultimately, that is how this reform must be judged. Yes, Mr. President, remove the unnecessary approval, but then fix the rest of the problem. Because if the CMOH

approval requirement disappears and the delays remain, the Government would have changed the law without changing the experiences of those who actually have to navigate the development application process, and, ultimately, that is what matters.

Mr. President, it is our expectation that with the support that the Government will get from this side, and possibly from the entire Senate today, on this move to modernize the application approval system in the construction sector, that we will see their promises come to fruition, that we will see, during the budget debate, allocations to improve the system at the local government level, and that the overall apparatus will receive some policy direction, and we see you back in this House requesting changes at the other areas that provide potential bottlenecks. I thank you, Mr. President.

Hon. Senators: [*Desk thumping*]

Mr. President: The Minister of Rural Development and Local Government.

Hon. Senators: [*Desk thumping*]

The Minister of Rural Development and Local Government (Hon. Khadijah Ameen): Mr. President, I want to thank you for allowing me to address this Senate, and members of the public, as I rise in support of this Public Health (Amdt.) (No. 2) Bill, 2026, a Bill that really addresses a longstanding issue of duplication in the construction permitting process. As the Minister of Rural Development and Local Government, this is particularly important to me because our municipal corporations are the front line when it comes to building approvals and inspections.

So I take this opportunity to contribute to this Senate in this debate, having contributed in the Lower House, where this Bill received unanimous support.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, the UNC was elected to deliver results and the Government will not allow outdated bureaucracy to stand in the way of citizens who want to build, who want to invest and move this country forward.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: I listened to the former Minister of—I think he was Sports, but he is intimately familiar with housing and house construction, and getting paid millions of dollars to do so, coming here to question the Minister of Planning, Economic Affairs and Development about removing bottlenecks, bottlenecks that he admits were there when his Government was in office. He is saying that, you know, this Bill is not the solution.

I am asking you, what solution did the PNM present? None, absolutely none. So you have no moral authority to chastise the hard-working, diligent and committed Minister of Planning, Economic Affairs and Development.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: You are misleading us. I feel misled, Mr. President, when he says, "Tobago loves him". Tobago loves him, 15-nil.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, this Government never suggested that this Bill is the entire solution. It is part of a holistic approach.

This particular measure to repeal section 35A of the Public Health Ordinance revokes bye-law 6 of the Public Health (Streets and Buildings) bye-laws. This particular measure requires legislation. There are other measures that may not come to Parliament, and this is why I said it is a holistic approach that may involve several Ministries, government agencies, even municipal corporations. So, for example, a municipal corporation could hold—instead of holding one statutory meeting per month to approve the recommendations for

building approvals, they can hold special statutory meetings, maybe once a week or when needed, or twice a month. There are regulations pertaining to planning that can be addressed by the particular line Minister, and there are administrative supports as well that could be implemented.

So this one measure that we are dealing with today requires the approval of Parliament because it is a legislative measure. We did not say that this is the entire solution.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: This Bill simply removes the CMOH from the routine construction permitting process. We are not removing building standards, Mr. President. I hear the former Minister, and I have to refer to him as "former Minister", because it is important when a person who sat in a government and did nothing to contribute to a process like this comes here today, and I know he is supporting, so I will go a little easy on him.

Sen. Cummings: "Don't hold back."

Hon. K. Ameen: But when you speak about "tiny homes", you are sounding as though we are removing building standards. This Bill does not remove the building standards. We are not removing public health protection.

We are removing an unnecessary layer of approval that is a duplication. It means that it is already being done. It is being done twice. That is what a "duplication" is. So instead of doing it twice, we are doing it once, making it easier for the public.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, you know, this section 35A that we are dealing with today reflects a regulatory structure that was developed decades ago. While I do not have time to go into the history of the Bill, I am very familiar in terms of

where it started and several updates throughout, and since then Trinidad and Tobago has developed specialized planning, engineering, municipal, environmental, and public health institutions.

Some of the institutions that are involved in the application process today were not even in existence when this 35A came about. So we must therefore ask whether, you know, every historical layer of approval remains necessary in 2026. We should not preserve democracy just for the sake of it, just because it existed for a long time. I want to share, for the benefit of this Senate—I did in the other place, but I feel it is important to put on record—the number of applications that we are talking about over the last—and I will just use the last five-year period. The information was supplied by the 10 municipal corporations who are involved, whose applications for approvals need to go to CMOH.

I will tell you, year by year, in 2022, overall, they dealt with 1,238 applications; 2023, 1,803 applications; in 2024, 2,267 applications; in 2025, 2,256 applications; and in 2026, to date, 1,484 applications. So from 2021, to date, in 2026, the record shows, the data shows that there were 9,199 applications submitted to the CMOH, even though the regional corporations have public health inspectors who also give the same approvals. So this is not a minor administrative issue. There are thousands of applications that are affected. When we say "applications", it is not paper files. An application for a building is not a file, you know, Mr. President. This is real people being impacted. Very interestingly, in those that I called there, 790 applications are currently pending approval at the CMOH.

I will deal with, later on, what happens to those that are pending. They have not yet received approval, and this law comes into effect, what will happen. So,

Mr. President, we have identified a bottleneck, we have quantified it, and now we are acting to address it as a responsible government.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: These files, these approval requests, they represent families who are waiting for a home. They represent small businesses who want to expand. They represent contractors who are wanting to begin work. They represent money that is already spent, because builders have architects and engineers. They do surveys. They secure financing. Government must respect the time and the investment of our citizens.

Municipal corporations play an integral part in the building control. Our corporation inspectors review applications and conduct inspections. They already perform the same inspections and the same approvals that the County Medical Office of Health does under the Ministry of Health. So this change allows local government to perform a duty that is already existing, a responsibility that they already have, and prevents the public from having to get it done twice. I still want to acknowledge the important work that the CMOH does, because they have so many functions in terms of disease prevention, food and water safety, vector control, school health, and wider public health administration. So it actually frees them up to do some more of those critical things.

I want to share with you, Mr. President, some of the issues that came up and provide some comprehensive answers. Since this Bill was laid in the other place, you know, questions have come forward. Who will now protect public health in building approvals, particularly in rural communities, which depend on septic tanks and soakaways? I want to tell you that the corporations have already been approving authority over under sections 36 and 37, and they keep that power to refuse any application where the water supply, the sanitary facilities or drainage is

inadequate, or if, on any other grounds, detrimental to public health. So they already have that power.

WASA continues to approve sewerage and plumbing in sewered areas for larger developments. The Drainage Division, the fire services, and the EMA continue to review based on their bye-laws. The assessment will be done within the corporations by public health inspectors, by building inspectors and engineers who apply standards to be settled with the Ministry of Health. So, the Bill removes that duplicated signature, that duplicated approval. The regional corporations have the capacity, Mr. President. They have the capacity and they have the legal authority to do what the CMOH has been doing for many years.

I want to tell you, there are four corporations that already have their own public health inspectors and medical officers of health that do their assessments in-house; Port of Spain City Corporation, San Fernando City Corporation, Arima Borough Corporation, and Point Fortin Borough Corporation. So they have local authority under the Ordinance, and the approving authority under sections 36 and 37, as I mentioned before. So the Government is taking the necessary steps under the Municipal Corporations Act to put beyond any doubt that every corporation may exercise the powers of the local authority under the Ordinance, not just the four that I mentioned. It will now be all the 14 municipal corporations. Mr. President, people have also asked, "Why does this Act come into force by a proclamation and what happens to the applications sitting within the CMOH?"

3.15 p.m.

You would imagine, Mr. President, I mentioned that there are 790 applications presently at the CMOH office awaiting approval. The commencement provision for this Bill is deliberate. It allows DevelopTT to reconfigure the Ministry of Health to issue its directive and the corporations to assign their officers

and the related steps under the Municipal Corporations Act to be taken, so that on the day of repeal, this takes effect and the new pathway is fully in place already. There will be no administrative hiccups because it is not as though we are shifting from one to the next. This Ministry has asked for that provision, so on commencement, no CMOH approval can be required, so pending applications will be determined by the regional corporation that they fall under. The intention is that they be routed to the corporation rather than applications having to begin again and the arrangements will be settled before the Act is proclaimed. So there is no need for applicants to do over their application to send it back anywhere because both the regional corporation and the CMOH already have these applications.

Mr. President, I want to make it very clear, this Bill does not remove the Minister of Health's oversight of public health in general in Trinidad. Section 21 of the ordinance under the Ministry of Health says that the Minister of Health may exercise the power of any local authority. That power remains untouched. The County Medical Officers of Health keep every other function, including nuisances, vector control, food premises inspection, infectious disease and monitoring premises after construction. This is a government measure and the Minister of Health's powers remain untouched, very critical. Mr. President, I also want to make it very clear that the Ministry of Rural Development and Local Government was consulted in the proposal and supported it. Our legal services unit, the local area and regional planning and development unit took part in settling the Bill and the Ministry has been working with all 14 of our municipal corporations since April so that they have standardized the requirements and the processing times and we will continue to engage them in terms of implementation before the Act is proclaimed. This Bill carries no cost to the Government, zero cost to the State. It saves time and money to every citizen, every developer, every homeowner who

applies for approval.

Mr. President, I also want to address another item that came up. I mentioned, Mr. President, that in this approval process, the municipal corporations have public health inspectors, medical doctors, building inspectors and engineers. We met such a terrible shortfall in—it was just administrative neglect. There were so many positions vacant, positions that were not filled. And, you know, this reminded me of 2010 when I became Chairman of Tunapuna/Piarco Regional Corporation. I recall that Act 21 of 1990 had given municipal corporations chief officers and all that time had passed and not one chief officer was ever appointed, and it took a UNC Government led by Kamla Persad-Bissessar in 2010 to make that happen.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Here we are again, Mr. President, coming into office in 2025, after 10 years of PNM governance, to meet so many positions vacant, it puts a strain on the resources of the municipal corporations. We currently have large municipalities like Sangre Grande and Chaguanas sharing one building inspector, imagine the number of applications on that one person's desk. We currently have several corporations, met several corporations who do not have engineers assigned to them, Mr. President, and what did we do? We did not throw up our hands and say blame the PNM. Yes, it is their fault, but we are here to fix it.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, the Ministry of Rural Development and Local Government has been advertising. We have done, some months ago, we did a complete assessment, we have advertised and we have started to conduct interviews for engineers and several other vacancies within the municipal corporations to strengthen them and give them the resources that were needed. It

falls into a bigger picture of administrative neglect that we met. For instance, while those on the other side spoke so much about procurement, do you know that the Ministry of Rural Development and Local Government did not have a procurement officer when we took office? We have since fixed that by creating a procurement unit and this procurement unit allows us to have a procurement officer in every single municipality because they account through the Ministry of Rural Development and Local Government to the Ministry of Finance. So we have created a procurement unit, we have created a local economic development unit and our public health unit, we are presently having consultations to deal with public health, all these things are inter-connected. So while this particular measure is directly a public health function, there are other public health functions under the municipalities that you need to strengthen and we are doing that in a holistic manner. So it is—

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: I also want to acknowledge that there are public servants—you know, Mr. President, after I spoke in the last place, a former Minister of Rural Development and Local Government messaged me and he indicated that, you know, he is fully supportive of the objective of reducing the unnecessary delays. He also suggested that removing the CMOH is one part of the problem and there are several other structural and administrative bottlenecks that he was aware the Government was working on to remove so that the construction sector will get a boost and he felt that these were practical solutions.

He and I discussed the shortage of building inspectors, the shortage of public health inspectors and, you know. He also had a sentiment that I also experienced where, when we have this shortage of officers because the other government failed to fill in those vacancies, people take advantage of the system. People, I mean,

people enrich themselves, they take bribes. In fact, some developers factor that in as part of the cost of doing a development that they have to "grease the wheel". And at every stage of the process, it could be corrupted and what that means is that you have little oversight because people get approval based on who they know, who they are friends with or whose "wheel dey grease". So that is a serious issue and what that leads to, Mr. President, is an undermining of the approval system. And I am saying to all persons who have applied for these positions, we will not tolerate that corruption. We will not.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: That is a very real challenge that we face and I say to members of the public, if you are aware of persons who are taking bribes, report it to the police, let them be investigated. There is a process where those persons can be removed, because there are persons who everybody knows what they are doing. They are public servants, they drive luxury vehicles, they build mansions, they have apartments all over the place and they are not doing that on a public servant's salary. So while many would point to politicians when they talk about corruption, the fact is that within the public service you have to root out the bad ones.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, that does not take legislation; that takes political will.

Hon. Senators: [*Desk thumping*]

Hon. K. Ameen: Mr. President, I want to end by commending the Minister of Planning, Economic—development, and what—?

Hon. Senator: [*Inaudible*]

Hon. K. Ameen:—Affairs and Development, and the Attorney General for paying attention to this, what might appear to be a little matter, because it is just one

clause. But this will remove an unnecessary duplication that has been burdensome to so many members of the public. Under the leadership of Prime Minister, the hon. Kamla Persad-Bissessar, our government is removing obstacles that frustrate citizens, that delay investments and hold back development. We are building a government that respects people's time, that supports home ownership, that encourages investment and delivers results.

We had a situation once where a foreign embassy was doing some construction and for months, when we came into office, it came to our attention it was bouncing between the Port of Spain Corporation, the Diego Martin Corporation and the Ministry of Health, back and forth because they could not decide who had the power concerning this approval for public health. This measure removes that doubt. Our municipal corporations are well prepared to step up, in fact, they have been doing it all the time. So this places, Mr. President, that responsibility that they alone will conduct, but it does not remove the oversight that the Minister of Health has over every single public health issue in Trinidad. This is the change that this Government was elected to deliver and I proudly support the Public Health (Amdt.) (No.2) Bill, 2026, and I thank you, Mr. President, for the opportunity to address this House. Thank you.

Hon. Senators: [*Desk thumping*]

Mr. President: Parliamentary Secretary in the Ministry of the People, Social Development and Family Services.

Hon. Senators: [*Desk thumping*]

The Parliamentary Secretary in the Ministry of the People, Social Development and Family Services (Sen. Dr. Natalie Chaitan-Maharaj): Mr. President, goodafternoon. I thank you for allowing me to rise to contribute to this Bill, the Public Health (Amdt.) (No. 2) Bill, 2026. I will start my contribution by

asking my fellow Senators a question, through you. How many of us here have tried to build our own home? How many of us have tried to build our own home, not a private building that we use for commercial rent, our own home, a place where we can raise our children, a place where we can have our cats and our dogs, our white picket fence, a place to rest our head? This is what most Trinidadians and Tobagonians aspire to, is it not?

So, I remember building mine, I remember all the excitement and the hope that I felt as a young professional, anxious and excited to see my dreams literally materialize before our eyes. I took pictures of the build at every stage to remember it, it was one of the most exciting projects of my life. But for my husband and I, it was also one of the most stressful times that we can remember. So I will use my own experience today to highlight the issues that Bill addresses. The process was stressful because of all the red tape and the bureaucracy and the difficulty in getting all of these permits that we are describing and addressing today. We did our construction before DevelopTT existed, so we had to apply in person, on paper and my poor husband had to foot it from office to office, from Town and Country, to WASA approvals, fire approvals, EMA, all of them he had to go. But the permission in question today at the CMOH, that one, he left for me to do. We knew, as private citizens then, all the issues that it was fraught with, the time that it would take, the possibility that it would help if you knew somebody, so my husband left this one for me to do, thinking that me, as a medical professional, might have a little more sway with a colleague.

3.30 p.m.

So, I went then, in person, no DevelopTT, to the office of the CMOH to deliver my application. But, Mr. President, being a colleague did not help me in the process at all. I went heavily pregnant at the time, in the rain, to drop this

application in, only to have it, like so many other citizens that have been described today, dropped and left and waited for months for approval, because my application also did come back for changes and had to go back into the cycle and go back into the loop. And it took those months, all the time I had to pay the bridging mortgage, which is essentially dead money.

Now, I am fortunate that I was able, financially, to withstand that delay, but I will stick a pin there and come back to that one. This amendment will save others going forward that stress that I had to deal with and go through, because this Bill is pro-homeowner and pro-developer. But I will focus on the majority of the persons who go for these applications, the homeowners in this country. Four out of five, I think it was quoted in the other place.

This Bill most greatly benefits families who are seeking to build on land that they have inherited. It will seek to benefit the person who is attempting to build an extension to their home for their elderly parents to stay in, instead of having to put them in a geriatric home. This Bill will help those citizens who are least able to absorb the months of delay that I endured, where they would have to pay additional rent and rising construction costs.

Mr. President, having the CMOH as part of the construction permitting process is an archaic action. It has been part of the legislation since 1965. That was before I was born. Things have changed since then. The nature of construction has changed since then. In that Act, the CMOH is instructed to review the applications and to confirm that for a private residence, the proposed house has at least one flushing toilet, a bath or shower, a wash hand basin, a kitchen sink, provision for washing clothes, an adequate water supply, suitable connection to public sewerage or a tank and soak-away system, proper drainage for stagnant water, adequate ventilation and lighting, sanitary facilities located and

designed where they can be properly maintained.

But, Mr. President, I cannot imagine a private citizen building their home without wanting of their own accord to put these things in. But that is what it boils down to. After all, the Public Health Act, illustrated in the other place as a very thick, heavy document that started out in 1917, does state specifically that every new dwelling, every existing dwelling undergoing alterations—so the family trying to do a little add-on—must show to the CMOH that they have these common sense basic items in their plan and in their renovations. That has not changed in over 100 years.

But here is the thing. While the public health considerations, yes, are integral to planning, it does not mean that every building application requires the personal concurrence of the CMOH. As said by Minister Ameen in the other place and here today, there are qualified staff to review the public health safeguards, in the form of the public health inspectors, who already examine drainage, water disposal, the whole list that needs to still be identified by the CMOH. Routine applications can therefore be assessed at the municipal level against clear national standards. This will preserve the public health protections, while using the senior medical expertise of the CMOH more intelligently. I will come to that in a minute. The CMOH is a medical doctor who therefore has to undergo their first five years of undergraduate training, and most CMOHs at some point will attain their Master of Public Health another couple years in.

I remember when I decided that I wanted to be a doctor. I was very young at the time. I initially thought I had to be a nurse until I realized that girls can be doctors too. I had my little plastic stethoscope, the whole kit, the toys, the everything. I wanted to save lives. I wanted to heal people. I did not want to count the number of flushing toilets or the number of sinks in a dwelling. The job

description of the CMOH is long. It is been alluded to by some of the speakers here today. When it is researched, it is a 15-point long list. I will go through some of it. Pay attention to the important ones.

They plan and direct public health programmes in their counties. They coordinate health centre clinics and school health services within the counties. They coordinate those health center clinics, those where the grannies have to go at six o'clock in the morning to pull an early number and still wait hours to be seen. They supervise public health, medical and administrative personnel. They have staff under them. They keep staff updated on developments in public health issues. They protect food and water supplies by keeping registrations of food premises, vendors, food handlers. They sample food and water supplies. They advise the corporations on public health issues, including vector control. So, they are the ones who would know if there is a cluster of persons presenting from a certain area with dengue-like symptoms to be able to alert the corporations to do their vector control before it becomes an outbreak.

The CMOH ensures that public health standards are applied to buildings. They implement the Public Health Act. They implement that huge document since 1917 to now. They conduct health promotion activities within the county. Remember that one, health promotion. I will come back to it.

The CMOH supervises port health authorities to ensure that port health legislation is implemented. That makes sure that diseases that are reaching our shores from abroad do not make it into this country. They ensure preparation and implementation of county disaster preparedness plans. They coordinate medical legal services for the Trinidad and Tobago Police Service. They coordinate prophylactic treatment—because you know that is my tagline, "prevention is better than cure". They provide prophylactic treatment and immunization for

international travellers. And the list would go on.

This CMOH, this public health physician, the senior officer, whose expertise lies in public health, in epidemiology, in communicable disease control, in environmental health, and health system management, their expertise does not lie in plan processing of ordinary buildings. Removing the archaic task of this construction permitting from the CMOH to-do list, it frees their time to let them actually practise medicine. It allows the CMOH the chance to pay attention to that job description that I liked, educate the people via health promotion activities. This will allow them, going forward, therefore, to promote health activities, to decrease communicable and non-communicable diseases—the non-communicable diseases: Diabetes, hypertension, obesity. The cost of those to the Government of Trinidad and Tobago is in the millions, and causes pain and suffering to people who are diagnosed.

Do you know, Mr. President, how many people are living with non-communicable diseases in this country that could be prevented, that could be better managed with promotion and activity from the CMOH? Diabetes alone: 12.4 per cent of the population aged 20 to 79, that is 150,000 people in our voting population. Hypertension is worse: A third of our voting population, 29 to 30 per cent are hypertensive. When you round the cost of all of that out, Mr. President, nationally, the indirect cost of hypertension alone is 360 million. The indirect cost of all the non-communicable diseases that this CMOH would be able to address, minus having to deal with construction permitting, is 3.3 billion lost nationally, yearly. These are the numbers that our CMOH will now have the chance to pay attention to, not the size and square footage of a lot.

This amendment allows for the CMOH and their staff, my former colleagues, to dedicate their time to the truly impactful part of their jobs. And for

that, I will pause to thank the CMOH, and officers, and their staff, and my former colleagues in medicine, and our public servants, because it was said in the other place that we do not give credence to the public servants in this task. I thank them for grasping and grappling with this task of construction permitting for so long, outside of their favoured purpose. And I am proud to support this legislation that allows them the space to focus on their talents and on making a real difference in health care. Removing the CMOH's role in construction permitting helps them, but it does so without any loss to the process—without any loss of proper procedure, protocol or process needed to build safe buildings. There is therefore no gap in health or safety protection in the relevant public health care aspects already covered.

The roles the CMOH played—we have said before, and it has been admitted by the other side—is duplicated. It is already being done. I had to go and sit in an office, pregnant, in the rain, to drop off an application that would already have to be approved where my husband already went, Town and Country, corporation, WASA, EMA.

Therefore, this is not the removal of safeguards. It is the removal of duplication and freeing of doctors to be doctors, leaving the construction and the permitting processes, therefore, to the qualified subject matter experts in the other areas. The CMOH is a trained medical doctor in public health, not a structural or civil engineer.

Section 35A effectively asked a physician to certify matters of drainage adequacy, sanitary fixture placement, structural compliance. Those are things that fall squarely on the engineer's shoulders or the building inspector's shoulders or the public health inspector's shoulders, not a doctor's. And as for the concerns raised in the other place and by Sen. Cummings here today, regarding the resources

and staff to handle the perceived bottleneck that would move from one place to another, to me, "dat maths doesn't maths". There is no new work being given here. It is a duplication that is being removed. And we will continue to improve the process via DevelopTT that now allows those applications to be submitted online, instead of putting it in person and having hard copies moved from one office to the other. But I will stick a pin on DevelopTT as well and come back to it.

Moving beyond the concept that this Bill only removes a duplication, this Bill with its one clause can also improve the entire process. A medical office may not be the best place to coordinate requirements that overlap with engineering, public utilities and building control standards. Removing the routine CMOH input, therefore, can reduce conflicting requirements from different agencies. Some of those were outlined by the Minister before she left. It can reduce repeated referrals. It can reduce the unclearness of responsibility for delays. It reduces unnecessary site visits, and it reduces the applicant's uncertainty about who is the final authority for their permits.

The medically relevant benefit is, therefore, not only administrative. Clearer responsibility can make it more likely that the critical health defects will be identified by the public health inspector or the other correct specialist, and then be corrected promptly. Because, Mr. President, the current extended unreasonable wait time, that even I experienced so many years ago, is having a deleterious effect that has not been addressed yet.

3.45p.m.

Mr. President, the current lengthy delay itself breeds unsafe housing. When formal approval takes months to years to be gotten, families who are under financial pressure have to wait for their approvals, Minister Swaratsingh averaged that a

delay in the construction of a single home dwelling can cost, on average, $22,000 to the builder, to the homeowner aspirants, per month. When the home builder cannot afford that, sometimes what happens is that they are forced to move into incomplete construction ahead of the certification.

We all see them. Those are the houses that we see passing where the roof is the decking of the building, and they have built blocks around and now are living below, while the stairways that were meant to be at a two-story house leads to nowhere. Those are the houses where people have moved in with unplastered walls and open ceilings awaiting home inspections to come for years.

Families are forced into occupying partially finished, uninspected structures while waiting on paperwork. Mr. President, that means that the system's own delay was likely generating exactly the sanitation and drainage risks that section 35A tried to guard against, by pushing people toward informal occupation rather than preventing it.

This is a small change in the legislation, just a few clauses, but it also has a large positive ripple effect. It allows doctors to do their jobs. It allows citizens to move forward on the path to homeownership more smoothly and in a shorter time. It saves money for everyone. Fivebillion, Sen. Swaratsingh, you said, between private and corporate? It entices business growth from local and foreign investors.

While it may not immediately decrease the process to the 45 days that Sen. Cummings seems to want to pin us down to, while we may not yet be like New Zealand, Singapore, Malaysia, and Denmark, on the other countries that rate it highest by the World Bank for ease of doing business—because that is what construction permitting is, ease of doing business. While we may not be there yet, it is definitely a step in the right direction, and we will continue to improve the process.

Back now, Mr. President, to DevelopTT. In the other place, those opposite wanted to have credit for starting DevelopTT, the current online format that is used for construction permitting application. That was not around when I went through the process. But, like can be said of many things from the other side, it looked good on paper, but as Minister Swaratsingh said in the other place, it is still a work in progress, five years later, because they rarely finish anything they start, Mr. President.

Hon. Senators: [*Desk thumping*]

Sen. Baig: We will do it. Shame on them.

Sen. Dr. N. Chaitan-Maharaj: CEPEP, supposed to allow persons to work in the morning and participate in self-improvement and training in the afternoon, but CEPEP never trained its workers. They did not finish the job. GAPP, under their governance, started in 1993, changes to the legislation made in '96 and '97, never made it out of its pilot phase for 30-odd years. They did not finish what they started. But I digress. They could not finish the job, but we will continue the work, and we will get the job done.

Hon. Senators: [*Desk thumping*]

Sen. Baig: Nice! "Gih dem performance".

Sen. Dr. N. Chaitan-Maharaj: [*Laughter*] Because we are under our strong, determined, focused hon. Prime Minister, Mrs. Kamla Persad-Bissessar SC, we are about performance, not "ole talk".

Hon. Senators: [*Desk thumping*]

Sen. Dr. N. Chaitan-Maharaj: I commend my Prime Minister, Mr. President, for taking the time to find the simplest solution to one of what we may consider the biggest problems. This is a small, short piece of legislation that will improve a process notoriously fraught with issues. It is a free, simple solution. Its

implementation does not require additional funding or additional staffing, but our Minister of Rural Development and Local Government has alluded that we are already working in that direction to anticipate the need. Quite the opposite of expense, it frees existing staff, as well, from doing double work.

If public health inspectors spend less time from moving their applications from one entity to the next, even they can devote more of their attention to verifying sewage disposal, drainage water, and storage and ventilation to refuse facilities. They can as well do their job more efficiently as well. They may be more likely to achieve that 45-day deadline that Sen. Cummings kept citing.

This Bill solves one of the many issues of duplication the other side left throughout the public service. They had, for a decade, slowed and prevented the growth of our economy and our nation. This is the state of affairs that their Government created by operating in silos, each Ministry, each organization, each entity out of touch and unconcerned with the goings-on of the other. This state of affairs that we are correcting is because of their failure to monitor, intervene, or address the bottlenecks since 1965.

So, like Sen. Cummings, I too cannot wait to see how many more of these redundancies we can find and correct. Because we, this UNC Government, we work with a whole-of-government approach. We work as a unified team. We deliver to the people. We will continue to show them performance.

Hon. Senators: [*Desk thumping*]

Sen. Dr. N. Chaitan-Maharaj: In closing, Mr. President, this Bill is ultimately about the kind of state that we want to build. We want to build a state that protects the public without frustrating them with public processes. We want to build a state that regulates genuine risks to public health and safety without imposing unnecessary obstacles like making a heavily pregnant woman go out in the rain to

hand over an application and then wait for certificates that were already duplicated elsewhere.

We aim to build a state in which an ordinary citizen does not need influence, does not need connections, and does not need extraordinary patience to receive an ordinary decision. We can preserve every necessary public health safeguard while removing duplication and ensuring accountability. We can return valuable professional time to our professionals and our subject matter experts in the areas of greatest public need. That is not deregulation. It is deduplication. More importantly, it is political will to be the smarter, fairer, and more accountable Government.

Mr. President, I wholeheartedly support this Bill. I continue to see that it is supported, hopefully unanimously, in this House as well. I support the Bill for the positive impact that it will reach and have. Mr. President, with those few words. I thank you.

Hon. Senators: [*Desk thumping*]

Mr. President: Sen. Dr. Margaret Rose.

Hon. Senators: [*Desk thumping*]

Sen. Dr. Margaret Rose: Thank you, Mr. President, for the opportunity to contribute to the debate this afternoon. You know, Mr. President, even a broken clock can be right twice in a day, and I join with my colleagues on this side and Sen. Cummings in saying that we are here to support this Bill. That said, I hope to contribute a dimension to this debate that I have not yet heard fulsomely addressed.

Sen. Cummings did begin to ask a question which I am going to continue to ask and go a little deeper in. But I want to assure my colleagues on both sides, in front of me, beside me, and behind me that I do not intend to be very long.

Hon. Senators: [*Desk thumping*]

Sen. Dr. M. Rose: [*Laughter*] Unless they distract me, and you know, I have to take my time with it.

Mr. President, what is before us is an amendment to the Public Health Ordinance. Yes, it is very old. It is 1965. The Government intends to reform two aspects. I will address both. Let me say, in respect of the amendment to bye-law 6, to remove that bye-law and to deal with the 5,000 square feet restrictions on the size of the plot. I would like to declare my interest and also thank the Government because I have a little 3,000 plot in Port of Spain, as well. So, thank you for that.

So, we understand that there is a problem with respect to the sizes of the plots. I would say let us—and you know, poorer families and certain groups within society who would benefit from being able to have smaller-sized plots. So, we understand that there is a lot of benefit that we can get as a society from having more flexibility there. However, is it that we remove the restriction entirely and we are left with no provisions, no conditions, no requirements with respect to the sizing of the lots? Is it that the sizing lots going forward be in the purview of the municipal corporations, along with Town and Country Planning Development?

That area is going to have to be worked out because now there is going to be some issues around that and how that approval process will go. But I think that this Government will address the relationship between the Town and Country Planning Development with the sizing of these lots and the municipal corporations, and that is one of the things I just want to put into the space that hopefully that is on the radar of the Minister of Planning, Economic Affairs and Development, who is the Minister with responsibility for Town and Country Planning Development. But I think the area that I really want to spend more of my time on is what is said to be the removal of the County Medical Officer of Health, the section 35A.

Now, Mr. President, when I approach these issues, I approach them, you

know, with a very blank slate. I try to do that, a beginner's mind, when I approach these things. So, I looked at the section 35A that is to be repealed, and I have heard the argument on both sides that it is to remove duplication and unnecessary approvals within the workflow of construction permitting, and building permitting and whatnot.

A caution I would like to raise here is that I hope we are not conflating duplication with the integration of different levels of governance. Let me explain what I mean. I support the Bill, but I am just putting certain things on the table. Because we are here as a responsible Opposition to work with the Government to get the best for the people of Trinidad and Tobago.

Hon. Senators: [*Desk thumping*]

4.00p.m.

Sen. Dr. M. Rose: So, at the end of the day, this is a planning—this is a planning policy that is being implemented here. The Minister of Health, in the other place, indicated that on weekends he had to sign things and all of that. But it has not really been touted or suggested by the Government that this amendment to section 35A is about removing the Minister of Health from the public health function within the context of planning in Trinidad and Tobago. It has not been put across in that way.

We have heard a lot in the explanatory part of the Bill; it is about removing the CMOH. Everyone is talking about the County Medical Officers of Health. Everyone has been speaking of that. But when we look at section 35A, I see no mention of County Medical Officers of Health, none.

Now, we will understand, in practice, that the County Medical Officers of Health system is a system that the Minister of Health has put into place to help administrate and operate section 35A. That is what it is. However, section 35A

does not say anything about County Medical Officers of Health. Section 35A is quite clear; it is about the Minister having joint and several responsibilities for the issue of public health in the context of development control.

I would ask the Minister, and I would ask the Government, Mr. President, to consider that very carefully. I listened to the hon. Minister of Rural Development and Local Government, and she said—she did begin to answer the question that my learned colleague Sen. Cummings asked, and someone else asked her after her contribution: What is going to happen to the protection of public health? She attempted to begin to answer that question, and that is the dimension that I would like to address this afternoon.

Because we have been hearing over and over and over, "It is a duplication, it is a duplication," but we also heard in the other place—downstairs, no, across the way—we heard in the other place that the municipal corporations, the 10 that have not, like Port of Spain and the others, the other four, been doing certain things with respect to medical health, they will have to be scaled up. They would have to have the medical officer function. Many of them do not have the officers there and installed to do this right now. So, this talk of duplication—there may be a legislative overlap—but if the 10 corporations did not have medical officers performing this function, where is the duplication? Hold on.

Now, the County Medical Officer of Health, yes, is very overburdened. I take the point made by my learned colleague, Sen. Chaitan-Maharaj, very overburdened, and therefore the process has many delays. I have heard about the thousands of applications and hundreds of applications still waiting. However, removing it in one fell swoop leaves a gap. We heard the Minister here say—hold on—we heard the Minister here say, "They are going to ensure that the municipal corporations have the resources and the infrastructure to be able to fill that gap."

And I want to take the Minister at her word, and I want to take this Government at their word, that they will fill this gap so that this removal of alleged duplication is not removal of the only process for us to consider public health in the context of development control.

Hon. Senator: [*Desk thumping*]

Sen. Dr. M. Rose: I am building something here, very baby steps. I want you all to take these little steps with me.

Now, Minister Ameen said that "Do not think that we are in any way removing the responsibility for public health from the Minister of Health. Do not think so, by removing section 35A, because look at section 21 of the Ordinance." And, section 21 of the Ordinance says, according to the hon. Minister—and I checked her on it—it says that the Minister will have the same powers and be able to exercise the same powers as local authorities under the Public Health Ordinance, and they are not changing that.

So, the argument, therefore, is since that section 21 of the Ordinance the Minister of Health still has those sorts of powers, the same powers that the local authority has, therefore, if there are any issues relating to public health that he has lost oversight of by the removal of section 35A, he can still apply it there. But here the problem I have with that argument, because then it conflates the authority of the Minister of Health as the person, as the entity responsible for public health in development control, with a local authority.

Do we see the problem here, Mr. President? Because a local authority is only responsible for planning and development control within the confines of its geographic area. Are we reducing the Minister of Health, who has a responsibility to deal with public health issues in the context of development control nationally, are we reducing him or that entity to what the local authority would have to deal

with and thereby saying it is coterminous and it is addressed?

I would ask the hon. Minister of Planning, Economic Affairs and Development—this is a planning issue. I would ask the question: Are you certain you have covered your responsibility to the citizens of Trinidad and Tobago to ensure that public health impacts in the context of development control will be managed at a systemic level? Because there is a difference between transactional governance and systemic governance. Transactional governance, being the process that governs how we do individual transactions, each application for a license. Systemic governance is the overview—

Hon. Senators: [*Desk thumping*]

Sen. Dr. M. Rose:—the meta view. That is the responsibility of the Minister of Health, and section 35A gives the Minister of Health that responsibility. Public health impacts in the context of development control—that does not only include transactional governance; it will include an overview of the entire system, systemic governance. Where is that responsibility now to fall?

Sen. Alexander: Regional corporations.

Sen. Dr. M. Rose: Sorry?

Sen. Alexander: Regional corporations.

Sen. Dr. M. Rose: Right, the regional corporations. Thank you, hon. Member Phillip Alexander. Thank you. It will fall to the regional corporations. So, we have decentralized—let us go slowly—we have decentralized not just building applications and that sort of thing. We have decentralized responsibility for public health impacts within the context of development control. We have decentralized that, but do you know what the ramifications and consequences of that are? Has the Government thought through that? Have you thought through that? Because then it means you will have no uniformity of standards when it comes to public

health impacts in the context of development control.

I wrote down a few questions that would not be covered. So, I am putting these questions to the Government. Now that you have removed section 35A, the Minister's responsibility for public health impacts in development control, I have made a distinction between transactional development control and systemic development control. These are questions, if the Minister has time to pay attention, but I guess he can get it on the *Hansard* after. What mechanism will now guarantee a consistent national public health standard across all municipal corporations? Two, who establishes the common health standards applicable to construction and development? Three, where will municipal corporations obtain—and this goes to the point of my learned friend, Sen. Chaitan-Maharaj. Where will they obtain specialist public health expertise where it is required? Who will exercise national oversight if approaches diverge significantly from corporation to corporation? Has this Government got evidence, or have they done any sort of regulatory impact assessment demonstrating that the removal of this function will not increase health risk?

Now, that is not to scuttle this, because there is a broader consideration I am going to come to here. When I looked at this situation, and I was like, okay, so the Minister of Health is completely removed from that context. Yes, he can have the same powers as a local authority, but does a Minister of Health not have more residual and important functions in the context of public health and development planning?

So, as many of us do here, when we have that sort of question and we are trying to think about development in our country, what do we do? We go and research, and we go and ask, well, how have other countries dealt with public health impacts in the context of development control? So, I went there. But before

I went there, as a lawyer, I went to our Act. I said, "Well, who has responsibility for development control?" Town and Country Planning, okay. What does Town and Country Planning do in the context of public health impacts? What do they do? And go and check me.

There were two mentions of the Public Health Ordinance in the Town and Country Planning Act. You know, one was to refer to offensive trade, use the same definition in the Public Health Ordinance for offensive trade that is relied on in TCPD, so nothing to do with public health impact and development control. And the only other reference to public health impacts in the Town and Country Planning Development Act is to remove the Chaguaramas Development Corporation from having any prescriptions out of the Public Health Ordinance. It is section 11 or something like that, but you can check me.

So, the Town and Country Planning Act does not address the issue of public health impacts in the context of development control. We have heard many representatives of Government speaking about, well, WASA will do this, this other agency will do this, this other agency will do that, EMA will do this. But EMA does not always have to do an impact assessment. It is only certain types of projects that will reach EMA. All of the small projects and all that we are talking about here, EMA is not to get involved with that to look at the public health impact assessment of that.

4.15 p.m.

So, in the context of our local legislative framework to address public health impacts in development control, all we really had was section 35A. Hold on, bear with me. We had section 35A, and this made me think, but how do we address this? So, I went looking in other jurisdictions. And then I also within the context of Trinidad and Tobago, I should say this, and this would answer the hon. Minister

Ameen, who is saying Sen. Cummings was talking about all the other things that needed to happen, but where was the PNM for the last 10 years? Why did they not deal with this? There is no solution. What solution did the PNM present? But, you know, I did a little research, and I find it very strange that we are here on a planning issue, we are here on a planning issue and not one mention of the Planning and Facilitation of Development Act, which was passed in 2014 and partially proclaimed by the People's National Movement.

Hon. Senators: [*Crosstalk*]

Sen. Dr. M. Rose: 2014 was you all, and in 2015—

Sen. Allahar: Mr. President, I hate to stop her flow 46(1). We are going a bit too wide now.

Hon. Senator: [*Crosstalk*]

Sen. Dr. M. Rose: It is a planning—

Mr. President: All right. I understand your point. I just ask—I understand the point that you are making. But continue, and I will intervene when I think it is necessary to intervene.

Sen. Dr. M. Rose: Thank you, Mr. President. But I am bringing this to a close; I can promise you. This is a planning issue, and I went searching to see if we remove section 35A, what else do we have to ensure, instead of just saying it is duplication and everything will be done, local authorities will be done. I saw a gap between what the local authorities will have to do in terms of public health impacts and development control, and what a Minister of Health would have to do in terms of public health impacts and development control. So, I went looking for it, and in looking for it, I am saying I did not see it in the Town and Country Planning Act. And then I saw there was a Planning and Facilitation of Development Act passed by the UNC dministration, I believe.

Sen. Allahar: Mr. President, that is not part of the law 46(1).

Sen. Dr. M. Rose: What is this?

Sen. Allahar: [*Inaudible*]

Sen. Dr. M. Rose: No, so no, wait. And it was partially—I am finishing very quickly. And it was partially proclaimed by the People's National Movement Administration in 2015.

Sen. Al-Rawi SC: Of that Act.

Sen. Dr. M. Rose: Of that Act? Yes. And it is hard for me to read while I am speaking, but what I want to say about that Act is this.

Sen. Allahar: Mr. President, "shoulda coulda woulda". It is irrelevant.

Hon. Senators: [*Desk thumping*]

Sen. Dr. M. Rose: What is he talking about? Please allow me to finish, Mr. President. Now, that Act, which was partially proclaimed by the People's National Movement, it is not that we did not do anything since 1965, my dear. It was an attempt to modernize the planning control in Trinidad and Tobago. It defines—well, let me see if I could just quickly, because Sen. Al-Rawi is correct. Because it does define certain things. Yes, section (4) of that Act sets out the objects of the planning system and paragraph (f) provides that the Act includes—

Sen. Baig: Mr. President, I have to stand again on standing order 46(1).

Hon. Senator: [*Desk thumping*]

Sen. Baig: This Act is not relevant to what we are here for.

Mr. President: Okay, all right.

Hon. Senator: [*Inaudible*]

Mr. President: No, I will just ask you to just connect your contribution to the actual clause.

Sen. Dr. M. Rose: I 100 per cent will connect it. I promise you. Please, I ask for

a little leeway, a little leeway, because we are talking about planning control and we are talking about public health impacts in planning control. And I am saying this Government has come to tweak the Public Health Ordinance by removing planning control, public health impacts of development control from the Minister of Health, decentralizing everything into local government.

Sen. Maharaj: No.

Sen. Dr. M. Rose: Well, hold on. I am hearing "no". Section 21 of the ordinance, which was referred to by Ms. Ameen, which I will repeat, leaves with the Minister of Health only that which the local authorities under the ordinance had. So, you know, there is a gap. And so, what this modernized structure was intended to do by section 4(f) included providing

> "...for the structural and fire safety of buildings and the safety, health and general welfare of persons occupying buildings or using land in proximity thereto;"

And that particular Act, which was partially proclaimed, introduced the concept of a Development Control Committee. And in that, it is a National Development Control Committee. And that National Development Control Committee had many actors from various different agencies, including health, the Chief Medical Officer. So that piece of legislation was there. We have not addressed that. We have not proclaimed section 11 of that legislation, which would have given—

Sen. Allahar: Mr. President, 53(1)(b) tedious repetition.

Sen. Dr. M. Rose: No, well, I am moving on. I have made the point about the Acts. I am moving back.

Mr. President: Just have a seat, please. I think you have made your point. I think you have articulated your point. Let us try to move on to some other area of your contribution, please.

Hon. Senator: [*Desk thumping*]

Sen. Dr. M. Rose: I will tie it into section 35 now. So, it is about the method that has been taken to bring this issue here. And if we look at section 35A itself, very confusing to me. I mean, I support the Bill and we support the Bill, because we want people to have access to their properties. We want to have the ease of doing business. We are all for the ease of doing business. We are all for that. We support you. But I am not for the ease of doing business where it overrides public health impacts. So, all we are doing in trying to partner with you to do this right, not for us here, but for the citizens of Trinidad and Tobago, is raise these issues.

Section 35A(6), I found it very interesting, says:

"The Minister…"—

It says other things, then you come down. It says:

> "…Minister may by building byelaws prescribe the areas or matters concerning which he does not require a local authority to await his decision in connection with the plans of buildings or of extensions thereof, or under subsection (4)."

So, if it is, you did not want to just go nuclear and throw out the whole section 35A, which—have you really analyzed all the regulatory impact assessment of that? Have you done that? Do you have evidence of that? I do not know if you do, but having not done that, there was a different route, even within section 35A(6), to pass bye-laws saying, CMOH, you do not need that anymore; local authorities, you do not need that anymore, but retain some of whatever was left that we have not thought through completely.

And let me just put a little bit more of the research before you, because I do not think I have been speaking very long, Mr. President. And so, I looked at what was going on in our Act, in our different legislation, the history of our legislation

and our section 35A, and I am like, okay, well, public health impacts, I am really not seeing the systemic overview being addressed in the context of development control. So, I went to research to try to understand, well, how has England done this? How has Ontario, Canada done it? How have New South Wales and Western Australia done it? And just those three, I will just raise a little bit about it.

Very interestingly, England has done what this Government is attempting to do, but bear with me, which is good. This is why we support the legislation. So, England has put public health officers inside their local authorities. So, give yourself a little clap for that. However—

Sen. Allahar: [*Interruption*]

Sen. Dr. M. Rose: What is the problem? Yeah. However, what England has done in that context is that they have a national planning policy, which includes public health impacts, includes public health standards, all right, planning policies and decisions that have healthy, inclusive, safe places and beautiful buildings. So, there is a national overview. They are the standards. They are the common standards that the local authorities, with their public health officers inside, would then be implementing. So, there is a national meta overview. That is what England has done.

Health is written into the technical building standard. And I know we tend to think that health is just sanitation and waste, but it is not. Public health impacts are far broader than that. Perhaps, you know, I really commend, you know, as, you know, the first thing that the hon. Minister of Planning, Economic Affairs and Development said is that, oh, his Prime Minister has such foresight and vision that she has given planning such a pride of place and has put "Economic Affairs". Wow, what foresight. What foresight. "Planning and Economic Affairs." But that is 30-year-old thinking; planning and economic affairs. Thinking in 2026 is

"planning and human, social and ecological affairs".

Hon. Senator: [*Desk thumping*]

Sen. Dr. M. Rose: If we are talking about vision and foresight in 2026, we are not in the reductive old world, neoliberal world of profit before people, profit before health. We are not there. But perhaps because their focus is planning and economic affairs, that is why all we have heard for this entire debate about how great this Bill is and this reform is, is about the costs, the costs that it is saving and the ease of doing business. But while we are doing that, I will urge the Minister to take serious responsibility as the Minister for responsibility for planning, for public health.

Public health is more than sanitation and waste. If it were just sanitation and waste, then there would be no need for public health analysis and public health impact assessment in the context of planning. And we know that in every country that you research, every country, you will see of a certain standard, of a certain development, public health impacts are integrated into planning.

And so, in England, yes, they have put the public health into the local authorities and we endorse you in so doing. But at the same time, there is no gap. There are national standards for public health impacts in the context of planning. Health is actually also built into technical building standards. And when I say health, it is not just sanitation and wastewater. They do health impact assessments in the context of development control. So, I would urge this Government to take that—You are already down the road with this model. Take the whole model, take the whole model, not just removing public health impacts from the Minister of Health.

In Ontario, this is another way you could have done it. They are far more systemic in their approach. They focus only on the systemic issues in Ontario, from

my research. They do not have public health controls for every transaction. But they have a systemic approach where they impose a continuing duty on their boards of health and medical officers of health, to engage with the municipal planning system. And under their Healthy Environments and Climate Change Guidelines made under the Ontario Public Health Standards:

> They—"…shall..."—it is mandatory, collaborate with—"…municipalities under the Ontario Planning Act to address local impacts of climate change and
>
> reduce exposure to environmental health hazards in the community."

4.30 p.m.

So, they are required to review and comment to local planning every five years. At least every five years, there is a systemic review.

Hon. Senator: [*Inaudible*]

Sen. Dr. M. Rose: That is a systemic review. It is not a different thing—

Sen. Cummings: [*Inaudible*]

Sen. Dr. M. Rose: It is a different model—no, I will address them. It is a different model for how you address public health impacts—

Mr. President: Hon. Senator, you have four more minutes.

Sen. Dr. M. Rose: Have I been talking that long?

Sen. Roberts: "Yes. Yuh said yuh was going tuh be short. Yuh break yuh promise".

Sen. Dr. M. Rose: Oh, my. Well, four more minutes. Four more minutes, okay?

So, I will leave New South Wales, and I will just close my contribution, Mr. President. Because at the end of the day, every jurisdiction I have researched has made clear provision at a system level for public health impacts in development control. We, on this side, support you with removing the bottlenecks. We support

you with removing the inordinate delays. But we do not support you in removing public health safeguards. We support this Bill, and I urge the hon. Minister and his colleagues to come up with a model that protects, at a systemic level, public health impacts in development control. Thank you, Mr. President.

Hon. Senators: [*Desk thumping*]

Mr. President: Sen. Dr. Amery Browne.

Hon. Senators: [*Desk thumping*]

Sen. Dr. Amery Browne: Thank you very much, Mr. President, for recognizing me. Mr. President, as I indicated to the Leader of Government Business, I had not intended to speak this evening, but I have been—I do not want to use the word "triggered"—stimulated by some of the remarks made earlier, begun by the Minister who piloted the Bill, and also, unfortunately, for the first time, by my colleague who also has a strong health background, a Senator on the Government Bench.

Mr. President, we had a debate recently, where we were blessed to have in the Public Gallery, the leadership of the Oilfield Workers' Trade Union. Today, as we engage in this debate and focus on matters related to public health, the Public Gallery is empty, but that does not indicate a lack of interest from various sectors. And I want to indicate to you and this Senate that our public health practitioners, including Trinidad and Tobago's County Medical Officer of Health, have been paying very close attention to this debate in the Lower House and in the Upper House.

And I think, to be fair, we have had quite a comprehensive examination of the issues and the implications. But I wanted to spend just a few minutes—and I will not break my promise in this regard—share a few considerations, particularly from the perspective of our nation's public health practitioners. And I want to say

that there is a danger, even in the Government's enthusiasm to, as they claim, bring this great measure that will dramatically improve efficiency, and so on, to cast upon the nation, or upon the record, that those who were involved up to this point were somehow superfluous and did not add value to the process. And, Mr. President, if we end this and we approve and then proclaim with that being left on the public record, I think we would be doing a disservice to persons who have been serving Trinidad and Tobago with great distinction. So, I just wanted to give that as a little bit of backdrop, to spend a few minutes giving some of those considerations.

What were some of the remarks, Mr. President, that concerned me? Again, as Sen. Dr. Rose and Sen. Cummings would have indicated, the Opposition is in support of the amendments being proposed. But during the debate, I would have heard Minister Swaratsingh use phrases like: "These were merely duplications. We are removing redundancy." I continue to quote, "No added value. So much was left to so few with such little results. This is why this"—referring to the CMOHs and their role—"it takes years to get approvals for projects." And we seem to have been, and we seem today, to be blaming the CMOH and their teams for what, in all honesty, is a much bigger problem. I know if we fall prey to that logic, Mr. President, we will assume that we have solved the challenge faced by our homeowners, whatever their disposition is, or whatever their means might be, and other participants in the construction process. And, Mr. President, I think there is a grave danger in doing so. So that is the nature of governments. You would want to maybe sometimes overstate the solution, but in overstating the solution, sometimes you may create additional problems and overlook where the real problem might lie.

Then I heard a colleague across the aisle say something—I do not want to

misquote—along the lines like, "I wanted to save lives, not count toilet facilities in a project," and so on.

Sen. Dr. Chaitan-Maharaj: [*Inaudible*]

Sen. Dr. A. Browne: Member, if you wish me to give way to you to clarify, I am very happy to do so. And I am not saying this to denigrate the contribution of anyone, Mr. President. But sometimes when we are in a hurry to praise the Bill, we may be stigmatizing or devaluing very important public health considerations.

Hon. Senators: [*Desk thumping*]

Sen. Dr. A. Browne: And I think Sen. Rose made the point that just because we are—

Sen. Dr. Chaitan-Maharaj: Standing Order—

Sen. Dr. A. Browne: Is she asking to give way or a Standing Order?

Mr. President: What is the Standing Order?

Sen. Dr. Chaitan-Maharaj: Standing Order—[*Inaudible*]—I am being—[*Inaudible*]

Mr. President: Okay, later—[*Inaudible*]

Sen. Dr. A. Browne: Sure. Thank you, Mr. President, that is quite an Order. So, Sen. Rose would have spoken a little bit along those lines.

And then, Mr. President, I heard—it was not supported sufficiently—what I thought was a very audacious statistic being quoted by the Minister, which I interpreted to mean, it is referenced, that the CMOH stage, or delays in that stage, would have cost $800million over the last 10 years, and, Mr. President, that caught my attention. Let me just say, without violating anyone's confidentiality, it caught the attention of a lot of our public health officers out there. What is the Minister referring to? What is the source of that data? Who is he accusing of $800million in taxpayers' dollars being somehow dissipated, or wasted, or squandered? So, I

thought there could have been some more evidence provided when we are throwing those—so, you understand, Mr. President, I am building a case, not to attack the Bill, but to support our County Medical Officers of Health, their value, their reputation, and their continued relevance in the construction approval process.

So, Mr. President, let us take a little bit of a clinical approach. Every speaker thus far, Government and Opposition, has referred to the reality that there have been delays at the level of the CMOH in the past. I have a very simple question: Why have there been those delays? I heard an off-the-cuff reference to something about corruption or kickbacks, and so on. No evidence presented. So there is that in the ether. There is that on the record as well. But the deep question is: Why have there been those delays? And the truth, Mr. President, is that these offices, over the years, have not been sufficiently resourced. Your typical CMOH office right now, as we speak, as we debate this, and they are listening, has three or four public health inspectors, when the requirement is 12, 13, 14, 15. So, it really has been an impossible ask being made of them.

But there is a flip side to this, Mr. President. The flip side is in putting the burden now, exclusively, with respect to public health considerations, on your local government authorities. The question is: Is the picture any different there? Mr. President, the sad truth is, the picture is no different, and in a number of cases, it is actually worse. So let us think about what the Government is doing, which we agree with what they are doing, but what they are saying is that this solves this challenge, or dramatically improves a challenge, when we do not believe so at all, and there is a danger. And the Member, Sen. Dr. Chaitan-Maharaj, maybe inadvertently, referred to the fact that many of our CMOHs are actually highly qualified, certainly more—I am speaking in a generalization—more than your average public health inspectors, and some of the other personnel involved at the

local government level.

So what you are doing, quite blithely, is removing the eyes, and scrutiny, and attention of some of the most qualified public health practitioners in the country out of this process and out of considerations for ventilation, safety, sanitization, et cetera, and you are saying, you are actually improving the lives of citizens by depriving them and those projects of those types of considerations. Mr. President, I would want us to carefully consider how we proceed in that regard. So resourcing is very poor at the level of the CMOH, but it is even worse at the level of local government, and therefore, are we putting our citizens at some degree of increased risk in this regard?

So, Mr. President, I would not go into all of the duties conducted by a County Medical Officer of Health, but just to say, I will leave it in a nutshell, as we sit here, many of the things that we take for granted, such as you put a container under that water bottle in the water cooler, and you get water, and just put it to your mouth, you assume it is safe. You go down to the tearoom and you grab an item off the tray, and you eat it, you put it in your mouth, you assume it is safe. You buy a peanut punch and you put a straw into it, you are not seeing the contents, it is opaque, and you drink, you assume it is safe. You approach your doubles vendor—I am just saying these individuals serve an extremely valuable role in Trinidad and Tobago.

Sometimes it is only—I will give one other example, not to dwell too much—Mr. President, I do not want you to rise out of your Chair. With respect to our school feeding programme, that is just one example I want to give, we send out children to school, thousands of meals are served every single day. It is the County Medical Officers of Health, over the years, across administrations, that have prevented this country, due to their expertise, experience and dedication, from

experiencing any significant disease outbreak in our school feeding programme. And not all countries have had that benefit, including the United States of America, last year, where over 90,000 school meals were contaminated with Listeria. So, again, in our enthusiasm, let us not throw away the value or the baby with the bath water, Mr. President.

So, again, I promise I will not go into all of the duties served by a CMOH. But the Minister indicated the potential for shifting of resources. Now, this duplication—what they have called a duplication, I do not agree that that is a precise description of what is happening at all. What they have deemed a duplication, removing that duplication now allows the Government the ability to shift resources to the public health inspectors in local government, and, Mr. President, that is where I have to draw theline.

4.45 p.m.

There must be no consideration, whatsoever, in any way, of reducing the staffing, funding, or resources available to our County Medical Officers of Health, none whatsoever. In fact, those resources need to be improved and increased as the pressures on public health will continue to grow.

What is required, though, and I do not think it was really emphasized thus far in the debate, is us to take into account the fact that across the board, our local government entities have seen—well, across the PNM board. Across the board, PNM local government entities have seen reduced funding. So that has implications for your public health inspectors, their ability to—because most of these would be contract workers to attract, retain, and motivate staff and do these duties in addition to these approvals and all of the other work of a public health inspector as well, Mr. President. So, we cannot just skip over these things or pretend that by having this debate and proclaiming this amendment that we are

solving challenges when those challenges, I do not believe, are necessarily going to go away at all. So, Mr. President, there should be so much shifting of resources.

I have made that point. I am going to move on from that as well. The other thing that the CMOH brings into the picture is that they have overarching medicolegal responsibility. So, when something goes wrong, Mr. President, we only know their value sometimes when something goes wrong. So, in their absence, that is when sometimes you will see the implications. But overarching medicolegal responsibilities, and that is something that we also need to bear in mind, especially in an age where there is a lot of litigation, the CMOH has that key responsibility as well. So, there are really two pieces of law that empower the actions, approvals, and interventions of a CMOH. There has been a lot of emphasis during this debate on the Public Health Ordinance, but I just want to put on the record that there is also the Private Hospitals Act, which empowers our CMOHs.

Now, why am I referring to that? There is a question that has come from our public practitioners during the course of this debate with respect to—so we are talking about approvals in general, fine. But what about approvals that have very specific and particular health implications? So, with regard to the scrutiny and oversight of a clinic—and there are clinics popping up all over the country—or a private hospital. If an individual wants to construct a private hospital, currently, as it stands now, your County Medical Officer of Health, before construction, would have a role in approvals, and then after construction will be empowered under the Private Hospital's Act to maintain oversight and the elaboration of their duties.

The question is, in such projects or for such projects, has the Government contemplated the absence of that level of scrutiny? So, they are saying it is almost like we are kicking the can down the road in some sense. We are saying they are

superfluous, but after the project is finished, they end up with the responsibility. If there is an outbreak caused by poor ventilation, if there is cholera caused by poor sanitation, if there is some communicable disease caused by overcrowding or the garbage receptacles being built too close to the—whatever—communal space, the burden falls upon them. When in—I do not want to say in an ideal world, but in the real world, they would have previously had the opportunity, with their degrees, master's or whatever level some of them have gone even higher, and their experience to identify problems before construction even begins.

So, I am saying these things, Mr. President, not by way of obstructing or not by way of objecting, but just to add a few considerations and again trying to be faithful in reflecting some of the voices. So, if the Government—we should never take this Government at their word, but if one were to think about taking the Government at their word. And to say that they wish to improve efficiency while maintaining the safety, security and public health considerations in this construction approval chain, then the Government cannot escape the imperative, and they must improve the funding and resources to the Port of Spain City Corporation. They must, after the passage of this Bill, increase the funding to the Diego Martin Borough Corporation and the Point Fortin Borough Corporation, the Arima Borough Corporation, and the San Fernando City Corporation. It is an inescapable conclusion, Mr. President, based on the contributions that the Government has made.

So, in terms of monitoring the progress, monitoring the implementation and impact of these measures, that is one of the indicators that Parliamentarians and those outside of these Chambers will have to keep a very close eye on. What happens very often in Parliament, Mr. President, is that we make a certain commitment, we say something will improve, it is passed, and we never really hear

about it again. I remember standing right here, not to go too much off course, and participating in a debate and agreeing with measures designed to keep victims of crime informed and updated as investigations proceed. Remember that? Well, we would remember that, Mr. President.

Mr. President, in terms of the real-world impact, I can speak for myself as a victim of a threat, and I use that as an example. Nothing has changed. So, I am giving that as an example of the fact that the Government stands here and makes heavy weather of some kind of transformation that we are undertaking, and vast improvement, and then we probably would not hear anything on that from them again.

Speaking of improvement, Mr. President, I do not think the record should be denied the truth that the efficiencies in the construction approval chain really took a quantum leap—let me not use the word quantum—a significant leap with the digitization of the submissions, et cetera. And if we are to be frank, a lot of that work occurred under the Patrick Manning administration and also occurred under the planning functions administered by then Minister Penelope Beckles-Robinson and several of her predecessors. I believe Minister Swaratsingh, in his first, if I am not mistaken, iteration, may also have had some role as well. And I am not saying that to in any way give any kudos in his direction or to disparage him, but just to say that sometimes the history of these matters, in saying that we are changing the world today, there have been significant improvements before. And we agree, further improvements are necessary.

So, again, the Opposition is in support of these measures. I take some issue with a number of the comments, and maybe this is the sense of balance emerging, you know, an enthusiasm to say a particular facility or the inputs of the CMOH was—

Hon. Senator: Superficial.

Sen. Dr. A. Browne:—superficial or mere duplication, or replication, we do not want this Senate to emerge with any sense of devaluing their work, recognizing that their expertise is and was important to everything that they would have given consideration to, and the importance of improving their resources, not shifting anything away from them whilst strengthening and improving the resources to the local government entities that we and our children will be depending on to scrutinize submissions to ensure that human life is protected. There is it is, Mr. President, I thank you.

Mr. President: The hon. Minister of Planning, Economic Affairs and Development.

Hon. Senators: [*Desk thumping*]

The Minister of Planning, Economic Affairs and Development and Minister in the Ministry of Finance (Sen. The Hon. Dr. Kennedy Swaratsingh): Thank you very much, Mr. President. I am being asked by my colleagues to be brief, but I am also reminded by one of my colleagues that, further to the contribution of my colleague opposite, we are a sum of all things, constantly evolving, and development is a work in progress. And so, we continue to build on what we would have received to make it even better as we go forward, which is our obligation and responsibility. But, Mr. President, it would be remiss of me if I did not point out that when Sen. Cummings is the most eloquent contribution on the opposite side, you know we in trouble.

Hon. Senators: [*Desk thumping*]

Sen. Roberts: Oh God!

Sen. The Hon. Dr. K. Swaratsingh: Alright, sorry.

Sen. Roberts: "He fostering bad relations".

Sen. The Hon. Dr. K. Swaratsingh: But I must say, because there are two things I want to clarify based on some of the contributions I would have heard. I was at pains to point out that the public health functions still remain part of the CMOH. All we are changing, and if I were to read it, is byelaw 6, the public health—taking away streets and buildings. In other words, we are not taking away the public health function from the CMOH. What we are taking away is their role in construction approval permitting because those are already done by other agencies and authorities.

So, when Sen. Cummings talked about all the other things in the online platform and so on, DevelopTT does a lot of those things. And even a few weeks ago, we launched four updates on DevelopTT. So, we are going to continue to use automation, and the reason why the Minister of Health is talking about the things he had to sign was because the CMOHs are in four legacy corporations: San Fernando, Arima, Point Fortin and Port of Spain. What we are doing is taking that function and expanding it to all the corporations. But the public health functions remain. So, I am not so sure what—and I was at pains to point out, I said in my contribution:

> "At this point, Mr. President, I would like to reiterate the public health function of the County Medical Officers of Health is well preserved..."

I am not so sure what—maybe English is not English, but I do not know how you can interpret that otherwise. So—

Hon. Senator: [*Inaudible*]

Sen. The Hon. Dr. K. Swaratsingh: I said it more than once in my contribution. So, I am not so sure what the—

Hon. Senator: [*Inaudible*]

Sen. The Hon. Dr. K. Swaratsingh: Mr. President, I tried.

Hon. Senators: [*Laughter*]

Sen. Roberts: "Dey say dey develop DevelopTT but dey forgot to develop T&T".

Sen. The Hon. Dr. K. Swaratsingh: But, Mr. President, I have to blame the Attorney General, though. His teaching habits, we need to examine that a little more closely. But, Mr. President, again, out of an abundance of caution and for public clarity, let me just reiterate. What we are changing is the construction permitting responsibility that the CMOH functions that is duplicitous of what already exists in other agencies. And we are changing that, but they are staying with all their—

Hon. Senator: [*Interruption*]

Sen. The Hon. Dr. K. Swaratsingh: Thank you very much. I appreciate the correction. I agree. But all their other health functions remain. And what I think my colleague Dr. Chaitan-Maharaj was referring to is that, given they do not have an engineering or architectural background, those functions are best suited to those with that expertise. Let them keep all the medical officers.

Hon. Senators: [*Desk thumping*]

5.00p.m.

But I thank all my colleagues for understanding the importance of this and for supporting it. Because I think it is a very critical thing as we seek to modernize and to create a less bureaucratic system that is much more responsive to the needs. The JCC and others in the construction sector all appreciate this. And, the Minister of Health appreciates the ability to focus on critical areas that are relevant to their expertise.

So, Mr. President, I promised to be very brief in my wind-up. I thank all my colleagues for their support. And with those few words, Mr. President, I beg to move.

Hon. Senators: [*Desk thumping*]

Question put and agreed to.

Bill accordingly read a second time

Bill committed to a committee of the whole Senate.

Senate in committee.

Mr. Chairman: Hon. Senators, we have no amendments before us. We have five clauses in this Bill. So, with your leave, we take all five clauses. Do I have your support?

Hon. Senators: Yes.

Mr. Chairman: Okay.

Question put and agreed to.

Clauses 1 to 5 ordered to stand part of the Bill.

Question put and agreed to: That the Bill be reported to the Senate.

Senate resumed.

Bill reported, without amendment, read the third time and passed.

Mr. President: Leader of the House.

ADJOURNMENT

The Minister in the Office of the Prime Minister (Sen. The Hon. Darrell Allahar): Thank you, Mr. President. I beg to move that this Senate do now adjourn to Friday, September 18, 2026 at 1.30 p.m.

Mr. President: There was a matter on Motion for the Adjournment, but there is an agreement that it be deferred. Okay.

Hon. Senator: [*Interruption*]

Mr. President: Hello? That is for Sen. Vieira to discuss with you.

Sen. Al-Rawi sc: What is the business on Friday?

Mr. President: I cannot speak to that. I am not in charge of—the Minister. No,

no, I have no indication. I do not know if the Minister wishes to do that, but I have no authority to speak on that matter. Hon. Senators—unless the Minister wishes to speak. Minister, you want to speak?

Sen. The Hon. D. Allahar: No.

Mr. President: Okay.

Question put and agreed to.

Senate adjourned accordingly.

Adjourned at 5.08 p.m.