

HOUSE OF REPRESENTATIVES

Friday, June 28, 2019

The House met at 1.30 p.m.

PRAYERS

[MADAM SPEAKER *in the Chair*]

LEAVE OF ABSENCE

Madam Speaker: Hon. Members, I have received communication from Mr. Barry Padarath, MP, Member for Princes Town, who has requested leave of absence from today's sitting of the House. The leave which the Member seeks is granted.

PAPER LAID

Consolidated Financial Statements of National Flour Mills Limited for the financial year ended December 31, 2018. [*The Minister of Planning and Development (Hon. Camille Robinson-Regis)*]

To be referred to the Public Accounts (Enterprises) Committee.

**PUBLIC ACCOUNTS COMMITTEE REPORTS
(Presentation)**

Dr. Bhoendradatt Tewarie (*Caroni Central*): Thank you very much, Madam Speaker. I have the honour to present the following reports:

Telecommunications Authority of Trinidad and Tobago

Twenty-Second Report of the Public Accounts Committee on the Examination of the Audited Financial Statements of the Telecommunications Authority of Trinidad and Tobago for the financial years 2010 to 2016.

Port Authority of Trinidad and Tobago

Twenty-Fourth Report of the Public Accounts Committee on the Examination of the Audited Financial Statements of Port Authority of Trinidad and Tobago for the financial years 2008 to 2011.

ORAL ANSWERS TO QUESTIONS

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Thank you very much, Madam Speaker. Madam Speaker, there are two questions, and we will be answering both.

Minors in Criminal Activity (Measures to Address)

237. Mrs. Vidia Gayadeen-Gopeesingh (*Oropouche West*) asked the hon. Minister of National Security:

With regard to the increase of heinous crimes perpetrated by minors and their consequential deaths, could the Minister indicate whether any measures have been taken to reduce the number of minors involved in criminal activity?

The Minister of National Security, Minister of Communications and Minister in the Office of the Prime Minister (Hon. Stuart Young): Thank you very much, Madam Speaker. Madam Speaker, the following is the answer provided by the Trinidad and Tobago Police Service which, quite frankly, I am not surprised. The Trinidad and Tobago Police Service has no data to support the statement that there is an increase of heinous crimes perpetrated by minors. In fact, the records indicate that over the period 2014 to 2018, the number of serious crimes committed by persons under the age of 17 years has fluctuated.

Notwithstanding this, as part of its mandate, the Trinidad and Tobago Police Service endeavours to reduce the number of minors involved in criminal activity through the following initiatives:

- (1) The Organized Crime and Intelligence Unit, a combined suppression

methods, the enterprise model, comprising sustained surveillance:

- (a) visits to emerging gang members, increased patrols, arrests, prosecution, more zealous investigations and intelligence gathering as well as crime prevention and community relation activities;
 - (b) visits to schools, communities, PTA meetings, police caravans in at-risk areas to lecture about bullying.
- (2) The Child Protection Unit embarked on the following preventative measures:
- (a) joint outreach programmes with the Ministry of Sport and Youth Affairs, Office of the Prime Minister, Gender Affairs Division, Tobago House of Assembly. The team hosts interactive sessions throughout the country, targeting young persons in schools, who are in crisis, religious organizations and youth organizations; and
 - (b) participated—this is the Child Protection Unit—in a youth symposium for over 800 students in June 2019.
 - (c) participated in a child protection fair with over 500 children in May 2019; and
 - (d) the Commissioner of Police’s Cup Football Competition provides alternative activities for the youth of Trinidad and Tobago.

Furthermore, the Ministry of National Security continues to target the youth, at risk, with the Civilian Conservation Corps Programme and the Military-Led Academic Training Programme—of which there is a graduation ceremony tomorrow. There was a CCC graduation ceremony earlier this week—and also

through the use of Police Youth Clubs as well as the Cadet Force. Also, the Trinidad and Tobago Defence Force has begun having camps for some of these at-risk youth.

Madam Speaker: Supplemental, Member for Oropouche West.

Mrs. Gayadeen-Gopeesingh: Hon. Minister, you said that some measures with the conversation corps dealing with the minors. Do you think there is a correlation between less money allocated to this conservation corps and some activity untoward that these minors are getting involved in?

Madam Speaker: I will not allow that as a supplemental question.

Mrs. Gayadeen-Gopeesingh: You also said there is something called “zealous investigation”? Could you elucidate what is that investigation? What is zealous investigation?

Hon. S. Young: An investigation carried forward with a lot of thrust and zeal.
[Desk thumping]

Farmers on State Lands (Issuance of Renewal Licences)

241. Mr. Fazal Karim (*Chaguanas East*) asked the hon. Minister of Agriculture, Land and Fisheries:

Given that farmers on state lands cannot access any of the Ministry’s services due to the non-issuance of renewal licences, could the Minister provide the expected date by which farmers on state lands can expect renewal licences?

The Minister of Agriculture, Land and Fisheries (Sen. The Hon. Clarence Rambharat): Madam Speaker, it is well known that across various administrations, there has been a significant backlog of applications for state land lease renewal; for the grant of new leases on the basis of regularization of occupation and cultivation upon state lands and hundreds of applications for the

grant of leases for the purpose of cultivating state lands. Madam Speaker, the present Government has made regularization of state land tenure issues a priority for the Ministry of Agriculture, Land and Fisheries.

Madam Speaker, across the country applicants who have waited up to 60 years have been receiving their approvals under this PNM Government. [*Desk thumping*] The rate of issuance of approvals for state land leases for agriculture has increased exponentially under this Government compared to previous years. Madam Speaker, each application requires varying types of works: site inspection, surveys or re-surveys, probate and letters of administration, processes, internal family and beneficiary consent, statutory declarations and other administrative and legal processes. In that context, it is impossible to say with certainty or even estimate the expected date by which farmers on state land can expect renewals. It is an ongoing process, Madam Speaker, with applications being approved by the Cabinet weekly. I thank you. [*Desk thumping*]

Madam Speaker: Supplemental. Member for Chaguanas East.

Mr. Karim: Thank you, Madam Speaker. Will the hon. Minister indicate how many farmers we are talking about are in this backlog?

Sen. The Hon. C. Rambharat: Madam Speaker, I would estimate that there are about 20,000 persons in this country requiring action on their agricultural state land leases.

Mrs. Gayadeen-Gopeesingh: Hon. Minister, to renew leases, the Commissioner of State Lands has to be involved. Right now, as the question should be, is the Commissioner of State Lands actively involved in renewing those leases? Because my information, there are over 400 leases sitting on her desk.

Madam Speaker: So the question is?

Mrs. Gayadeen-Gopeesingh: If she is actively involved in renewing those

leases?

Madam Speaker: Thank you very much. Minister of Agriculture, Land and Fisheries.

Sen. The Hon. C. Rambharat: Madam Speaker, I am very grateful for that information, and that goes to show exactly the volume that this PNM Government has been dealing with. [*Desk thumping*] I am sure, if I am allowed to leave here, I would be able to go up to that office and ensure that those files reach to Cabinet next week Thursday, if not before. [*Desk thumping*]

Madam Speaker: Supplemental. Member for Oropouche West.

Mrs. Gayadeen-Gopeesingh: Hon. Minister, but those files have been sitting for the last year.

Madam Speaker: Question.

Mrs. Gayadeen-Gopeesingh: Did you get any Cabinet meeting to bring those files so you can have a Cabinet session so those things could be renewed?

Sen. The Hon. C. Rambharat: Madam Speaker, yesterday the Cabinet approved 45 applications. So that I am telling my colleagues in advance, we should expect 400 next week Thursday.

PERSONAL EXPLANATION

Privilege Matter (Dr. Roodal Moonilal)

Dr. Roodal Moonilal (*Oropouche East*): Madam Speaker, I seek your leave to make a personal statement, personal explanation. Madam Speaker, pursuant to the adoption of a report from the Privileges Committee on the matter of the use of threatening—

Madam Speaker: One minute, Member. I think, first, you will ask leave to make it. I must note that I did not get any notice before now with respect to this intention. Okay. But you will have to seek leave and for leave to be granted.

Dr. R. Moonilal: Madam Speaker, just for clarity, I did receive a letter dated June 26th indicating the outcome of the resolution, but the letter did not state any other requirement pursuant to 23 of the Standing Orders with the leave of the Speaker. So, as I stood, I sought leave to do it. But I had no other direction.

Madam Speaker: All right. Okay. Thank you. So what I will ask is that we stand this for later down in the proceedings that a copy could be made available to the Speaker, and then we will take it. So maybe the Whip and the Leader of the House can agree at what stage we will take your personal explanation.

Dr. R. Moonilal: Madam Speaker, again, just for clarification. I do have some notes, rough notes, is it that what is required is a typewritten product to your good office, if that is fine? Thank you.

Madam Speaker: I really would much prefer a typed explanation—

Dr. R. Moonilal: Sure.

Madam Speaker:—rather than your rough notes.

Dr. R. Moonilal: Understood.

Madam Speaker: I might read things into your rough notes that you did not intend. Okay? So that what I will ask is that the Whip and the Leader discuss and advise the Clerk at what stage we will take the Personal Explanation with leave being granted to the Member for Oropouche East.

MISMANAGEMENT IN THE HEALTH SECTOR

Dr. Tim Gopeesingh (*Caroni East*): Madam Speaker, I beg to move the following Motion standing in my name:

Whereas over the past three years there has been a collapse of the public health sector with a significant increase in morbidity, mortality and preventable deaths in major health institutions;

And whereas the collapse of our primary health care system and widespread suffering from chronic, non-communicable diseases have resulted from the absence of public education programmes, reduction in the opening hours at health centres and the unavailability of many CDAP drugs;

And whereas at major hospitals, there exist overcrowding at Emergency Departments with patients dying on trolleys and the unavailability of beds, basic pharmaceutical supplies, reagents for lab testing, first-line chemotherapy, anti-cancer drugs and surgical medical supplies;

And whereas the waiting time for surgery is highly unacceptable and there is non-functional diagnostic equipment;

And whereas hundreds of nationals were denied employment as nurses and doctors despite severe shortages of medical personnel while hundreds of foreign doctors were employed;

And whereas the closure of the Central Block of the Port of Spain General Hospital, the underutilisation of the Couva Hospital and the discontinued construction of the National Oncology Centre have deprived patients of health care and have led to a major crisis in the delivery of medical care;

Be it resolved that this House condemn the Government for its mismanagement of the health sector and call for the implementation of remedial measures, policies and programmes.

Madam Speaker, may I seek your kind indulgence in permitting me, on behalf of all the Members of the Opposition and I am sure the Leader of the Opposition and all Members of the House, to sincerely congratulate all 18,000 plus students who wrote the recent SEA exam, [*Desk thumping*] their, parents, teachers, guardians and all those who contributed to their education and to the first three students: Siri Vadlamudi, of Grant Memorial Presbyterian; second place, Megan

Ramoutar of San Fernando TML Primary; and third, the top scoring boy, Manasseh Mohammed, of Canaan Presbyterian, all from south Trinidad. In addition, the Tobago student who placed first, 12 year-old Sebastian Rampersad from Buccoo Government Primary. Madam Speaker, that is the reason why the PP Government wanted to have the UWI South Campus as a centre of excellence in education in south in Trinidad.

Madam Speaker: So, Member, I have allowed you a certain amount of indulgence and, therefore, if you will proceed with your Motion.

Dr. T. Gopeesingh: Sure. Thank you, Madam Speaker. I am moving on now. Madam Speaker, health, like education, is the cornerstone and fundamental developmental pillar of any civilized society. A right to life of any citizen is a constitutionally enshrined and entrenched right and declaration under section 4(a) and (d) of the Constitution, a right of the individual to equality of treatment from any public authority, and citizens must be afforded the opportunity for high quality of health care.

Madam Speaker, this present administration, this Government, has presided over the last four years over the near devastation of the public healthcare system, with deepening crises at virtually all hospitals and other institutions. Daily, the lives of patients who depend on the services of the state health sector are endangered. The health sector has become a disaster area under this Government.

Madam Speaker, in the major hospitals, daily horror scenes abound of emergency departments overflowing with patients on wheelchairs and trolleys, waiting for days to obtain critical medical treatment with many dying on trolleys, and all of us can attest to some family or friend being in the emergency departments on trolleys for sometimes two to three days which I am speaking about. If you lie on your bed for eight hours, beyond that is extremely

uncomfortable. To lie on a trolley for three days, unable to move because the trolleys have bars at both sides—unable to be cleaned properly, unable to have the privacy that is required—it is something that is abominable, Madam Speaker. These patients stay on the trolleys unable to be admitted to the wards, all because of serious incompetence and mismanagement of the health sector under this present administration.

Madam Speaker, along with other MPs of the Opposition UNC, I have consistently raised these issues and virtually pleaded with the hon. Prime Minister and Minister of Health to take decisive and urgent action to improve the health sector. Instead of seeking to address and rectify the numerous issues in the health sector, the Minister of Health, at different occasions, engaged in wild distortions and outright cover ups of the crucial failings to the detriment of the citizens of this country.

Mrs. Robinson-Regis: Madam Speaker, Standing Order 48(6) please.

Madam Speaker: Member for Caroni East, I uphold the Standing Order, I uphold the objection. I will ask you with respect to that last description, that you state it otherwise. Completely withdraw it and you can state it otherwise.

Dr. T. Gopeesingh: Withdrawn and move on, Madam Speaker. Some of these patients who have actually died, what has occurred, amounts to serious violations of citizens' fundamental and constitutionally guaranteed rights to proper health care and a decent quality of life.

Madam Speaker, just recently, on Sunday 7th May—about two years ago—2017, one of the leading newspapers, *Sunday Express*: “Healthcare System is Crisis” written by Anna Ramdass and I quote.

“Trinidad and Tobago’s healthcare system is clearly in crisis”

This is not the Member for Caroni East is saying that, this is not the Opposition

saying that, but it is a national issue.

“Billions”—are being spent and—“have not addressed fundamental problems”—which are plaguing—“the country’s hospitals and health centres for”—a while.

“The 2017 national budget allocated the third highest amount to health care—\$6.25 billion.

But there are still too few public hospital beds; too many patients waiting years for life-saving surgeries; too many shortcomings in maintenance of vital equipment such as the recent fiasco with the CT (computerised tomography) scanners; the horrendously long time patients have to wait for health care...and the list goes on.

Urgently needed medications run short while patients wait in long lines for prescriptions to be filled.

Infant mortality remains a challenge while a brand new children’s hospital lies dormant and unoccupied.

So what went wrong and why can’t the public health system be fixed?”

And these are questions we have to ask the present administration. What has gone wrong over the close to nearly four years? Why can the health system not be fixed, Madam Speaker?

I spoke about overcrowding and patients lying on trolleys, and there is another article recently written, Wednesday 4th April, 2018:

Patients in the corridor is normal—

That is what a South West Regional Health Authority chief executive said.

It is normal for patients to be placed on beds along the corridors at San Fernando General Hospital waiting for treatment says South West Regional Health Authority Chief Executive Officer—

I would not need to call her name. Photos circulating on social media this week showed several patients at San Fernando General Hospital placed on beds inside the building lined along the corridors.

Madam Speaker, this is totally unacceptable for any developed country and any country that has spent—and for a Government that has spent close to 21,634,423,000 in the four years from 2016, 2017, 2018, 2019, as compared to the five years from the People's Partnership administration of \$21,000,730,000. So, in four years, this present administration has spent \$216 billion on health care and in our five years of the People's Partnership administration, we spent \$217 billion, and later on I will be able to show what we were able to do with the \$217 billion as opposed to the \$216 billion which this present administration has spent and have under their wings.

And I go on to show where in the South West Regional Health Authority, all accident and emergency departments were overcrowded. The South West Regional Health Authority has admitted overcrowding is the main challenge at its five emergency departments. Why does this have to happen when you have major hospitals? You have Port of Spain Hospital, you have Mount Hope, you have San Fernando General Hospital and you have an opened Couva children's hospital which could have taken the burden away from these three major hospitals, and so that the overcrowding that was taking place in San Fernando and Mount Hope, could have been taken care of if the children's hospital was opened, Madam Speaker.

One of their friends, the Government administration, who has been a supporter and a colleague of mine, a classmate as well—we graduated in 1974—Dr. Anand Chattergoon in a newspaper article on Wednesday 23rd January, 2019, written by Yvonne Webb, Anand says:

“The service at the San Fernando General Hospital, where he served as Medical Director ‘stinks’.”

It is unpleasant for me to use that word, but that is what he said. He said overcrowding in the emergency department is bad, and chastised all the heads of departments for not being able to get a handle on the situation, and he expressed his disappointment in the overcrowding, and he said the situation has got progressively worse under their watch. And my colleague, and my gynaecological colleague as well, and younger colleague in Parliament, the Member for Fyzabad, lamented a shutdown of the Petrotrin Hospital as well, on *Newsday*, November, 25th, 2018: “A burden on the public health”.

So, here it is we have overcrowded hospitals already, people lining up on trollies, unable to get beds in the wards. They come and they shut down the Petrotrin Hospital which took care of a certain amount of patients and that exacerbated the problem of overcrowding in these three other areas.

Madam Speaker, on the 23rd July 2017, *Sunday Express*: “Spike in Patients shows up hospital bed shortage” by Mitchell Loubon.

“Lack of beds at major hospitals continues to be a sore point and was exacerbated this week by a spike in patients seeking care.”

And the Chief Executive Officer of the NWRHA said it:

“...led to ambulances being redirected to Eric Williams Medical Sciences Complex”—where beds were also in short supply.

So what is happening in this country over the last four years or what has been happening? Overcrowding in the accident and emergency, scarcity of beds, patients are suffering, patients are dying as a result of complications on trolleys. They are unable to get their medication while they are there. They are unable to be tested properly and inevitably patients die.

I had two patients of mine whose relatives were at Port of Spain Hospital over the last three or four months, since the closure of the central block, and despite me speaking to one of the senior doctors there, they could not get a bed for three days, and the patients stayed there, got a deep vein thrombosis and died as a result of the deep vein thrombosis causing pulmonary embolism, Madam Speaker. This is unacceptable and cannot—[*Desk thumping*—when patients die like that it pains you. It pains me. My whole life had been dedicated to medicine. Forget the politics. The politics is by the wayside.

I spent 20 years. I do not know why I was here in the first place. [*Laughter and crosstalk*] Why I was here—19 and six—25 years. [*Desk thumping*] Madam Speaker, 45 years I am a doctor today around this time. [*Desk thumping*] 45 years and I am a cancer specialist since 1988—12 and 19—31 years and a gynaecologist for, how much?—'80 to now is how much?—39 years. [*Desk thumping*] And, of course—

Hon. Member: Tell them.

Dr. T. Gopeesingh:—my whole life has been attending to patients.

2.00 p.m.

In Trinidad I have a private population of patients of 31,000 private patients, Madam Speaker, [*Desk thumping*] and I have seen over 120,000 patients around the world. [*Desk thumping*] And I have trained, and been educated and saw patients in 18 hospitals around the world, [*Desk thumping and crosstalk*] so I speak with authority when I speak on medicine, Madam Speaker. And it pains me as a doctor, it pains me to be able to—and I have attended to the wide cross-section of Trinidad and Tobago and [*Desk thumping*] even in the Caribbean, patients from St. Lucia, St. Kitts and Nevis, Barbados came to see me while I was in medical practice of dealing with cancer patients. [*Crosstalk*]

So, Madam Speaker, it is our responsibility as well as an Opposition to work with the Government, to work with those who are providing health care. We can give our help. The Prime Minister at one time said he needed the help of the Member for San Juan/Barataria and the Member for Fyzabad to help him after the Welch Report came out; we are willing to help because health care is for all of us, and we do not want to see any of our colleagues on the other side suffering or they do not want to see us suffering. We have to help each other. We have to help the population. We have to help the country.

So when I say these things and they hurt, it is because it could be anybody. [Desk thumping] We do not wish ill care or bad health for any one of our colleagues. So, Madam Speaker, what I am speaking about is the reality, and I hope the Minister does not take it personally because this is not personal against him or the Government, but we have to lay the facts on the table. “Hospitals at crisis point”, *Sunday Guardian* by Joel Julien on July 17, 2016, institutions have less than half of staff needed:

“There is a ‘tremendous shortage’ of staff, especially skilled medical staff including both doctors and nurses, at the public health institutions in this country, the *Sunday Guardian* has learnt.

The issue has reached ‘crisis’ proportions throughout the country resulting in a ratio as high as 22 patients to one nurse currently existing at the San Fernando General Hospital - as opposed to a ratio of six patients to one nurse suggested by the World Health Organisation (WHO).

The situation at San Fernando General, according to nursing staff there, has resulted ‘in long hours, excessive overtime, tired workers, denial of legitimate leave’ and this will ‘negatively impact the quality of health care to the population,’ ...

‘This is unsafe and puts both nurse and patient at risk,’...

The staff shortages are among a list of growing concerns currently plaguing the public health sector. Among the other issues are drug shortages at the Regional Health Authorities (RHAs), medical staff from Tobago staging a sickout over arrears and confusion...

No jobs for doctors

Even as the shortage of specialists exists, more than 150 nationals who have already completed their internship as doctors at the public hospitals who still remain unemployed.”

So, Madam Speaker, what is the management style of the present administration and the hon. Minister of Health with his team? Why all of this has to be occurring when you have spent \$21 billion already on health care?

So, Minister, you may have to answer to some of these, and we will put it down as mismanagement, because I know you deliberately would not want to allow these things to happen. But you have four regional health authorities, you have boards, you have CEOs in Trinidad and one in Tobago, what are they doing? What is the CEO doing? When in the People’s Partnership administration, Prime Minister Kamla Persad-Bissessar, after two-and-a-half years realized that the health issue was becoming a major issue and was overtaking crime as the number one problem, she called a meeting together, a Cabinet meeting and said, “What can we do about health care because we need to do something now?”, and ideas began to flow. And to assist the Minister of Health at that time she decided to appoint a team that will assist the Minister of Health in things like the whole management and the day-to-day issues related to the health care system. So, what has this Government done? Patients became unhappy with uncaring staff and the media reports on this, Madam Speaker.

So, Madam Speaker, there has been a collapse of the primary health care system. We had opened 65—we have 105 primary health centres in the country, nine hospitals and nine district health facilities which are open 24 hours a day; that is from the public sector. We have about 10 major private health institutions throughout Port of Spain, the east and central and south. The Government provides health care at major public health institutions. So out of these 105 health centres, the hon. Prime Minister at that time said, “We need to open up these health care centres to 9.00 in the evening and on weekends and public holidays and staff it with a competent doctor, competent nurse, a pharmacist, and security services and a clerk.” That would cost \$3,000 per day maximum; seven days is \$21,000. Madam Speaker, it will cost this Government only about \$30 million per year to bring this service back, to open these health centres up to nine o’clock in the evening and on weekends and public holidays.

You know why that is important?—because the chronic non-communicable diseases of diabetes, hypertension and cancer, patients can walk in after their work to get themselves assessed. They could check their diabetic control. They could check their hypertensive control, and they could go for adequate screening at these 65 health centres. As we are today there are probably only about five open up to nine o’clock in the evening. Why can it not be done? [*Desk thumping*] Why are you forsaking the responsibility of not having these health centres open? What are you depriving the patients for? You spent \$21 billion and you cannot open 65 health centres up to nine o’clock in the evening, [*Desk thumping*] providing the drugs for them, controlling all the medical illnesses, Madam Speaker?

And what about the communicable diseases now, Madam Speaker? Madam Speaker, when the Zika virus came on in 2016, from our side we advocated that the Prime Minister himself must become involved in the entire campaign in a vigorous

mobilization exercise to avert an outbreak of the deadly Zika virus. A national emergency issued by the Health Minister at that time, we indicated to him that he must include a resolute and urgent public health exercise and a vigorous education campaign.

Timely, united and deliberate activities and strong government leadership are required in the midst of this international health catastrophe. Madam Speaker, our advice at that time were ignored and the Zika virus, which was in the United States declared as an explosive pandemic potential, became endemic within in the Caribbean, and Brazil had 1.5 million people being affected or infected, and Barbados, Venezuela and Surinam were reporting confirmed or likely cases, and the virus had exploded in Colombia, and we raised those issues right in Parliament. The Minister promised that he would do something for the eradication of all these mosquitoes, and so on, but the Zika virus came on. Pregnant women became infected with the virus, but up to this time we have no idea as to how many patients were affected—pregnant patients with the Zika virus, and how many patients or little ones have suffered from the microcephaly which is as a consequence of the Zika virus. So, Madam Speaker, perhaps the Minister could tell us something about this.

So, consequently, this administration and the particular Minister of Health, you stand accused of serious dereliction of duty [*Desk thumping*] to the public to serve due to the deliberate withholding of information that could have saved the lives of many citizens and prevented many more from contracting this serious or life-threatening disease. Madam Speaker, then there is the issue of the measles threat that is coming back to Trinidad now from Venezuela.

Mrs. Robinson-Regis: Madam Speaker, Standing Order 48(6), please.
[*Crosstalk*]

Madam Speaker: Again, Member—

Dr. T. Gopeesingh: Okay, withdrawn.

Madam Speaker: Yes. And, as I say, with your experience you just set out a sterling CV on both sides, so I think you can find a much better way to express your—

Dr. T. Gopeesingh: I appreciate your guidance, Madam Speaker, and I do not need to really go into that, but you all know what you are doing. [*Interruption*] Yes, everybody knows. [*Crosstalk*]

Madam Speaker: Have you—

Dr. T. Gopeesingh: Yes, I have withdrawn.

Madam Speaker: You withdraw?

Dr. T. Gopeesingh: Yeah.

Madam Speaker: And you also withdraw all those other—

Dr. T. Gopeesingh: Negative issues.

Madam Speaker: Not negative, not negative, the question is not about negative, it is the actual statements which have an improper motive. So those other things you said there, you know them, so just withdraw them and, as you say, press on smart.

Dr. T. Gopeesingh: Withdrawn, Madam Speaker. Thank you very much.

Dr. Hospedales recently spoke about getting serious about eradicating mosquitoes, and he put it in this language, and I hope the Minister of Health begins to take the warning:

Trinidad-based CARPHA with his Caribbean Public Health Agency—

Madam Speaker: Member, I am looking at the text and I want to caution on Standing Order 48(1)—okay?—because your Motion, while it touches many things it is very specific about certain areas of the health sector, so that I see you are

going on to eradicating Zika and mosquitoes, and all of that, and I just caution you with respect to Standing Order 48(1).

Dr. T. Gopeesingh: Yeah. Thank you. Madam Speaker, I am on the area of the second limb of the Motion, which is the collapse of our primary health care system and widespread suffering from chronic non-communicable diseases that have resulted from the absence of public education programmes. So here I am speaking about the public education for the people—

Madam Speaker: But I would have thought mosquitoes and mosquito-borne diseases—

Dr. T. Gopeesingh: Yes, that is a public—

Madam Speaker:—and I am not a doctor—did not come within the meaning of chronic non-communicable diseases—[*Interruption*] Members!—that is why I stood up and cautioned you, because I think I do follow the text of your Motion. All right? So, please, be guided.

Dr. T. Gopeesingh: I think the information is already given and we will get the understanding of what they need to do in terms of these areas. [*Crosstalk*]

Madam Speaker, the public health care system which I am speaking about, the Minister said it is overburdened. Why is it overburdened? It is because of the lack of programmes at a national level to educate the population as to what are their responsibilities. You would speak about you having a programme but your programme is ineffective. You should be bombarding the television and the radio stations and a number of stations across the country in telling people that you must come for your annual screening on “so and so”; you must do your mammogram, and provide the facilities across the country where these things could be done. You must tell them and educate them on the issues of the reduction of foods that will create obesity, to control their diabetes and hypertension, and so on.

And you, yourself, indicated that diabetes and hypertension and cancer is costing about \$8.7 billion annually, and while you are saying that, one of my colleagues, Prof. Narinesingh, is sounding out warnings throughout the country that diabetes is taking toll on Trinidad and Tobago and speaking about the near 500 amputations annually, secondary to diabetes, Madam Speaker. So there is need for a lot of work to be done in terms of public education programmes and bringing the citizens of Trinidad and Tobago aware of what can happen to them.

Today we have 29 and 30-year young men, and young men in their 30s as well dying of heart attacks because they are not aware of the consequences of cigarette smoking, obesity and diabetes together, which is a recipe for disaster and a recipe for heart attacks and deaths. So we have to avoid that, and so when the Diabetes Association speaks about rising obesity among students, that is something that you have to take into consideration and do it immediately, educate the population. And a doctor said “Trinis getting fatter”, that is public health education, and the Caribbean recording high levels of cervical cancer deaths.

Madam Speaker, the Minister came here one day in Parliament and pounded the chairs and the desks, and so on, and his colleagues say, “We did 400 pap smears within a week.” Madam Speaker, we have 650,000 women, approximately, in Trinidad and Tobago, about 49.5 per cent women, 50.5 per cent men out of the 1.3 population or 1.4; eliminating all those under 18 years of age and taking from those from 19 to 65, we have close to about 450,000 women in reproductive age, and in menopausal age and post-menopausal age—all these women need pap smears, whether you do it annually for three years and then every three years, but what centres are they going to get it in Trinidad and Tobago?

You have 105 health centres, you have nine district health facilities, you have nine hospitals, set up the system so that they can get themselves tested—

[*Desk thumping*]—yeah, in these areas. Put the necessary equipment and the staff to do these. You know, it is only 6 per cent of the population who have annual pap smears, and the 6 per cent are the same 6 per cent that go from year to year. So we have a morbidity of about 150 patients dying with cervical cancer in today's day and age; that is highly unacceptable. If you have to take caravans and take it through the country and call out the people to have their pap smears, and have mammogram machines in some of these areas as well, in these centres you will be saving a lot of patients dying from cervical cancer and from breast cancer.

And for the men, do the blood tests for prostate, so it needs management skills, Madam Speaker, which is devoid on the other side. [*Desk thumping*] They do not have that competence at the level of ability to set up those systems to do it, and if they need our help we are ready. [*Desk thumping*] We are ready on this side. And one of my colleagues who I had the privilege of training, Dr. Vanessa Harry, who is a gynae-oncologist—we have about four in Trinidad now and we have about seven of us within the Caribbean as gynae-oncologists, two in Bahamas, one in Jamaica, and we are getting one in Barbados. “T&T needs a Pap smear programme”, that is the gynaecologic oncologist, Dr. Vanessa Harry. And even the head of the Cancer Society, Dr. George Laquis, has been speaking for years to improve the screening for cervical cancer and to set up a national cancer registry.

In 1997, I was chairman of the North West Regional Health Authority—

Mr. Deyalsingh: You really want me to go there?

Dr. T. Gopeesingh: Yes, go ahead. [*Interruption*] Yeah, 1997—

Dr. Moonilal: “Yuh” could go anywhere but here.

Dr. T. Gopeesingh: “Yuh” could go anywhere, I am not afraid of anything.

Mr. Deyalsingh: \$1.6 million.

Dr. T. Gopeesingh: Yes, you come with that already and pure foolishness.

Madam Speaker: Members, the crosstalk. Member, do not allow yourself to be distracted. You continue with your presentation.

Hon. Member: He was a failed druggist, I think that—[*Crosstalk*]

Dr. T. Gopeesingh: Was the Minister trying to tell me that he has been a failed druggist twice [*Desk thumping*] and not be an aspiring doctor? He has to go through medical school and you have to get through the admission first before you reach medical school. [*Desk thumping*]

Dr. Moonilal: But you need passes first eh, the O levels.

Dr. T. Gopeesingh: So, Madam Speaker, the areas of pancreatic cancer, breast cancer, all these things—early detection is an important issue and we urge the Government to set up the programmes and the policies to be able to implement these areas. And also with a proper primary health care system with public education you will be able to eliminate a number of these primary health care areas, primary diseases.

So the mismanagement, Madam Speaker, which is part of the limb of the Motion, you have a blackout at San Fernando General Hospital, you know how many lives were endangered there? Children in the Neonatal Intensive Care Unit, adults in the intensive care unit; the electricity goes, in one minute they will die—thank God none of the patients at San Fernando hospital died as a result of this blackout. But what type of system you have, what type of board, what type of management you have that you would have an electricity system and you would have not standby generators kicking in immediately?

Hon. Member: With diesel.

Dr. T. Gopeesingh: Yeah. And patients in operating theatres, their abdomen open, their chest open or their brain open, and the electricity goes, you could imagine the poor surgeon at that time with the nurses in the operating theatre

frighten like hell? Where are we? You have a bleeding blood vessel, electricity goes, make sure that all your institutions have standby generators [*Desk thumping*] and working and functional. And my understanding is that there was an issue of having to do an upgrade of the electrical system at the San Fernando hospital, \$40 million was supposed to be contract sum; it was not done. It was not done. They avoided doing the contract for that and so, as a result, people nearly lost their lives, Madam Speaker. So that life-threatening issue is unpardonable, and then the lights were restored.

We also have the situation of mismanagement, Government not paying the health suppliers, Madam Speaker. Ministry unable to pay, and then when the Ministry is unable to pay the Minister of Finance coming later on and saying now, “Look, I am the boss, I am now okaying \$245 million for medication.” And hear the medications that were missing and were absent, sources at several of the public hospitals and health centres told the *Express* the situation with the drug shortage of some of the medications that are lacking include no insulin, no anti-hypertensive medication, no asthma medication, no heart care medication, no cancer medication, no pramozone, a common drug for acid reflux; no antibiotic creams, few antibiotic tablets, no urine collection cups, no urine pregnancy test kits, no clexane for preventing deep vein thrombosis, no Augmentin, a basic drug like Augmentin; no lenses for cataract surgeries, no glaucoma eye drops.

Madam Speaker, that is the state of the health sector under the PNM administration. [*Desk thumping*] It is poor, pathetic, totally sad, Madam Speaker. [*Crosstalk*]

When he said about the vaccine, you needed to have the yellow fever vaccine, the vaccine run out. It was an ill-advised Ministry release that caused—

Mr. Deyalsingh: Madam Speaker, 48(1), there was no shortage of yellow fever

vaccine in this country. [*Crosstalk*]

Madam Speaker: Member for Caroni East, please continue.

Dr. T. Gopeesingh: Thank you, Madam Speaker. This issue, Minister, I will agree with you, in October 2017, Thursday, you said hospitals ripped off by local suppliers in orthopaedic parts, and so on; I agree with you on that.

Dr. Moonilal: He said so?

Dr. T. Gopeesingh: Yes. He said that advantage was being taken of the regional health authorities where people were asking exorbitant sums for these equipment, but, yet still, when you sorted that out, why could you not provide the relevant medical equipment and supplies for the surgeons to do their surgery in terms of orthopaedic surgery, neurosurgery, et cetera? [*Desk thumping*] I remember an incident when I was operating down at West Shore one day and I got a call, somebody answered my phone, and there was a call from Port of Spain hospital operating theatre, one of the neurosurgeons was in a brain and they said, “Dr. Gopeesingh, we need an aneurysm clip”.

Hon. Member: What is that?

Dr. T. Gopeesingh: An aneurysm clip is a clip to clip one of the vessels to prevent a bleed in the brain. So I said, “Well, where you get it and what is the cost? It is \$180,000 for the set. So I, as chairman, cannot do the responsibility on my own so I told them to call around and the CEO was able to get the aneurysm box, \$180,000, but only one of these 18 was needed for it, but you have to deal with it. So you have to get your surgical supplies. So prosthesis for knee transplant or hip transplant, for all these things—you know what it is to have a person with a fractured leg, a femur, which is this upper part, lying in a hospital bed with their leg pulled on a trolley with weights on their leg for six weeks—

Hon. Member: Traction.

Dr. T. Gopeesingh:—a traction, and cannot move right or left, have to “wee-wee” with a bedpan, cannot have their stools passed properly?—and that is a distressing thing. Just get the K-nail that you need for the surgical procedure and that patient will be out of the hospital in two days, but some of these patients have to remain there for six weeks on traction. At the end of six weeks when they do the check X-ray, the bones have not been properly opposed together, they have a malfunctioning leg and they have a shortened leg.

So these things, Minister, you have an onerous responsibility. If you cannot do the job [*Desk thumping*] get out and let somebody else do the job. And if you have regional authorities with board people sitting in a boardroom and not making rounds across the hospital, not understanding what the system is—you have a CEO going on the wards once a week, that is unacceptable. They must be getting out there, fired up to do the things which they are required to do. [*Desk thumping*] This is what the People’s Partnership Government had done. Minister Khan got all his boards working, the CEO working, and he had a team to give him some help at that time. And look at what is happening again, the Point Fortin hospital has snakes.

Dr. Moonilal: What?

Hon. Member: “Who say dat?”

Dr. T. Gopeesingh: Snakes. Snakes in the hospital in Point Fortin. A ceiling collapsed at the San Fernando hospital. The Port of Spain sterilization unit goes down, and so on. Then, mom seeks \$400,000 from South West Regional Health Authority for negligence; hospital cause women stroke; patient files lawsuit against NCRH. Who to blame? Teen given seizure pills for flu-like symptoms; time for independent commission into maternal deaths, a lady—“We know how mom died” says, Minister Deyalsingh, “We are ready and willing to provide all the info.” You

should not have to do that, make sure that the system is working well. Hospital probes woman death after giving birth, and so on; amputee claims misdiagnosis as hospital, and it goes on and on. Misuse of antibiotics trigger health woes; 18 days after giving, birth South West Regional Health Authority investigates death of mom, and so on.

So, Madam Speaker, I am not making up these. Bats, rats, close health centre—bats and rats close the health centre; patient saw a body being dumped, a man at 80 years dies at the hospital entrance, and so on. So, Madam Speaker, how much time I have again, Madam Chair.

Madam Speaker: You just have about a little under two minutes.

Dr. T. Gopeesingh: Two minutes. So, Madam Speaker, as I close then, decisive urgent action must be taken by the Prime Minister to remove the Health Minister [*Desk thumping*] whose egomaniacal countenance has given him the unenviable title as the worst Minister of Health. [*Desk thumping*] We call upon this Government to initiate actions and policies and programmes that will be effective and efficient to prevent the loss of lives. We call on the Prime Minister to do the appropriate thing and remove the Minister of Health and replace him with someone who is very competent and capable of doing the job. Thank you very much, Madam Speaker. [*Desk thumping*]

Madam Speaker: Might I ask, Member for Caroni East—

Dr. T. Gopeesingh: I beg to move, Madam Speaker.

Madam Speaker: Might I ask if you are going to amend your Motion?

Dr. T. Gopeesingh: Pardon?

Madam Speaker: Might I ask if you intend to amend your Motion?

Dr. T. Gopeesingh: No, no, Madam Speaker.

Madam Speaker: This Motion requires a seconder.

Dr. Moonilal: Madam Speaker, I beg to second the Motion and reserve my right—I really hope I have the right to speak.

Question proposed.

2.30 p.m.

The Minister of Health (Hon. Terrence Deyalsingh): Thank you very much, Madam Speaker, and good afternoon to all. This Motion reminds me of a similar Motion brought by the same Member about the collapse of the education sector some months ago. He condemned the Government for the collapse of the education system. But you know what he does today? He comes here and congratulates the 18,000 SEA students who passed the SEA exam. So where is the collapse of the education system?

What I am going to do is refute all the allegations and all the anecdotal stories with facts and figures, because what the hon Member came with here is innuendo, anecdotal evidence and not backed up by any statistic or data.

The hon. Member offered his help and the Opposition's help to help fix the health sector. You know what is so hypocritical about that statement? When we laid the Welch Report in this honourable Chamber, we said send it to a Joint Select Committee, Members of the Opposition, Members of the Government. Do you know what the Member for Siparia did? She refused to put one Member of the Opposition on a Joint Select Committee to dispassionately, objectively deal with the health sector. But today, laced with innuendo, he comes here and offers help. That is why I am saying it was a hypocritical statement. I want to put that on the record. The Member of Parliament for Siparia refused the Prime Minister's invitation to send the Welch Report to a Joint Select Committee. So that is innuendo number one put to rest.

Madam Speaker, I was wondering if the hon. Member for Caroni East was

really referring to the period prior to September 2015, or if he was asleep during my many statements to the Parliament over the past three years on significant achievements in the public sector.

There is something called “amnesia”, which refers to the loss of memories such as facts, information and experiences. There are four types of amnesia, but I will only go into one type, and it is called “retrograde amnesia”. What is retrograde amnesia? It is the inability to retrieve information that was acquired before a particular date, usually the date of an accident or operation. My friend did not have an accident, he did not have an operation, but the country surgically excised the UNC on September 17, 2015, [*Desk thumping*] and that is the date from which his selective retrograde amnesia started. I will now give you facts and figures to demonstrate that, because one must remember what took place prior to the People’s National Movement coming into office.

Madam Speaker, I will deal with one thing first. He called a particular drug and said we have none; no Augmentin—the Member. I had to go to the hospital on Monday morning; I have an eye infection. I had to call Minister Stuart Young, who is the Chairman of F&GP and tell him I am coming late to F&GP because my eyes were swollen. You might have seen me doing this during the presentation. It is not tears, it is not crying, it is because my eyes are giving me some trouble. You know what was the drug that was prescribed, both as topical antibiotic drops and systemic antibiotic drops? Augmentin. You know what happened?

I went to the pharmacy in Port of Spain General Hospital and there was Augmentin, take one tablet twice a day after meals. But it was not the Augmentin brand, it was Curam which is a generic, and that is part of the problem we have in Trinidad and Tobago. So the Augmentin brand is not available but we got Curam, the same drug—the same drug—and that Member ought to know this. Because he

spelt out his résumé. I thought he was advertising, and there is a rule in the medical fraternity you do not advertise. I thought he put up a shingle here today to look for patients.

Dr. Gopeesingh: I do not need that again.

Hon. T. Deyalsingh: So the drug I got was Augmentin, and so I have dealt with that. The Member when he was speaking spoke about the right to life, patients have a right to life. I want to ask the hon. Member where was he prior to now? Where was he in 2010 to 2015 when pregnant women—because you are a distinguished obstetrician and gynaecologist as you have stated. Where were you at that time when pregnant women in this country were dying every year by the eights, nines, tens, elevens and twelves? Where were you? Why did you not fix it?

The date of 17 November, 2015, will go down in history in this country as the date when a Minister of Health, yours truly, took charge of the issue of reducing maternal mortality rates. [*Desk thumping*] We held a massive meeting up at the boardroom at Eric Williams Medial Sciences Complex. When I spelt out my plans, you know what one senior doctor got up and said? I can remember his face, God rest his soul. He said, “Minister, I have heard it all before and you cannot do it.” That is what you are faced with when you are trying to institute change. But I was not deterred.

Women were dying under the UNC by eights, nines, tens, elevens, twelves per year. You know what we have that down to now? Between four to six per year for the most. We have achieved our sustainable development goals from maternal mortality, which we are supposed to hit by 2030, in 2018, 12 years ahead of schedule. We have estimated that you have 20 women alive now because we have reduced that rate from 2016, 2017, 2018, 2019; 20 women are alive now because of this administration, [*Desk thumping*] and those statistics cannot be

doubted. They can be verified, they can be audited.

This is recognized around the world as Trinidad and Tobago being a leader, because of plans and policies which the hon. Member spoke about. But the only country where that does not register is where? Trinidad and Tobago, because good news does not sell. We have achieved that, 20 more women are alive because of this Government.

We spoke about right to life. Let us go on to the right of life. The hon. Member made the most outlandish statement with no statistics. He said infant mortality remains a challenge. Let me give you the facts, let me give you the figures which have been audited. The neonatal period, which accounts for the bulk of infant mortality deaths, is day one when you are born to 28 days. During that period you would agree is where most of the infants die.

On coming into office, the neonatal mortality rate in this country under the directorship of CEO, Member of Parliament for Fyzabad, southwest, Caroni East and Barataria/San Juan, brilliant man. That brilliant man was part of a system that had the neonatal mortality rate at what? Twelve per 1,000 live births. In other words for every 1,000 babies born, 12 of those would die between day one and day 28.

Dr. Gopeesingh: Your source, Minister?

Hon. T. Deyalsingh: Our figures which have gone to PAHO for the Director of Women's Health, which have been audited.

The SDG goal for this country to be achieved by 2030 speaks about a neonatal mortality rate of under nine. Do you know what our rate is now? Madam Speaker, 8.7. [*Desk thumping*] Those are facts, those are figures, but my friend stands here and says that the infant mortality rate remains a challenge. It is not a challenge, Sir. We have brought it down 40 per cent—40 per cent. In other words,

the same way 20 more mothers are alive during our period, when you look at that 12 for 1,000 live births to under eight or nine per 1,000 live births, more than 94 babies per year are going home with their parents. Under their stewardship, those 94 babies that are now alive would have died. Those are the facts—those are the facts.

But because my friend has selective amnesia, and I called out the definition for “retrograde amnesia”, facts and figures go out the window. [*Desk thumping*] So I have dealt with the right for life. I have dealt with maternal mortality rates.

As Minister of Health, and one who has taken up the mantle for protecting women’s health in Trinidad and Tobago, and as technology grasps more and more, and as more women delay childbearing into their late 30s and 40s, what we are seeing in the public health care system, and the private health care system—and my honourable friend from Caroni East would know and Fyzabad—is more and more women in their late 30s early 40s, seeking to have children, and no one should deny them that joy—no one. However, with technology, especially IVF in vitro fertilization, we are seeing in the public sector, the individual cases now popping up because of something called “ovarian hyperstimulation syndrome”, or OHSS, ovarian hyperstimulation syndrome. And it is something as Minister of Health I think I have a duty—speaking about plans and policies—to alert the women of Trinidad and Tobago that when you seek these services you should be aware and get independent advice as to whether you are a perfect candidate for hormonal treatments, which could result in ovarian hyperstimulation syndrome.

Madam Speaker, with your permission, I just want to read briefly from a document from the Mayo Clinic:

“Ovarian Hyperstimulation Syndrome affects women taking injectable hormone medication to stimulate the development of eggs in the ovaries.

This may occur in women undergoing in vitro fertilization (IVF)...

Too much hormonal medication in your system could lead to ovarian hyperstimulation syndrome...”

What we are now doing with this information, and we are seeing one or two women now presenting with the complications of this, we in the public sector have now decided to classify any woman who has had IVF, who may be suffering from ovarian hyperstimulation syndrome, as a high risk pregnancy. We have done that. That is a policy prescription to continue the reduction of our maternal mortality rate. That has to be done, because we cannot turn a blind eye to technology, and the women who want to be educated, going into the job market, and delay childbearing into their late 30s and 40s, but we have to support them. It would be remiss of me as Minister of Health if I did not put this out in the public domain and I am hoping the Member for Fyzabad, who may speak on this Motion, can support me on this.

Because, Madam Speaker, OHSS can be from mild to severe. The Member spoke about blood clots in legs. That is a symptom. That is an outcome. Decreased urination, shortness of breath, severe abdominal pain. As this Government continues to drive down the maternal mortality rates, this issue needs to be put frontally on the burner for women and their partners to look at.

Madam Speaker, the Member spoke about no lenses for cataract. Do you know we have done 40 per cent more cataracts than they did? [*Desk thumping*] I have said so in the Parliament. We have done 40 per cent more cataract surgeries in the public sector, and I have given the figures here because a question was asked by the Member for Fyzabad, so he has the answer. Please check with your colleague, and that is the source. [*Laughter*]

My friend spoke about the CT scanner in the San Fernando Hospital, and I

wish he had not raised it. And the Member for Fyzabad is laughing, because he knows where I am going to come from. The 64 Slice CT scanner is a perennial problem in San Fernando. It was purchased under the administration of Mr. Patrick Manning. Oh, no, no, no, the Patrick Manning administration bought it. It was delivered to Trinidad in May of 2010, and there was an election in what, April of 2010? It landed here just before the election, that 64 Slice CT scanner. Fyzabad, I am sorry to have to do this, but your colleague raised it. That 64 slide CT scanner lay unused, open to the elements in its shipping crate for three years under the stewardship of the Member of Parliament for Fyzabad, who was the Chairman of the board.

Hon. Member: Wickedness!

Hon. T. Deyalsingh: I am not finished. I am not finished. I am not finished. It lay in a crate for three years; hold on, it gets worse. It lay there for three years, moisture developed. When moisture develops in these pieces of equipment, it damages the equipment. It was finally installed in April of 2013, after three years, but by that time, the boards, the motherboards, everything had to be changed, and because of that there was no warranty on the machine. The warranty ran out, and this is what I have inherited. We have been limping with that machine since then to now.

The good news is that San Fernando General Hospital will have a brand new 64 Slice machine this year. [*Desk thumping*] So if we are talking about incompetence in health—if we are talking about incompetence in health—speak to the Member of Fyzabad and ask him why he let that CT scanner lay idle for not one, for not two, but three years, and allowed the warranty to run out, so every time we have to fix it now—[*Interruption*] No it is not sabotage. [*Crosstalk*] So that is the story with the CT scanner.

Madam Speaker, my colleague spoke about doctors and foreign doctors and so on. I have said time and time again that the issue in Trinidad and Tobago is that we have too many junior doctors and not enough senior doctors. I am always called to task by the UNC for bringing in Cuban doctors.

Cabinet Note: Health, June 15, 2011.

Who was in office then? The UNC. Do you know what they did?

Cabinet Note: Recruitment: Further employment of health care system care professionals...

From?

The Republic of Cuba.

The note goes on to say:

In a letter dated June 03, 2011 the Ambassador of the Republic of Cuba to Trinidad and Tobago has informed the Government of the Republic of Cuba had undertaken to provide—

How many?

—400 medical personnel, doctors and nurses.

Why? Because there is a shortage of specialist doctors in Trinidad and Tobago.

The DM programmes in UWI of which there are 19, I checked this morning, you know what is the average intake for each DM programme, anesthesiology, orthopedics, everything? Between five and 10. That is the average intake. That cannot satisfy the demand for both the public and private sector. That is why we have to go to Cuba; that is why.

Madam Speaker, to further solidify the point, I want to refer to an article that appeared in the *Express*, Monday 20 August, 2018:

Dean—that is Dean Terence Seemungal on Doctor Shortage:

It takes time to train specialists.

That is the problem, Madam Speaker. Every year the University of the West Indies churns out some 320 qualified doctors. But the issue is, how many of them go on for specialty training, and I have given you the figures and statistics that say, of the 19 DM programmes in UWI, each one is only subscribed by about five to 10 per cohort, not enough. And that is why we have to continue to go to Cuba.

Talking about shortages of nurses. Madam Speaker, it is under the UNC—under the UNC—in 2013 that the former Minister of Health stopped the specialist training nursing programme, stopped it. That is why, hon. Member, we have this shortage. I have inherited your mess. So we have do not have enough DHVs, we do not have enough ICU nurses, we do not have enough midwives, and that is why we have to go to Cuba, for specialist nurses. So, Madam Speaker, again I have debunked that theory.

I now come to the Couva Hospital and central block, and I will deal with central block first. I have admitted to the country and admitted to the public in this place and in the media, that following the earthquake, yes, when we had to decant central block, we have a problem. But where does the fault for that lie? Why was central block not rebuilt in the years 2010 to 2015? And to hear the hypocrisy today, the hypocrisy today about central block curdles my blood. [*Interruption*] You built Couva but you did not build central block.

Madam Speaker, let me give you the PNM's history now in central block. I did not say a word while anybody was speaking. I made a statement in this Parliament in June 2017 that Cabinet approved—you hear the date? June 2017—the building of a new central block. We went out for EOIs, we went out for RFPs, and a contract was signed with the Shanghai Construction Group—the same people who built Couva—in February 2019, contract has been signed. It is going to be a 540 bed tower. So if there any deaths due to bed shortages at Port of Spain, it lays

on the feet of the Member for Caroni East, who was part of a Cabinet that ignored central block.

And you know what is most galling about that? When the contract was announced, the Member for Barataria/San Juan asked the Acting Prime Minister, at the time he was the Minister of Finance: Did you all decant central block on purpose so you could award a contract to Shanghai? I do not think the Minister of Finance remembers that. He was the Acting Prime Minister at the time and he took Prime Minister's Questions. I remembered it. The Member for Barataria/San Juan was against the building of a new central block, but today the hypocrisy is: Why are you not building central block. Where are they coming from?

So to take care of the overcrowding at Port of Spain, this Government is now spending \$55 million, which we ought not to have been spending if central block was built under the UNC, to retrofit two buildings, one in Port of Spain, the COSTAATT building, and St. James, to accommodate that. Those works are ongoing and those new bed spaces, approximately 200 bed spaces, will be available within the next couple of the months.

But what we have already done is built new ICUs in Port of Spain. I was there last week and I saw them. So we have to spend extra money now, because of the incompetence of my friends opposite who built Couva while staring a seismic disaster waiting to happen, and did what? Nothing, did nothing. It is this Prime Minister, Dr. Keith Rowley, who publicly and personally took ownership of that central block issue, and he is to be congratulated. [*Desk thumping*] So that is central block.

Madam Speaker, my friend also spoke about places for doctors and so on. Yesterday I signed a file to place for the first time in this country 234 interns into the public health care system—234. And you know what is the cost to the

taxpayer for this? \$46,287,072. That is what this Government is spending. [Interruption] But we increased the number. You know what is most pleasing to me on this, and I would not call that person's name unless I have permission? [Interruption] "Nah, nah, nah, not from you." Many people in the past whose families, whose parents and who had their children as interns had to beg at the Ministry, "Put meh son her, put meh daughter there, gimme a space." You know what happens now? Nobody has to come to me, they are all placed because of systems. [Desk thumping] There is no string pulling, there is no begging. In one day, and if I have permission from that person I will tell you who that person is, but I am not getting the permission. That is what we are doing, meritocracy. Nobody has to come to me. They used to come to me in the first year, but I said no, we have to fix this system.

A parent should not be running to a Minister because he knows the Minister, or getting a Member from the Opposition to talk to me to take on an intern. Those days are done.

Mr. Hinds: Great is the PNM. [Desk thumping]

Hon. T. Deyalsingh: The system is meritocracy. The hon. Member spoke at length about the NCD crisis, and nobody has championed NCDs more than this Minister of Health and this Government. The Member spoke about, "Be on the airwaves, that is what they like. Spend money on advertising agencies and spend money on media." We have taken a completely different approach.

My friends opposite had five years to consummate an agreement with the Inter-American Development Bank to fight NCDs. The Member for Caroni Central will know about it because he was Minister of Planning and Development. What did the UNC do with that? Nothing; they sat on that loan proposal for five years, under the NCD plan. The Member for Caroni Central, who was Minister of

Planning and Development, sat on that IADB proposal for five years. We consummated within one year of coming into office. Yes, we cut down the amount from \$110 million to \$55 million. But now for the first time in the history of this country, you have a strategic plan which says we are going to decrease the incidence of deaths due to NCDs by 20 per cent by 2025. First time you have a plan. The Member was speaking about plans and policies. So you have the strategic intent.

What are we doing now operationally? Because we have to tackle diabetes, hypertension and the top five cancers. We have significantly enhanced the CDAP programme by putting money into CDAP and decreasing the fees paid to pharmacies. I would not go into the details, I have given that already. But let me give you some statistics and plans. For the first time in the history of this country, you had a Government and a Minister of Health who had the fortitude to ban the sale of soft drinks in school. That is what we did. [*Desk thumping*] That is what we did, attacking sugar. [*Interruption*] You had a policy, but you did nothing; you did nothing. [*Crosstalk*] The issue of sugar needs to be addressed and I want to quote from a BBC article—

Madam Speaker: Caroni East, I know you are very passionate about this, but I would ask you to sort of keep it in check until you come to wind up, okay?

3.00 p.m.

Hon. T. Deyalsingh: Thank you, Madam Speaker. Madam Speaker, the issue of sugar in our society is not one you can change overnight.

Madam Speaker: Your original speaking time is now spent. You are entitled to 15 more minutes—

Hon. T. Deyalsingh: Thank you.

Madam Speaker:—to complete. Member for Oropouche East, you know, I am

really straining my eyes and ears to recognize you today, [*Crosstalk*] and therefore I ask you, please, not to strain it too much. I do not think we have a good sight or hearing medical plan, please.

Hon. T. Deyalsingh: Yes. Madam Speaker, so Trinidad and Tobago has put the issue of NCDs firmly on the regional and global map. In addition to banning sugary drinks in schools, I want to alert parents, again, look at a BBC article, “Give children ‘less sugar and more veg in baby food’”. They are now recommending that baby food manufacturers make sugar-free baby food. The amount of sugar in baby food should be restricted.

Madam Speaker, sugar is to this generation what smoking was to other generations. It is a death sentence waiting to happen and people’s refrigerators and pantries are harbingers of death in this country. It is there that children start a slow life of being dependent on sugar and development of NCDs and I preach that everywhere I go. Your refrigerators, your pantries and your kitchens are harbingers of death; I leave that alone.

Madam Speaker, the NCD plan. For the first time in this country we had a PSA outreach at north central. We screened 1,000 men, 1,000 men in one week, [*Desk thumping*] and out of that we got 115 with elevated PSA levels. Great Pap smear initiative: June 18, 2018, 375 tested, nine pre-cancerous; September 2018, 515 pre-cancerous, last month I was there, we tested 1,000 women. This is the start of a national NCD screening programme [*Desk thumping*] which we have started.

My friend spoke about primary health care and keep health centres open to treat diabetes; that is the wrong model. What we are doing is setting up the Diabetes Wellness Centres. We have set up one in Eric Williams Medical Sciences Complex; we have set up a wound centre in Arima to do exactly that, have less amputations. So we have done it. Where others failed, we have

succeeded.

Madam Speaker, with the last few minutes I want to come to the Couva hospital. I have put on the record that the Couva hospital should never have been built at the expense of central block, but it is there. That facility was opened and commissioned on August 14, 2015, mere days before a general election, and from then to now, I have been bombarded by the UNC and media, rightly so, “When yuh going to open Couva?” And when the 64 Slice CT breaks down in San Fernando, that Fyzabad took three years to commission, I am asked, “Why you do not go to Couva”. When the MRI breaks down, “Why yuh do not go to Couva”. Madam Speaker, I will tell you why now and it is an absolute scandal, because if this Government and this Minister of Health had sent any patient to Couva to use that CT machine and that MRI machine, we would have been sued; and let me explain to you why now, Pointe-a-Pierre.

You opened that facility in August 14, 2015. Do you know that Seimens never came down here to do application training? But you opened it, we did not stop them. Why did you open it? Let me tell you what “application training” means. Application training for the ultrasounds, the fluoroscopy, mammography, is a service provided by the manufacturer to support, advise and train end users on all parts and the functions. If you do not have the application training for those pieces of equipment, do you know what could have happened to a patient? They could have been over radiated and die, get radiation burns, or they could have been under-radiated and their tumours would grow; but you also opened the State and the taxpayer to hundreds of millions of dollars in liability.

I want to ask the Members opposite, why did you not bring down Seimens prior to August 14, 2015, when you commissioned the facility to do application training? It is left to this administration to do that, and somebody from Seimens is

going to be here on July 7th to do application training, so we [*Desk thumping*] could start to use the machines.

So, Madam Speaker, it is not four years, it was a construction site until 2016. So, Madam Speaker, I have stated publicly that the Couva facility will be operationalized in July of this year, July of this year which starts next week. We will be starting with diagnostic imaging, fluoroscopy, mammography, X-rays, CTs, MRIs. We now have to do the application training, so people are not either over-radiated or under-radiated; [*Crosstalk*] and the Member for Couva North is saying “wow”. The question is: What was your plan on August 14, 2015?—to over-radiate people? [*Crosstalk*] I have just told you what the plan is; to bring down people to do the application training.

Madam Speaker: Member for Couva North—

Ms. Ramdial: He engaged me.

Madam Speaker:—Member for Couva North, I am sure as a very experienced female parliamentarian, you would not allow anybody to carry you down a track that you know you should not travel. Okay? So I would ask you please, to comply with Standing Order 53.

Hon. T. Deyalsingh: Madam Speaker, so that is scandal number one in the use of that equipment. Scandal number two: the Couva hospital, to use those pieces of equipment was never equipped with a PACS system. What is a PACS system for the lay person, Picture Archiving and Communication System. In other words, all the images taken go to the central repository to be sent out for reading and reporting.

What was the plan for the UNC to report on these scans? So you put somebody in the machine and then you cannot report on the scans. We now are purchasing, have purchased, and have installed a PACS system, a Picture

Archiving Communication System, so that all scans can be received at a central repository, the archive, communicated to different people for reading and reporting. That will be done, has been done in July of this year. That is how we are going to start to operationalize Couva hospital as a referral hospital from the RHAs. So instead of sending patients out to the private sector for all these imaging services, the RHAs will simply send them to Couva, and instead of us pay the private sector, we pay Couva, under a special purpose company that has already been set up.

So, Madam Speaker, those are the two scandalous pieces of “incompetence”, to use my colleague’s word, incompetence in rushing to open the Couva hospital as an election gimmick. They were going to over-radiate people, give them radiation burns and/or kill them or—

Dr. Gopeesingh: Hold on, hold on; 48(6).

Hon. T. Deyalsingh: I retract, I retract. The risk, you were going to put people at the risk of a premature death. [*Crosstalk*]

Dr. Gopeesingh: Take that back. Take that back. You cannot be doing that. That is insinuating improper motive, 48(6). Take that back.

Madam Speaker: Overruled.

Hon. T. Deyalsingh: Thank you. And that is what happens when do not engage in application training for a CT machine and an MRI. Either overexposure, underexposure, you risk patient safety and you open the State to millions of dollars in liability. So, Madam Speaker, with the few minutes I have left, I think I have dealt with all the substantive issues raised.

I want to ask the Member for Caroni East, when the Member for Fyzabad was the chairman of the Board of south west and there was a picture in the *Guardian* with 12 people including a taxi driver who could not get chemotherapy

drugs, why did you not bring a Motion against Mr. Fuad Khan? [*Desk thumping*]
There is a picture, *Guardian*, Member for Parliament for Fyzabad who was chairman of the south west.

Hon. Member: Dated what day?

Hon. T. Deyalsingh: It was August 2014 in the *Guardian*. Why did we not bring a Motion when the Member for Barataria/San Juan told CDAP patients, “Buy your CDAP drugs because we cannot supply drugs”? Why was there no Motion? Why was the Member for Barataria/San Juan not called “incompetent”? But, Madam Speaker, we have fixed CDAP, we have fixed chemotherapy, we are fixing central block, we will re-operationalize Couva, we solved the issue of maternal deaths, we have brought down the [*Desk thumping*] infant mortality rates, we have done wonderfully well with limited resources. And, Madam Speaker, with those few words, I thank you. [*Desk thumping*]

Dr. Lackram Bodoie (Fyzabad): Thank you very much, Madam Speaker, for the opportunity to contribute to this Motion. I first of all would like to commend my colleague here, Member of Parliament for Caroni East [*Desk thumping*] for bringing a very timely Motion. The Member himself being an obstetrician/gynaecologist of repute, a former lecturer at Mount Hope, he has been in the health system for many years, a former chairman of a major health authority and, of course, eminently qualified to speak on this issue. So I want to congratulate him and I rise in support of his Motion.

Madam Speaker, before I go into the meat of the Motion, please allow me the opportunity to just correct a few of the utterances made by the Member of Parliament for St. Joseph and the Minister of Health. And the Member mentioned the Welch Report and not going to a JSC. I just want to make it clear that the Government still has the option to deal with the Welch Report. It may have been

that perhaps there were not any substantial recommendations [*Desk thumping*] in that report, with all due respect to the authors of that report, Madam Speaker, and perhaps that is the reason it was scuttled.

I just want to point out though to the national population that that report and, you know, it makes me wonder about how this Government takes decisions. There was a frightening statement in that report, and this report was produced two years after the San Fernando Teaching Hospital was commissioned. This is a building now that was housing patients, 240 new beds, and there was a statement in that Welch Report, Madam Speaker, that suggested that perhaps the use of the San Fernando Teaching Hospital should be reviewed. I was shocked, Madam Speaker, to read such a statement. The implications of that, if taken seriously by any Government, would mean that you would have to remove patients from a hospital and repurpose that building; very, very frightening indeed, but I will say no more about that, I will leave that to rest.

I do want to wish the Minister all the best with eye infection. Minister, I trust that you will get better soon, and I am happy to hear that there is Augmentin available—Curam or whatever. And just be aware, of course, this is just friendly advice, that Curam does cause a little diarrhoea, so I will advise you to be cautious in your use of Curam.

Mr. Deyalsingh: I am prepared for that.

Dr. L. Bodoë: Madam Speaker, this issue of maternal mortality continues to raise itself in the national domain in the Parliament. And, you know, I am very pleased, I am very happy to know that maternal mortality is decreasing in our country and in Trinidad and Tobago as a gynaecologist and obstetrician myself, I am very happy for this. But I also want to point out, Madam Speaker, and you know this is important and, you know, I just want to suggest to the Member for St. Joseph that

he took a platform from the People's Partnership Government and he built on it, and nothing is wrong with that, [*Desk thumping*] Madam Speaker, that is fine.

And, Madam Speaker, without demonstrating, again I would have to draw reference to a report of the maternity services committee of Trinidad and Tobago, Ministry of Health which would be in the Minister's hand, I am sure. It must be in his hands, because out of this report there came a recommendation for the appointment of a director of women's health. And the Minister took that recommendation and appointed a director of women's health, one of our colleagues, Dr. Adesh Sirjusingh who is doing a good job, but that is a recommendation that came from this report and [*Desk thumping*] the said director was a part of the team that commissioned this report.

And, you know, the Member talked about eye surgery and so on, I just, you know, I am looking at one the many documents that the Partnership Government produced whilst in office, and see a picture here of myself, much younger looking then because this was in 2011, Madam Speaker, standing next to the hon. Prime Minister at that time, now the Member for Siparia, herself looking quite elegant in this picture. And, Madam Speaker, what we were doing is that we were cutting the ribbon to commission a new eye theatre at the San Fernando General Hospital, so this was in 2011. So what we would have done, Madam Speaker, was to provide a brand new facility, an updated facility and, of course, that is something that could have been built on for the Government to go ahead and improve the eye services and decrease operating time for cataract surgeries and so on.

So, I just make that point to indicate that we would have left many bridges in place that could have been built on, and I will come back and try to understand, very difficult I am sure for the national population to understand, why it is the Minister would not have adopted the same approach in utilizing the Couva

children's hospital that was left for him, but we will talk about that, I will talk about that a little bit later on.

To the issue of maternal mortality, we are happy. And, you know, this thing about dramatizing statistics, you know, and making the population feel that, you know, so much increase, so much improvement has taken place. Madam Speaker, on the issue of maternal, neonatal and perinatal mortality, these things take years and they are built upon platforms, and the Minister has brought it down from 10 to 12 per year, to 6 to 10 per year, and I am happy for that. But this still means that we have a long way to go, it still means on an annual basis six to 10 women die and therefore—that is your statistic, those are your stats, six to 10.

Mr. Deyalsingh: I said four to six.

Dr. L. Bodoë: Well four to six, four to six, Minister, but still you will agree that women die. And therefore, the point I am making is that we still have a long way to go, again, there are many recommendations in this which a trust that the director of women's health is taking on board, and those that are taken on board, I am sure we can do even better as we go forward, Madam Speaker,

Before I leave this report and before I leave the issue of maternal and neonatal mortality, again, I want to make a call, Minister, for you to, again, look at the issue of an independent committee to probe maternal deaths. I do not want to quote myself, but this is an article here which is quoted where I asked for an independent committee to investigate these deaths, for two reasons. One, it will give the assurance to the public that there is no cover up. And the second thing, it is going to produce the facts, and those facts can be shared with the health care practitioners to improve care for all of us; all of us at some point in time is going to access the health system. So I leave it there.

With regard to your comments on in vitro fertilization and the complication

of OHSS, ovarian hyperstimulation syndrome, I agree it is something that we have to be aware of now. And in terms of making it a high-risk indicator for pregnancies, I agree with that, but at the same time, Minister, what I would want to point out is that, the women who can afford IVF and ovarian stimulation, they have to be, I mean, they have to have some means, and there are many in the population who do have the means to treat their subfertility and their infertility. And I make an appeal for you to consider having purposed clinics for infertility in the public health sector, that is something that could be done, and you can do certain investigations up to a certain stage, and then if that does not work, well then they can go on to these centres where the treatment is much more expensive.

So, you spoke about cataracts, I will not go into that. You spoke about the basis for the cataracts but, again, to point out that the story is not all rosy and there are still many shortages in the department with regard to cataracts, both equipment and supplies.

Now, those CT scanning in San Fernando General Hospital, you know, and Minister I would trust that you just got your information wrong, and you were not trying to mislead this Parliament and the public. And you are correct that I was the chairman of the South-West Regional Health Authority from 2010 to 2015; I was indeed. And you are correct that there was a CT scanner that was lying in a container for three years. Minister, that CT scanner was not on the compound of the South-West Regional Health Authority. So, please, check your source again, they will tell you that that scanner was somewhere in Mount Hope. I do not know where it was in Mount Hope. I got it. As soon as I realized it was there, I got it and I installed it and commissioned it in San Fernando Hospital. [*Desk thumping*] So I just want to put that on the record, Madam Speaker. My track record as chairman of south-west would not have allowed for something like that to happen.

[*Desk thumping*] You know, that would never have happened. So, Minister, you would want to check your source and, you know, and make sure you are not misled with regard to other information.

The issue of Cuban doctors, I am not aware that we on this side have anything against Cuban doctors. That arrangement that you spoke about in 2011, is a longstanding arrangement. It is an arrangement, as you are aware, perhaps you neglected to say, but there would have been previous Cabinet Notes that spoke of arrangements with the Cuban doctors. [*Crosstalk*] Yes. It started a long time ago and there is nothing wrong with that. I mean, they serve a function, it is a long practice.

And there are two issues I want to raise with that. One, you are saying that those doctors are coming because we have an issue with specialist programmes; I agree with you. But, Minister, how do you explain the fact that the San Fernando Teaching Hospital had two purpose-built floors, and the Member for Oropouche East, then the Minister for UDeCOTT which was in charge of building that facility, had two purpose-built floors with anatomy labs, physiology labs, and the Member for Chaguanas East as well will attest to that, and those were given for teaching, it was meant to increase teaching at the San Fernando hospital to produce more specialists.

Madam Speaker, those two floors that were specially equipped and purpose built for training of specialists, you know who occupies them now? Not people, files, medical files are stored there now. They are being used by the human resource department at the RHA. Minister, I am sure if you are aware of that, you would not have allowed that. [*Crosstalk*] We will talk about, you have a chance to talk about that. [*Laughter*] That was to ensure productivity and efficiency.

Hon. Member: Scheming.

Dr. L. Bodoë:—So, I just wanted to make that point. Now, central block, you spoke about central block and why we did not build central block. And you indicated and you imputed that the Member for Barataria/San Juan—who is not here—and the then Minister of Health was against building central block. You know, in the Member's absence I just want to say that, this Member and then Minister of Health was not against anything, he was for everything in the health sector, so it is unfair to make a statement that he was against building the central block.

And I want the population to understand, that this whole issue of central block and Port of Spain and San Fernando and Mount Hope was part of the holistic picture, it was part of the way that we as a Government then thought about the health sector. And, Madam Speaker, the population should be aware that the refurbishment of Port of Spain hospital would have included a holistic plan to deal with a new Port of Spain hospital. Those plans are there, Minister, I am sure that you are aware of it; likewise for San Fernando; and let me talk a little about San Fernando as part of those plans.

And it is part of the problem that you are facing now with the overcrowding and all of the issues and so on, because when that teaching hospital was built and commissioned in 2014, the purpose and the thinking behind it was that, by moving some of the wards across, it would have given you the opportunity and the space to be able to refurbish the old building in the meantime and have more beds, and you have not done that.

So, I just wanted to clarify that issue, it was nothing about not building central block or building Couva instead of central block. It was never an argument about one against the other [*Desk thumping*] it was all meant to be part of a picture, you know, and they were meant to complement each other, so it is as simple as

that.

[MR. DEPUTY SPEAKER *in the Chair*]

Two hundred and thirty-four interns, Minister, you know you have this way, and I must commend you, eh, you have this way of taking figures and playing with them and trying to impress the population. [*Desk thumping*] You are very good at that, you are very good with that. Two hundred and thirty-four interns, well of course you must have space for 234 interns. When I went to medical school, 100 of us graduated. When my senior colleague Dr. Gopeesingh went to medical school, probably about 60 of you would have graduated.

Dr. Gopeesingh: Thirty.

Dr. L. Bodoë: Thirty. Right? Then it was 100 in 1984. We are in 2000 and what?—19. And now the medical school alone in Trinidad produces what?—200 doctors per year.

Dr. Gopeesingh: Barbados, Jamaica.

Dr. L. Bodoë: Yeah, so if you are going to govern, what is the big deal about having 234 places for interns [*Desk thumping*] that is what you would expect, this is what is supposed to happen, this is achievement, this is what you do as part of good governance [*Desk thumping*] But, Minister, as you spoke about the interns, I just want you for your own consideration to, again, review and I say this for consideration because I have an issue with doctors who have been able to go out there and have an independent practice without the necessary full training, and we have an issue where there is an old regulation that allows a doctor after one year of internship to be able to get full registration. I know we have spoken about this before, you know, I want you to just look at that situation, again, and perhaps—

Mr. Deyalsingh: Would you give way?

Dr. L. Bodoë: Perhaps increasing—[*Interruption*] Yeah, for a minute.

Mr. Deyalsingh: Thank you. Would you support me if I approach UWI to have internship increased from one year to two years? If we start the conversation, would you support me?

Dr. L. Bodoë: Thank you, Minister. And before I answer that question directly, I want to indicate to you, Minister, that when I graduated from medical school in 1984 there was a two-year internship. In fact, I did a two-year internship where you did the first year rotation, the normal obstetrics/gynaecology/medicine/surgery/paediatrics, and then you had a second year. And I make this point because in the second year you would do six months community health, and you will do a six-month elective.

Mr. Deyalsingh: Will you support me?

Dr. L. Bodoë: I will support you because there is a precedent for it, it has been done before, it increases your experience in the hospital, and you can make better doctors. So it will require some change in [*Crosstalk*]—yeah. It will require some change, but I think it is something that can be done. But more than that, Minister, it also solves another problem that you have, because when these interns graduate after a year, they cannot get house officer positions, so they could be guaranteed, at least, two years' employment, and then they get their registration and they go outside, and the experience, so it is something that we should look at building on.

Now, the NCD crisis we spoke about and the issue of sugar, Minister, I just wanted to refer to an article. And I am happy, you know, that you have banned the sale of soft drinks in school and so on; that is fine. We have a big issue with childhood obesity in the country, I mean, that is something that needs to be addressed, but, of course, as you know, we also have an issue with adult obesity; and how do we tackle that problem? And, Mr. Deputy Speaker, I will just, if you would permit me, I just want to refer to an article in the *Trinidad Guardian* of May

10, 2019, this year, and it says: “Ministry to impose sugar tax on beverages”

Now, I know this came out of a discussion that one of the Public Account Committees where your technocrats at the Ministry of Health had indicated that they may be looking, the Ministry and the Government may be looking at the imposition of a sugar tax. I not saying I am supporting a sugar tax, Minister, I just want to point out that in that committee I think there was an excellent suggestion from one of the member, member Christine Newallo-Hosein, a Member on this side who suggested to your health promoter, your advisor Dr. Rohit Doon that we should look at an incentive for manufacturers to reduce the sugar level in drinks and snacks rather than impose another tax on the business community, and I want to that support that. That rather than impose a tax, we look at providing an incentive for reducing sugar in drinks and so on in foods, of course.

So, we come to the Couva hospital, Mr. Deputy Speaker, you know, and, Mr. Deputy Speaker, again with all due respect to the Member for St. Joseph, the Member for St. Joseph talked about application training. You know, I just want for the benefit of the population and the national community to understand that this application training is no big thing, you know. This is a simple thing, and any time you have equipment it is part of the requirement, and that is something that could have been done at any point in time.

You know, applications training is like when you buy a Bentley, you buy an expensive car and the salesman come. [*Crosstalk*]

3.30 p.m.

Mr. Young: A Mustang.

Dr. L. Bodoë: You prefer a Mustang? Okay. The Member for Port of Spain North/St. Ann’s West says okay. When you a buy a Mustang, the applications training just means the salesman comes, he sits down with you in the car and he

shows you how to use all the features. That is all it is, you know. That is all it is. [Desk thumping] “It eh no big ting. Da eh no big ting.” That is something that is part of any commissioning process, Minister.

You know, and the Minister comes and he talks about a PACS system. Big words, you know, Mr. Deputy Speaker. “Dis eh no big ting.” You know, the PACS system is equivalent, again, if you want to use the Mustang, that is like buying mats and putting it in the Mustang. [Laughter] So you have a big investment—right? You have a major investment of equipment in a hospital that costs you millions of dollars. Okay? And you are telling me that applications training and PACS system is what keep you back from opening the hospital? [Interruption] “Nah, nah, yuh cyah be serious. Yuh cyah be serious about nutten.” [Desk thumping] “Yuh cyah be serious”, no, no, no. [Crosstalk]

So, Mr. Deputy Speaker, having refuted those points made by the Member for St. Joseph, let me get into some serious matters here. So again, I want to look at the Motion. I want to take the opportunity to analyze this Motion, which, you know, on careful analysis has been well thought out by my colleague for Caroni East. The first says:

“Whereas over the past three years there has been a collapse of the public health sector...”

And I just want to look and see really, you know, we said a collapse of the public health sector, and before I go on to speak about collapse of the public health sector I want to take the opportunity to commend and to congratulate all the health care workers in this country, [Desk thumping] all the doctors and nurses, and all the others who support the system for continuing to work and to provide service under very difficult circumstances, with lack of resources, and sometimes with poor management and supervision. So, I want to commend them because they

work under difficult circumstances, and I mean this in a very sincere way.

Mr. Hinds: Would the Member give way? Would the Member give way?

Dr. L. Bodoë: No, no, I am not giving way. I hear the Member for Laventille West in the background, and I also want to take the opportunity to congratulate the Member for Laventille West whose daughter just graduated as a medical doctor and to welcome her to her internship [*Desk thumping*] and I am sure she will make an excellent—Okay. So—

Hon. Member: Under your tutelage.

Dr. L. Bodoë: Of course, not my—

Mr. Deputy Speaker: Member, please.

Dr. L. Bodoë: [*Laughs*] So, she got an internship position. Excellent.

Mr. Deputy Speaker: Member, again. Members! [*Crosstalk*] Members, please! Member for Fyzabad, again, I have recognized you, and again direct to the Speaker chair, please. Member for Laventille West, you will have your opportunity to join the debate.

Dr. L. Bodoë: Sorry. Thank you, Mr. Deputy Speaker. So I was examining the phrase “collapse of the...health sector” in the Motion, and I was asking really what was the evidence for this, Mr. Deputy Speaker, and if you would allow me the opportunity to quote from the *Daily Express* editorial of the 9th of May, 2019, just a couple of months ago, and this is what the *Express* editorial had to say on the 9th of May. It said that:

“ALL Government ministries are important but in the months ahead, few will be as important as the Ministry of Health as more and more people turn to public health institutions for free health care.”

It goes on to say, and I think this is important. It says that:

“Economic conditions aggravated by substantial and ongoing job losses, the

closure of Petrotrin's Augustus Long Hospital, an increase in the number of returning and/or deported citizens, and a surge of illegal immigrants and refugees are among the factors that can be expected to increase demand on the free health care available at the nation's health centres and hospitals."

These are facts.

"Given the extent to which they are already overburdened, the authorities must recognise the urgent need for targeted planning and strategic management."

But it goes on to say here, and the editorial says:

"Unfortunately, what is normal for public health in Trinidad and Tobago are shortages of all kinds including beds, personnel and medical supplies, unconscionable delays of both routine and urgent treatment including surgeries, malfunctioning equipment, and erratic attitudes by medical and nursing staff."

This is the *Express* saying this, Mr. Deputy Speaker, not me saying this, not my colleague from Caroni East. So it also sounds a warning. It says:

"For those determined to deliver quality health care notwithstanding all of these deficits, it can be a debilitating, energy-sapping undertaking..."

—and so on, and it goes on to say all of this.

So, I just make that point again to say that the health care workers are working in difficult situations, and also that the newspaper has recognized that there is some sort of collapse in the public health sector.

Now, we spoke about the right of life in this debate and many might ask the question, is health care a right? Is health care a right? And I just raised that because if we were to examine the UN's SDGs, the Sustainable Development Goals, Goal No. 3 is good health. It says good health. You know, and it is well placed, it is

high up on the agenda, because the first goal is poverty eradication—no hunger—and then the fourth goal is quality education. So it comes right up there in the big four—unlike the West Indies team, unfortunately. But it comes right up there in the big four. Right? Good health. But given it is not a right, even if it is not a right, and we can argue whether it is a right or not. I think it is a responsibility, it is a necessity for economic development and social stability, and I want to make that point. I use the words “social stability”—again, this is not me—this is the editorial pointing out to something that can happen in a society where people get angry because they are not being provided with basic services like health care. If you would allow me again to just quote from that editorial, and it says that:

“People who have either lost or surrendered health coverage in the private sector are now turning to the public sector and lengthening the lines of patients seeking free health care. If the additional demand is not accompanied by improved service, conditions will become ripe for heightened public disaffection with the potential for explosive anger.”

And I make that point, Mr. Deputy Speaker, because recently in the newspaper there was an article where I think a health care worker, in fact, I think a doctor was assaulted by an angry patient. So it is incumbent upon us to ensure that we provide proper health care, proper health service so that we even protect those who are working in the health service, like doctors and nurses, because patients get angry and sometimes it goes to a different level and we really do not want to get to that level.

The second paragraph of the Motion, Mr. Deputy Speaker, speaks to, and if you may just allow me to read this. It says:

“*And whereas* the collapse of our primary health system and widespread suffering from chronic, non-communicable diseases have resulted from the

absence of public education programmes, reduction in the opening hours at health centres and the unavailability of many CDAP drugs;”

I just wanted to make a few comments on that, and to examine really whether we have had a collapse of the primary health care system. And just to note that the primary health care system is based on what I called the infrastructure and the systems.

And again, the Minister is not here, but again I am happy that he was able to build, to put the systems on the infrastructure that was provided, and to note that in 2010 the Siparia district health facility was opened on a 24-hour basis—in 2011, sorry—under the South West RHA, and that a new health centre was constructed in Palo Seco, and I am sure the Member for La Brea is very happy to have that new facility, and that was commissioned in 2014, a completely refurbishing health centre in Point Fortin was done in 2014, a new health facility in Carenage, a new wing at Mount Hope Women’s Hospital which the current Minister opened, but which construction had started under the previous Government.

I just make that point because—[*Interruption*]—yeah, at Mount Hope— all of that infrastructure was put in place with no regard to whether which constituency or who was going to benefit from it. All of Trinidad, all of the population is going to benefit from this. [*Desk thumping*]

Hon. Member: All over.

Dr. L. Bodoë: All over. Okay?

Dr. Gopeesingh: It is to serve the entire population.

Dr. L. Bodoë: Yes, of course. And the Minister spoke about Pap smears and colposcopy services at the women's hospital in Mount Hope. That is fine. I also just want to point out under our Government we had started the initiative of providing HPV vaccine, which is a prevention for cervical cancer, and that was

executed by the previous Minister of Health. [*Desk thumping*]

And I make this point because that is how health goes. We do one thing, you do a next thing. It is a complement. They complement each other and we have to understand that and support that, and work with that, Mr. Deputy Speaker. Well, my colleague spoke about the extended opening hours. I still believe I want to support—there is still a role for the extended hours. I would make a plea to the Government to reconsider those they have closed down and they can be of benefit in circumstances when people return after work and so on they can utilize those facilities. On a Saturday, for example, in the constituency office in Fyzabad, where right next door there is a health centre and sometimes at midday it is closed. It is a busy place. It is no reason why it cannot be open on Saturday until four o'clock in the evening [*Desk thumping*] where you have the markets and so on, sometimes people go to market. You have a catchment population, and if you are interested in screening and helping people screen for diabetes and hypertension and do on, these are opportunities that you must not lose. You must not let go by.

Mr. Deputy Speaker: Hon. Member, at this time your initial speaking time has elapsed. You have an additional 15 minutes; you care to avail yourself?

Dr. L. Bodoë: Yes, thank you.

Mr. Deputy Speaker: Proceed. [*Desk thumping*]

Dr. L. Bodoë: So, thank you, Mr. Deputy Speaker. I just wanted to, again, I want to look at this issue of so many unemployed doctors and suggest some ways that these doctors could be engaged in the system. And one way that they could be engaged is to allow them to work in primary care facilitates, to have them work in the health centres. That is one way. It may require some change in the terms of the terms and conditions under which they work. You might want to consider giving them some sort of rural allowance and so on. And I say that because there

is an article where the Minister had to make the point about how those doctors who refused jobs will have to repay GATE. That is not really a good situation where the State has funded doctors and so on, you have to give them and provide every opportunity for them to be able to work in the system. And if it means that you have to change things a little bit, then so be it, but you get them out there to work. So, the special incentives, and I spoke already about you could actually use the six-month mandatory elective in the community as part of that, if you expanded the internship programme. So it is something that the Minister may want to consider.

Now, the other idea that I want to throw out, Mr. Deputy Speaker, is with regard to engaging these doctors in something, what I would want to call a medical call centre, for want of a better term. I mean, we can develop on whatever it is, but the idea was to give general and broad advice by a modern communication means, the phone, WhatsApp and so on, and you can have doctors there, you can have patients be able to call in, discuss problems, and that may actually decrease the amount of visits that you might have to an accident & emergency department, or a health centre, just by the problem being solved on the phone. Of course, there would be certain ways you will have to do it, and procedures, and so on.

The other idea I wanted to throw out is with regard to, again, making things like blood pressure machines, and glucometers, the ones for checking your sugar, available at a very subsidized cost to members of the population, so they have access to this. And I did mention before that it might be a good idea, as we are talking about primary health and so on, it may be a good idea to look at providing incentives for those who pay gym fees, for example, you can look at giving them a rebate or a substantial rebate, and I am sure we would have a lot more people going to the gyms. Of course, we want to improve the parks and so on. I am sure that you have many parks that you—in your constituency, Mr. Deputy Speaker. But,

for those who do not, they have to use the gyms and so on, and that kind of incentive would be good for them.

The other issue before I leave, the issue of primary health care is with regard to the current problem we have, or the potential problems we have with regard to the Venezuelan migrants. You know, as I was driving up to the Parliament this morning I was thinking, we have the Cuban doctors who speak Spanish. We are going, whether we like it or not, we are going to have Venezuelans accessing our health facilities, there is going to be a language barrier so why do we not give consideration for the proper deployment of these Cuban doctors in every accident & emergency department [*Desk thumping*] and in the health centres? It is something that is going to make the communication easier and there will be less confusion, less risk of misdiagnosis, and it is something that the Government may want to consider.

So I just put that suggestion forward as a way of easing the transition of those who are from Venezuela, the same language Spanish and so on, in terms of accessing our facilities. I just wanted to throw that out. Well, the issue of overcrowding is dealt with in the third limb of this Motion, and my colleague from Caroni East has gone into quite a bit of detail in terms of the overcrowding. I just wanted to mention certain issues that continue to contribute to the overcrowding.

And, Mr. Deputy Speaker, if you would permit me just to read from a report that was sent to me by someone who works at San Fernando, who has tremendous experience and so on. I am not at liberty to quote, but this is information that arrived in my mailbox, and it spoke about the overcrowding and the unavailability of the beds and so. And part of the problem there is that, it is like a hotel system, for you to get a bed in the hotel somebody has to leave the room, and for that somebody to leave the room in a hospital they have to be treated in a timely

manner. So it is a whole chain reaction that backs up where if you have to wait on diagnostics, if you have to wait on a CT scan, or an MRI, an ultrasound, or a blood test, that that can delay, it can keep you, sometimes you spend a day or two waiting. And the other thing, of course, is that if the drugs are not easily available for your treatment it takes longer to treat you, and therefore it creates a problem. It creates a backup. And this is one of the issues that creates the problem as far as the unavailability of beds and so on is concerned.

Now, the waiting time, the fourth limb of this Motion speaks to:

“And whereas the waiting time for surgery is highly unacceptable and there is non-functional diagnostic equipment;”

I just want to ask the question as to whether the external patient programme that was started in 2014 under the People’s Partnership Government, whether that is still functioning. That was an initiative that was started by the previous Minister of Health, and the aim of that initiative was to ensure that we had set a standard, that those who were waiting for more than three months for any diagnostic procedure and some treatment procedures, would access that programme, and they would not have been—

Mr. Hinds: May I?

Dr. L. Bodoë: My time is already short, Member, we would talk after—would access that programme and be able to utilize that programme. So, the question I ask is whether that programme is still available? And I also want to ask, because there are many patients who come to my constituency office, and I am sure to all of the Members’ constituency offices, and they are on a waiting list for cardiac surgery, some of them are on a waiting list for renal dialysis, and their time is long, and you know it is very unfortunate, Mr. Deputy Speaker, that some of these patients actually die from their problems before they can access treatment, and that

is totally unacceptable in a society like ours.

So I make a plea for those patients who are on the waiting list for cardiac surgery, for angiograms, for stenting and so on, that these can be expedited, that there should be some procedure in place [*Desk thumping*] that would ensure that these patients are treated properly. On the issue of the waiting list for surgery as well, there is also another issue with regard to the provision of surgery for those patients awaiting gynaecological cancer. I know my colleague for Caroni East would have mentioned that, but there is also a problem in terms of the arrangement of what we call the gynaecological cancer services, where you have a long waiting time, and if that happens it means that by the time the patient is treated the cancer could have spread, and it costs—besides increasing the morbidity to the person and so on, it will cost the State more in the long run to provide chemotherapy and other modalities of treatment. So that is something—

Hon. Member: Death.

Dr. L. Bodoë: And the patient can die, of course. Yes. So that is something that needs to be addressed in a more definitive manner. And I just draw the attention to the Minister that there is a particular contract for one of the gynaecological oncologists at Mount Hope. I do not want to call any names, but that, perhaps, needs to be examined in terms of seeing whether more surgeries could be gotten out of that contract. It is just something that came to my attention, and I trust that the Minister would look into that.

So, Mr. Deputy Speaker, again, I am moving through the clauses of this Motion quickly, and clause 6, I think, is very important, and it speaks to:

“And whereas the closure of the Central Block of the Port of Spain General Hospital, the underutilisation of the Couva Hospital”—and so on—“have deprived patients of...care...”

And, if you would allow me, Mr. Deputy Speaker, just to speak briefly about the Couva Hospital, and you know this thing about the hospital was opened on August 14th and closed on August 14th, we have to go beyond that, and we have to go beyond the construction site thing. I just wanted to make the point that when that hospital was opened for commissioning in August there was a plan of action in place that spoke to the next six months, and if that plan was followed [*Desk thumping*] and not scuttled by the present Government that hospital would be open and patients would have been sent to that hospital. I just want to clear that for the public to understand.

You know, and I have many documents here, which I will not have the time to go into, that speak to the exact plan and provide details, and, in fact, the commissioning manager got so frustrated that the person had to resign and left the country and went to greener pastures in the UK and so on, because under the present Government it was just taking too long to complete that commissioning process and get the hospital running. So, it is a great tragedy that it has taken four years for this hospital to be utilized, and I look forward to next week, you know. I look forward to next week. I am not holding my breath.

Hon. Member: “It eh go happen.”

Dr. L. Bodoë: I am sure we are not holding our breath on this side, but we are hoping for the population that it will open. Next week is July. We are really hoping that we will see something happening, and I trust that it will happen.

Dr. Gopeesingh: The grass will be cut.

Dr. L. Bodoë: Yeah. Well, my colleague is saying the grass will be cut, but I am hoping that we would actually see patients going into that hospital. As I talk about that hospital, Mr. Deputy Speaker, I want to make one point. You know and it is sad when a hospital is built in a certain way, and the Minister spoke recently in this

Parliament about creating a centre of excellence. That is fine. But in his contribution he said nothing about treating children in that hospital, and I want the population to know that there are two towers in that hospital. One is an adult tower for 150 beds, and the other is a paediatric tower for 80 beds. It was designed that way, and if it is that you are not going to provide children's services it means you have a tower that has 80 beds that you are now going to have to "reconfigure".

But more than that, Deputy Speaker, I want to make the point that this is the only hospital in Trinidad, and perhaps one of the few in the Caribbean, that has a purpose-built paediatric emergency entrance. That is an important point. [*Desk thumping*] It was designed that way, because when children go to a general accident & emergency department, sometimes—there is a process to filter them—but sometimes they do not get the attention that they deserve, and they can be neglected whilst waiting and lost amongst the adults and so on in the accident and emergency. So again, I trust and hope that the Government would revisit, and look at exactly how that facility is going to be utilized. So, Mr. Deputy Speaker, in the short time I have left, I just wanted to raise the issue—

Mr. Deputy Speaker: You have two more minutes, Member.

Dr. L. Bodoë: I just wanted to raise the issue of the plight of the Petrotrin workers. I say that because I had a meeting in my constituency last night, not for this purpose, but for some other reasons, and it was sad for me to see that those workers have been left out in the dark with regard to their pension plans, and now they do not have access to health care.

[*Mr. Deputy Speaker stands*]

I want to tie this in quickly.

Mr. Deputy Speaker: Yeah, I was now going to say it, you know, to tie it in, the relevance.

Dr. L. Bodoë: I just want to tie it into the fact that the Augustus Long Hospital has been closed down, and that we have one less facility with 50 beds less in the system that definitely needs beds. And also to ask the question that, will the equipment at this particular Augustus Long Hospital is being looked after? Because we have seen recently in the news where equipment at other facilities has been lost and stolen and so on. So I draw that to the Government's attention.

So, Mr. Deputy Speaker, as I close I just want to say that I want to encourage the Minister of Health and the Government to build on the bridges that were created and left by the People's Partnership Government. [*Desk thumping*] I want to say that let us put the right people in the right places. My colleague spoke about mismanagement and poor management in the RHAs and so on, put back the proper systems and ensure accountability, you know, and tell the Minister to do what he did with the maternal health platform with the other initiatives that are there for him, and to do the right thing with the Couva hospital, and to do it now.

So, with those few words, Mr. Deputy Speaker, I want to say that I fully support the Motion brought by my colleague, and thank you very much. [*Desk thumping*]

The Minister of Community Development, Culture and the Arts (Hon. Dr. Nyan Gadsby-Dolly): [*Desk thumping*] Thank you so much, Mr. Deputy Speaker. It is indeed an honour to be able to rise and to contribute in this debate. Mr. Deputy Speaker, I think the first thing I need to do, on behalf of the constituents of St. Ann's East, is to congratulate our Member of Parliament for St. Joseph, the Minister of Health. [*Desk thumping*]

The Minister of Health seems to be a favourite of the Opposition, those opposite us, and they keep bringing up issues, bringing up issues, and I want to thank him for his management of the health sector, and I also want to thank him for his

education. Because every time he stands to present in the Parliament, he gives us detailed figures, statistics, which really help to underscore how well he has been doing in terms of management of the health sector, and that is something that is very important to us all. And so, on behalf of my constituents I want to thank him for what he is doing. [*Desk thumping*]

Mr. Deputy Speaker, public health care is something important to everyone in this country, and it should be noted, and I think when we put Motions like this, when I look through the Motion, I want to underscore the point that public health care is free to everyone in Trinidad and Tobago, and sometimes because we are so accustomed to it, we lose sight of that fact that we live in a country where health care is free. That is something that is not widespread, and we should be grateful for that privilege in this country Trinidad and Tobago.

Every year billions are allocated to ensuring that our citizens are well taken care of, that health care can be afforded by everyone in this country. We have over 120 health facilities, different ones. We have public hospitals, we have private hospitals, district health facilities, and of course, public health centres. Over 120 situated all over this country. No matter where you go you can find a health centre at which our public can be seen and taken care of. This is no mean feat, and this is something we should be proud of in Trinidad and Tobago.

Mr. Hinds: That is right. [*Desk thumping*]

Hon. Dr. N. Gadsby-Dolly: When we look at this Motion, and look at the way it is phrased, when we look at the wording and the phraseology, you would expect or believe that all of this did not exist in this country. You would not believe that in over 120 facilities, every single day people are being seen, taken care of, children are being seen, dental is being provided, surgeries are taking place. You would not believe that all of this is happening in Trinidad and Tobago.

Indeed, if you look at how it is phrased and you considered even the manner of the Member for Caroni East when he presented, it was as though the sky has fallen in in Trinidad and Tobago, nobody can get health care, everybody is being excluded from being taken care of. You would believe that is our situation. You would not believe that there are thousands of people, every single day in this country, even citizens who are not from this country benefiting from what our taxpayers' dollars are allocated. And over the years we have spent billions, and we continue to do it to ensure that our citizens have access to proper health care. [*Desk thumping*]

And what is notable, Mr. Deputy Speaker, and really not acceptable is the fact that the Member for Caroni East stood up very emotionally and threw things out there without any statistics, in a stark contrast, the presentation, from our Minister of Health, where he was able to debunk them with the use of facts, and data, and information, and that is important.

You see, Mr. Deputy Speaker, it is easy to stand up and to point out the things that may have gone wrong. But when we consider how many people are being seen every day, and treated, successfully, and then we consider the couple of cases that will take place, as in any normal circumstance where things would go wrong, then we get to understand that it is very easy to be alarmist, very easy to stand here and say, "everything is falling down, nothing is working, everything has gone wrong." And this is something that we have to guard against, because as parliamentarians we wear the term "honourable", and we have a duty to our population to ensure that what we present is the correct and true facts of the matter.

4.00 p.m.

And when you stand without information and just throw out things, all the negatives, you just bring them up and you repeat them, repeat them, repeat them

like a mantra, is it that you are trying to scare the population into believing that things are worse than they really are? And this is something that we—I really want to indicate that it is not acceptable in our Parliament to stand and use this honourable House for that purpose. We have to present facts, data, information to ensure that what is sent out there to those who are looking at us, listening to us, on the radio, on the TV, and many people look at us and listen to us and we have a responsibility to ensure that what we put out there represents the truth of the matter. [*Desk thumping*]

Mr. Deputy Speaker, the Member spoke about public education and the fact that that is not available. And when one would have listened to the Member for St. Joseph, our Minister of Health, and he spoke about all of the Pap smear campaigns, and so, that we have been having and all of the different things they have been using to reach out to the population to ensure that they understand and take control of their health, it paints such a different picture from what was happening before.

And I want to take the opportunity now, because sometimes when we put things out there it invalidates people. But I want to say to all of the doctors and nurses doing their best in those more than 120 health institutions all around this country, I want to say to them that we are very happy and proud of the work you do and we know that you go the extra mile to provide proper health care to the people of Trinidad and Tobago. [*Desk thumping*] So I want to validate them, because I can get the impression that just looking at a Motion phrased like this they could feel disenchanting, they could feel undervalued and they could feel as though nobody is recognizing their service to this country.

Mr. Deputy Speaker, I want to indicate something to you. And this is the reason, again, why I want to really say that we must not present circumstances that are not the truth. All over the country people are going through all types of

different health challenges. Available in our public system for free are services such as: hysterectomies, tubal ligation, tumour removals, cancer treatment, heart surgeries, all of these, cataracts, all of these services available for free to the people of Trinidad and Tobago.

[MADAM SPEAKER *in the Chair*]Madam Speaker, as you regain the Chair, I want to say this, that it is important people understand the value of what we are getting in Trinidad and Tobago. I had three children in our public health care system, three, and I want to commend the doctors again and the nurses who take care of us. I was a patient at the health care facility in my area, the San Juan clinic, I went there and the type of care and interest taken in you by the health care professionals stationed there is really above par. And I want to congratulate them again and again to say that we must not undervalue their service and we must not take for granted what we have here in Trinidad and Tobago and we must not cry wolf and we must not say the sky is falling when in fact it is not doing so. [*Desk thumping*] We have good health care in Trinidad and Tobago.

I want to draw the attention of the Parliament to the fact that—I taught at COSTAATT for six years and I see mentioned here, the hundreds of nationals denied employment as nurses and doctors. And over the years I taught at COSTAATT I would have taught hundreds of nurses passing through the system. And what is interesting is that every time I have the opportunity to go to a hospital or go to a health facility I see these nurses here represented, working very proudly in their uniforms, they were students and they are now employed. So I wonder where does this, hundreds of nationals who were denied employment as nurses and doctors, where does that come from, again?—throwing out data, they are throwing out things—I should not even call it data, throwing out information there that really cannot be validated and called fact. And it falls again to our Member for St.

Joseph, our Minister of Health, to correct that.

So I want to urge all the citizens who may have been looking on, I hope that after the presentation from the Member for Caroni East they would have stayed to listen to the statistics, the important and factual information presented by the Member for St. Joseph, because that will be important in understanding what the true situation is. Because just on the basis of that inflammatory presentation you may believe that the situation is different from what it really is.

I look at the issue of the drug shortage mentioned by the Member, and they cannot get this drug and they cannot get that drug, and, Madam Speaker, it reminds me very much of the pattern of sabotage we saw happening with the Tobago ferries; it reminds me very much [*Desk thumping*] of the pattern of sabotage I saw happening with the Brian Lara stadium. And I wonder, I just wonder, how come the Member is so au courant with what is missing and what is not missing. I just wonder what information the Member has as coming back to him. And I wonder, you know, the Member has mentioned snakes that is in one of the facilities, and I just wonder if the Member is intimately involved with maybe some two legged snakes that may be in the system, [*Desk thumping*] and may be contributing to what we call, all of those missing things and there is equipment that goes missing, all of these things and I wonder if the pattern of sabotage is continuing to ensure that there is something to speak about when you are speaking about things [*Desk thumping*] not happening and drugs missing and that kind of thing.

Madam Speaker, I want to also suggest that it is very easy to look at the newspaper and pick out the things that are highlighted there as wrong, things that have not went well in the health care system. That is very easy to do. But no one sees the thousands, the thousands of things that go right, the people who are treated well. And I want to suggest that it is very, very possible that the Member's

interaction with the grass-roots people who access these services every day and are treated, I want to suggest that might be limited. And if it is so, it means that the Member is not aware of the thousands of positive cases but only aware of the one or two that show up in the media where things may have gone wrong or a negative result may have come out.

And so I want to suggest to the Member that certainly some of us are more in touch with the grass-roots people who have no choice but to use the system and so we know that the system is working; we know that people are visiting these health facilities and being treated well. We understand that these people are very grateful to a Government that ensures that in times of difficulty we still have billions being allocated to ensure that they have access to all of the treatments that make their quality of life better and ensure that in Trinidad and Tobago we can be a beacon in the region and the world for good health care services to all of our citizens across the board. [*Desk thumping*]

Madam Speaker, this has been contrasted before, but I want to make sure that we understand very clearly. We had a problem at the central block. We have a problem at the central block. A problem known for years and in the face of that problem, at the major hospital in our country, resources that could have been allocated to fix that problem were instead allocated to build a children's facility, as it was termed at the time, when one was not needed, because we have the children facility operating and can have increased capacity at Mount Hope.

However, instead of allocating resources to fix the major hospital in the country, that is how the resources were spent. And yet still we are being told that we place no priority on health, that we are not looking at the things that are wrong in the system. And I wonder how could that be, because it is clear as day that when resources could have been put by the Members opposite, when they had the

opportunity to do so, to take care of the major hospital they used in a different way and have been beating for four years, beating themselves all over the head in going about the place saying that we have not opened that and we are putting people at risk.

So no one is at risk in the Port of Spain Hospital when the central block needed to be fixed? It fell to this Government, this Minister of Health, this Prime Minister to understand the problem there and to put it as a priority because the People's National Movement always put people first. [*Desk thumping*] It is in our name, it is in our DNA, the first word of our name is "people" and we always put people first. [*Desk thumping*] And so we have made it our priority to ensure that the central block of the Port of Spain Hospital, our primary health care facility in the country is taken care of.

And not only have we done that, but we have also taken steps to ensure that the Couva health facility is now going to be opened and used for a purpose that will redound to the benefit of all the citizens in the country. So we have not sacrificed one for the other as the other side did when they had the opportunity but we have ensured that all feel the benefit of the Government's resources because that is what the People's National Movement does. [*Desk thumping*]

Madam Speaker, all of the reductions in the CDAP wastage, all of the reductions in the infant mortality rate, the existence of a strategic plan for the health centre, all of these things have been ignored by the Member for Caroni East as he presents the situation as though the sky has fallen in the health care sector and no one can get care. He is here in the Parliament using this facility, this honourable House, to crow from the hilltops that every single incident adds up now to the fact that we do not have a proper functioning health care system. I want to draw Members' attention to the fact that in the United States where people look to

as a more developed system, and you know many times they quote statistics from there, in the United States there are 17,000 malpractice cases in one year, 17,000.

And so I want Members to understand and the viewing public as well that we do not live in a perfect world. There will always be, no matter how well you prepare, no matter how well you manage a system, there will always be times when things go wrong. And in health care, even more so. And so to stand and to use all of the things that would have made it into the media, to make it appear as though everything has fallen down is really so disingenuous, because it again presents to the public and undermines the confidence of the Republic of Trinidad and Tobago in their services, in their institutions in what they are spending their taxpayers' money on.

And I want the public to understand that if in the US, which is a developed country and we look to it, there can be 17,000 cases per year, then what do we except in Trinidad and Tobago? I can assure that we do not have 17,000 cases per year of things that go wrong here. There will be one or two but that does not mean that our health care system has collapsed and there is nothing going on, and our citizens cannot get good care. The hundreds of thousands of citizens who visit our hospitals and our primary health care facilities every week can attest to the fact that our Government is providing a service of which we should all be proud and we should not be coming here bringing things phrased like this to undermine the confidence of our citizens in what we are able to provide for ourselves. [*Desk thumping*] We should be proud of what is happening in our country.

So, Madam Speaker, again I just want to look at the phrasing of this and I want to categorically state how proud we on this side are of the performance of our Minister of Health under the guidance and tutelage of our Prime Minister, Dr. Keith Christopher Rowley, who always places the people first and the care of our

people as primary focus in our country. I want to reiterate that we on this side reject this Motion out of hand because our health care system, far from being in collapse, is in a state of growth and progress and we congratulate the Member and congratulate our country for ensuring that we provide this service to us, our citizens and to those who visit our shores to take advantage of what we have in this country. We, in this country need to be proud and grateful for what is provided to us instead dragging ourselves down as this Motion seeks to do.

And, Madam Speaker, before I close I want to mention something with regard to the chronic diseases. And I want to make a plug as the Minister of Health often does, that we need to take control of our own situations and our health. And I want to say this for all of us because it is important because we represent people and they come to us with different issues, different ailments. And I want to say that our health care system would not be so overloaded at times if we took better care of ourselves and responsibility. Our health is the responsibility of us all, because when we end up in the health care system it means all of us are paying for, maybe the bad choices that some of us may make.

And so I want to make a plug as I close for us to ensure that we take our health into our own hands, we educate ourselves, we use the resources provided by the Ministry of Health and other places to check our health, keep ourselves on top of things and in that way we will not rely so much on what our health care system can provide and we will be able to do even more for those who really require the services of our health care system in Trinidad and Tobago.

So, Madam Speaker, we reject this Motion out of hand, we congratulate our Minister of Health and we congratulate the People's National Movement for again placing the people first in Trinidad and Tobago. [*Desk thumping*] Madam Speaker, I thank you.

Mrs. Vidia Gayadeen-Gopeesingh (*Oropouche West*): Thank you, Madam Speaker. Before I proceed here I would like to congratulate the Member for Caroni East and the Member for Fyzabad [*Desk thumping*] for a clinical contribution here today. It was really a surgical cut. Madam Speaker, when I listened to the Member for St. Joseph, the Member said that the Member for Caroni East did not come here with facts and figures, he gave anecdotal evidence, not backed up with data, laced with innuendos and most importantly he said, the Member perhaps was suffering from amnesia, loss of memory, which is retrograde amnesia.

Madam Speaker, I want to remind the hon. Member and my friend, the Member for St. Joseph that there is something called cognitive dissonance.

Hon. Members: “Oooh”. [*Desk thumping*]

Mrs. V. Gayadeen-Gopeesingh: And it is a common phenomenon used in psychology when we have a conflict with our own beliefs; when we have a conflict with our own perceived notions; when we have a conflict of how we rationalize what we say. So I would leave that for the hon. Member to just have a little short thought of what I meant by cognitive dissonance.

First, Madam Speaker, the hon. Member spoke about the central block, and I want to remind this Minister that every time he comes to this Parliament he speaks about the central block and you know they beat their chest like Tarzan, hit up their chest, that the People's Partnership did not do anything about the central block. Madam Speaker, during the People's Partnership regime, the hon. Minister may be able to check his records because the People's Partnership had what was called “a master plan”. [*Desk thumping*] And it was to rebuild or build a new hospital in Port of Spain. It was not for a piece of a hospital, [*Desk thumping*] it was a master plan.

In fact, Madam Speaker, there were already discussions held with Johns Hopkins Hospital, already commenced. There were discussions and ongoing reviews with the Johns Hopkins Hospital and the People's Partnership Government.

Dr. Gopeesingh: Plans were being drawn up.

Mrs. V. Gayadeen-Gopeesingh: And there were—as the Member for Caroni East said, there were already plans in place. There was also a \$200 million allocation with a joint venture with Johns Hopkins to train local health personnel across the board in managing, Madam Speaker, health issues, especially chronic, non-communicable diseases. So I want to put that on record that this must stop and the Minister must not continue to speak about the central block and the People's Partnership ignored the Port of Spain hospital. [*Desk thumping*]

Madam Speaker, in fact, what the plan was with the master plan was also in San Fernando between the main structure or the main San Fernando hospital, there were empty spaces and they were also going to construct buildings there to accommodate the increased patients that go through and pass through San Fernando hospital. So that is with the central block that I want to really denounce what the Member for St. Joseph has said.

The other thing the Member for St. Joseph said is that drugs that he perhaps had some ailment and went to the hospital and could not get what is called the original drug, he got a generic drug. And that is the same thing that the senior consultants are reporting on with patients. Because when the senior consultants send patients to the health centres for prescribed drugs they receive only two out of the six recommended drugs or prescribed drugs. And that is in the most cases. And what the doctors are saying, the senior consultants, they are saying as a result of the drug shortages there are no brand names but generic drugs.

Under the People's Partnership, original drugs were bought and what happened is that they were effective, and because these patients get cheap generic drugs, which this Government is buying by the bulk, are not effective and patients keep coming to the hospital and they have to be readmitted and this increases the overcrowding problem. So if you were to purchase the original drugs for the patients—

Dr. Gopeesingh: The brand name.

Mrs. V. Gayadeen-Gopeesingh: The brand name drugs then you could decrease this problem. And if I will tell you about chronic renal failure, Madam Speaker. Every month in Trinidad and Tobago there are 12 new patients that need dialysis, 12 new patients. And out of those 12 you may have two that may die. So in effect you have 10 new patients added to the dialysis list. These patients, what is surprising, Madam Speaker, is that these patients will remain warded, occupying a bed for two to three weeks. And why they are occupying this bed for two to three weeks? It is because they are awaiting approval from the Minister or the Ministry to give a referral to do this dialysis.

So while this patient is waiting there for three weeks suffering, you cannot discharge the patient because you have to wait on the approval; you have both the patient and both the family suffering. Because, Madam Speaker, when you do get the dialysis, what happens is that the situation does not improve, because some of the drugs needed to improve the health of the patient are not available at the hospital. So you have millions of dollars being spent doing dialysis but you do not provide the life-saving drugs known as the human erythropoietin which is called Eprex. And I am sure the hon. Minister knows what is Eprex because he is a pharmacist. It does not matter how long it took for him to become a pharmacist but eventually he became one. [*Crosstalk*]

So you see, Madam Speaker, if you have chronic renal failure, under this administration, you are in prolonged suffering in this country. Let us see about some of the blood tests under this administration. Because every single day you have patients paying for blood tests in private institutions, at private institutions. That never happened under the People's Partnership Government, never happened. [*Desk thumping*] Because the money that these patients have, some of them have to use this money to buy food for their children, they have to go now, dig in their pockets to go and pay for tests that are supposed to be done at the hospital. And as of today, Madam Speaker, you cannot get what is called a "serum calcium test". You cannot get tests for thyroid function; you cannot get tests for tumour markers and when we talk about tumour markers we are talking about cancer patients.

We have reagents still being—the suppliers are refusing to provide more and more reagents because they are not being paid. And these are problems which this Government—how is this Government going to deal with this, what is called mismanagement and to deal with inventory? In fact, we have a *Newsday* article where even the Minister himself, Madam Speaker, was unable to get his drugs when he went to the hospital. We have an article here. He was discharged from the hospital and hear what somebody said here, eh—Anna Ramdass, the news reporter. She said:

"Health Minister"—and I quote, Madam Speaker. I crave your indulgence to read this:

"Health Minister Terrence Deyalsingh got a taste of what much of the population has been experiencing with the shortage of drugs at the hospitals as some of the medication he was prescribed were not available..."

Mr. Deyalsingh: Totally false.

Dr. Gopeesingh: Quote the date.

Mr. Deyalsingh: Totally false.

Mrs. V. Gayadeen-Gopeesingh: And this is *Daily Express* Friday, 15 July, 2016. And as the Minister said that is totally false, on the 25th of December, 2018, the Minister spoke to the media and he said and I quote:

Many times patients come to you with a story that is not factually based and you all run with it without getting the facts.

So “he bouff” the media. So today Mr. Minister, I have the facts and I am getting it right. [*Desk thumping*] Because I want the hon. Minister to deny the fact that overcrowding is not a problem in the hospital. I want him to deny the fact that there is not a shortage of drugs; I want him to deny the fact that you do not have reagents and patients have to pay for blood tests. That is what we are experiencing under a PNM administration.

And, Madam Speaker, the Member for Caroni East spoke about overcrowding. He went at some length, but I just want to add to it and I am talking about only two days ago, which is Wednesday 26th of June, two days ago. There were 50 patients waiting in the emergency department at the San Fernando General hospital for beds, 50 patients. And I am not talking about last year or 2017, I am talking about two days ago. Long lines, trollies waiting from one end of the corridor to the next, people sleeping on chairs. In fact, Madam Speaker, corridors lined with patients, people lying on gurneys and what we have in San Fernando General hospital we ought to have what is called “bed management bureau”. But that has collapsed, it had become dysfunctional. And as I say, how is it that we are going to deal with all these inefficiencies? And the Member for St. Ann’s East is saying that everything is working, and why it is that we on this side coming to blame the PNM and saying, nobody is getting drugs?

You see, Madam Speaker, as Members of Parliament you could fly out and

go, you are not experiencing the torture and the trauma that the poor man has to undergo in this country. We have a report here, Madam Speaker, November 28, 2018, where there were reports of chaotic conditions, both at Port of Spain and San Fernando General Hospitals. San Fernando General Hospital filled to capacity and staff have been placing patients in hallways. Patients are also said to have been left to wait without beds and without medical treatment. And the head of the nurses association said conditions at San Fernando General Hospital have been worsening for some time. That is under this Minister of Health, Madam Speaker.

4.30 p.m.

And when we talk about drugs we also have to deal with cancer, because cancer is the number one cause of death amongst women and is the second leading cause of death amongst men in Trinidad and Tobago. Approximately 1,200 patients die annually from cancer.

**OUTSTANDING PERSONAL EXPLANATION
(DR. ROODAL MOONILAL)**

Madam Speaker: Member for Oropouche West. Hon. Members, it is now 4.30, but before we take the suspension I crave your indulgence just to inform you that up to this time the personal explanation from the Member for Oropouche East is still outstanding. Hon. Members, I expected that at this time I would have been calling upon to hon. Member for Oropouche East to deal with the Item which was deferred based on a clear signal which he displayed earlier in the sitting. Regrettably, I am unable to do so as I have observed the absence of the hon. Member from this Chamber for some time now.

I am further to inform that approximately one hour ago I received a letter from the Whip which reads as follows:

28th of June, 2019

Speaker of the House of Representatives
Parliament of the Republic of Trinidad and Tobago
Tower D, Level G to 8
Port of Spain, International Waterfront Centre
1A Wrightson Road
Port of Spain
Republic of Trinidad and Tobago
Dear Honourable Speaker,

Re: Personal Explanation from the Member of Oropouche East

I am writing you as it pertains to the personal explanation that is expected to be delivered by the Member of Parliament for Oropouche East. Upon discussion with the Member of Parliament for Oropouche East, the Member, in accordance with the letter dated June 26, 2019, which stated:

‘Resolved that this House do now call upon the Member for Oropouche East to apologize to this House and the Member for Laventille West at the next sitting of the House by way of Personal Explanation.’

—was prepared to offer the required explanation at today’s parliamentary sitting.

However, given the wording of the letter’s content, the Member of Parliament for Oropouche East was not fully aware of the necessary procedure which required him to seek your leave via a written submission. After guidance from the Clerk of the House, as well as review of ‘Order of Business in the House of Commons’ Manual, the Member has come to a full appreciation that the content of any personal statement must be submitted to the Speaker for the required leave to be granted.

Given the significant issues of this matter before the House, as well as the time constraint of 10 minutes for such statement as laid out in the Standing Orders, the Member must now ensure all the relevant information that best explains the situation before the House is carefully examined and placed within the content of his written submission. However, all of this information is at his constituency office in Oropouche East.

In light of the present weather conditions and traffic gridlock that occurs at this hour, the Member is of the view that he would not be able to effectively compile—

I thought it was “comply” but it is “compile”.

—this statement and deliver to you in a timely manner. The Member has therefore given an undertaking to follow all required procedures dictated by our Standing Orders and submit this required statement for leave to be granted at the next parliamentary sitting.

Yours Sincerely

David A. Lee

Opposition Chief Whip

Member of Parliament for Pointe-a-Pierre

Now, hon. Members, in the circumstances and events of earlier today, I must express that this letter of the Whip appears somewhat curious, as all Members of this House know that to make a personal explanation, the text must be submitted to the Speaker in order to seek leave. However, hon. Members, given that this matter pertains to a decision of this House, pursuant to the powers of this House and specifically in the context of Standing Order 55(16), I am obliged to seek your leave. Leader of the House.

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Thank you very much, Madam Speaker. Madam Speaker, it is with some shock that I also received a copy of that letter from the Chief Whip, the Member of Parliament for Pointe-a-Pierre.

Madam Speaker, the Member for Oropouche East was a former Leader of the House. The Member for Oropouche East was a former Chief Whip until he was replaced by the MP for Chaguanas West and then the MP for Pointe-a-Pierre. Madam Speaker, the Member for Oropouche East told us that he has been a Member for over 18 years. Madam Speaker, that same Member told us that he participated in ensuring that we had these new Standing Orders.

Madam Speaker, this is not the first time that any Member of this House has had to do a personal explanation. On each occasion that person, that Member, who had to do a personal explanation, knew full well that the Standing Orders required that such an explanation must be sent to the Speaker first. Madam Speaker, that is how we do business in this House. [*Desk thumping*] The Member for Oropouche East is a seasoned Member of this House. Madam Speaker, I posit that he knows better but, perhaps, Madam Speaker, he cannot do better. [*Desk thumping*] Madam Speaker, we on this side find it quite ludicrous that the Member requires information lodged at his constituency office in order to write an apology.

Madam Speaker, we are therefore inclined to wonder whether the Member is not attempting to frustrate the will of this august House. Madam Speaker, we on this side are left to wonder whether the Member is treating this House with contempt, even as he has been asked to apologize. And, Madam Speaker, we on this side are wondering if the Member is continuing to attempt to bring us all into odium. Madam Speaker, this House, however, will not let its dignity be compromised. [*Desk thumping*]

The Member knows better. He knows that personal explanations must be

given at the approved time and personal explanations come high up in the agenda because they are to be done in the full view of the Parliament and in the full view of the people of Trinidad and Tobago. Madam Speaker, we on this side will not allow the Member to disrespect this House or the people of Trinidad and Tobago. However, Madam Speaker, we on this side are of the firm view that an apology could have been three words: "I am sorry."

Mr. Imbert: Two words: "I apologize."

Hon. C. Robinson-Regis: Madam Speaker, we do hope that the Member understands that any failure on his part to tender the apologies required pursuant to the will of this House at the very next sitting of this House will be treated as an act of gross contempt of this House and it will not be tolerated.

Thank you, Madam Speaker. [*Desk thumping*]

Madam Speaker: This House is now suspended. We shall resume at 5.15 p.m.

4.40 p.m.: *Sitting suspended.*

5.15 p.m.: *Sitting resumed.*

[MR. DEPUTY SPEAKER *in the Chair*]

Mr. Deputy Speaker: We resume after tea. I recognize the Member for Oropouche West and you have [*Desk thumping*] approximately 17 minutes of your initial speaking time. Kindly proceed.

Mrs. V. Gayadeen-Gopeesingh: Thank you, Mr. Deputy Speaker. [*Desk thumping*] As I was saying, Mr. Deputy Speaker, we were focusing on cancer and cancer patients under this Government, and what we have seen is the scrapping of the National Oncology Centre by this Government. I said a while ago that cancer is the number one cause of death amongst women and I also said approximately 1,200 patients die annually from cancer. So what inevitably is happening is that this Government has actually forsaken cancer patients who deserve comprehensive

and holistic management and care, what we call an integrated medical facility and system. [*Desk thumping*]

The Oncology Centre had been earmarked as a modern and essential centre of excellence. It was up to First World standard, utilizing cutting edge technology with experience and well-trained professionals, and we must recall this was started under the People's Partnership. It also provided for comprehensive services, including prevention through education, early detection and an integrated system for patient care for various types of cancer. But what is the plan? The plan is that the state-of-the-art diagnostic imaging and advanced medical treatment equipment units will now be fragmented and sent to many different locations for health care. And what will that result in? Inappropriate, uncoordinated, and incomplete cancer care management at these various centres. Mr. Deputy Speaker, what will result? This will result in the marked progression of disease of these patients, leading to no cure and subsequent death.

So what we need is that we are asking this Government, this Minister of Health, perhaps, to reconsider that decision in relation to the removal of that intended equipment for the Oncology Centre for the various institutions, and you must try and see how you could, perhaps, arbitrate that problem because it was said there were some problems with a contractor.

When we look, Mr. Deputy Speaker—and we are looking at cancer again—you would see there is a shortage of pharmacists at San Fernando hospital and there is no medicine for cancer patients—none, absolutely. And I am looking at an article here, Friday April 28, 2017, by Radhica Sookraj that says:

“Scores of cancer patients in desperate need of chemotherapy are being turned away from the oncology centre at the San Fernando General Hospital because of staff shortages at the oncology's pharmacy.”

We have another article here, Tuesday, May 09, 2017:

“Cancer patients turned away after lone pharmacist calls in sick”

We have also:

Rat invasion closes oncology pharmacy.

And again, Mr. Deputy Speaker, we have cancer patients at the San Fernando Oncology Centre facing this new setback with rats.

Mr. Indarsingh: If you go to read out all these headlines, you would not have time.

Mrs. V. Gayadeen-Gopeesingh: So, Mr. Deputy-Speaker, this is happening under this administration, total forsaking of the cancer patients. I listened to the hon. Minister and he spoke about MRI and what is happening with the MRI at various hospitals. But I am asking the question about the MRI which was placed at the Scarborough Hospital in Tobago. Thirty four million was spent on an MRI machine which was too small for some patients, Mr. Deputy Speaker:

Sunday May 01, 2016, you have:

“The wrong size magnetic resonance imaging machine, valued \$34 million, has been installed at the Scarborough General Hospital.”

Mr. Deputy Speaker, what this Government is doing, purchasing things without proper follow-through or proper appraisal, and what happened is that as a result of this, dozens of patients are unable to fit in the MRI machine. So it means that if you are obese you cannot fit in that machine so you cannot get your MRI scans. And that is at the Scarborough Hospital. We are not hearing about that. I am not hearing the Minister saying anything about this MRI machine.

So these scans can be done at Alexandra MRI Limited located at Alexandra Street in St. Clair. But more so, Mr. Deputy Speaker, is that the only MRI machine at a public health institution in this country that can accommodate obese patients is

at the Couva children's hospital which remains closed. It remains closed. And what we have there is a MAGNETOM Avanto MRI machine. It is called a 5 Tesla Machine, I believe; the only one in the Western Hemisphere. So that hospital remains closed.

And if we were to deal with the patients that await scan and MRI at the San Fernando General Hospital, they have to lie in a bed for two weeks for imaging studies—for two weeks. So there they are, occupying a bed. You cannot get the MRI; the doctors cannot have definite diagnosis and so they cannot treat the patients properly because of the quality of health care. And I am making this point cogently clear that you will have a CT scan lying, a 3.0 MAGNETOM at the Couva Children's Hospital.

Mr. Indarsingh: Hospital, yes.

Mrs. V. Gayadeen-Gopeesingh: And what happens, Mr. Deputy Speaker, I believe the warranty period had expired. So what happens is that you have—staff morale is low at the San Fernando General Hospital—low—especially nursing staff, because you have now a further influx of patients, Venezuelans; you have the closure of Petrotrin, so they are coming into the hospitals in San Fernando and Port of Spain to get additional service and to secure MRI, which is already overwhelming the overburdened and dysfunctional health care system we have. So what we have, we have patients lying in the beds, doctors cannot discharge the patients because they cannot get CT or MRI. In fact, Mr. Deputy Speaker, some of these patients, they also die whilst waiting these MRI imaging reports.

What we had under the People's Partnership is that they were managing it efficiently—the MRI and CT scans. They had daily slots allocated for in-patients to deal with that in-patient burden. So you go to the ward; the doctors will check through the ward, you say, “Okay, you could get your MRI today” so you clear the

bed so you could get now, patients coming in and you had a movement of patients in and out, so it made it easier, making bed space more available.

Mr. Indarsingh: You should be the advisor to the Minister.

Mrs. V. Gayadeen-Gopeesingh: And, Mr. Deputy Speaker, the longer a patient stays, if he stays two weeks or three weeks in the San Fernando General Hospital—a patient may lie up to three weeks in a bed and the average cost per day, speaking with a senior consultant, is close to \$2,000 a day. So for three weeks, 21 days, it is close to \$40,000-plus per bed to house a patient, because of some incompetence by somebody that had some mismanagement that you cannot get the patients rolling out so you could deal with these tests.

So this is really what is called waste and mismanagement and we always say, where there is no vision—

Mr. Indarsingh:—the people perish.

Mrs. V. Gayadeen-Gopeesingh:—the people perish. So we have also here an article, February 23, 2019. We are talking about a few months ago, where the South-West Regional Health Authority confirms that the CT scanners are down. They confirm. So the Authority said the parts required have been bought and:

“...are expected to be delivered and installed in the upcoming days.”

This is in February. Mr. Deputy Speaker, we are in June and those parts are still coming and still to be installed, because the MRI machines are still not working and scanners are not working at the San Fernando General Hospital.

That is one. We also have 1,200 patients waiting for CT and MRI scans at the San Fernando General Hospital—1,200. In fact, some patients if they are what you call, out-patients, they wait up to two years. They have a waiting list up to two years to get a CT and MRI—1,200. We have another article here, March 28, 2017, where:

“Mount Hope alone serving”—Trinidad and Tobago.

“The C T Scanners at three of the country’s public hospitals are down.

In light of the unavailability of the scanning service at the San Fernando General Hospital, Sangre Grande Hospital and Port of Spain General Hospital, only emergency cases will now be facilitated at the already overwhelmed Eric Williams Medical Sciences Complex (EWMSC) in Mount Hope.”

This is what is happening under this Government, Mr. Deputy Speaker.

Let us move on and let us look at what the hon. Minister said. This is a Minister who says and boasts that he would eliminate waste and mismanagement in the procurement of drugs, non-pharmaceutical and services in the health sector. But I am going to ask a few questions here. I am asking the question: What is happening to North/Central RHA? Because from the documents I have—and I am in possession of some documents—it appears that North/Central RHA is purchasing medical supplies: gloves, masks, aprons, at prices that are five times more than the market price in some instances.

Mr. Indarsingh: The Minister of Health not staying to hear this?

Mrs. V. Gayadeen-Gopeesingh: Grossly inflated prices, Mr. Deputy Speaker, five times more.

Mr. Indarsingh: The Prime Minister says there is no corruption in this Government.

Mrs. V. Gayadeen-Gopeesingh: From the documents—

Mr. Deputy Speaker: Member, one second. Member for Couva South, since we resumed after tea, even though you are not making eye contact with me, but I am constantly, you know, hearing you. Right? So please try and do it in hushed tones, please. Proceed.

Mrs. V. Gayadeen-Gopeesingh: Thank you, Mr. Deputy Speaker. From the documents I have also, there is absolutely no oversight of the procurement processes at the Authority by the management and by the board, and as well, by the line Minister. It is my understanding that the Authority has received quotes from other suppliers at cheaper prices and ignored them. We also have some internal correspondence from North/Central RHA that indicates that the item such as the surgical mask purchased are not suitable for use. And we have the Authority—somebody it appears, the person in the Authority trying to distance himself from receiving the goods which the Authority has received. And I will just go through one or two of those because we have here a letter sent from the stores clerk to the hospital manager. I am talking about since the 4th of September, 2017. We are going almost two years, and to date these things are still happening. The subject:

Discrepancy in Signature.

I am writing this letter to inform you that the signatures on the receiving reports and delivery notes for this particular company—

I will not call the company.

—does not belong to me.

So somebody is signing and receiving, and not the stores clerk. That is happening under North/Central. We have another one here:

Purchase Order, P0105295.

We have gloves—

Hon. Member: How much for a box of gloves there?

Mrs. V. Gayadeen-Gopeesingh: We have the unit price \$120 and you are getting it for \$25. That is what we are getting here.

Dr. Gopeesingh: Five times.

Mrs. V. Gayadeen-Gopeesingh: Five times more. You have apron disposable

plastic that the doctors use in the operating theatre. You have them at almost \$8 for one when you have—the market price is \$2. Mr. Deputy Speaker, these may sound very small, but remember, they buy in bulk and we are talking about hundreds of thousands of dollars that are not accounted for—hundreds of thousands.

And then we have this one additional letter here sent from the Business Manager, Operating Theatre to the Complex Administrator's Office. And I crave your indulgence, Mr. Deputy Speaker, to read three lines.

Mr. Deputy Speaker: Before you continue, your initial speaking time has elapsed. You have an additional 15. Avail yourself?

Mrs. V. Gayadeen-Gopeesingh: Thank you.

Mr. Deputy Speaker: Proceed.

Mrs. V. Gayadeen-Gopeesingh: Kindly be advised that the face mask which has been provided to the operating theatre with elastic bands is not suitable for the doctors and nurses to be utilized within the operating theatre.

So you see, Mr. Deputy Speaker, you have poor quality things, five times more. These are what you call, consumables and we need to know who is benefiting from these grossly inflated pricings, and perhaps the line Minister or somebody who is in charge could call for a forensic auditing report in North/Central RHA. [*Desk thumping*]

We also have at North/Central RHA, we have certain positions that are being filled; certain positions that are created, that are not in the org structure. Like we have something called a “project improvement manager”, and I am trying to figure out what is a project, or a hospital improvement manager. Those are positions, if you will check all the RHAs, it is non-existent. So we need to know who is creating these positions and who also is filling those positions. That is what we are asking.

Mr. Indarsingh: And the compensation packages.

Mrs. V. Gayadeen-Gopeesingh: And also if these things were advertised—if these positions have been advertised. That is what we need to know.

So we have loads of additional information, Mr. Deputy Speaker, which in due course, I will make them available.

5.35 p.m.

The other situation that I would like to deal with, Mr. Deputy Speaker, is some of the infrastructural problems that we have at San Fernando General Hospital, and at the Teaching Hospital, for the last year, four floors at the San Fernando Teaching Hospital, you have leaks on each floor, four floors, and still remain unsolved to this day. You have two roofs fell in in two of the wards.

Mr. Mitchell: Ceilings.

Mrs. V. Gayadeen-Gopeesingh: They called them the roof, not the ceiling, the roof actually fell in. We are talking about putting patients, Mr. Deputy Speaker, their lives at risk. Imagine your foot is broken and you lie in a bed, you cannot move and you are watching up and you are seeing something falling down on you. In fact, if you were to drive to San Fernando, and you look on your left-hand side on top of the hill, you would see a tarpaulin covering the roof in San Fernando General Hospital, a tarpaulin. And I want to know what is looking worse. Is it the Magistrates' Court with the tarpaulin or the hospital? And in fact, we have the Mayor of San Fernando was saying that he was giving notice to close down the Magistrates' Court and I want that he also give a notice to South West RHA to close down that San Fernando General Hospital, some notice. In fact, the Member for San Fernando West, his office is close by. So I am wondering if we are devaluing San Fernando because his constituency is close by.

So, Mr. Deputy Speaker, we have problems. We have many problems and

the Member for Caroni East also spoke about the complete blackout where patients' lives were at risk because you do not have back-up electricity and this is a problem that has been existing for a little while. And what we have, the urology theatre at the San Fernando General Hospital, you do not have electricity there. So you have surgery that has to move now to the general surgical list. So if they are moving to the general surgical list, it means those who have to undergo surgery, urology surgery, they have to be postponed and they are fighting for space and time and that is what is happening there. The surgeries for cancer patients, colorectal cancers and breast cancers, they all have to be postponed at the San Fernando General Hospital.

In fact, you have important procedures, such as shock wave lithotripsy, which are continuously being postponed. And what is that, Mr. Deputy Speaker? Many patients may have kidney stones and they have to be crushed. You do not have electricity so you cannot crush it so the person remains in constant pain. These are the things people have to undergo and we must not stand here and talk about the decadence and morass of the health sector. We must not talk about it. You see, Mr. Deputy Speaker, under the People's Partnership, under the leadership of Kamla Persad-Bissessar, it was people-centred, people came first, not under this administration. [*Desk thumping*]

Also, when you look at every health centre, the primary care, which is part of the Motion, you have poor state. I have spoken to some of the primary care physicians and each physician has complained, it is either you have equipment there that is non-functional or you do not have any at the health centre. You have walls collapsing in Gran Couva, in La Romaine, in Lengua. You have patients, if rain is falling, you have to run through rain to get to the health centre, you have no beds for them to park sick people. This is what is happening. You have signs all

over in the primary health care, you do not even have signs, they are all broken. So I will ask perhaps the hon. Prime Minister because I believe he was spending some \$30 million to put signs somewhere. I do not know where those signs are supposed to be but we can actually start with the primary health care and deal with those health care facilities.

Mr. Deputy Speaker, when we look, I believe the hon. Minister spoke about interns and they were hiring interns. About 100 interns were hired. Of those 100 interns, some day, they would have graduated, it is one-year internship, how many of those are employed as doctors? How many of those are employed as doctors after their internship? We have over 600 of them that cannot get a job in this country. And you know what we are saying? We have shortage of doctors. We could not open the children's hospital because we cannot get doctors and we have 600 of them.

We have an article here, Mr. Deputy Speaker, *Trinidad Guardian* dated the 21st of July, 2018:

“Hundreds of graduating doctors can't find work”—they have—“shattered dreams...”

And, Mr. Deputy Speaker, the doctors who go to Mount Hope in Trinidad and Tobago, they are called “crème de la crème”, they are the best. [*Desk thumping*] They are so trained and bright. When you have to enter a graduate programme to enter undergraduate, first, and then they will do their post-graduate, you have to have straight As and 1s, you do not have to have any B profile. That is how bright these students are, and after five and six years, they cannot get a job. And this is what some of the doctors had to say. They said:

“With no work available”—we have to work—“free at private hospitals in the hope of acquiring medical experience.

It is pure exploitation and nobody is doing anything about it..."

One medical student said that; he did not want to be identified. Another doctor:

"A qualified doctor who has been awaiting placement as a house officer said he has...been working part-time in a pharmacy."

This is where we have doctors working in a pharmacy; some "pumping gas". In fact, Mr. Deputy Speaker, some people are still being supported by their parents. Imagine your parents sacrificed, pay up to \$2 million to send you to study to become a doctor, proud, and you still have to "mind your child". What does that do to the self-esteem of that graduate? And in all the hospitals, you need doctors; in fact, you need nurses too.

"Some people are still being supported by their parents, so taking up a job in a private hospital with no pay is not a problem. I cannot do this because I have a loan to pay."

So what we have now happening is that you have some of the doctors, at the eleventh month, Mr. Deputy Speaker, their contract comes to an end because they do not want them to work the full year so as to get any benefits. In fact, we have some of the doctors working month to month. In San Fernando General Hospital, you have some of the doctors working every three weeks. How could that be? They are not hiring these doctors. In fact, Mr. Deputy Speaker, in a few months, I will have a son graduating as a doctor, where would he be employed? [*Desk thumping*] These are the things young people have to face under this Government.

We have also issues and problems with nurses. Under the People's Partnership, we had the El Dorado Academy training for nurses. Now nurses have to find jobs abroad, many of them unemployed. In fact, we do not even have training in paramedics, we have just the local training. Paramedics training is where you could go out in the field and deal with patients. We have the same basic

training for attendants and technicians. And some of them are not even properly trained. That is how bad it is under this Government.

Mr. Deputy Speaker, when we look at this health care system and we look at the plethora, the modicum of problems that the people—

Mr. Garcia: Plethora and modicum?

Mrs. V. Gayadeen-Gopeesingh:—have to endure in this country. “Remember you ah teacher, or ah woodman yuh say in Arima? Yuh would not understand that word.”

Hon. Member: “Careful with dat woodman, yuh know.”

Mrs. V. Gayadeen-Gopeesingh: Sorry.

Mr. Mitchell: Mr. Deputy Speaker, 48(4).

Mr. Deputy Speaker: Overruled and at the same time, Member, you have two more minutes.

Mrs. V. Gayadeen-Gopeesingh: Oh, thank you. Thank you, Mr. Deputy Speaker.

So, in conclusion, I fully endorse the Motion brought by the Member for Caroni East. [*Desk thumping*] This really could not be more timely. We all understand that health care cannot be perfect but as a responsible Government, you have got to do things and strive to improve it. [*Desk thumping*] This Government has proven to be uncaring, irresponsible, especially, Mr. Deputy Speaker, for the poor and the vulnerable in society. [*Desk thumping*] They have failed the people of Trinidad and Tobago and they have failed the health sector. I thank you. [*Desk thumping*]

Mr. Deputy Speaker: Leader of the House.

ARRANGEMENT OF BUSINESS

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Thank you very much, Mr. Deputy Speaker. Mr. Deputy Speaker, in accordance with Standing Order 53, I beg to move that the debate on Motion No. 1 under Private Members' Business be adjourned at this time. May I point out that this is by agreement because we know that normally we would await 6.00 p.m. but this is by agreement.

Question put and agreed to.

**IMMIGRATION (AMDT.) REGULATIONS, 2019
(ANNULMENT OF)**

Mr. Rodney Charles (*Naparima*): Thank you, Mr. Deputy Speaker. I beg to move the following Motion standing in my name:

Be it resolved that this House annul the Immigration (Amendment) Regulations, 2019.

Mr. Deputy Speaker, we believe that these amendments, these regulations should be annulled because they are ill conceived, they are hastily conceptualized, they are not consistent with global best practices and inconsistent with our First World aspirations. [*Desk thumping*] In addition, Mr. Deputy Speaker, they exempt a number of persons declared a prohibited class under section 8(1)(a) to (q) of the Immigration Act.

Mr. Deputy Speaker, let me begin by stating our position on Venezuela and the Venezuelan registration issue. We believe that after three years of migration to Trinidad and Tobago of nationals from Venezuela that we need a refugee or a migrant or an asylum policy that recognizes a number of criteria. One, the absorptive capacity of our key health, education and economic institutions of our country must be linked to our absorptive capacity. Two, it must be humane. The refugee policy or migrant policy must be humane and recognize the plight of our neighbours, our *vecinos*, *nuestros vecinos* in Venezuela. And thirdly, it must recognize our international obligations especially the 1951 UN Refugee

Convention and the 1967 Protocol and the International Convention on the Protection of the Rights of All Migrant Workers and their Families that came into effect in 2003.

[MADAM SPEAKER *in the Chair*]

Madam Speaker, our refugee policy must be data-driven and as of today, we know that there are 16,523 registered to work in Trinidad and Tobago. Madam Speaker, we do not know how many Venezuelans are in Trinidad and Tobago, at this time, because of the inadequacy and ineptness of the way we approached the registration exercise. [*Desk thumping*] We believe that the fourth criterion is that it should be premised on a complete lockdown of our borders. We cannot pretend to own a country, we cannot pretend to have a policy when every day there are boatloads of Venezuelans arriving on our shores. [*Desk thumping*]

In the fifth case, our refugee policy should draw on international best practices. Madam Speaker, later in the debate, I will show how this registration exercise and the regulations and the Form 17A, how it is handled in other societies. I wanted to give Canada and Australia but I think it would suffice if we look at the Canadian situation. And lastly, Madam Speaker, our refugee policy should serve first and foremost our national interest.

Before I get into my presentation, I wish to say that we on this side believe firmly that Venezuelans are human beings and must be entitled to the best treatment limited only by our capacity to cater responsibly and adequately to their needs. [*Desk thumping*] Madam Speaker, we are a nation of immigrants. In my specific case, my mother was born in Barbados, my father was descended from the Merikins in Moruga, two of my grandchildren are citizens of Barbados and another is a British citizen. And that is why we in the UNC could not understand and did not support our Government when they voted against the humanitarian efforts to

supply food to Venezuelans.

Madam Speaker: Just one minute, please. Are we talking about these regulations?

Mr. R. Charles: Yes, Madam. I am contextualizing it.

Madam Speaker: Okay. So I think you have had about eight minutes to contextualize. Let us get to the matter that we have before us, please.

Mr. R. Charles: Before—Madam Speaker, I would just like to indicate—because I heard last night in the debate in the other place, the statement by the Member for Port of Spain North/St. Ann's West. I heard it on Parliament Channel where he said that our approach and the reason why we asking for the annulment of these regulations is the fact that we, on this side, are xenophobic. And in fact, there is an article in today's *Express* which says and I quote that:

Minister Young knock the UNC for creating xenophobia

Madam Speaker, in accusing us of xenophobia, he clearly expresses his lack of history and more so, his understanding of the PNM's approach—

Madam Speaker: The hon. Member.

Mr. R. Charles: The hon. Member—to Venezuela and I am saying this in the context of the regulations before us because if he understood the PNM's philosophy and the philosophy of the founding father of Trinidad and Tobago, he probably would not make that comment in the context of these regulations. I quote from Selwyn Ryan and I am talking about xenophobia here and I am quoting:

“Williams accused Venezuela of trying to recolonize the region. He saw its efforts as an attempt to transform the Caribbean Sea into the ‘Sea of Venezuela’.”

He said this at the 1975 Convention in Chaguaramas.

“Williams told the convention that Venezuela's maritime ambitions had

implications for the economies of all or most of the islands in the Caribbean...”

He said, quote—this is Eric Williams speaking:

“Venezuela’s Caribbean vision and ambitions, starting off from barren uninhabited rocks to a network of economic arrangements out of which is emerging a Venezuelan oil and industrial metropolis and an indebted Caribbean hinterland...”

And he goes:

“...the Caribbean as we know it integrated into Venezuela...”

And he made the point that ultimately Trinidad and Tobago will become what he called a *provincia del país* Venezuela. So I will stop here because he spoke—

Mr. Imbert: Point of order. 10(1).

Mr. R. Charles: Thank you very much, Madam Speaker. [*Laughter*] The founder of the PNM and the father of our nation said:

“You will understand now why I am pilloried at home and abroad, prodded by Commonwealth colleagues outside of the Caribbean as to why”—I—
“don’t like Venezuela...”

Madam Speaker, I do not need to go further, except to say that there is a historical context in the PNM in terms of our relationship with Venezuela and therefore, they should be the last person to accuse us of xenophobia. [*Desk thumping*] The very last person. Could only be done because they do not know the history of the PNM.

Madam Speaker, I would just like to debunk a second myth and after this, I will move on to the actual regulation.

Madam Speaker: Hon. Member, I cannot tell you how to put your argument but the time you take to paint the context may really make one think about Standing Order 48(1) so you might really wish to reconsider how you want to approach this.

Mr. R. Charles: And I will just take a minute. Madam Speaker, it speaks about the fact that this old set of regulations arose out of a foreign policy of non-intervention in the Venezuelan situation. I just wanted to remind this House that we have always had a policy of interaction with Venezuela and involvement in their governance and I read from Selwyn Ryan's book.

Mrs. Robinson-Regis: Madam Speaker, Standing Order 48(1), please.

Madam Speaker: So Member, I will give you a little leeway but as I say, I think you would appreciate what you want to do. You may want to organize it differently or else I will have to uphold the Standing Order.

Mr. R. Charles: All I wish to say is that Eric Williams was actively involved with Venezuela such that he and the Minister of Home Affairs were given Venezuela's highest award and in fact, the Trinidad mission in Caracas was—

Madam Speaker: I really do have to stand up on 48(1), so move on please.

Mr. R. Charles: Okay. My problem with these amendments is that they have imprecise terminology. Are we in support of asylum seekers, these resolutions, or refugees or migrant workers? The explanatory memo—and I am being specific here—uses the vague and imprecise terms, quote:

Nationals of Venezuela residing in Trinidad and Tobago

Madam Speaker, that is a concept unknown to international law and I will explain. A migrant is a person who moves from one place to another to find work or better living conditions. That is a migrant. And an asylum seeker is one who is given protection by a state after fleeing a country as a political refugee, and a refugee is a person who has been forced to leave their country in order to escape war, prosecution or national disaster.

So who are we dealing with here? It is clear that the Government has taken a decision that they do not want to identify the Venezuelans as refugees. Clearly

because that will give them certain entitlements which I guess the Government is not prepared to give. The question is—and it is important because at the 1951 UN Refugees Convention and its 1967 Protocols, there are clear requirements that we are supposed to give. And, Madam Speaker, under the Convention on the rights of migrant workers, we have to give them specific protections.

So, Madam Speaker, since we are not clear, in trying to understand the regulations, we are not aware in terms of clear, precise definitions of what the Government is talking about and the vagueness of language allows them a lot of leeway so that an imprecision that makes it difficult to analyze in a debate like this.

Madam Speaker, under the International Convention on the Protection of Rights of All Migrant Workers and Members of their Families, when we look at what is conceptualized here in the regulations, on page 30, it violates the question of rights of the children of migrants workers if, in fact, they are migrant workers. The article 30 of this regulation says and I am showing how the imprecision here and I quote:

“Each child of a migrant worker shall have the basic right of access to education on the basis of equality of treatment with nationals of the State concerned. Access to public pre-school educational institutions or schools shall not be refused or limited by reason of the irregular situation with respect to stay or employment of either parent or by reason of the irregularity of the child’s stay in the State of employment.”

Yet, Madam Speaker, we have the international conventions that are telling us that we have to treat them equally as our citizens. And I am reading the Minister of Education, I am stating and this is June 06, 2019, it is LoopTT and it is an article by Darlisa Ghouralal which says that the Minister is saying that:

“Educating T&T nationals”—shall be —“Govt’s priority”

So clearly, we have an inconsistency with international obligations and requirements by the convention and the position of the Government of Trinidad and Tobago.

But, Madam Speaker, there is another question of the issue of privacy. This international convention requires that migrant and migrant workers and their families have a right of privacy, and the information gathered from them ought to be treated as such. When we go to the regulation 17—[*Crosstalk*] Sorry. There is 17(1), the Appendix. It is not a regulation, I know. When we look at 17(1), we see information being collected by Trinidad Government, the Minister of National Security on these migrants. And I want to make the point that we are arguing that the migrants should be treated with respect and treated with dignity and treated according to the international conventions. We have required a lot of information here and there is no knowledge as to where this information would end up and that was one of the concerns of some of the Venezuelans as far as we have been informed. They are not too sure where this information will finally end up.

Madam Speaker, if you look at the Canadian equivalent for refugees, they clearly tell the refugees or the migrant workers, they tell them where this information will go so that the migrant worker knows precisely what information he is giving and where it would reside.

Mr. Al-Rawi: Madam Speaker, 48(1). We are not even on—

Madam Speaker: Yeah. Well, what we are seeing here, as you have pointed out, is that the regulations refer to nationals of Venezuela residing in Trinidad and Tobago so I have not seen anything here that deals with either migrant workers or refugees in the context that you have defined.

Because you have defined it in the debate. So that I uphold the point of order made. All right? You have defined those things but what we are dealing here with

has not said anything about migrants or refugees.

6.05 p.m.

Mr. R. Charles: Madam Speaker, I am making the point that under the international conventions—

Madam Speaker: But, I am hearing you and I am hearing the point you are making, but what I am saying is, in terms of—[*Crosstalk*] Okay? In terms of what you have presented, this is not about either migrant workers or refugees; what we have before us. Okay? So be guided.

Mr. R. Charles: Madam Speaker, whether they are migrant workers, whether they are refugees, whether they are asylum seekers, this information does not protect the privacy rights of the Venezuelans living in Trinidad. And I am saying here that in other countries, persons similarly circumstanced will have a right to privacy. And I am reading one instance where they say under the Privacy Act and the Access to Information Act in Canada, individuals have the right to protection of and access to personal information. It has nothing to do with the definition, because we are not clear about who you are dealing with. We have used a concept of convenience and, therefore, you cannot put it in any international context or use best practices applicable to our situation. And that is deliberate, and that is one of the problems we have when we say that our policy must be linked to international obligations and based on best practices.

Madam Speaker, the second issue I have with these regulations is the question of retroactivity. It is a question of putting the cart before the horse. You register 16,523-plus Venezuelans and then you adjust the laws and the regulations to fit yourill-conceived notions. Madam Speaker, look at Form 17A, which is inserted after regulation 46 in accordance with section 40 of the Immigration Act. There is a litany of inadequacies, which I will deal with later.

I refer to one which was indicated in the 2019 Trafficking in Persons Report, Trinidad and Tobago by the US State Department. They looked at these regulations. They looked at the process that we had and they found it wanting, and I quote, Madam Speaker. They said that the screening, and here is where I quote:

"...did not adequately screen migrants, asylum-seekers, or refugees..."

This tells you that they know that we are not using precise terms. So they use a plethora of terms to capture any of the ones that we are thinking about. So it says it:

"...did not adequately screen migrants, asylum-seekers, or refugees for trafficking indicators, including among Venezuelans"

Nowhere in the questions, nowhere in the regulations are there any attempt to find out information that would be relevant to policy making and with respect to dealing with the crime situation in Trinidad and Tobago. And the United States pointed it out in their trafficking report. And in their prioritized recommendations, they talked about increased proactive victim identification and screening among migrants, and again they use asylum seekers and refugees, to give way to our imprecision. And they said:

- "Ensure trafficking victims are adequately screened..."

Madam Speaker, we know anecdotal evidence that a number of Venezuelans are trafficked to Trinidad. We know—I think the Members opposite when they spoke in the other place mentioned about the fact that women were being lured into Trinidad. We all know it.

One would have thought that a serious Government doing a screening exercise would at least have a mechanism to find out what are the terms and conditions, how they arrived in Trinidad, have at the site members of the—put TTPS, immigration department, et cetera, who are closely looking at this issue.

We do not have to wait for the Americans to tell us this. I know they will come afterwards and say that we are alarmist. But you see any serious person that looks at these regulations and looks at our approach to handling the Venezuelan situation will identify significant problems. Language interpretation services were not always available for counselling sessions and police interviews. Even if you had police there, I am not too sure.

Madam Speaker, when you look at the numbers of persons, 16,000 and three days, in three centres, it could not get the information that was required. Three centres and two weeks, sorry, 14 days. It was not enough. It was not enough to get the kind of information that was required.

Madam Speaker, you look at other countries who do the same thing like us and I will compare Form 17A with the equivalent by serious countries. They wanted to find out, in a First World country, could they trace the routes that these persons had utilized to come to their country. In our case: How did they come to Trinidad? We have:

“SECTION D: DETAILS OF TRAVEL”

Hear what we have and why we are calling for the annulment of these regulations. We have miniscule, elementary, non-serious questions:

How—“Did you come to Trinidad and Tobago of your own free will?

What was the purpose of your visit to Trinidad and Tobago?”—

Vacation, whatever, whatever?

“Date of departure from the country of origin...

Type of transportation:...

Travel documents used...

Did you check with immigration...”—officers?

Et cetera. This is what is we have. This is what we have. This is what we have.

Hear what a serious country has. I am quoting—

Mr. Young: “Where you quoting from man?”

Mr. R. Charles: Please describe in chronological order when exactly you and your family members left your home and what route you took.

If we wanted to find how they got into Trinidad and Tobago.

Explain the mode of transportation taken; the types of vehicles or airlines used, the date, how you paid for travel.

You see, Madam Speaker, this would alert us in a serious way to whether the women were trafficked to Trinidad, the terms of the—so that when we develop our policies, it will be based on serious information, a data-driven exercise. It went on:

If you did not leave together—

And if we are talking about a family, and here again, you are getting serious information in terms of whether the families were divided, separated, came in bulk together. We are learning this thing in a haphazard way. We heard a boat capsized in the Bocas. Some people died and some in Trinidad were saying that they were calling and they had to be families, therefore they said it was not trafficking, because these were families leaving in a group coming to Trinidad. We need to know how many came under those circumstances. We will not get that by this regulation. And that is why I keep saying sometimes about a First World country and Trinidad and Tobago. We are always found wanting. I go on:

Please include a copy of your passport stamp if you can.

Please indicate whether someone planned your travel or helped you leave or enter a country, and how much you paid.

That is just one bit of information from the Canadian situation. When I compare it to our situation, and if I were a researcher, I would give credence to what I am reading. This is the Canadian situation.

I would give another example, Madam Speaker.

Please describe, in as much detail as possible, the specific events which led you to flee your home country. You should include any actions taken against you, your family members or any others in a similar situation.

If the events were generalized, please describe how they affected you personally, or what led you to fearing for your safety. You should also indicate whether you sought protection from the authorities of the country, and if not, why not? And for each incident, specify the date, the month, the year, the events which occurred.

Madam Speaker, if we are doing serious research in terms of the Venezuelans here, this is the kind of information you need for feedback. And the Americans have said it. They have spotted it in their report. This is not Rodney Charles talking. This is the US State Department. Foreigners in Washington know about the inadequacies of our regulations and we do not know? I find that problematic, Madam Speaker.

So, the third issue I have with the Form 17A, it did not strategically identify opportunities to advance our interest. For example, if you are doing a form like this, we have what we call—the United States/First World countries have mastered the art of the brain drain, going to countries with difficulties and cherry-picking the best and brightest. The United States did that in the Second World War. The US wanted—they knew that Germany had collapsed. They took von Brunn and all the German scientists and brought them to the United States and developed their rocket programme. NASA was based on United States strategically using regulations and citizenship and pathway and work permits to advance their national interest. Why? “We just as bright as everybody else. We taking everybody; whosoever will, may come.” That is our approach.

On Tuesday, the Member from San Fernando West gave information from the, and I quote, and it was reported in the *Trinidad Guardian*, Tuesday 27, 2019:

"An international study of Venezuelans in T&T showed 46 per cent of respondents have tertiary or university level education, 53 per cent complained of...discrimination because of their nationality and 14 per cent complained of being mistreated..."

This came from the international organization for migration. Madam Speaker, this is begging us in our getting information from these immigrants, to find out what—I know there are questions on where they work. It is not sufficient when you compare it with what developed countries do to get information and attract the best and the brightest.

We have PDVSA, one of the largest oil companies in the world. PDVSA owns Citgo and when I was at NP and we held discussions with Citgo, they had a network of service stations in the United States. I think one of the gentlemen was named Acienagas. He was fired and he probably is in the United States or he is probably among the list of the 16,000. A person like that with the talent, the marketing talent, the capacity to go in a First World country and move to National Petroleum, to develop gas stations in places where we have large clusters of Trinidadians. That is thinking to the next level. This is why, in Japan, they talk about where there is a crisis, they use the word "opportunity". And herein lies an opportunity for Trinidad and Tobago, if we only use our brains, Madam Speaker, if we only use our brains. A great misfortune that Trinidad and Tobago has had to be governed by the PNM at this time.

Madam Speaker, a fourth issue I have is that the Immigration Act, clause 8(1)(a) to (q), the Immigration Act, clause 8(1)(a) to (q), Madam Speaker. That Immigration Act has what they call a prohibited class. These regulations and the

amendments to the Immigration Act, I am reading the Regulation 10(4) to extend the power of the Minister to:

“...exempt from...provisions of...”—the regulations as it relates to work permits to—“a class of persons who hold a valid permit issued under section 10 of the Act.”

Madam Speaker, when you go to 10, they refer back to 8(1). This Immigration Act, for whatever we may believe, for better or for worse, put in a number of, what they call “prohibited classes”. There is a reason for it. I may not agree with all the reasons. But I could see the logic in it. We are asking that these prohibited classes in clause 8(1) of the Immigration Act, that they be set aside to allow us to regularize and sanitize the Venezuelans in our midst. And I will read some of the classes, Madam Speaker. And as I say, it is not—I know somebody would get up and say I say to eliminate all of these. I am saying you use your brain, you go into it, see what is applicable and relevant to our circumstances, what is consistent with our national interest and retain those. It speaks, 8(1):

“Except as provided in subsection (2), entry into Trinidad and Tobago persons described in this subsection, other than citizens and, subject to section 7(2), residents, is prohibited, namely—

(a) persons who are idiots, imbeciles—”

[*Laughter*]

I do not like these words. I do not like these words, but—**Madam Speaker:**
Order! Order!

Mr. R. Charles: Madam Speaker, nobody on that side will make it to Trinidad and Tobago if they are screening using the prohibited groups. “None ah dem. None ah dem”. So I would read it:

“(a) persons who are idiots imbeciles, feeble-minded...”

He probably talking about PNM people, Madam Speaker.

“...suffering from dementia and insane persons...

(b) persons—”

[*Interruption*] “Have respect nah man.”

“(b) persons...with any infectious or dangerous infectious disease;”

Now, I could see why, the reasons. If somebody has AIDS and if a large proportion of these persons—and I am just saying, we ought to know and a serious country would put in mechanisms, alert the hospitals, seek to get drugs to treat with the—if we really love them, we really want to care for them and if we want to protect our citizens. But they do not care. They will come with some fancy excuse and ask me to approve an “unclinical” and not analyzed—

Mr. Imbert: “Unclinical”?

Mr. R. Charles:—exemption of all these classes of prohibited immigrants.

Madam Speaker, persons who are dumb and blind, and I believe in equality and all these things. And I am not saying. I am just reading it because this is the law. And I am saying that we could use our discretion. We have used no discretion. It is a carte blanche elimination of the prohibited class.

“(c) persons who are dumb, blind or otherwise physically defective...

(d) persons who have been convicted of or admit having committed any crime, which is committed in Trinidad and Tobago...” prostitutes...”

—and others.

“(f) persons...reasonably suspected of...procuring prostitutes....”

Madam Speaker, this is what the United States talked to us about.

“(f) persons who...reasonably suspected of attempting to bring into Trinidad and Tobago or...procuring prostitutes or other persons for the purpose of prostitution...”

—et cetera.

“(g) habitual beggars or vagrants;”

—and interestingly:

“(h) persons who are likely to become charges on the public funds;”

We learned today in a discussion, we just do not have, notwithstanding what they tell us, what the Member for St. Joseph will tell us how the hospitals in Trinidad and the health service is the greatest. Notwithstanding the fact that the Member for Diego Martin West, will tell us that we have the best health care system in the Commonwealth, we know, we citizens who have to go and line up in the public hospital and access services know that there are serious deficiencies in our health care system and anybody who says otherwise is blind to reality or disconnected from the circumstances of our country.

“(i) persons who are chronic alcoholics;

(j) persons...addicted to...any drug;”

We picked up that, or we attempted to pick up that in these regulations. Madam Speaker, I could get any sixth form group of bright students, get any 10 and say: “Sit down, come up with some regulations to protect Trinidad and Tobago and at the same time be humane to the Venezuelans and recognize their plight.” They will come up with better regulations than what is before us today, and what they want to surreptitiously pass and annoyed when we ask questions, legitimate questions.

Madam Speaker: I have a difficulty with the word “surreptitiously”.

Mr. R. Charles: Okay, I withdraw it. I withdraw it, Madam Speaker.

“(m) persons concerning whom there are reasonable grounds for believing they are likely to engage in espionage, sabotage or any other subversive activity...”

Madam Speaker, I am hearing stories, eh. I am hearing stories that there are, in the group of Venezuelans, and these Venezuelans talking, there are persons in the group in here who may not have the best interest of Trinidad and Tobago's Government and our society and its well-being at heart. I am saying, and we on this side are responsibly saying, that we ought to have a mechanism to flesh those things out.

Madam Speaker, those 16,523 persons, I want to ask, and we talk about our policy must be data-driven. I heard the Member for San Fernando West say we are now getting the data. Madam Speaker, that 16,523 or whatever, is data that cannot be used. It has no meaning. All it means is that there are 15,000-plus persons who came to register. Excluded from that group are persons with a criminal background, who were scared, that did not want their criminal activity to be highlighted, one; two, persons who are suspicious of Government. Remember we were talking, Venezuela has a different legal framework from us. They have a different relationship between the citizen and the Government. There is suspicion between. So that, they may transfer that same suspicion to Trinidad and be fearful that the information we provide could end up in other hands. So they would not present themselves.

And Madam Speaker, notwithstanding what this Government says, notwithstanding what this Government says, our borders are not locked down as of this moment. If you live in Cedros, if you live in Toco, our borders are very porous at this time. And therefore, that 15,000 or whatever has no meaning, no practical meaning in terms of policy planning, policy conceptualization, or policy implementation. It is what it is. It is a thing; a list of people who present themselves to be registered. That is what that is, nothing else.

So, Madam Speaker, again, we could not use our brains to get the kinds of

information that we want. So “we no better off” than we were after the registration than before the registration, because we have information that we cannot use.

Madam Speaker, the fifth issue, clause 10(3)(a) to 9, 10(3).

“Subject to subsection (4) and without prejudice to the generality of his powers under this section, the Minister may issue a permit to the following persons to enter Trinidad and Tobago or being in Trinidad and Tobago to remain therein, that is to say:

- (a) persons such as are described in section 8(1)(a) or (b) is satisfied that such persons are—
 - (i) unlikely to become charges on the public funds;...”

Madam Speaker, when I read that, there is no way of discriminating or finding out. At least a question: Do you have funds? Or do you have access to family? I could go to the Australian. I could go the Canadian. I could to Singapore. But then they do not like to hear those terms. They do not like to hear the First World practices. They like us to believe that everything comes out of Balisier House.

What is the cost? What is the cost of these? Entry under permit, may issue a permit, if satisfied there are likely to be a charge on the public purse. We do not know. We do not know our absorptive capacity, which is the starting point for any serious policy that will deal with the Venezuelan situation and deal with us. Madam Speaker, let me make the point. If, and again if we do not educate our citizens as to the benefits of having Venezuelans here and if we do not educate them about our international obligations, it is very possible that there could be anger and bitterness, because of thoughtlessness on the part of this Government. They use the word in my elementary Spanish, *sin cerebro*. Or there is another word in Spanish, *sin* means without, *cerebrado* means brain. But *descerebrado*,

Madam Speaker—

Madam Speaker: Just remember, I think the Standing Order we want to put is 8(1).

Mr. R. Charles: Yes, I know. I know.

Madam Speaker: *En Inglés, por favor.*

Mr. R. Charles: Madam Speaker, I see it as an education exercise.

Madam Speaker: No, no, no. The language of the Parliament is English. Thank you.

Mr. R. Charles: Yes, English. But Madam Speaker, anyhow. We will soon have to, anyhow, learn for our survival, given this Government and the lack of planning. The *Guardian* newspaper has already, Madam Speaker, begun printing in in *Español*, in Spanish and I suggest that if you wish to remain Speaker, Madam Speaker, you may wish to acquire a second language. Because I cannot trust them to protect—

Madam Speaker, this whole exercise, they do not realize that God has entrusted them at this time to the sacred trust of protecting our society and we face an existentialist—I do to want to use the word threat—that Trinidad and Tobago will be irrevocably changed if we do not manage this situation well.

Madam Speaker, I am saying that everything we do must "adound" to, redound—[*Interruption*]

Hon. Member: Redound.

Mr. R. Charles:—redound to Trinidad and Tobago's benefit. That is what I am saying. They will find flippant excuses, but the fundamental point, as the scripture says: Lord, I came unto them but they know not. They cannot understand. They cannot understand. [*Desk thumping*]

Madam Speaker, we need, and that is why we call for a refugee immigration,

migrant, whatever you want to call it, we to have a long-term strategic plan. “We cyah wake up ah night and ketch ah vaps, and then six o'clock in de morning come up with ah plan and then do tingz”—things—and then when you look and “yuh” say: What does this mean? What are the implications? Where do these things fit in the overall trajectory of our society? This is why Eric Williams—sometimes I wonder if they are PNM, eh. Eric Williams, when you look at him and you read, you see a person who had a long-term vision, Madam Speaker. I am not seeing it on—to write Spanish—on the other side.

Mrs. Robinson-Regis: Madam Speaker, Standing Order 8(1), please.

Mr. Al-Rawi: And 48(1).

Madam Speaker: All right. So, continue with your spirited contribution and the more English the better. That is what they are trying to—

Mr. R. Charles: Right, Madam Speaker. I have this problem of seeing "de future nah". It is something to do with the wheel, Madam Speaker. It is something to do with the power of discernment being a Baptist, Madam Speaker, "and ah see whe we going under dis Government. And ah preparing mehself, because I doh operate by vaps. I doh operate by vaps.”

Madam Speaker, residency as a pathway to citizenship. Now they could say what they want. Either they will bumble into it or it is planned. And it has to do with, yes, it has to do with this question of what is the long-term plan? In doing this we "cyah" trust. We cannot trust the other side because they say things. One Minister says one thing and another Minister says something else.

Madam Speaker, if we understand that we have Venezuelans here and we are supposed to treat them—[*Interruption*] one minute alone? Anyhow, the Minister of Foreign Affairs, Dennis Moses, said it is hoped that the Republic of Trinidad and Tobago would undertake such documentation programmes where

appropriate in cooperation with the UNHCR and other stakeholders, such as the Ministry of Social Development and Family Services, the Ministry of Education and the Elections and Boundaries Commission.

Madam Speaker: Member for Naparima, “I beg to move.”

Mr. R. Charles: Madam Speaker, I beg to move.

Madam Speaker: Hon. Members, this Motion requires a seconder. Member for Pointe-a-Pierre.

Mr. Lee: Thank you, Madam Speaker. [*Crosstalk*] What is that? Madam Speaker, I second the Motion and reserve my right to speak.

Madam Speaker: Excuse me?

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

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

Question proposed.

The Minister of National Security, Minister of Communications, Acting Minister of Foreign and Caricom Affairs and Minister in the Office of the Prime Minister (Hon. Stuart Young): Thank you very much, Madam Speaker. Madam Speaker, it never ceases to amaze me the fact that in the multitude of misinformation, that basket, that bucket of misinformation, how quickly they can pull one fish out of misinformation and replace it with a next.

For the last few weeks, Madam Speaker, we have had none other, and I am disappointed that the hon. Member for Siparia is not here today, we have had the Leader of the Opposition out there screaming at the top of her Senior Counsel lungs, telling the population that the whole registration process was an election ploy and an election gimmick by the People's National Movement.

6.35 p.m.

We had the high decibel, very excitable, very misguided and misled person in the other House, Leader of the Bench in the other House, come earlier this week and lead the charge that this whole registration process was to do with elections. Of course, that was, with one fell swoop, debunked in the other place.

Mr. Al-Rawi: Demolished.

Hon. S. Young: Demolished, as the Attorney General says. So we come here this afternoon and I was wondering on what basis would they look to pursue this Motion now in this House. And I cannot say that I am surprised, I cannot say that I am disappointed, but it has gone exactly according to plan. What I am having great difficulty in doing, though, Madam Speaker, is understanding exactly what was said, and what the point was, and what was the approach of the last 40 or so odd minutes.

But for the population, I would like to start by saying, I will speak to the population, Madam Speaker, I will use my time to speak to them, the citizens of Trinidad and Tobago and others.

I want to start, Madam Speaker, through this House by thanking all of the public servants and volunteers who participated in a very successful registration of Venezuelans process. The Immigration Division, the Trinidad and Tobago Police, Defence Force, the medical doctors and nurses, the Children's Authority, all of the volunteers and those from the Ministry of National Security and other Ministries including the Ministry of Communications who under a lot of intense pressure for a two-week period pulled off a very successful registration of Venezuelans.

Madam Speaker, the *Hansard* would reflect not too long ago in this very House, I warned the population of two concepts and I put down as I called it markers. The first marker was the marker of dog whistling. The second marker I raised, and it is coming to pass from all different directions albeit from the same

place on the other side, that of a continued action pointed towards promoting xenophobia.

So I heard those on the other side say they are not engaging in this. I would like to refer, Madam Speaker, to Wednesday 26 June, 2019, none other than the editorial in one of our daily newspapers, the *Guardian* newspaper, and I would refer to some of that editorial. So this is not PNM, this is not us on this side but thankfully once again it was a PNM Government that warned the population, not too long ago, listen for the dog whistles, be aware and those on the other side are promoting xenophobia in Trinidad. And the article, the editorial, starts off:

“Avoid that dog whistle.

Venezuela nationals have been living among us for more than a century.

Many of them ventured into remote areas to establish communities which still practices aspects of their way of life.

In fact, the majority of 1.4 million people living in T&T can trace their own family roots to other Caribbean islands, their forefathers being descendants of the First Peoples, African slaves, Indian and Chinese indentured immigrants and European estate owners.

With this in mind, we urge Opposition Leader Kamla Persad-Bissessar and her Deputy Political Leader, Jearlean John to reconsider the statements they made on political platforms which can be construed as race-baiting and”—xenophobia—“targeting the 15,000-plus migrants who signed up for this country’s one-year amnesty.”

Hon. Member: Who said that?

Hon. S. Young: This is what the *Guardian* editorial said on Wednesday of this week, because we started off this week, Madam Speaker, in the country on

Monday night hearing the screams and the cries and the whistles. They are no longer dog whistles, because in their typical style they are blowing it into very loud whistles to try and create xenophobia. And they have a newspaper warning the population as this Government did, be cautious, see it for what it is. They go on to say:

“Ms. Persad-Bissessar, at an Eid dinner on Sunday, claimed the Government was seeking to amend the Immigration Regulations”—the same thing we are here to debate today—“to allow Venezuelan nationals to vote in the 2020 general elections to give the PNM an edge in marginal seats.

The Opposition Leader stated: ‘What is frightening in those regulations is that it is giving power to the Minister in charge of immigration to regularise and naturalise aliens.’

According to Ms. Persad-Bissessar, this gives power to a Minister—a politician and a member of the present Government—the power to make any of the 14,000 or 20,000 Venezuelans a resident or citizen of the country.

Such claims by the Opposition Leader can have the effect of planting”—seeds—“of divisiveness in the minds of the electorate, moreso gullible party supporters.

The Elections and Boundaries Commission, an independent institution, as well as the Chief Immigration Officer, should move to dispel any such concerns. If left unchecked, such statements can fan the flames of discord even more.

National Security Minister Stuart Young said the Immigration Regulation seeks to remove the requirement for recently registered Venezuelan migrants to apply for work permits during their one-year amnesty.”

So, Madam Speaker, a PNM Government, an administration charged with the responsibility of running this country told the population, weeks ago, we are hearing the dog whistles. Do not go down the road of xenophobia and I am happy to report, Madam Speaker, to this House and to the population the registration processes started on the 31st of May; it ended as we said it would end, on the 14th of June and the vast majority of citizens of Trinidad and Tobago accepted it without any hesitation. [*Desk thumping*] Supported it, without any hesitation and I use this point on time, Madam Speaker, through you to tell the citizens of Trinidad and Tobago, this Government came out very clearly when we announced this registration process for the first time on the 11th of April, 11 weeks ago, that the number one priority of the Government is the people of Trinidad and Tobago.

You see, Madam Speaker, the history behind this registration process, despite all of the rants and raves we have heard here for the last 40 minutes, was to gather the intelligence. It was to gather the information, it was to gather the type of evidence that we needed to understand with clarity and with hard data what Trinidad and Tobago was facing. Because we have had international bodies, two years ago, the UNHCR declaring to the world, 40,000 Venezuelans in Trinidad, two years ago. And it was only in January of this year that things began to deteriorate so badly in Venezuela, when all of a sudden one morning someone woke up and decided I too am a president. In January of 2019 and that is when chaos broke out and when the mass migration began to take place. So all of the stirring up and all of the screams and cries, the data does not support it. So two years ago when things were a lot more stable there was a declaration by a body that there were 40,000 Venezuelans in Trinidad.

Hon. Member: Wade Mark say 100,000.

Hon. S. Young: Madam Speaker, yes, we heard it in this exact House by the

Member for Naparima, 60,000, 80,000; Sen. Mark in another place, 100,000. Well, I am happy to tell the people of Trinidad and Tobago despite all of the screams and the cries and the attempts at creating xenophobia and the no longer dog whistles, but proper whistles now by those on the other side, that after a very successful two-week registration process where on every day except Eid, the registration centres in three locations, Port of Spain, San Fernando and Tobago were open and we took the Venezuelans in and we registered them, that there are 16,523 Venezuelans registered in Trinidad and Tobago at the end of that process. Furthermore, Madam Speaker, the statistics are that out of that, we have 7,016 females, 9,507 males. The total number of minors registered is 2,421 of which 1,211 are female, 1,210 are male.

So I also heard a scream and a cry a short while ago, as we were hearing a very “confuffled” contribution that was all over the place with screaming and down crying, importantly, Trinidad and Tobago and saying Trinidad and Tobago is not First World. We reject on this side. [*Desk thumping*] We conducted a First World exercise and we are proud of it. It is actually better than what we seeing going on in other places, because I will tell you something, Madam Speaker, there were other places on the border, land borders of Venezuela that all of a sudden realized and woke up one morning, “We cannot handle it on the border any more, close off the border, impose visas”.

I will tell the population of Trinidad and Tobago despite all of the screams and cries, this country under the leadership of the Member for Diego Martin West had a very carefully thought out strategic plan and we announced to the nation when we were ready to tell persons what the plan was. We could not announce—we knew, three of us knew, when we were going to come with the visa system and it would be implemented immediately after the registration process. We could not

go out and tell people that, because it would have been a bigger pull factor. At the time when we were conducting the registration process there were screams and cries, all sorts of misinformation. As soon as the registration process ended at 5.00 p.m. on Friday the 14th of June, I as the Minister of National Security addressed the nation in a press conference at 6.00 p.m. an hour later and told the country come Monday we will be introducing visas for Venezuelans coming into Trinidad and Tobago and it has been implemented because we knew we had given the opportunity, whether you are here legally or illegally, come and register. And it happened and it went well.

Madam Speaker, we have heard a lot a screaming and crying because they could no longer pursue the elections argument that has been completely debunked. And just for the record in this House, I would like to tell the population that on the 11th of April, at a post-Cabinet, when I came and announced what Cabinet had decided. Because Cabinet sat down, looked at the policy, thought it through and then took decisions and immediately after we took the decision on the 11th of April, I was tasked to go and tell the world what Trinidad and Tobago's Cabinet had decided on behalf of the people of Trinidad and Tobago. And these were the salient points that I announced: that there would be a temporary and limited migrant registration framework process. That two-week period would commence on the 31st of May, 2019 and it would end on the 14th of June, 2019. At the registration process the Venezuelan nationals will be required to be fingerprinted, have their photographs taken, provide evidence that they are Venezuelan, provide a local address where they are staying and fill out forms that would be designed to obtain as much pertinent information as possible. And that is part of what we are looking at here today.

And I want to tell the population of Trinidad and Tobago lest they may be

misled as usual with respect to the laws of Trinidad and Tobago. The form that was brought into place by me signing as the Minister of National Security on the 24th day of May, 2019, the form used in the Venezuelan registration process is what we are here today as part of the regulations. That form became law on the 24th of May, 2019. That form has been used in a completed registration process. It ended on the 14th of June; the registration is over. So to bring this House here today to debate something that is now passé, something that has gone, something that was used as the law, in accordance with the law of Trinidad and Tobago, let the people of Trinidad and Tobago take note and let them ask themselves why, why the challenge after the process, why the challenge after the process and the use of our time today.

But I am happy for the opportunity, Madam Speaker, happy for the opportunity to talk to Trinidad and Tobago and to warn them about what could happen if there were ever a change in attitude. Another important point that was pointed out on the 11th of April, 2019, is the only free health care that would be permitted to registered Venezuelans will be emergency medical services, primary health care at public health as set out in an appendix. So going to the accident and emergency, everything apart from that you have to pay for.

The most important, arguably, one of the most important points that we told the world on 11th of April is this, Madam Speaker. The migrant registration process and the period permitted to any Venezuelan to be here under this policy will not form part of any calculation of the time to apply for residency. That is the policy in black and white. So at the outset we said, “We are going to permit you to work for a year, you have to come back in six months and we will review it and we may give you an extension for another six months. But the important point is none of this time, not a second, not a minute, not an hour, not a year would count towards

you applying for residency, citizenship or even a work permit.” This is not a ministerial permit being handed out here. What we said it is a work permit exemption.

So, Madam Speaker, to vote in Trinidad and Tobago, to be eligible to vote you have to be a citizen. None of them are citizens, we have said from the outset our policy is none of the time in this period of a year can count towards citizenship, residency or even a work permit. You have to be a Commonwealth citizen, as far as we are aware, Venezuela is not a Commonwealth country. The next set of category of people that could vote in Trinidad is a non-Commonwealth citizen, 18 years or older who has resided legally in Trinidad and Tobago for a period of at least five years. Again, impossible, there is a local government election this year, does not equate to five years being resident in Trinidad or residing here legally for over five years, nor does a general election of next year.

But we had Senior Counsel, Leader of the Opposition, former Prime Minister of Trinidad and Tobago try to mislead—a former Attorney General, former Minister of Legal of Affairs, former Minister of Education try to mislead the population and try to say that this administration was using this process to make people eligible to vote. That is a long-term plan where on the 11th of April in black and white the decision taken by Cabinet is that not a single day out of this registration process would count towards citizenship. So completely debunks that.

So what do they do now, because they had already embarrassed themselves by filing this ridiculous Motion, they come here today and they bad talk Trinidad and Tobago; they insult Trinidad and Tobago; basically say Trinidad and Tobago is not First World and you heard the ridiculous submissions, Madam Speaker. The Member for Naparima referred to the form and said this form is not First World. On one hand he said “You are gathering too much information, yuh invading

people's privacy"—is what he said and then with the next breath he says, it is too much information; it is not enough information. And listen to the ridiculous proposition—and again I say respectfully and the *Hansard* would reflect it—dishonestly does not even say what is in the form properly.

So, let us go to it. “Details of Travel”, section D of the form which is part of the regulation here today and for the population of Trinidad, because they do not have the form in front of them. This is what we, your Government and your immigration department asked as only part of the registration process.

“Did you come to Trinidad and Tobago of your own free will?”

A box to yes and a box to say no.

“What was the purpose of...”—that?

Does that not tell you whether you are part of a trafficking exercise, did someone force you. And I will tell you—[*Desk thumping*]*—*all of the screaming and shouting and abuse of Trinidad and Tobago, how we are not First World, not true. That simple question with a yes or no answer, gives us the information we need. And they cannot even say the people would be there under duress because we made sure to protect their privacy.

The media wanted to come in the registration centres, we gave the instruction, no. Only people registering could come into the registration centres and people who were vetted to be inside. A person could not just walk inside there, you had to be vetted. We had to identify you before as a person participating in the process and let you in. So they could not have—if someone brought them there, they could not come in the room—and we got the information.

We gathered so much intelligence in this two-week registration process. I am proud of the process. [*Desk thumping*] The next question. What was the purpose of your visit to Trinidad and Tobago? Vacation, visiting friends, business,

study, work or other. Again, completely legitimate and anybody who has travelled to any First World country in the world would see the same questions asked on a form. Next question.

“Date of departure from country of origin”—day, month and year.

Well obviously you want to know what day they left and when they were coming here. But what we heard the Member quote from some unknown form is some different language asking the same question. Next question:

“Place of departure (indicate State/province, municipality, city/town):”

Completely relevant. Did you come from Tucupita, did you come from Caracas, and did you come from Maracaibo? We gathered all of that information. Next question:

“Type of transportation”—air or sea.

Well, I have heard a lot—he did not say what it was, he just said what vehicle and what vessel.

Well, I want the population of Trinidad and Tobago to know that the Member for Naparima is making a suggestion that there is any other way you can get from Venezuela to Trinidad as opposed to be flying in the air or via sea. We on this side—he talk plenty about being bright. Well I am telling you all something here this evening, Madam Speaker. I am going to have a meeting with immigration because as the Member for Naparima correctly quoted the law and he correctly talked about the prohibited class. And he quoted some of the prohibited class and two jumped out to me when he was quoting it. In the prohibited individuals of Trinidad and Tobago and I am calling a meeting with immigration to speak them about this, imbeciles and idiots. I want to know, Madam Speaker, how the imbeciles and idiots got into this country, not the Venezuelans, you know, not the Venezuelans, you know.

Mr. Charles: The “PNMites”.

Hon. S. Young: But some people, some people, Madam Speaker, some people, who have travelled in and out of Trinidad and Tobago over time. Some people from, some people from, over some people, Madam Speaker. [*Laughter*] Immigration has to answer. Madam Speaker, Immigration has to answer how imbeciles and idiots got in and found their way into this House. [*Crosstalk*] I want to know.

So the next question on it, because you could only enter from Venezuela to Trinidad by sea or by air. So completely legitimate answer. I heard him say, vehicles. So I am going to ask immigration, you need to ask questions when certain members have travelled and they want to get back in and if they answer you that they—as this simple question. Ask the member when he comes back into Trinidad what are the two ways you could get to Trinidad from Venezuela and if he tells you a vehicle that is an imbecile or an idiot and “doh” let him in.

The next question on the form is:

“Did you check with Immigration upon arrival in Trinidad and Tobago?”—
yes or no.

The whole purpose behind that is to determine whether they entered legally or illegally. The next question:

“Travel document used (passport, visa, other)

Indicate if departure from your country of origin was in an irregular way:”—
yes or no.

Completely legitimate question and it shows you the thought process because we heard, be bright, we must be bright. Completely legitimate question, because that in itself we knew from beforehand there were going to be certain people registering or attempting to register who would not have identification on them.

So we are asking them what do you have, and if they do not have, we then ask them if your departure from your country of origin was irregular in any way. And they answered truthfully. We got information as to what boats were bringing people in, where they were departing for, how much money they were being paid. They had to pay to get here. Who the people charging were, et cetera. And I tell the country now without fear of contradiction, that intelligence is currently being analyzed by us at National Security and the country will see operations where we go after the big fish who have acted in human trafficking in Trinidad and Tobago. [*Desk thumping*]

“Date of arrival to Trinidad and Tobago”—completely legitimate.

“Port of entry:

Airport

Piarco...

ANR Robinson. Tobago”

Those are the only two airports in Trinidad and Tobago, legal airports for person’s entry into Trinidad and Tobago. Where does the Member for Naparima want us to put else there? And sea ports we put Port of Spain, San Fernando, Scarborough, Chaguaramas, Cedros. Again, the only legal ports of entry and then we even took the precaution of putting other.

So, Madam Speaker, let the population of Trinidad and Tobago know that a lot time was spent here this evening filibustering, because you see their whole argument, the Opposition’s whole argument that this process was illegitimate and meant to be towards voter padding fell through.

Hon. Member: “Dey would come with ah next one.”

Hon. S. Young: It fell through. It was completely demolished. But the Member for Naparima as he admitted in his contribution, likes to spin so he was sent here

today to spin the wheel. But the population of Trinidad and Tobago is a sensible one and they will see through it.

So, Madam Speaker, I would like to also use this opportunity to put on the record, to put on the *Hansard* in the House the suggestion that this Government would ever use the granting of citizenship and residency in any way other than in accordance with the Act and how it should be used. Because you see as I read the editorial, the suggestion by the other side is all of a sudden this regulation is giving the Minister of National Security, who is in charge of immigration, some super power.

Hon. Member: They had it already.

Hon. S. Young: Some super power that I could now or whoever is the Minister could now give citizenship—right here it is, “give rights of residency or citizenship and remove any requirements”. That is not what this regulation does and I will have the people of Trinidad and Tobago know from the time we had an Immigration Act in Trinidad and Tobago, from the time there was a Minister of National Security in Trinidad and Tobago, whoever that office holder is, is the only person in law, the only person in law who has the power to grant citizenship or residency to someone in Trinidad and Tobago. The regulations does nothing to change that. What this regulation does is that it puts a proper process for a registration that has come, has gone, is completed and was successful, has provided us with sufficient information and intelligence that we are now using.

Let me tell the citizens of Trinidad and Tobago what happened though, prior to this. In 2010, the then Minister of National Security granted 324 persons citizenship, 465 permanent residencies totalling 807 in 2010. In 2011, the Minister of National Security granted 268 citizenships, 556 permanent residencies, going up from 807 to 824. Whoever was there, because you know, Madam Speaker, they

changed them like dirty underwear. Every week, there was a new Minister of National Security under the former administration. In 2012, number of citizenships 313, 874 permanent residents; they went up to 1,187. In 2013, when they knew local government was coming up, they went 194 citizenships, 852 residencies, 1,046 in total. In 2014, a different Minister of National Security, who was terminated for telling the truth against an Attorney General who is now facing the courts in two sets of criminal proceedings, only 132 citizenships granted, 658 residencies; dropped it to 790, the lowest.

Now in 2015 the country saw the light, the country wanted a change and knew they needed to change and put this administration in place. In 2015, 34 citizenships granted, 34, and 170 permanent residencies; understanding that the Member for Point Fortin became the Minister of National Security on the 9th of September. So nine months had gone. So even with that there were only 204 in total granted that year. First full year of us being the administration, 15. This is 2016, 15 citizenships and 93 permanent residencies, 108.

So, let the population of Trinidad and Tobago see the hard cold data and facts that they came in, first year, 800; second year, 824; third year, 1,187; next year, 1,046; next year, 790. The first full PNM year, 108 permanent residencies and citizenships granted. Is that a Government that is looking to pull the wool over the country's eyes? We do not need to do that to win an election. [*Desk thumping*]

And, Madam Speaker, I take the opportunity also to remind the country that during their tenure they came with a proposition to have a three-month amnesty to grant permanent residency and citizenship to any illegal immigrant in Trinidad and Tobago. Any illegal—thank God that did not take place because there were 110,000 illegal immigrants and that is how they plan to win the elections. So, I am not surprised that that was the tact taken.

Madam Speaker: Member for Port of Spain North/St. Ann's West, your original 30 minutes are now spent, you are entitled to 15 more minutes to wind up your contribution.

Hon. S. Young: Thank you very much, Madam Speaker.

Madam Speaker: You may proceed.

7.05 p.m.

Hon. S. Young: So, Madam Speaker, to get back to the registration process and to just finish that point that I was making, the dishonest attempt to mislead the population, once again, on the one hand, and to stir up xenophobia on the other hand, by none other than the Member for Siparia, Leader of the Opposition, fails. But what it does, and the country must take note, is it exposes their way of thinking, Madam Speaker, the Opposition's way of thinking, that they would try to steal an election that way. But thank God for the people of Trinidad, it is a PNM Government and we have no such intention. [*Desk thumping*]

Now, let us deal with some of the interesting gymnastics, mental gymnastics that took place. First, unfortunately once again, evidence of the most blatant attempt to mislead the population, the suggestion by the Member for Naparima over and over and over again that the United States TIP Report, Trafficking in Persons Report of 2019, somehow criticized this registration process. That is what the Member said over and over. For the record, Trinidad and Tobago, that TIP Report is actually up to 2018, although published in 2019. It does not go to May and June of 2019. So with the most blatant of dishonest intentions, an attempt was made nakedly to the population here today to suggest that the US State Department has criticized this registration process, and I could tell the people of Trinidad and Tobago it is quite the opposite.

We got commendations by the US for the registration process that was carried out,

not that we need anybody's commendations, you know, because this Government does what is right for Trinidad and Tobago, this Government protects the sovereignty of Trinidad and Tobago [*Desk thumping*] and this Government, this PNM Government, under the leader from Diego Martin West, will not have any country in the world dictate to us how we should run our country and we stand proud to say so. [*Desk thumping*] But we hear the Member for Naparima suggest that somehow, the United States slapped us on our wrists, via a US State Department report. Completely untrue. The report is predating even the announcement of a registration process. The report in no way refers to the registration process.

The blatant, dishonest attempt to use a reference to screening for refugees—and notice I did not mention that word until now, because we are not dealing with refugees in Trinidad and Tobago from anywhere. [*Desk thumping*] We are dealing with migrants who have left Venezuela in Trinidad and Tobago because, you see, “refugee” has a certain connotation and a certain definition, Madam Speaker, and this Government has not reached anywhere near that place. We took a decision, who is here, we will register you, whether you came in legally or illegally; after that, the borders are closed, once again, and they are; and we took an extra precaution of adding, you must now have a visa. So there is a visa requirement.

They attacked as well, and the continued, dishonest attempt to mislead the population and say, “Cedros and Toco open!” Well, they have one councillor down in Cedros who love a camera. I went down there with Minister Dillon to tour Point Fortin, a few months ago. One of the things we did, is we went to the Port of Cedros to see the operations. This is long before this, but we knew this was coming, but we went down there to tour and for Minister Dillon to make the

recommendations as how we could improve the work stations, et cetera. So, of course, cameras arrive. Well, “my boy come running down the beach, man”. He “smell a camera”. He smelled the camera from wherever he was and he reached, and this councillor continues up to this week to try and mislead the population, saying, “Hundreds and thousands are coming in in Cedros”. The next, Member for Naparima today telling us, “Coming in Toco, coming in”—now—“Coming in in Cedros.”

I will have the population know this, our radar system is working. [*Desk thumping*] Our radar system is being upgraded. And I went to the radar system after the registration process, because we have been monitoring all before, and what I had said even before, after consultation with Minister Dillon, I said, you know what? Let us use the intelligence and the data we get from the radar system. Because you see, Madam Speaker, boats take certain pathways even in the sea. So we looked at it over months. This was starting over a year ago, and we began analyzing the data to see where marine vessels coming to Trinidad and Tobago from, because we knew we had limited resources, marine resources, with the coast guard. And I do not want to get in tonight as to why we had those limited resources, but we used that intelligence, we knew where they were coming in.

And I want the population of Trinidad and Tobago to know that the day after June 14th, when the registration process closed—so, June 15th, there was one, one marine vessel coming from Venezuela and we intercepted it. One. And it was not carrying hundreds and it was not carrying thousands. Because you see, you have a chairman in Siparia as well, who cannot fly on a plane between Trinidad and Tobago anymore, because stewardesses do not want to go on the plane. He himself came out this week and said it is thousands coming in on the beach, completely untrue. So the people of Trinidad and Tobago know, and thank your

coast guard, your defence force and your police service for the work they did. [*Desk thumping*] Because yes, vessels got in. It is impossible to man every border.

In fact, this week we saw in the largest economy of the world, the richest economy of the world or one of the richest of the world, we saw something that stopped all our hearts from beating for a while. We saw people who have been desperately trying to cross the border—and it is not even a sea border—desperately trying to cross a land border, and one of the worst things we can witness as humans, a father and his two-year old daughter died in that attempt to cross the border into the United States. So if the United States has those types of problems on their border, it is wrong, it is wrong for leaders of this country and parliamentarians to keep crying down the work being done by our Trinidad and Tobago Coast Guard, defence force and police service as we try to humanely man the borders. And I will give this story as well.

Misinformation about vessels being lost between Venezuela and Trinidad—and it was said by the Member for Naparima—persons drowning and dying in the Bocas. Completely untrue. Completely untrue. And what we were doing as we were manning our borders, our maritime borders, we found vessels coming up, and when they saw the coast guard approaching them, somebody would drop down in the boat and pretend they are having a heart attack, and on instructions we said, “Go back to Venezuela and seek medical attention.” And you know what happened, Madam Speaker? As the boat went back to Venezuela, “the fella get up, he dust off, heart attack done”.

The next week—because they knew the coast guard was out there—stopped the vessel, all of a sudden, a vessel that was making its way from Venezuela, sprung a leak as the coast guard stopped it. Obviously, intentionally done. What

did we do? The humanitarian thing. Took them on board and brought them ashore. I take this opportunity, through you, Madam Speaker, and on behalf of the Members on this side, to thank the men and women in the Trinidad and Tobago Coast Guard for the tremendous work they did and continue to do. [*Desk thumping*] So the US State Department Report 2019, TIP Report, has nothing to do with the registration process. So, completely false.

I have dealt with the prohibited individuals, but what I want to say, lest anybody in Trinidad and Tobago listens to a word that Naparima has to say, apart from “I beg to move”, these regulations do nothing to affect the prohibitive class. So even in our registration process, we continue to maintain the legal ability that if someone fell foul of any member of the prohibitive class, we can turn them away.

I want the people of Trinidad and Tobago to know as well, Madam Speaker, we have not given out a single registration card as yet. All we have done is register, and we have gathered the information, and you know why? Because despite all said by Naparima, we are doing the due diligence. [*Desk thumping*] So, we are right now working out who should and should not be here. We are working out who is or who is not a criminal, and I have been signing deportation orders and we have gathered the data. So, people of Trinidad and Tobago, know that your Government got it right and we have gathered the data. [*Desk thumping*]

Mr. Charles: Collecting data is not a plan. Intelligence is not a plan.

Hon. S. Young: Another point I would like to make, Madam Speaker, is part of this process, part of the gathering of intelligence, the gathering of information, it is important to put on the record that on Friday the 14th of June at 5.00 p.m. there was no one outside of the Queen’s Park Oval. So you hear them screaming, up to now screaming, Member for Naparima, “It is 60,000!” The next one in the other place, the most irritating voice—“100,000, 100,000” or however he talks. He talks like

“ah imp”—[*Member imitates voice*]—“100,000”. Sorry, Ma’am.

Madam Speaker: Member, no personal reflection, so just withdraw that, please.

Hon. S. Young: So, Ma’am.

Madam Speaker: Withdraw that!

Hon. S. Young: I withdraw it, Ma’am.

Madam Speaker: Yes, please.

Hon. S. Young: The point is that even at that stage, there are attempts to inflate figures in the most ridiculous of manners. The best test of whether this registration process gave an accurate reflection to the people of Trinidad and Tobago as to whether we have registered, I would say 99 per cent of the people here, is what happens at the end of the process. So on Friday at five o’clock, Port of Spain, which had the most registration throughout the period, the street outside the Oval was empty. No one was rushing to say, allow me still to register.

San Fernando locked off at five o’clock in the evening, everyone was registered. It finished four o’clock in the morning. Tobago, there was a minor hiccup on humanitarian grounds. Somebody without instructions and permission took a number of persons who had lined up to register down to a covered mall. We found them, took the decision after consulting with the Chairman of the National Security Council, we ring-fenced them in there, determined who is registered, who is not and completed the registration, all done. Monday morning in San Fernando alone, some people turned up and say, they have not been registered. Mischief. I say mischief, because come Tuesday, come Wednesday, come Thursday, come now, nobody else has turned up to claim non-registration.

I would also like to say, Madam President, in closing, that that gives the population of Trinidad and Tobago and the world, the best litmus test as to the success and accuracy of the registration process. Because if there were still

thousands and tens of thousands—because there is 16,523 registered—if there were even still hundreds looking to be registered, I guarantee the population, they would have been turning up at immigration offices, right now, trying to be registered and that is not happening. But do not—and I put down another marker here tonight, Madam Speaker—underestimate the mischief in this country, because on the night before the registration process was supposed to be finished, all of a sudden a small handful of UNC activists and mischief makers paid by the UNC, turned up outside the Oval and turned up outside the Parliament on Friday, and when they turned up here in the morning, they did not have placards. When I left to go and do something at lunchtime, oh they had the best type of placards possible. And I put on the *Hansard* here this evening that that was paid for by the Opposition of Trinidad and Tobago. [*Desk thumping*]

And despite all that they have done, Madam Speaker, I thank the people of Trinidad and Tobago for their humanity, for their patience, for their tolerance, for their sense of decency and allowing the registration process to take place, allowing us to cater for those who are here. And I end by saying, it continues to be the priority of this Government to look after its citizens of Trinidad and Tobago first and foremost. Thank you, Madam Speaker. [*Desk thumping*]

Mr Rodney Charles (*Naparima*): Thank you, Madam Speaker. [*Desk thumping*]
Madam Speaker, listening to the Member for Port of Spain North/St. Ann's West, I now see why the country is in such a dilemma that it is in at this moment, [*Desk thumping*] that people have lost confidence in this Government, because they live in la-la land. Everything is good, everything is hunky-dory. Madam Speaker, how could one look at the TIP Report 2019, and say that it lauded what the Government did? Madam Speaker, this is—

Mr. Young: Madam Speaker, on a point of order, that is not what I said. I said it

made no reference to the registration process.

Hon. Member: Standing Order. Sit down!

Mr. R. Charles: Standing Order.

Madam Speaker: You know, in our enthusiasm, I think we still have to be honourable gentlemen. Okay? Member for Port of Spain North/St. Ann's West and Member for Diego Martin West, I overrule your attempt to invoke a Standing Order.

Mr. R. Charles: Thank you, Madam Speaker. Madam Speaker, to read this report and say that in any way at all it has exonerated Trinidad and Tobago, in any way at all, it is to indicate, Madam Speaker, that they do not understand or cannot read, and if they read they cannot understand. Madam Speaker, this report is an F. It is an F. It is going to class, coming last in test and telling your parents, I have done well, exceedingly well. [*Desk thumping*]

Madam Speaker, it says—and it was talking about this Government generally, and I made the applicability to the screening process, and let me read it again. I want to read two things from the report.

“Due to a lack of screening, the government penalized some trafficking victims, including children, for immigration offenses as a result of the trafficking crime. It did not adequately screen migrants, asylum-seekers, or refugees for trafficking indicators, including among Venezuelans.”

That is in the report, and they cannot change the facts. Facts are stubborn things.

But what this report also said, and I have said it previously, on diverse occasions, they do not have a plan, this Government [*Desk thumping*] and the Americans stated it and indicated an advice, prioritized action:

“Begin drafting a national action plan for the period”—after—“2020.”

Which brings me to the question, what happens after this one year, Madam

Speaker? What happens? They have come with vague, obfuscatory answers that they have a right to relook at it and they will assess it somewhere down the line. Madam Speaker, it does not make sense. The average—let me tell you—the average Trinidadian and Tobagonian does not know what is going to happen after this year, and you are not in a position to tell us because you have no plan.

Madam Speaker, he talks about xenophobia, he talks about xenophobia and he provided statistics. Madam Speaker, how could we be xenophobic, the Member for Port of Spain North/St. Ann's West? When we were in power in 2011, we gave out 824 certificates of citizenship. That is being xenophobic? [*Desk thumping*] We did it the correct way. [*Desk thumping*] We do not flip-flop and do things "by vaps". In 2012, we gave out 11—sorry, 1,187 certificates of citizenship and we did it the correct way and we showed that we were a welcoming nation. That is not xenophobia. Madam Speaker, it was 1,046, but guess what? When they came into power, in 2016, it went down to 108. What does that statistic tell us? You see, facts are stubborn things, they do not go away. It means you have—either you do not have the capacity to process citizenship or you are xenophobic, Madam Speaker, you are xenophobic. [*Desk thumping*]

And the question about how many people coming from Venezuela to Trinidad. Madam Speaker, when you look at the form, the information, we should have been gathering data from whether they came from Icacos, whether they came from Cedros, whether they came from Granville, et cetera. How they arrived? Because that will tell you about the trade routes. A single question, did you come by land or sea? Madam Speaker, and telling me about how land or sea. We use that when you are coming legitimately into a country. When you are coming illegally you come by pirogue, you could come by plane, you could come by all other means. You could come by ferry, transport ferry. So they would know.

Madam Speaker, in terms of protecting the borders, they like to give the impression that now they have 24-hour radar and whatnot. They do not have the capacity to patrol our borders, and they like to talk about how we love the coast guard so much and we love the military men and we love the immigration people.

Madam Speaker, it was in this House that I raised the point that the soldiers and the coast guardsmen were not fed, and there were reports that they were eating channa and bread. They love the coast guard fellows and soldiers so much that they fed them channa and bread, and when the President raised the point that you cannot have soldiers starving, figures came to this Parliament where sums were budgeted for the senior officers and I think the figure could be plus or minus 200,000—I could be wrong—\$2.4 million for the senior officers, all spent; \$8 million allocated for junior officers, \$2 million spent, which means this Minister of Finance, the Member for Diego Martin North/East was literally starving our soldiers and our coast guardsmen and saying we love them.

Mr. Imbert: Madam Speaker, point of order 8.1 plus—

Madam Speaker: Please continue. [*Crosstalk*]

Mr. R. Charles: Madam Speaker, if you could manage the country as well as you seek to disturb me, then we would be better off. [*Desk thumping*] We would be better off. Madam Speaker, we left them 12 coast guard Damen vessels purchased in 2015. I do not want to hear no OPV story, Madam Speaker, because the vessels in Trinidad—I went to—some friends invited me down the islands. All the vessels tied up. All in Staubles Bay instead of patrolling the south-east coast. Who you fooling? This Minister of Finance, not giving them finance to buy fuel. [*Desk thumping*] Our coast guard vessels are under-resourced. [*Desk thumping*] Incompetence. Stand up for one time and accept your irresponsibility on that side, 12 coast guard Damen vessels; four Damen Stan Patrol 5509 Coastal Vessels,

Mr. R. Charles (cont'd)

speed in excess of 28 knots, and I could go on and on. We left them enough vessels. This incompetent bunch of PNMITes, [*Desk thumping*] instead of taking the equipment and delivering, they are not getting the job done. [*Desk thumping*] Madam Speaker, they made the point—

Mr. Imbert: Madam Speaker, on a point of order, 48(1).

Madam Speaker: Continue.

Mr. R. Charles: Thank you very much, Madam Speaker. [*Desk thumping*] As I say, you should spend more time running this country. Sorry.

Madam Speaker: Come on. Let us get it.

Mr. R. Charles: Thanks very much. Right.

Madam Speaker: Yes.

Mr. R. Charles: Madam Speaker, they made some comments about Moruga and how we came and we are imbeciles and whatnot. Who are you to judge me? [*Desk thumping*] My grandparents fought the United States [*Desk thumping*] in the 1812 war, Madam Speaker.

Mr. Al-Rawi: I rise on Standing Order 8(1). I recognize very little of the words the Member is saying.

Mr. R. Charles: That was my point.

Mr. Al-Rawi: That cannot be English.

Mr. R. Charles: Not speaking English.

Mr. Young: Madam Speaker, point of order please.

Mr. R. Charles: What Standing Order?

Mr. Young: Standing Order 44(8).

Mr. Imbert: He is not speaking English.

Mr. Young: Madam Speaker, according to Standing 44(8), I would like to invoke—

Madam Speaker: Okay. So, I will allow you at the end to correct whatever it is.

Mr. Young: Thank you very much, Madam Speaker.

Mr. S. Charles: Madam Speaker, I want to tell the Member for Port of Spain North/St. Ann's West, I come from a proud legacy of soldiers who fought in the 1812 war [*Desk thumping*] and we beat the Americans and they gave us land in Trinidad and Tobago. I am a fighter, a warrior. If I were a Hindu, I would be Chuttri. Not so? A Chuttri. [*Desk thumping*] I am a warrior caste, a warrior caste. Madam, I am a proud citizen of Trinidad and Tobago, and I will defend it with my last blood. [*Crosstalk*]

Madam Speaker, the question about protecting the privacy, the Member misunderstood—

Mrs. Gayadeen-Gopeesingh: Madam Speaker, 33(3) please. I am being disturbed. I am not hearing, 53 please.

Mr. Hinds: But he is speaking

Mrs. Gayadeen-Gopeesingh: All these Members here.

Mr. Hinds: He said he is a “kachorie”. [*Laughter*]

Madam Speaker: Okay. So, I know some Members, you know, excite us a little more, but I want us all to remember where we are, all right, and to please be guided by Standing Order 53. Member for Naparima.

Mr. R. Charles: Madam Speaker, I find it distasteful to insult people of Trinidad and Tobago [*Desk thumping*] who happen to be on the “katria” caste, Madam Speaker. You do not make joke out of people. Perhaps, you need another baptism, Madam Speaker, another baptism.

Madam Speaker, we reject and we call for the annulment of these regulations, because they are inconsistent with best practices, global best practices. I have alerted, I have pointed out to the conventions, the conventions on migrants

and refugees and I was pleased to learn that they said that they were talking about migrants. If it is migrants, then they are inconsistent with two provisions: the privacy provision and the one dealing with the basis of equity and equality of treatment in terms of the education of the children of migrants.

Madam Speaker, the second reason why we are against it, is because much as they say—and I now see why this country is mismanaged and is going nowhere. They come and say that we have 16,000 or thereabouts migrants is not to understand that in the collection of data, it must be contextualized to the circumstances that is before you [*Desk thumping*] and, therefore, it does not include those who are criminals and it does not include those who for whatever reason did not present themselves. I hope, Member for Port of Spain North/St. Ann's West, that you are not hoping to develop policy on the assumption that there are only 16,000 Venezuelans in Trinidad and Tobago. Only you alone would believe that.

The other point I want to raise, Madam Speaker, is because of the inability to get information that deals with the criminals which is critical because we have in Trinidad and Tobago, increasingly and noticeably, a Venezuelan upon Venezuelan crime. Venezuelans are killing Venezuelans. We have to somehow gather the intelligence, and I was suggesting that this could have been a mechanism to get that intelligence to help us in that situation.

Madam Speaker, if we cannot, the Member for Port of Spain North/St. Ann's West, he is talking about data and information. Madam Speaker, we know that he is the most incompetent Minister of National Security. We have “60,000 shooters”, according to the Commissioner of Police and 8,000 police officers. It means that we have 164 police officers for every shooter and we cannot find them, notwithstanding the fact that the Attorney General has told us—

Madam Speaker: So relevance, okay. Please, I am ruling on relevance. That is irrelevant. Come back to what you are speaking about which is what is before us. Right? Thank you.

Mr. R. Charles: So, the question, Madam Speaker, is that when we look at this data and it is not to say that we are condemning our society. We in Trinidad are loyal patriots. Are we not? We work for the people of Trinidad and Tobago. [*Desk thumping*] It is just we want a Government that can deliver First World standards for the people of Trinidad and Tobago. We do not want a Government that lays off 5,000 workers and calls that a success story—lay off 5,000 workers in Petrotrin and call that a success story. We do not want a trafficking report that gives us an “F” and the Minister of National Security is looking all over to find ways where they said that we are doing great things. I just want to raise the point but, the report talks about corruption in police, the immigration service. I am quoting here—sorry.

Madam Speaker: Whatever, please make it relevant to what we are debating. All right? No. Whatever you are going to say, ensure it is relevant to what we are debating. All right? Okay.

Mr. R. Charles: Well, Madam Speaker, I was responding to the Minister of National Security, but I will not go in that direction. Madam Speaker, we are of the view and I want to lay it on record, we do not criticize the workers in Trinidad and Tobago—the public servants in Trinidad and Tobago, the members of the immigration department, our police service. They are hard-working, but poorly led, Madam Speaker, and when I am speaking poorly led, I am speaking about the policy level, those who are supposed to develop the policies to inform the operational and tactical aspects of what the police—the issues that they are supposed to.

So nowhere must it be said at all that we are in any way making pejorative comments. When we speak about the coast guard here, we fight for them. We want them to have the best equipment as we left for them. [*Desk thumping*] We are arguing the budget for them to get the proper allocations and we argue for them to be led efficiently and effectively.

Madam Speaker, I, in closing, would like to say that we support the annulment of the regulations because we feel that it is not well thought out. It could be better scripted, it could be better informed, it could be data driven and it should be based on international best practices. Madam Speaker, I beg to move.
[*Desk thumping*]

7.35 p.m.

Madam Speaker: The Minister of National Security.

The Minister of National Security, Minister of Communications, Acting Minister of Foreign and Caricom Affairs and Minister in the Office of the Prime Minister (Hon. Stuart Young): Madam Speaker, I invoke 46(2), the right of reply. Madam Speaker, just to close off the debate here this evening, because it is time that we really stop wasting the House's time, I would like to, once again, correct and end the *Hansard* record on the correct note that the US TIP Report, as I said previously, in no way whatsoever—and it was me who said, in no way whatsoever, refers to the registration of the Venezuelan process that has just been successfully concluded. The Member for Naparima tried once again to twist it, to turn it; no matter what he does with the language, Madam Speaker, it is not going to change what is stated there. The TIP Report 2019, in no way whatsoever, covers this registration process that was successfully concluded.

Furthermore, it is wholly incorrect to suggest that this country was given an “F” by the TIP Report. It is a tiered report. Tier 1 is that you satisfy everything.

There are different tiers. In Tier 2 you could have a lower level Tier 2 where you need to do certain things or you are going to be blacklisted. We are not there. The report did in fact commend Trinidad and Tobago for a number of initiatives it has put in place. We would be the first to say that there is work to be done and we have never denied that there is further work to be done. Because, you see, Madam Speaker, when we came in as an administration, and the facts would show this, it was a complete mess. There was no Children's Authority working; there was no one looking after trafficking of children, all these types of things. We had to build it. We moved us upwards, and under this Government we are now at a top level Tier 2 and we will continue to work towards a Tier 1. So there is no "F". There is no failure card.

The next point I heard was reference to vessels. I had to correct the point on marine vessels. I was going to avoid it, Madam Speaker, you stopped me, you cautioned me, and I said I would retreat from it, but, of course, the Member for Naparima opened it widely by even talking about the types of vessels. The population of Trinidad and Tobago, I want you all to know this, it is not about the OPVs because we all know the OPVs story. The Government of Trinidad and Tobago, prior to 2010, ordered six Austal fast patrol vessels. Those six Austal fast patrol vessels were delivered. What the Government between 2010 and 2015 did not do is maintain the vessels. When we came in as an administration, former Chief of Defence Staff, Maj. Gen. (Ret'd) Edmund Dillon, met Austal vessels that were actually moored up. And when he made the enquiries why those vessels were not being put to work, it was because the UNC administration did not renew the maintenance contracts. They did not properly maintain the vessels.

So, in other words, they ran the vessels down and put them in a state where the country could no longer use them so they could do what they do best, because

one thing the administration, between 2010 and 2015, could do is award contracts. They could give out contracts, and they could give out overvalued contracts as well. And, Madam Speaker, that is what was done to get the same Damen vessels that you have heard reference to. And another former CDS, Chief of Defence Staff, the Member for D'Abadie/O'Meara was right. I heard him, and I am putting it on the record; I heard him saying that those vessels are not properly suited for Trinidad and Tobago. So that is what the Coast Guard was faced with.

So all of the screams, the cries, and the shouts and the abuse, the continued abuse, because, you see, the Member for Naparima spoke with “forked tongue” because he realized, after he spent 40 original minutes and another 25 minutes abusing the men and women of the public service, crying down the immigration service, saying the Coast Guard is useless, saying the defence force cannot do his job, he quickly caught himself and he said, “You know what, we also want to thank you, you know, we also appreciate the work you do”, but I would tell you something, it is not any of us who are elected on this side that have to go out on the seas 24/7 and do the work they did. [*Desk thumping*] So when we thank them, it is a sincere thanking.

And another point I would like to make, Madam Speaker, is they are hard-working and they are not poorly led. Even at the policy level they are saying that they are grateful and they are happy that this administration is the administration that is leading them now. So all of the screams and all of the cries do not change the facts, and the facts are that it was a successfully concluded registration process. We know who is here; we know and we are going through the due diligence exercise now. We have gathered the information. We are processing and analysing the information. There were specific desks there—

Dr. Bodoë: I just rise on a point of clarification, is it 44(8) that the Member is

being allowed to speak on?

Madam Speaker: No. The Member is under 46(2). He said that, right of reply.
[*Crosstalk*]

Hon. S. Young: Madam Speaker, you see, every time we begin to tell the truth, every time we speak on this side and we correct the record we expect the interruptions.

Without much further ado, Madam Speaker, [*Crosstalk*] otherwise the registration process has provided us with the invaluable information. The registration process—and, you know, once again the Member for Naparima went back and he made all of these screaming rants and raves and caused two Members on this side to ask whether it was infringing Standing Order 8(1), and the language of the House is English, and I go back to the form just to correct once again before I take my seat, the record.

As I had said, because he said the form only talks about whether you arrived by land or by sea, but what if you are coming from Moruga? “I am proud, and I am from family dat fought in—” “He eh fight nothing”. He fight his own decibel, he has done nothing, absolutely achieved nothing. All he did is have a lunch or a dinner with a racist. That is his achievement. The form says what port of entry—

Mrs. Gayadeen-Gopeesingh: Madam Speaker, 48(6). [*Crosstalk*]

Hon. Member: It is a fact.

Mrs. Gayadeen-Gopeesingh: You cannot—do not do that. [*Crosstalk*]

Madam Speaker: I know it is past 6.00 p.m. so people might feel they are somewhere else. We are still here. Okay? Member for Port of Spain North/St. Ann’s West, please continue.

Hon. S. Young: Thank you very much, Madam Speaker. Madam Speaker, the form says, and this is only under “Details of Travel”, what port of entry did you

come in; what airport, Piarco or ANR Robinson, Tobago; what seaport, and it provides Port of Spain, San Fernando, Scarborough, Chaguaramas, Cedros, or other. Other means if it is not one of those five legal ports of entry, put where you came in from. And I will tell the population, Madam Speaker, all—all of the registrants provided us with information as to where they came in, including all of the illegal ports of entry, what vessels they came in on, if they paid to come in on those vessels, and who were the persons that provided them with the information to come across, et cetera.

So, Madam Speaker, without much further ado, I think once again their Motion has been shown, seen, for exactly what it is, a complete waste of our parliamentary time. [*Interruption*] So, Madam Speaker, with those few words, I thank you. [*Desk thumping*]

Question put.

Hon. Members: Division.

The House divided: Ayes 9 Noes 17

AYES

Lee, D.

Charles, R.

Rambachan, Dr. S.

Karim, F.

Tewarie, Dr. B.

Gayadeen-Gopeesingh, Mrs. V.

Bodoe, Dr. L.

Paray, R.

Ramdial, Ms. R.

NOES

Robinson-Regis, Hon. C.

Al-Rawi, Hon. F.

Imbert, Hon. C.

Young, Hon. S.

Hinds, Hon. F.

Mitchell, Hon. R.

Garcia, Hon. A.

Crichlow-Cockburn, Hon. C.

Forde, E.

Dillon, Hon. Maj. Gen. E.

Webster-Roy, Hon. A.

Gadsby-Dolly, Hon. Dr. N.

Jennings-Smith, Mrs. G.

Olivierre, Ms. N.

Francis, Hon. Dr. L.

Leonce, A.

Smith, D.

Motion negatived.

ADJOURNMENT

The Minister of Planning and Development (Hon. Camille Robinson-Regis):

Thank you very kindly, Madam Speaker. Madam Speaker, I beg to move that this House do now adjourn to Wednesday, the 3rd day of July at 1.30 p.m. Madam Speaker, on that day we will do Motion No. 2 which reads:

Be it resolved that this House adopt the Report of the Joint Select Committee appointed to consider and report on the Trinidad and Tobago Revenue

Adjournment

2019.06.28

Authority Bill, 2018.

Thank you very kindly, Madam Speaker.

Question put and agreed to.

House adjourned accordingly.

Adjourned 7.47 p.m.