



REPUBLIC OF TRINIDAD AND TOBAGO

Debates of the House of Representatives

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**OFFICIAL REPORT
(HANSARD)**

THE HONOURABLE BRIDGID ANNISSETTE-GEORGE
SPEAKER

THE HONOURABLE ESMOND FORDE
DEPUTY SPEAKER

Friday 22nd April, 2016

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HOUSE OF REPRESENTATIVES*Friday, April 22, 2016*

The House met at 1.30 p.m.

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

Madam Speaker: Hon. Members, I received communication from the following Members: Mr. Ganga Singh MP, Member for Chaguanas West has requested leave of absence from sittings of the House during the period April 22, 2016 to April 30, 2016. Hon. Dr. Nyan Gadsby-Dolly MP, Member for St. Ann's East; hon. Shamfa Cudjoe MP, Member for Tobago West; Mr. Fazal Karim MP, Member for Chaguanas East; and Mrs. Vidia Gayadeen-Gopeesingh MP, Member for Oropouche West have requested leave of absence from today's sitting of the House. The leave which the Members seek is granted.

PAPERS LAID

1. Third Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Public Transport Service Corporation for the year ended December 31, 2001. [*The Minister of Finance (Hon. Colm Imbert)*]
2. Second Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Public Transport Service Corporation for the year ended December 31, 2002. [*Hon. C. Imbert*]
3. Third Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Public Transport Service Corporation for nine months ended September 30, 2003. [*Hon. C. Imbert*]
4. Report of the Auditor General of the Republic of Trinidad and Tobago on the Financial Statements of the Public Transport Service Corporation for the year ended September 30, 2004. [*Hon. C. Imbert*]
5. Report of the Auditor General of the Republic of Trinidad and Tobago on the financial Statements of the Public Transport Service Corporation for the year ended September 30, 2005. [*Hon. C. Imbert*]

Papers 1 to 5 to be referred to the Public Accounts Committee.

URGENT QUESTIONS

**Blacklisting of Trinidad and Tobago
(Imminent Danger of)**

Dr. Bhoendradatt Tewarie (*Caroni Central*): Thank you very much, Madam Speaker. Could the Minister, in this particular case the Attorney General, confirm whether Trinidad and Tobago is in imminent danger of being blacklisted by any international agency with jurisdiction over financial intelligence compliance and/or financial reporting on suspicious transactions?

The Minister in the Office of the Attorney General and Legal Affairs and Minister in the Office of the Prime Minister (Hon. Stuart Young): Thank you very much, Madam Speaker. Trinidad and Tobago is a founding member of the Caribbean Financial Action Task Force (CFATF) and through such membership we have international obligations to pursue and abide by, by FATF, 40 recommendations.

The hon. Attorney General has been the Chairman of CFATF within recent times and has been driving the process very hard. Trinidad and Tobago's fourth round mutual evaluation entailed this country completing a detailed questionnaire in June 2014, and an on-site visit by assessors over two weeks in January 2014, along with follow-up discussions. A completed draft of the mutual evaluation report was presented to CFATF plenary in November 2015 and outlined several significant, technical and effective gaps in our national framework for anti-money laundering, combating the financing of terrorism and the proliferation of weapons of mass destruction which had hereto remained unaddressed.

The short answer to the question, is no. Trinidad and Tobago has not come up for any blacklisting or sanctions. There is a process that is being undergone right now with CFATF and FATF that is being overseen and driven by the hon. Attorney General. We expect the Mutual Evaluation Report to be finalized at the CFATF plenary in June 2016, and it is only after that time we will be made aware of what, if any, and hopefully no sanctions would be imposed on Trinidad and Tobago.

This Government maintains its position that such gaps in our anti-money laundering and countering the financing of terrorism regimes are abhorrent to the principles of good governance and present threats to national security of our republic and this is why anti-money laundering and counter-financed terrorism matters have been given a high priority by this administration as opposed to what happened over the last five and a half years [*Desk thumping*].

Dr. Tewarie: Follow-up question. Has the Attorney General or any Member of the Government with jurisdiction in this matter—has anyone within the Government been contacted either by FATF or CFATF to discuss the situation of fulfilment of obligations to prevent blacklisting?

Hon. S. Young: Madam Speaker, through you, the hon. Attorney General, as recently as earlier this week, has been engaged in CFATF discussions. He has had ongoing conversations with FATF and other authorities with respect to jurisdiction in this area, and those conversations are ongoing and we are working along with them, hand in hand, to ensure as best as we can that no sanctions or impositions are put onto Trinidad and Tobago.

Dr. Tewarie: Yes. Are you saying that if there are obligations to be met, these obligations will be met by June of this year, and that on the basis of that, Trinidad and Tobago's situation is going to be determined? Or are you saying that we have no obligations to fulfil that have not been fulfilled?

Hon. S. Young: Thank you very much. Again, through you, Madam Speaker, the answer is, yes there are obligations to be fulfilled. The answer is we are working towards the fulfilment of that. What is taking place in June is the confirmation and finalization of the report by these international organizations. And we are working along with them, as I said, to try and ensure that no sanctions are put on us. So, yes, we have international obligations. We are working towards the fulfilment of all of those international obligations. It may happen that all may not be able to be met by that stage, but as we have been doing, we are negotiating with these international authorities as best as we can to ensure that no sanctions and impositions are put on us.

Madam Speaker: Member for Oropouche East.

Demolition of Residential Dwellings (Details of)

Dr. Roodal Moonilal (*Oropouche East*): Thank you very much, Madam Speaker. To the hon. Minister of Housing and Urban Development: Could the Minister please inform this House as to the circumstances under which the Housing Development Corporation proceeded this week to demolish residential dwellings at Thompson Gardens in Tarouba?

The Minister of Housing and Urban Development (Hon. Randall Mitchell): [*Desk thumping*] Thank you, Madam Speaker. Madam Speaker, the lands in question are located within the Tarodale Hills housing development and by planning permission ref. no. T7J1310 of 2013, the parcel of land in question

was allocated as an open space. The open space is to be used by the residents of the community for active and passive recreation. As such, no built developments or structures will be permitted.

The HDC continuously reviews its developments for trespassers, illegal activities and illegal construction. In this instance, no permission was given by the HDC for occupation of the said open space. The HDC posted “No Trespassing” signs on the site in question as is the practice of the HDC. Notice was given by the HDC on several occasions for the illegal occupants to vacate. Upon the expiration of the time given to vacate, on Tuesday, April 19, 2016, the head of security of the HDC along with members of National Security demolished four incomplete, unoccupied, abandoned and burnt-out structures, having been unable to locate those responsible for the said structures. The HDC will continue its process of obtaining vacant possession of lands illegally occupied through the legal processes afforded to the corporation, including lands on which those persons who currently occupy illegal structures at the Tarodale Hills housing development. [*Desk thumping*]

Dr. Moonilal: The question to the Minister: Is the Minister aware that the lands in question are not vested in the Housing Development Corporation?

Hon. R. Mitchell: Madam Speaker, as far as I am aware, the lands in question are vested in the Housing Development Corporation. [*Desk thumping*]

ORAL ANSWERS TO QUESTIONS

Food Cards (Distribution of)

81. Miss Ramona Ramdial (*Couva North*) asked the hon. Minister of Social Development and Family Services:

Could the Minister state the number of food cards distributed by the Chaguanas District Office over the past six (6) months?

The Minister of Social Development and Family Services (Hon. Cherrie-Ann Crichlow-Cockburn): Thank you, Madam Speaker. Madam Speaker, during the period September 2015 to March 2016, 647 food cards were distributed in the Chaguanas region. [*Desk thumping*]

Delayed Payment of Pension and Retirement Benefits (Details of)

82. Miss Ramona Ramdial (*Couva North*) asked the hon. Minister of Education: Could the Minister state the reasons for the delayed payment of pension and other retirement benefits to retired teachers?

The Minister of Education (Hon. Anthony Garcia): Madam Speaker, the Pension and Leave Unit of the Ministry of Education is mandated to process and approve pension documents for retired teachers. On retirement, teachers are required to submit all relevant documents to this department for processing and approval. The approval documents are sent to the Comptroller of Accounts for verification and the final approval for payment of pensions and retirement benefits.

The reasons for the late payment of pensions and other retirement benefits are as follows: as a result of unresolved OSHA issues for the last three years, industrial action was taken by the union and employees have been working for only five hours per day; there was no increase in recruitment of staff in the last five years to manage the large volume of work of the Pension and Leave Unit; in the last five years there was no upgrade of the manual system to improve efficiency in processing thereby ensuring prompt payments; teachers themselves have contributed to the delay in the processing of their pensions and retirement benefits. Some teachers do not submit all their documents to the Pension and Leave Unit of the Ministry of Education in a timely manner; have not submitted their applications for leave, sick leave and other forms of leave in a timely manner; have unresolved disciplinary matters which affect the processing of their pension and retirement benefits.

Madam Speaker, in the next three months the Ministry of Education will be relocated at the Ministry of Education Tower. This move will facilitate more effective coordination of the departments responsible for timely payment of pensions and retirement benefits. These departments are now located on Pembroke Street and Frederick Street and receive documents manually from the Ministry on Alexandra Street, and these are then transferred to the Comptroller of Accounts at the Ministry of Finance on St. Vincent Street; transportation between sites, compounds/affects processing. Thank you. [*Desk thumping*]

1.45 p.m.

Dr. Gopeesingh: Hon Minister, are you aware that during the last five years the last administration was faced with a similar difficulty and we made sure that we brought on at least 17 more temporary workers in the Pension and Leave Department? Was that conveyed to you?

Hon. A. Garcia: Madam Speaker, I have just outlined the reasons, and in spite of the fact that there were 17 additional members of staff, the situation continues. Thank you. [*Desk thumping*]

Dr. Gopeesingh: Are you aware that a lot of the backlog resides at the Comptroller of Accounts and therefore there is need to communicate with the Minister of Finance so that you can get some help in resolving the situation at the Comptroller of Accounts Department? We did that and—

Madam Speaker: Hon. Member, I rule that question out of order.

**Delayed Payment of Increments to Teachers
(Details of)**

83. Miss Ramona Ramdial (*Couva North*) asked the hon. Minister of Education:

Could the Minister state the reasons for the delayed payment of increments to teachers?

The Minister of Education (Hon. Anthony Garcia): Thank you very much. [*Desk thumping*] Madam Speaker, the Ministry of Education has jurisdiction over 455 primary schools, and 125 secondary schools in Trinidad. There are 13,225 teachers in the system as of December 31, 2015. Between January 2015 and January 2016, the total number of increments due to be paid to teachers was 11,098; while the total number of increments paid was 3,835. The reasons for the delay in the award of increments to teachers are as follows:

- In some cases the incremental dates of teachers had to be amended as a result of computation and reclassification of extended sick leave.
- Staff reports of teachers were either late or not submitted by principals to the Human Resource Division of the Ministry of Education.
- The delay in filling vacancies by the Public Service Commission has resulted in staff shortages and an inadequate number of staff to process increment documents. At present there is one clerk responsible for processing between 1,800 and 2,000 increment files.
- In the last three years, as a result of unresolved occupational health and safety issues, the representative union, Public Services Association, embarked on industrial action, and staff working hours have been shortened to five hours per day.
- Unresolved disciplinary charges of teachers also affect the award of increments.

In the next three months the Ministry of Education will be relocated to the Education Tower on St. Vincent Street. This move will facilitate more effective

coordination of the departments responsible for the timely payments of increments to teachers. Thank you.

Miss Ramdial: Thank you, Madam Speaker. Can the Minister state what measures, if any, he intends to implement for principals to send info in a timely manner so that teachers can be paid in a timely manner?

Hon. A. Garcia: Madam Speaker, first of all I do not want to lay all the blame on teachers. I have outlined some of the reasons why increments are not paid in a timely manner. But with respect to principals, we have been urging our principals to ensure that they do what they are supposed to do as soon as they have the information. In many cases the information resides with the teachers, and the teachers themselves are tardy in providing that information to the principals. Thank you. [*Desk thumping*]

**National Gas Company and its Subsidiaries
(Details of Income Received)**

84. Mr. David Lee (*Pointe-a-Pierre*) on behalf of Mr. Ganga Singh (*Chaguanas West*) asked the hon. Minister of Energy and Energy Industries:

Could the Minister state the income received from the National Gas Company and its subsidiaries from September 2015 to date?

The Minister of Energy and Energy Industries (Hon. Nicole Olivierre): [*Desk thumping*] Madam Speaker, I wish to request a deferral of one week on this question.

Madam Speaker: The leave which the Member so requests is granted.

Question, by leave, deferred.

**ATTENTION DEFICIT DISORDER (ADD)/
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
(SUGGESTED PROGRAMME INITIATION)**

[Second Day]

Order read for resuming adjourned debate on question [February 26, 2016]:

Be it resolved that the Ministry of Education initiate a programme in schools to:

1. identify children with ADD/ADHD;
2. train teachers to manage such students in the classroom; and

3. implement a long-term strategy in schools to assist children, so identified.
[*Dr. S. Rambachan*]

Question again proposed.

The Minister of State in the Office of the Prime Minister (Hon. Ayanna Webster-Roy): [*Desk thumping*] Thank you, Madam Speaker. As Minister with responsibility for Gender and Child Affairs, I rise in support of the Motion to initiate a programme to address attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) in schools.

Such support rests on the premise that a child's right to a good education is sacrosanct, and this right must be defended from early childhood to tertiary education. We join our colleagues in taking particular interest in ensuring this right to an education is secured for children with special needs, and for all our children in various circumstances. Furthermore, Madam Speaker, this right is supported by our Government's commitment to equity as a platform for educational development. Our manifesto, now government policy, is clear when it comes to our nation's children in proclaiming our dedication to ensure universal early childhood education, and maintain a continuous system of education at secondary and tertiary levels. This expressly shows that our Government's vision for younger generations is inclusive of children with special needs, and not least those with ADD/ADHD. [*Desk thumping*]

Madam Speaker, the State has a role to play in protecting the elderly, persons with disabilities, children and the other vulnerable groups in our society. We undertake such a role from a policy perspective, supported by the necessary service delivery framework in collaboration with other relevant Ministries, agencies and civil society organizations engaged in child development. Our declaration, long before coming into this honourable House, was that although Trinidad and Tobago has signed and ratified a number of UN and ILO Conventions and Treaties over the years. What is required is more than substantive action, rather than symbolic gestures, since persons with disabilities are encountering significant barriers.

Madam Speaker, in supporting the Motion, we accept the reality that due to lack of diagnosis, children likely to be experiencing ADD/ADHD in our pre-schools, primary schools and secondary schools are seen and described as unmanageable, impetuous and possessing bad behaviour, as my colleague on the other side would have posited. In a school and classroom setting displays of inattention, hyperactivity and impulsivity can be disruptive for the total group no less than it can be disruptive in the home and community settings.

Regrettably, Madam Speaker, the issue of paucity of data must also be addressed. The need for data specific to ADD/ADHD is important for the various Ministries concerned with education and overall development of the child. We are aware that research in schools on the subject of ADHD has been undertaken and is continuing. A 2004 survey of students up to the age of 19, by the Ministry of Education, found that 32 per cent presented learning and behavioural challenges. The Ministry of Education would have more data on the acute nature of the challenges we face. Our collective response to ADD/ADHD in the school, therefore, cannot be limited to this arena, but must include support of parents and guardians, the family unit and the community.

Madam Speaker, I was particularly interested in contributing to this Motion after I heard the hon. Member for Tabaquite share his experiences, and also after my son, who is a pre-schooler, being told by his teachers that maybe he has that problem. He tends to be very hyper, very spontaneous, you know, would not keep attention. But I refuse for them to leave my child so early without having the necessary assessment and monitoring over a period of time. So this Motion is really important to me.

The Motion prescribes that the initiative must:

1. identify children with ADD/ADHD;
2. train teachers to manage children with ADD/ADHD in the classroom; and
3. implement a long-term strategy to assist such children.

Firstly, Madam Speaker, identifying children with the disorder is an important undertaking in which a Government accepts that it must play a leading role. Our support for this Motion underscores that we are in fact willing to play a leading role in addressing this issue. [*Desk thumping*] Identification of children with ADHD is necessary to provide the appropriate care and support for these children and appropriate training for the staff responsible for their well-being. This issue of assessment and diagnosis is crucial, especially for the child who may not know their condition, but is merely presenting behaviours which pose a challenge to the teacher and the entire classroom. It is equally challenging for the teacher and parents if they too do not understand why the child is presenting with such behaviour.

From our current experience and realities, such as school violence and bullying, we must act and we must act now to get it right. We cannot afford to have the entire education experience for our collective group be made into a negative experience by a few. We are aware that the Ministry of Education has facilitated

training of teachers to identify symptoms of ADD/ADHD presented by children in the classroom setting. We also know the ADHD Foundation of Trinidad and Tobago is engaged in awareness and activism regarding this disorder, making conscious efforts to educate parents, teachers and guardians about ADHD. Notwithstanding such training and raising awareness, professional assessment of each child will be needed when identified by the teacher who has been trained to identify ADHD.

Madam Speaker, it is important to underscore that assessment is a necessary part of the continuum involving identification, assessment, diagnosis and treatment. Sadly, sadly, sadly, professional assessment for ADHD is currently a challenge, and we recognize that. Within the public service such assessments are done by a child guidance clinic in Port of Spain, and a similar clinic set up in Marabella. I have been informed that appointments to have an assessment for ADHD may take some time due to the volume of cases that we have. Furthermore, consultations with both clinics, Children's Authority and Mount Hope Children Hospital will be conducted to glean the widest perspective on the situation at a national level. The additional challenge regarding assessment is the cost. Madam Speaker, I remember a mother coming to see me at my office and she indicated that she has a child with a special need, and in order for the assessment to be carried out it was costing between TT \$4,000 and \$9,000. Not everyone has the ability to pull that type of money out of pocket to get the private care needed or the assessment for a child.

Madam Speaker, such treatment plan may include a combination or a series, and if you add up the overall cost it puts it out of the reach of the average citizen, and this is a burden. Where diagnosis and treatment involve medication, I have also been informed that sometimes medication is not readily available and this also poses a risk in terms of continuing care and also having reliable data as to the number of cases we have in Trinidad and Tobago. Consequently, Madam Speaker, assessment outside the public service becomes prohibitive to the poor, for low income-earning families and for the average middle income-earning families as well. This becomes even further compounded if the parent is also a sufferer of ADHD/ADD.

2.00 p.m.

As the Minister with responsibility for Gender and Child Affairs, I appreciate the specific burden for families to obtain assessment and treatment for their child who may be diagnosed with ADHD/ADD in the public service, and I acknowledge that the current services are inadequate. But this burden is not only felt by

families, but also by teachers in the classroom where such a child presents this disruptive, challenging behaviour. It is also felt by a coach who may be providing some sporting activity in a community. It may also be felt by a Sunday School teacher who may be trying to provide that service in a community, Madam Speaker.

Madam Speaker, I make this particular observation to emphasize that a collective response is associated with ADD/ADHD treatment. Treatment of ADHD and working with the child in different settings would aid a teacher who will continue that work with the child in the school or classroom setting. This network of support will be mutually reinforcing, thus reducing frustrations for all concerned—other children, other people in the community and even the family and ultimately bring about the change desired in the life of the child. While the Government will take a leading role in addressing this matter, all stakeholders will be required to take part.

Madam Speaker, this is a challenge that calls for an all-hands-on-deck approach. It requires intervention of the State, civil society, indeed, all of us in this august House. Collectively, the schools, the Ministry of Education, the Office of the Prime Minister, Gender and Child Affairs, the Ministry of Social Development and Family Services, the Ministry of Health, the ADHD Foundation of Trinidad and Tobago, as well as public and private clinics are all necessary and part of this response that is required to ensure that children who are affected with ADD or ADHD have continuous, reliable and equal access to education.

This response encompasses the prerequisite of research and data gathering, to provide the evidence which is necessary to appropriately inform such a response. At present, the dearth of data prevents the appropriate response needed. We therefore need to undertake the work collaboratively, strengthen our data-gathering process and have an all-hands-on-deck approach to this matter.

Madam Speaker, the second feature of the Motion calls for the training of teachers to manage with ADD/ADHD in the classroom. It is necessary to point out that teachers can only be trained to manage students with ADHD or ADD in the classroom. Teachers cannot diagnose the children. It is also important to note that training to identify ADHD can be an ongoing exercise, but training to manage ADHD in the classroom cannot occur before the child is diagnosed with the problem. So in order for us to get to that stage of actually treating in the classroom we must overcome that hurdle of diagnosing and ensuring that every child is screened before entering the primary school setting or the preschool setting.

In the interim, Madam Speaker, I will dialogue with my colleagues in the Ministry of Education to consider possible post-identification pre-diagnosis training programme for teachers to better respond to children presenting ADHD or ADD in the classroom. This may be a useful interim measure to help with classroom management by teachers, until such time that the children with ADHD-related issues are assessed and the teachers provided with the treatment plan for the child. The treatment programme will likely outline the role of the teacher in the plan or the role that can be discerned for the teacher in a comprehensive care plan. The teacher can then be specifically trained to play the role that he or she is needed to do in the comprehensive care plan that is developed for each child.

Madam Speaker, as Minister with the responsibility for Gender and Child Affairs, it is important to bring the gender dimension to this Motion. When the hon. Member presented, he noted that there were more boys presenting than girls, especially when it comes to being hyperactive. Boys are the ones who tend to be more boisterous, loud, while girls might have been more easily distracted in the classroom. And taking that into perspective, when we are training our teachers we have to train them in such a way that they will be able to respond specifically to the way the boys present and the girls present. And sometimes in the classroom we see female students responding differently to male teachers and male students responding differently to female teachers. Understanding these behavioural dynamics and how they affect relations in the classroom is important in the training and response mix of teachers, but also helps parents and others in the life of the child to understand the gender dimension.

Madam Speaker, the third feature of the Motion calls for implementation of a long-term strategy in schools to assist children identified with ADHD. The necessary long-term strategy to assist children identified with ADHD is acknowledged. It is important, however, to reiterate that a long-term strategy must be located within a continuum of care. A continuum of care model and the one I have alluded to earlier, Madam Speaker, where you first identify, you develop a care plan and then you start rolling out treatment. That is very important. Too many times we try to deal with the symptoms and not really get right down to the root cause of the problem and instead of making things better, we make things worse.

Madam Speaker, going forward, we want to take a whole-of-government approach and indeed a whole-of-society approach in developing our long-term strategy. The strategy will have to encompass support to and from parents and other persons in the child's sphere of influence. The strategy will be built on the premise that once the child is professionally diagnosed and a programme of

treatment is determined, helping that child in the home and the community setting will contribute immensely to managing that child in the classroom setting taking into account the reinforcement principle alluded to earlier.

Ongoing research and data gathering on ADHD will be necessary in devising a long-term strategy in addition to collaboration with other institutions mentioned before in order to get an accurate picture of the scale and the size of the problem. This long-term strategy will be situated within the national child policy. The Office of the Prime Minister is undertaking the development of a national child policy which we expect to be completed and approved before the end of fiscal 2016, if not by the end of the first quarter of fiscal 2017. The policy establishes how children in various settings and circumstances are to be supported in the furtherance of their overall development. I am really excited that we are undertaking this project. It is important that in planning for our children and planning for the future of our nation that we have a policy in place and a policy that is guided by statistics, data and indeed input from all Members of this honourable House. [*Desk thumping*]

Madam Speaker, the policy will cover the following six areas, namely:

1. a child protection policy with a national strategic framework for child protection;
2. a child in alternative care policy;
3. a nursery policy;
4. an early childhood development policy;
5. a framework for children with disabilities; and
6. guidelines for children in vocation camps and child-friendly spaces.

The national child policy will therefore galvanize the overall response and situate the long-term strategy aimed at assisting children in general and especially those with specific needs, such as ADD/ADHD, notwithstanding, the absence of the national child policy. The national strategic plan for child development provides for various programmes of support to children. A priority of the plan is a provision of secure and nurturing environment for all children. This means the creation of a child-friendly environment that encourages a culture of nurturing throughout the community and implementing systems to effectively monitor the progress of children as they develop.

Another priority is the provision of specialized services for the well-being of each child, which includes screening for special conditions, access for all specialized services and the presence of adequately and appropriately trained professionals to support these children. The long-term strategy would satisfy these measures for children with ADD/ADHD. We are also engaged in the following main activities which will serve as a useful foundation upon which the long-term strategy will be built, taking account of the integrated collective approach espoused earlier.

One, a new child protection system is being implemented in Trinidad and Tobago led by the Children's Authority. The system revolves around the package of children legislation which came into being in May 2015. Every single child, zero to 18, in Trinidad and Tobago now is supported by a suite of legislation, including the Children Act of 2012. This new system and the suite of legislation will be instrumental in supporting the long-term strategy of dealing with children with special needs. A new juvenile justice system is being implemented in Trinidad and Tobago which takes a departure from the current focus on punishment to a court that will focus on problem solving and getting to the root of challenging behaviour that brings children before the court. The court will then work with the child, other children, parents and adults to help that particular child before it. This court will be instrumentally supporting our long-term strategy for dealing with all children and especially those with special needs.

Madam Speaker, it is not just in a formal school setting that we are concerned with. We have hundreds of our children in community residences that present challenging behaviour symptomatic of ADHD and also in need of our support. Some children are removed from the very school setting because of those behaviours. Our aim is to have them reintegrated into normal settings but not without the proper and appropriate assessment and treatment.

Madam Speaker, every time I visit one of our community residences and I see the number of children there it really hurts me, because every child deserves to be with their family, to be in a loving home, but sometimes when we do not identify and treat the problems effectively, children are placed in alternative care. It may seem utopian or far-fetched, but my desire is for all our children to be with families in safe, loving homes, Madam Speaker. [*Desk thumping*]

Madam Speaker, we are also engaged in retrofitting, upgrade and development of programmes in our children's community residences, formally, our industrial schools and orphanages. Many of our children in the community residences present with symptoms of ADHD. The Children's Authority—when

they are sending children to the different institutions they develop a very comprehensive care plan that involves a number of different professionals. So when a child is placed in the institution that child, in the care of the State, is guaranteed effective and efficient care, Madam Speaker. And I want to commend the Children's Authority for the work they are doing in safeguarding the heritage of our society.

Madam Speaker, work in our community residences is currently ongoing. Development of treatment plans and care plans and training for staff are continuous. Training in the use of assessment tools and obtaining such tools for treatment are ongoing. Parent training to manage children with behavioural issues and other disabilities is ongoing.

Madam Speaker, our Government is committed to safeguarding and nurturing our nation's children. [*Desk thumping*] We work as all of Government but we also engage civil society and indeed each and every citizen in this care plan.

Madam Speaker, my contribution is indeed short but before I take my seat I really want to commend the hon. Member for Tabaquite again. [*Desk thumping*] Madam Speaker, Psalm 127:3—

Madam Speaker: Members, Members, I would like to hear the contribution of the Member for Tobago East, please. Continue.

Hon. A. Webster-Roy: Thank you, Madam Speaker. Madam Speaker, Psalm 127:3 states that our:

“Children are a heritage from the LORD...”

In this regard, it is our collective duty as legislators and citizens of this beloved country to do all in our power to ensure that we safeguard our children's basic right to education regardless of the circumstances. Be it a learning disability, be it a physical disability, be it by virtue of the fact that the parents cannot afford it, we have a collective duty, all of us in this House, to work together to ensure that we safeguard, we nurture, we protect the future leaders of our nation.

Madam Speaker, I thank you.

2.15 p.m.

Dr. Lackram Bodoie (*Fyzabad*): Thank you, Madam Speaker, for the opportunity to contribute to this debate today on Attention Deficit and Hyperactivity Disorder commonly called ADHD. I, first of all, must congratulate my colleague, the Member of Parliament for Tabaquite, [*Desk thumping*] who has brought this matter into the national arena for the attention of the public, through this

Parliament, and I also wish to thank and commend him for sharing with us, and it must have been indeed difficult, his own personal experience with ADHD.

I also wish to acknowledge the contributions of my other colleagues, the Member for Caroni East, the Member for St. Joseph and the Member for Tobago East. Indeed, I want to congratulate the Member for Tobago East for what was obviously a contribution that came from the very heart. I congratulate you, Member for Tobago East [*Desk thumping*] and through your contribution, I thank the Government for their commitment to dealing with this matter. [*Desk thumping*]

Madam Speaker, in his absence, I also want to congratulate the Member for St. Joseph for a very dignified response when this Motion was moved and his commitment to treating with this matter from the medical point of view in what appears to be a non-political manner, and I commend the Member for St. Joseph. I also want to say a special welcome in the House to the students of the San Fernando East Secondary School [*Desk thumping*] who are here with us today and hopefully will benefit from a condition that indeed affects children. [*Interruption*]

Madam Speaker, I believe that this is an important, relevant and necessary discussion and indeed timely as we are on a daily and ever increasing basis witnessing behavioural issues involving schoolchildren—[*Continuous interruption*]

Madam Speaker: Members, might I remind you of the provision of Standing Order 53(1)(f). Please, proceed.

Dr. L. Bodoë: Thank you, Madam Speaker. I was saying that this is important and relevant in view of the fact that on a daily basis we are witnessing issues involving schoolchildren and young adults in Trinidad and Tobago. This is not meant to be a political statement, this is an issue; this is something that has been with us throughout Governments. So this is not a matter, it is this Government or the past Government. It is something that is ongoing and it is something that we as a people and we as Members in this House need to address in a very serious manner. And again, I want to commend the Member for Tobago East for making that point and I support her on that point, that whatever is discussed here with regard to ADHD, it is important that we take a holistic approach.

Indeed, some may say that there is a crisis in this country with regard to children. On the one hand, we witness unusually aggressive and indisciplined behaviour amongst some children and if you may permit me, Madam Speaker, I

just want to quote from the editorial of the *Trinidad Guardian* today and as I quote:

“A major talking point in recent days has been the actions of two students—one apparently defying authority in a disturbing confrontation with a police officer, the other giving public testimony about bullying in schools.”

Two separate incidents and I continue and I quote again:

“In one case, unfortunately, a 15-year-old schoolgirl is now before the courts awaiting sentencing after pleading guilty to resisting arrest, using obscene language and disorderly behaviour.”

The fact that, perhaps, this student has pleaded guilty tells me that maybe this is a cry for help and this is something that we should not ignore. I quote again:

“In sharp contrast, there was the compelling testimony of 11-year-old Michael Henry, a pupil of the Laventille Government Primary School, who took a courageous stand before a Joint Select Committee...”—in this very—“Parliament”—a few days ago.

[*Desk thumping*] And his words, and I quote:

“‘Send them to boot camp; real boot camp, not any petty boot camp, serious, serious, boot camp,’ was this young man’s call during a historic parliamentary event that featured troubling accounts of...bullying and violence in primary and secondary schools.”

And I make this point because when we examine ADHD in detail, we will see that some of the behaviours that children and young adults exhibit with ADHD may, in fact, lead to some of these problems that we are seeing in the country at the moment. I also wanted to make the point, and again I am happy to hear that there is a national children policy, Member for Tobago East, that is in the making, because we also have so many reports of violence being perpetrated against women and children, but that is a debate for another time and hopefully in the near future as well.

Today, we are here, of course, to examine the impact of ADHD in our society and I put it to my colleagues in the House that many of the behavioural problems that we are seeing are, in fact, resulting from conditions that are not diagnosed and the point came out that the diagnosis is indeed a difficult diagnosis. So in this contribution, what I would hope to do is perhaps give a slightly different spin in terms of the medical and the scientific aspects of the diagnosis because we all have a responsibility to detect these children. It is not only with the medical

practitioners. By the time, perhaps, it reaches a doctor's attention, or a psychologist or a psychiatrist, it is perhaps too far gone. And I will also attempt to show that early detection and intervention can actually assist in changing the outcome of these children who are diagnosed with ADHD because a lot of research has now been done on the pathways in the brain and I will talk a little bit just about that.

So, Madam Speaker, where are these children? Before we go into the scientific, we already have evidence and if I may just quote. Are they within the school dropout population?

A US Department of Education study found that students with ADHD had persistent academic difficulties compared with those without ADHD. This means that they had lower grades, there was an increased rate of dropout and they had a lower rate of college undergraduate completion.

So these students, these children, if undetected, are actually not benefiting maximally from the education system. What about crime and those who might be in jail? A study in the British *Journal of Psychiatry* suggests that between 25 to 40 per cent of prison inmates may have ADHD. Quite interesting.

In our own situation and I quote this guardedly and this is information from our own local society, the ADHD society of Trinidad and Tobago, which suggests that 28 per cent of those in the St. Michael's Home for Boys may have symptoms suggestive of ADHD. Again, quite interesting. We also know that those with ADHD are more likely to be involved in gangs and risky behaviour. Quite a problem that we see in Trinidad and Tobago right now and one that is crying for attention, for a solution. Other studies have shown that those with this condition are more likely to misuse alcohol, tobacco and other illicit substances.

My colleague, the Member for Tabaquite, actually explained in his presentation a few weeks ago why these children may actually seek the use of drugs. Because when we examine the mechanism of ADHD, it is thought to be related to an area of the brain called the prefrontal cortex, and it is related to a deficiency in what is called neurotransmitters. And permit me, Madam Speaker, because we have young children, we have students here, who might benefit perhaps from a little bit of the scientific basis behind this disorder. The point is that there is a decrease of these neurotransmitters in the brain and therefore the brain sometimes does not get enough stimulation and therefore, these children may go on to use drugs, for example, to give them what is normal, a normal feeling. So that is one of the mechanisms; one of the reasons.

The other issue that makes this important is the fact that these children are more likely—children and young adults I am saying now—to be involved in road traffic accidents. The statistics show that those with ADHD are two to four times more likely to be involved in road traffic accidents. They have a higher risk of injuries and they are also more likely to be at fault. So one wonders that the incidents of poor driving, poor judgment on the roads, perhaps the road rage, the inattention, the breaking of the laws, the breaking of the rules on the road, if perhaps, to some extent, we may not be dealing with drivers who have this condition that has not been diagnosed. So from that point, I think it is very, very important that we make every effort to try and detect and diagnose and treat these children. [*Desk thumping*]

So, Madam Speaker, the speakers before have spoken about ADHD. I think, just again, for the benefit of the population, this debate took place a month ago and perhaps, if you can permit me, just to go back through a few of the symptoms that we are talking about so we can all be on the same page. It is commonly defined as a neurodevelopmental disorder and there are three effects. There is what you call the attention deficit, there is the hyperactivity aspect of it and there is the impulsiveness. All the authorities agree that these are the three components that are involved. But it must be involved in a way that is not appropriate for the person's age.

One of the challenges with diagnosis is that many of the symptoms are what we call non-specific. Many children and young adults, and some adults indeed, exhibit similar symptoms. So it must be in a way that is not appropriate. Also, the symptoms must persist for more than six months for the diagnosis to be confirmed and also, it should start between the ages of six to 12. I will come back to make another point about the age of diagnosis because again the recent evidence is showing that we are missing some young adults who may have ADHD. And in fact, in my preparation for this debate, I spoke with the CEO of the ADHD society of Trinidad and Tobago and what she revealed to me is that she has recently been receiving calls from young adults between the ages of 28 to 38 who are now recognizing that perhaps they have symptoms of ADHD and are seeking treatment. So I think this is good, this is something that is important.

And before, the thinking was that it only occurred in young children, now we are realizing that it may have started in childhood but persists, of course, into young adulthood, so very important. Member for Tobago East and Minister for Gender and Child Affairs, this is perhaps something you can take on board in terms of the clinics that you may be looking at because you may want to also have

an adult clinic in, perhaps, a confidential way so these young adults can seek attention.

So we already spoke about the defects in the neurotransmitter systems. Essentially, what happens with these persons is that the pathways that are responsible for what is called executive functions in the brain, do not function very well. So, as a result, these patients or these children have problems with concentration, with processing speed, with regulating emotions, with utilizing their working memory and with organizational skills, and this is the basis for explaining their behaviour subsequently.

So what do we know of the causes of ADHD? The answer is very little actually but there are some theories and there are a few thoughts which I think are interesting to share with this House and with the population at large. Although, it is one of the most commonly studied psychological disorders in children and adolescents, the cause of the majority of cases is unknown. However, recently, a lot of research has gone into a genetic basis for this disease.

There are many conditions, we are now realizing with additional research and medicine, that may have a genetic basis and what we have found is that perhaps when you are born, as a child, the genetic basis is there for you to—whether it is to develop diabetes or high blood pressure or cancer, in the same way it is possible that the genetic basis might be there for developing ADHD. The question, though, is why does not everyone who has that gene develop it? And it may be due to triggering factors. And what they are thinking now is that there are certain foods, for example certain elements, certain chemicals that can trigger the gene that will give you the ADHD.

In fact, quite interestingly, one study has shown that if a family has one person with ADHD then there is a one in five chance that another member of that family can develop the condition. This is very important from a screening point of view.

The other factor that was mentioned—again this is recent research—is that there may be a dietary component to triggering off ADHD and they mentioned processed foods, for example, and sugary foods, foods that are high in sugar, and those are bad in their own rights for other reasons. So it is something that we would look at. Cigarette smoking, alcohol, drugs, certain toxins in pregnancy, are also known to be associated.

2.30 p.m.

There is also the issue of environmental toxins, with exposure at a young age. The evidence is pointing, perhaps, to lead exposure and also to certain pesticides.

More specifically, some work has shown that the group of pesticides called the organophosphates, which are sometimes found in fruits and vegetables, can be associated with this condition.

Some of these issues, because it is a brain condition, conditions such as low birth rate and prematurity, which affect the development of the brain, can also be associated with this condition, and brain injuries during childbirth. I note the re-entrance into the Chamber of the Member for St. Joseph. What I would want to do is make a few points and my colleague from Caroni East did make a few points regarding what we call birth asphyxia and ensuring an adequate supply of oxygen to the baby's brain.

As an obstetrician practising in the health sector for the past 20 years and, perhaps, 30 years in all, it is very important. You take your responsibility very seriously when you are treating someone in labour, when you are caring for someone because you are ever aware of the fact that the baby that is born, if you do your job properly and if the midwives do their job properly—by no means am I saying it is not done. The great majority of times it is not done properly but the ones that escape, the ones that fall through the cracks, are the ones that we have to look out for. And, therefore, it is very important that we put our best foot forward and take the steps that are necessary to ensure that every child that is born, is born in the optimal condition. So I just wanted to make that point with regard to what we call perinatal and neonatal morbidity. We are not talking about babies that die. We are talking about the ones that survive and sometimes do not survive intact and that can be a burden on society.

So, Madam Speaker, another interesting bit of evidence that I came across in my research actually is with regard to a study that was done and reported in the *Journal of Paediatrics* on March 10, 2016, just a few months ago, which suggests that the birth month may impact on the diagnosis. What the study did was that—and this was conducted on close to 400 children, ages four to 17 and they found that those who were born in September were actually diagnosed less than those who were born in August. I want to clarify, Madam Speaker. It has to do with the entry—[*Interruption*]

Mrs. Robinson-Regis: Sorry, would the Minister give way just for one minute?

Dr. L. Bodoë: Sure.

Mrs. Robinson-Regis: Minister, would you just repeat?

Madam Speaker: Member.

Mrs. Robinson-Regis: “Ah calling him Minister.” Member. I have great foresight? “Nah”. This is just—Anyway, would you please repeat what you just said? I did not hear you clearly.

Dr. L. Bodoë: I am sorry, I need to clarify the study. What the study did was it looked at 378,881 children, ages four to 17, and they looked at the rate of ADHD diagnosed in these children and they found that those who were born in September had a lower rate than those who were born in August. But the point of it was that—and it is important when we are diagnosing ADHD. The point—*[Interruption]*

Mrs. Robinson-Regis: So what about those who were born in May?

Dr. L. Bodoë: You are May? Welcome to the club. We are good.

Mrs. Robinson-Regis: What date?

Dr. L. Bodoë: May is very good, 17th, middle. The point, of this study, Madam Speaker, is that it relates to the date of entry into the school. So it means that in a particular class—I thought it was a very clever study—if you are diagnosing the youngest child in the class with ADHD, then you have to be careful because you might be looking at a child whose brain development may not necessarily have reached that of a child that is almost 11 months old. So I thought it was an important study and I thought it is something that we should bring to the attention and, perhaps, the Minister of Education might be interested in that. It really is, to make the point, that as far as the diagnosis is concerned, this is an important study.

What was important, furthermore, is that in that study it held equally for boys and girls. Now we know in the general population that the incidence in boys is almost twice as high as that in girls, but in that particular group they found it was equal in boys and girls. So again, interesting.

I also wanted to make the point about some myths about ADHD, and the following are not known causes of ADHD but there is some evidence that they can make ADHD symptoms worse for some children. So these are not causes. They are not associated but they can make the child with ADHD worse, and that is:

- watching too much television;
- eating too much sugar;

That seems to come up all the time for some reason. Maybe it is not a good thing.

- family stress where there is conflict and poverty.

But, again, one has to separate that because we know that the child with ADHD would also create some sort of conflict in the family situation and in the home, and so on. It continues:

- certain traumatic experiences.

So, Madam Speaker, just to—[*Interruption*]

Mr. Deyalsingh: Hon. Member, you mentioned the possible link between sugar intake and ADHD. I read the same studies and the studies seem inconclusive at best. Is it that you are saying—because we have to be careful—that increased intake of sugars may cause or precipitate or may be a factor in attention deficit?

Dr. L. Bodoë: Thank you, Member for St. Joseph. No, I am not saying that at all. I am not saying that at all. But I also mentioned it because it could be a good selling point for you, Minister, to use it as if you did not need any more excuses to discourage that kind of behaviour and that kind of diet, you know.

So, Madam Speaker, if I may continue—[*Interruption*]

Madam Speaker: Order.

Dr. L. Bodoë: So, Madam Speaker, again just to put this whole matter into perspective, in terms of the extent of the problem. [*Continuous crosstalk*]

Madam Speaker: Members, could we desist from the running commentaries please? Continue please, Member for Fyzabad.

Dr. L. Bodoë: Thank you, Madam Speaker. I was going to make the point about—just to put the whole issue of numbers in perspective. The WHO has estimated that ADHD affects 39 million people. This was figures in 2013. It is estimated that in the USA there are 15 million people with ADHD. The American Psychiatric Association in its Diagnostic and Statistical Manual of Mental Disorders, which I would refer to now as DSM for brevity, states that 5 per cent of children have ADHD. Figures from the CDC, which is the Centers for Disease Control and Prevention in Atlanta, suggest a figure of 11 per cent of children and this was in 2011. So, overall, when one looks at the figure—and again it has to do with how it is diagnosed and the criteria used—we look at a figure of about 11 or 12 per cent, which is accepted in most populations.

Exact data is not available in Trinidad and Tobago. However, we do have some local data from the Community Paediatrics Clinic at the South West Regional Health Authority and I believe the Member for St. Joseph alluded to these figures in his contribution and I just want to confirm and verify that for the year 2014/2015, out of 1,070 children who were seen at these clinics, 128 children

were diagnosed with ADHD and that gives incidence of about 12 per cent in our population. So it is in keeping with the world figures.

How is this important, in terms of the young people in our country? CSO data from 2014 gives the under-19 population of Trinidad and Tobago as 376,643 under 19. What we are saying is if 11 per cent of this population has ADHD then we might be looking at a figure of about 41,430 children; quite a significant number, hon. Minister. Even if we use a conservative incidence of say 3 per cent, we are still looking at close to 12,000 children affected. So it is a significant number. I wanted to make that point.

So how is the diagnosis confirmed? We have heard earlier from other speakers that it is a very difficult diagnosis. It is a nebulous diagnosis. But there are certain criteria that are standard and can be used by those trained to use them.

And, again we talk about DSM. The DSM is something that speaks about the diagnostic criteria and we talk about DSM-5, which means that there was a DSM-4. DSM-5 is the latest in 2013. The important change for DSM-5 is that it—again, the old thinking was that you could only diagnose this in children who exhibited symptoms under seven and that was DSM-4. DSM-5 is now saying okay, you need to look at the young adults as well. So those, maybe up to 12, 13, 14, look at them more carefully and you can make the diagnosis.

The guidelines are very specific and the reason why the guidelines are specific is because we know almost everyone can show signs of this behaviour at some time or the other. So they have guidelines for children and teenagers and they say that the symptoms must be more frequent or severe, when compared to children of the same age. And likewise, in adults, they say that the symptoms must affect the ability to function in daily life and persist from adolescence.

Additionally, you have to look at the impact of the symptoms on at least two areas out of four areas in daily life, and they say you have to look at the effect in the home, in the social setting, in school and at work. And, of course, as we mentioned before, the symptoms must be present for at least six months.

The DSM classification also speaks to three presentations of ADHD. The first one is what is called predominantly inattentive, that is the inattention and that is where you have individuals who find it difficult to finish a task, to organize and finish a task, difficult for them to pay attention to details or follow instructions or conversations, persons who are easily distracted or forget details of daily routines. And then you have the predominantly hyperactive or impulsive. That speaks to those who fidget and talk a lot. They cannot sit still for long, they may interrupt

others, they grab things from people or speak at inappropriate times, they find it hard to wait their turn or listen to directions, and they may have more accidents and injuries than others.

But the point about that, and of course this point was made already, Madam Speaker, is that that hyperactivity has sometimes manifested itself in quite super performance. We had mention of Branson and others who have performed quite well. So it can be an advantage sometimes, if it is harnessed in the right direction.

Well they talk about the severity level of mild, moderate and severe, in terms of the treatment and treatment plans. That is important because, Member for Tobago East, if you categorize then you can know how to allocate your resources. So that is an important classification.

What is also important to note is that the severity level and the presentation type can actually change during a person's lifetime. So you can be mild at one time or severe at one time and come back to mild, and so on, or go from inattention to hyperactivity. So I think it is very important.

Now, Madam Speaker, who should be responsible for diagnosing this condition, this very important condition in our children? Who should be responsible? We have to maybe make a little differentiation between screening for the condition, creating awareness and making a definitive diagnosis. I put it to you that parents have a very, very important role. We see very good parenting, the Member for Tobago East who shared with us the fact that she was looking at one of her children and thinking about it. So that is the kind of awareness that we need to create. [*Desk thumping*] And I commend you for sharing that with the House and with the nation.

That is very important, because, you see, Madam Speaker, it is very important that we do not—as parents sometimes we say we leave it to others to make the diagnosis but we have the primary role. We are the ones seeing the children and the Minister of Education would be very happy to hear this because he knows that now parents seem to abandon their responsibilities and they depend on the teachers to do what they should be doing. So you, as a parent, have the first responsibility to see if something is happening.

And when we talk about treatment, one of the suggestions was something called a behaviour diary, and that is available through an organization called CHADD, which the Member for Tabaquite introduced in his debate, an organization that he is very familiar with. CHADD stands for Children and Adults with Attention-Deficit/Hyperactivity Disorder. It used to be called ADD long ago but now we call

it ADHD and they talk about a behaviour diary, a very simple diary, that parents, just by observation of the children's behaviour, make some notes. You observe the child over a period of time and you say: listen, something is not right here. Of course, then you bring it to the attention, you compare notes with the teacher and if the teacher is saying the same thing—because the teacher is seeing the child in a different environment—so if the teacher is saying the same thing, well then you say maybe we need to get further examination here, and that is when you, perhaps, seek the advice or attention of a guidance counsellor, and so on.

So that is the first step, in terms of detecting this problem. It is not going to be a magical thing. There is no blood test available. It is not a magical thing where you can just, okay, you go to the schools and just do a blood test or do some sort of measurement. It is something that has to be detected and treated.

2.45 p.m.

Madam Speaker: Hon. Member for Fyzabad, your 30 minutes are up. You are entitled to a 15-minute extension. Would you like to avail yourself of it?

Dr. L. Bodoë: Thank you very much.

Madam Speaker: You may proceed.

Dr. L. Bodoë: I did not think I could talk for 30 minutes. [*Laughter and crosstalk*] All right. So thank you, Madam Speaker. I will close up in that 15 minutes, I assure you.

I think what is also important is that there are certain associations that we need to take note of, in terms of conditions that are associated with ADHD. And again, it is important, and the Member for Tobago East spoke about a holistic approach, and looking at all the conditions and, of course, it is very important, because you are not going to just put resources into ADHD. You want to make sure that you capture other conditions that are associated with it.

One of the very striking conditions is what we call a behaviour disorder, and it has been found that one in four children with ADHD also has a behaviour disorder. It was found that there were two types of behaviour disorders, and again this is relevant in terms of the behaviour of our children in schools nowadays. We have what is called oppositional-defiant disorder, and hear this: it says, often losing your temper; arguing with adults or refusing to comply with adults' requests or rules; often getting angry or resentful—that sounds like many of our children—deliberately annoying others; often blaming others for their own mistakes or misbehaviour.

The other category of behaviour disorder is a conduct disorder, which is about breaking serious rules, such as running away, skipping school, being aggressive in a way that causes harm—for example, bullying. And, of course, that is a major challenge in our society—fighting, lying and stealing and purposely damaging other people's property. So these are behaviour disorders associated with ADHD.

Interestingly, it is also associated with learning disorders, and data from the 2004—2006 national health survey—I am not sure if it is the same survey you referred to, Member for Tobago East, but it indicated that almost half of the children six to 17 years, with ADHD, also had a learning disorder in terms of reading, math and writing. The difficulty in reading is dyslexia; in maths it is dyscalculia and in writing it is dysgraphia. I just mentioned that because we have the students here who may want to do some further research on these conditions.

And, of course, the detection would require a psychological/educational assessment, which is required for the development of what is called an IEP or an Individualized Education Plan, which the Member would be familiar with, and the Minister of Education. And, of course, the Member spoke about the prohibitive cost of these assessments, somewhere in the vicinity of \$5,000 and more. It is also associated with anxiety. One in five children with ADHD suffers with anxiety. One in seven children suffer with depression; very important.

And also what is important from a family point is that there is difficulty in peer relationships. Parents of children with ADHD report that their children sometimes have three or four times as many peer problems, and they are 10 times more likely to have difficulties in forming and sustaining friendships; so very important. And, of course, we did mention the risk of injuries that are associated with these children, and sometimes, severe injuries. Studies have shown that they are more likely to be admitted to intensive care units, and to have an injury resulting in disability; so quite important.

So, Madam Speaker, how do we deal with what may be a largely undiagnosed problem in our young population, but one which perhaps may be impacting our nation in a very serious way than we currently understand? Well, of course, the first step in treatment of any condition, or the management of any condition, is to acknowledge that it exists, and that is what we are doing here in this Parliament, Madam Speaker. And again, I think it is very important, and I want to commend those who have spoken on this topic, in the very serious manner they have taken it. So we acknowledge it, and we have brought it to the highest level. In fact, the editorial in today's *Guardian* speaks about taking these things up to the highest level, to the Parliament.

We also have to embrace and engage the non-governmental organizations, and we have spoken about the ADHD Society of Trinidad and Tobago. We have to create media awareness. An *Express* article of October 20, 2013 covered a sensitization and awareness workshop in Port of Spain with the ADHD Society. So the media awareness has been there. We need to do some more public education and, of course, we have to train and empower individuals to recognize the condition. We spoke about this already. We spoke about the parents, whose duty it is to try and, you know, screen for these children; the teachers; the role of perhaps parent-teacher associations; maybe TTUTA; the student support services; the school social workers. And, of course, we have to provide the resources and the personnel.

Again, one of the previous contributors said that we have to have a whole-of-society and a-whole-of-government approach—Member for St. Joseph—and I commend you on that approach. I think it is the right approach; likewise, Member for Tobago East. So we spoke about Government, non-government, other NGOs and education. Well, of course, some of the points I would have gone through already with regard to teacher training. Member, you mentioned that.

With regard to health, and I just want to spend two or three minutes on the impact of the health sector, how we can treat with these conditions. The education is very important. The community aspect is important, but the actual medical treatment is also critically important. We spoke about the diagnosis. Currently, we have community paediatricians, we have psychologists and psychiatrists who are involved in the diagnosis of this condition. We have a few child-guidance clinics. We spoke about the need for a public adult clinic.

So in terms of the treatment—so we have the diagnosis. The first line of treatment is usually behaviour therapy, which is done by a psychologist to try to modify the behaviour of the individual. If that does not work, then you go on to medication, and there are three types of medication that are available. The commonest medication is one called methylphenidate which is available in Trinidad, by the name of Concerta. There are two other medications which are necessarily required in Trinidad, which I will probably mention with the Member for St. Joseph afterwards.

I also wanted to make a point with regard to medical treatment, Madam Speaker. We said that we have 15 per cent, or one in six children, diagnosed with another developmental disability. The point I wanted to make is that we—how are we going to support and provide for these children? Should we not have a centre for child neuro-development providing multidisciplinary services and what is

called neuro-rehabilitation services? I want to also make the point—and you will agree, perhaps, Member for Tobago East—that the treatment currently is scattered and haphazard, and perhaps we need to bring everything under one umbrella, and that had started to some extent in the South-West Regional Health Authority in 2011, with the establishment of what is called community paediatric clinics.

I want to commend the young professionals and the management there for the vision, when they started what is called community paediatrics. It has since spread to other areas in the country. This is where the doctors went out and met the children, had the clinics outside. Those clinics are currently in Point Fortin, Siparia, Princes Town, Pleasantville and Couva; but more than that is required, Madam Speaker. A lot more is required.

Under the last administration, there was a proposition for the Couva Children's Hospital. I just want to state, and I am sure that this document, perhaps, might be somewhere for the current Minister of Health to look at; and this proposition included a specialized multidisciplinary child development clinic, a paediatric audiology clinic for hearing, a specialized epilepsy clinic, a neuro-disability clinic, a neurology clinic and an ADHD clinic, together with other clinics and so on, obesity clinic. I want to commend the Member for Barataria/San Juan [*Desk thumping*] for the amount of work—under whose watch that was started, an autism clinic as well. So I am sure that the Minister of Health and the Member for St. Joseph will look at that.

So in my few minutes just to close, I think, again, there are some very interesting developments taking place. It is not all doom and gloom. It is a difficult condition, but there are actually three interesting things taking place in the future for ADHD that I thought I should bring to the attention of the House and the population. One is called genetic switching. I mentioned earlier that there might be a relation with the genes causing this, and with studies now—actually there are very interesting studies going on with regard to genetics and genes. They are actually looking at a method, some way of deactivating the gene that switches on ADHD. They think that this might be a simple thing; perhaps a simple medication or a simple dietary change; quite exciting, Madam Speaker, if that is where the future is. It is not currently available, but we are getting there.

They also talk about developmental screening, and this is very important because they think that if you can detect and diagnose this condition at a very early age, and perhaps through genetic screening as well—early intervention—you can actually train the brain to rewire itself. So if you decide through genetic screening that this child is going to develop ADHD, you can intervene early and

prevent the condition from occurring; quite interesting. It will save us a lot of resources in the future.

Another interesting one is something called biofeedback therapy. What this involves is that you can put on something called a virtual reality helmet, and through certain training, it can help you to rewire the way you think, the way you act and so on. So a quite interesting—and it is not science fiction. It is actually available in some research centres. Of course, the cost is currently prohibitive, but it is something in the future, something that we can look for. What they do with this helmet is that they have specially designed games that can be used to retrain the brain; so very, very exciting stuff in the future.

So with those few words, Madam Speaker, again, I would want to support this Motion. I think it is a very commendable Motion. I would want to say that we should not limit the intervention to only education, but to health and other sectors. I would want to commend again, the Member for Tabagite for bringing this Motion, and I recommend the Motion.

I thank you, Madam Speaker, for the opportunity. [*Desk thumping*]

The Minister of Education (Hon. Anthony Garcia): [*Desk thumping*] Thank you very much, Madam Speaker. Indeed I am very pleased to be given the opportunity to take part in this debate, and I begin by saying that we on this side lend our support to this Motion. [*Desk thumping*] This Motion is indeed timely because it is being debated at a time when there are so many concerns and challenges that we find in the education system. And, in fact, the debate—the recital really calls on us in the education system to take careful note of students who might be afflicted with ADHD or ADD.

I wish to concentrate my contribution this evening on the education sector and what is being done in our schools. I make the point that the Ministry of Education is well aware of the challenges that our students face, those of whom are affected with this disorder. And, in fact, there is a Unit in the Ministry of Education that is named the Students Support Services Unit, which is adequately staffed to deal with students who exhibit this type of behaviour. I make bold to say that this unit has been working diligently to ensure that the necessary intervention is made. In fact—[*Desk thumping*]—It is good to see when the former Minister of Education applauds me. [*Laughter and crosstalk*]

Dr. Gopeesingh: I will always give you the support.

Hon. A. Garcia: This unit was established in 2004, and since then, it has been working, as I said before, very well. There are many students who are brought

before this unit and, in fact, the officers of this unit are not tardy in the discharge of their responsibilities. In many cases they are very proactive. They go to the schools and they ensure that the necessary intervention is made.

3.00 p.m.

The Member for Fyzabad stated a little while ago that he found on reading the *Guardian* editorial that it was really a case of two cities where, on the one hand, violent behaviour and unacceptable behaviour was exhibited by students and, on the other hand, you had a young chap who was really in a position to show that in our school system we still have very many good students. [*Desk thumping*]

I had the opportunity this morning to chat with that student and also with his principal—the student who attends the Laventille Boys Government Primary School. I had a very interesting discussion with him, and I found that he was knowledgeable. In fact, for an 11-year old [*Desk thumping*] it amazed me that he could have expressed such deep-seated views. It tells me that our education system is in good hands under the People's National Movement. I caught you. I caught you this time. I caught you. [*Laughter and crosstalk*] The former Minister of Education applauded the fact that the education system is in good hands under a PNM Government. He applauded that. [*Desk thumping*]

Recently, in fact, in February this year, the Ministry of Education embarked on a national consultation on education. This consultation focused on many areas, including inclusive education, violence and indiscipline in schools and the school-based management, among many other things. With respect to inclusive education, this debate that we are engaged in today really fits closely into what our Government and our Ministry plan for the education system.

We have about 125 teachers who are trained in special needs education. It is our intention, when school opens at the beginning of the new academic year in September, that those 125 teachers will be deployed in schools that face challenges so that they will be on spot to provide the necessary intervention and, hopefully, some of the problems that we have been experiencing in our school system will be no more.

With respect to violence and indiscipline in our schools, we have noted that the two schools that were identified recently: the Chaguanas North Secondary and the El Dorado East Secondary, where students were taken out of the schools and sent to learning enhancement centres, the reports that we have received from our Student Support Services Unit has been very encouraging. In fact, with respect to those students who came from the Chaguanas North Secondary School and were sent to the Learning Enhancement Centre in Couva, when the assessment was

done, it was shown that there was a clear improvement in the behaviour of those students, so much so that some of the students have returned to the school system this year, and others who needed specialized treatment have been sent to different areas.

This Government and this Ministry of Education would like to make the point that we must not allow ADD or ADHD to be an excuse for violent and undisciplined behaviour. [*Desk thumping*] We accept the fact that there will be some learning disabilities that are associated with some of the students, but not all our students are afflicted with these disabilities. In cases where we have been able to identify these students, then we are going to provide assistance and support for these students.

As was stated by many of the speakers, the identification of children who it is perceived are afflicted with ADHD or ADD is not a simple matter. In fact, a proper identification can only be made by the trained, practising professional. However, in our school system, our teachers will be undergoing training that will allow them to assist in identifying certain changes in behaviours of some of the students, and together with parents they will be able to take those children to the professionals who are better equipped at coming up with prescriptions in terms of how to deal with this situation. The teacher and the parent will observe and they will note the behaviour of the child, and then and only then after this process has been entered into, the professional will come into play and provide the necessary treatment. It is important for us to know this.

Again, it has been stated that a proper diagnosis of this disability is usually detected around the age of seven and, therefore, in our education system, the Early Childhood Education and Care Centres, the teachers there, the caregivers, will not be required to pay much attention, but it is when those children migrate into the primary schools, in particular, and to some extent also in the secondary schools, then those changes in their behaviour can really be diagnosed, and here is where we will need the support of the parents, because very often it has been shown that in this detection the parents themselves face certain challenges.

Many of the parents are reluctant to bring to the attention of the teachers or of the authorities the fact that their children might be exhibiting some form of behaviour that might be termed “abnormal”. Those parents, some of them are even afraid to bring this to the attention of the class teacher for fear that the class teacher might not understand and the class teacher might be in a position to make all kinds of snide remarks about the students.

In some cases also, the parents are reluctant to bring this to the attention of the school and the teachers because they feel that the teachers and the school system are not adequately equipped to deal with students who exhibit this type of behaviour. But I want to give this House the assurance that this Government and this Ministry of Education, both have put in place the professionals who will be adequately trained [*Desk thumping*] so that they can supply support and also relief to those parents who have their doubts. And, therefore, I take the opportunity to let the national community know that in our education system, we have made provisions for students who are faced with this disorder, and this is an important point I think needed to be made.

Madam Speaker, an important policy of this Government is to ensure that in our education system we supply or we engage in quality education.

Dr. Rambachan: Madam Speaker, through you: Is the hon. Minister saying that even now there are people specifically trained at the Ministry of Education to do diagnosis and to deal with children with ADD?

Hon. A. Garcia: Yes, I am saying that. As I have said before, we have a unit, the Student Support Services Unit—and the Member for Caroni East could attest to that—where that unit is staffed with professionals who are trained. That unit is staffed with professionals who are trained to detect this type of behaviour from the students and also not only to detect, but also to provide prescriptive measures so that those children could receive the necessary attention. It is unfortunate that your colleague did not share that information with you.

Yes, as I was saying, a major policy of this Government is to provide quality education. In fact, that is uppermost in our programme. If we are to provide quality education, we have to ensure that every child has an opportunity of accessing this quality education and, therefore, children with special needs must not be left behind. We are ensuring that these students are given every opportunity to avail themselves of the information and of the help that is available. [*Desk thumping*] In ensuring the delivery of quality education, a very important aspect of this as we look at this debate, is inclusive education.

Inclusive education, as the word implies, means that everyone must be included, even the child with special education needs. In our education system, we are determined to provide support and services to all learners in our education system by taking the necessary and appropriate steps to make education available, to make education accessible, to make education acceptable and to make education adaptable in our schools in Trinidad and Tobago.

The rationale for this policy on inclusive education, Madam Speaker, is simply because this Government in its 2020 vision and in its action plan has responded with urgency to the global challenge of enhancing the quality of educational provision through the upgrade of the education system. Madam Speaker, Vision 2020 speaks, among other things, to developing innovative students. The Trinidad and Tobago Ministry of Education, in its target, 2015 Education for All Action Plan, has acknowledged that such improvement must focus on increasing the learning potential of its citizenry on a more universal and equitable basis.

Against this background, Madam Speaker, it is clear that education opportunities must be provided for all the challenged, regular and even our gifted students, and students who are affected with the ADHD must not be left behind. They must form part of the efforts at ensuring that they, too, are exposed to the system of quality education that we will provide, and we are committed to providing.

This country, Madam Speaker, is a member of the United Nations and this country is a signatory to the Universal Declaration of Human Rights, and this Government affirms its commitment to the fundamental principle of equal opportunity by acknowledging the rights of all children to receive education without discrimination on any grounds.

3.15 p.m.

Our Ministry of Education has, what I term, a philosophical direction, and that is that every child has an inherent right to education, [*Desk thumping*] that every child has the ability to learn, and that schools should provide all our students with programmes which are adapted to meet the needs of the varying abilities of our students and, certainly, in the seven months since we are in office, we are well on our way to doing just that. [*Desk thumping*] In this short space of time, Madam Speaker, we have succeeded in changing attitudes, in changing behaviours, in changing teaching methodologies, and even in changing some of the curriculum offerings. In fact, two committees have been appointed recently to look at the reform of the curriculum at the primary and secondary school levels, and in this reform we are paying close attention and we are making provisions to ensure that students who are afflicted with any disability, that they are catered for in our education system, and that is one of the remits of this committee, or these two committees.

In terms of our teachers and our teaching staff, in order to effectively carry out their duties and responsibilities we have embarked on the continuous professional

development of our teachers, and all our teachers will have access to appropriate, coherent, and the continuous professional development initiatives that we have embarked upon in this Ministry of Education. As a core of this training will be exposure and adoption of effective teaching and learning strategies augmented by a range of needs-specific training. In other words, training that can identify the specific needs of our students. Remember I said earlier on that the identification of students with ADHD is not a simple matter and, therefore, the necessary training must be afforded to our teachers so that they can identify and provide the knowledge to the trained professionals, the psychologists in the system so that our students could have the desired help.

Madam Speaker, today, in our education system we are committed to inclusion, as I said before, and we are committed to what is referred to as mainstreaming. In other words, students who have special needs, special education needs, we will not have them outside of the education system, but it is our intention to have them sit side by side with students who are regular, whose behaviour and whose development is at a standard that we will accept, but we must recognize that in treating with those students with special needs that special attention must be given to those students. What we have embarked upon, Madam Speaker, is a system where we have employed a number of students' aides so that they can sit in the classroom side by side with these children and assist them in accepting and accessing the quality of education that we are providing. [*Desk thumping*]

In less than two weeks' time approximately 17,000 of our children will be writing the SEA examination. There are a number of our students who are among those 17,000 who have special needs, and this Government, and this Ministry will provide special concessions for those students as they write the exams. This Government will provide special concessions for our students in the secondary schools too who are writing the exams. This Government will provide special opportunities that were absent for the last five years. [*Desk thumping*] This Government will ensure that no child is left behind. [*Desk thumping*] [*Crosstalk*]

Madam Speaker, as we go about in reforming the education system, as we go about enhancing the education system, one of the important ingredients in all of this is to ensure that all the actors in the education system are comfortable. One of the major challenges that both Minister Francis and I faced as we entered the Ministry of Education was a staff that was demoralized, a staff that was insulted on every occasion, a staff that was disrespected, and it was our responsibility to build bridges and ensure that sanity returned to the education system. [*Desk thumping*] I am pleased to say that most, if not all of the employees at the

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Ministry of Education, they now feel a sense of commitment. [*Crosstalk*] Our teachers in our schools now feel a sense of commitment, Member for Naparima, so that you too and your children can benefit from what we are offering in our education system. [*Interruption*]

Madam Speaker: Members, there is a specific rule for interruptions. Any Member who would like to make an interruption under Standing Order 47 will do it in a proper way, otherwise I would like Members to observe the Standing Order with respect to silence while a Member is making their contribution. Member for Arima.

Hon. A. Garcia: Thank you very much, Madam Speaker, and thank you very much for your protection, although, regularly, I do not ask for protection, but sometimes it is necessary to get protection from some persons who seem to be bent on being disruptive. [*Interruption*]

Dr. Francis: Bad students.

Hon. A. Garcia: Yes, bad students, I like that term—bad students.

Madam Speaker, as we grapple with this problem, I must say that we are happy on this side to note that the Member for Tabaquite had the good sense to present a Motion of this order to this Parliament, and I would like to congratulate you, Sir. [*Desk thumping*] As we go along, my hope and the hope of my Government is when opportunities like these present themselves that will redound to the benefit of the school system in general, and of our student population, in particular, that we can hold hands as we march forward. Let us do this together. [*Desk thumping*] [*Interruption*]

Madam Speaker: Hon. Member for Arima, your speaking time—your 30 minutes have expired, you are entitled to have an additional 15 minutes. Do you intend to avail yourself of it?

Hon. A. Garcia: Yes, Madam Speaker.

Madam Speaker: You may proceed.

Hon. A. Garcia: Madam Speaker, in winding up debate on this Motion, I want to reiterate that in the education system, today, we have a cadre of trained professionals who will deal, and who have been dealing with this problem, and I can safely say that many of our students, both at the level of secondary and primary schools, have benefited from this.

I made the point earlier that we must not mistake ADHD for disruptive behaviour. I want to make the point that this Government will ensure that our schools are safe, our schools are safe places for those who operate within, and that all our students, whether they experience any learning disability or whether they are gifted, everyone will have an opportunity to excel and operate to the best of his potential. Thank you very much. [*Desk thumping*]

Madam Speaker: Member for Cumuto/Manzanilla. [*Desk thumping*]

Mrs. Christine Newallo-Hosein (*Cumuto/Manzanilla*): Thank you very much, Madam Speaker. It gives me great pleasure to be speaking here on this Motion, and I want to congratulate the Member for Tobago East for her contribution. [*Desk thumping*] Just to give you some background as to why this is of so much interest to me, Madam Speaker, in the late 90s a young lady called from the States and asked me if I would be able to take care of her son; he was about 13 years old, and he had no other family in Trinidad and Tobago. His caregiver, his grandmother, had taken in very ill in the US, and so she did not want him to miss school. I knew the family pretty well and I did not have any—I did not hold any opposition to keeping him, and she indicated it would have been for one week.

So the young man came into my home, very polite young man, very intelligent young man, as the Minister of Education had indicated that he had encountered someone highly intelligent, when an 11-year-old asked very intelligent questions, very in-depth. When I thought about this young man, I mean, I was like all I could think about was how bright, how intelligent, how astute this young man was, until he came home and spent three months, because one week turned into three months, and my whole life turned upside down. Loved him dearly, no relation, but loved him dearly. When I heard the Member for Tobago East speak about having a child and going through different emotions, and the Member for Fyzabad explaining, you know, the trauma that one can encounter, I understood it first-hand; the difference is that three months later I did not have that issue. But parents are not afforded that. They have to go through that level of turmoil in their home, and it is turmoil because you do not know.

Most times and oftentimes parents do not know and they attempt to discipline a disorder, and you cannot discipline a disorder. You have to seek the necessary guidance and help, assistance from medical professionals. So the young man is in my home and one week later I am pulling my hair out as to what is happening. As I said, he never lost his politeness, nothing, but it was just that difference in the behaviour, the impulsiveness and the disruptions, and, I mean, it was like—I mean, I was literally pulling my hair out.

And one day my husband said to me, because, I mean, I knew the family, he did not, he said, “Listen to me, you have to make a choice”. He said, “It is either you remove this child from the home or I will have to leave the home”. It was really that bad. I am saying this not to bring about any, you know, any ill will or anything, it is just to tell you that there are people out there, there are parents outside there who are going through this emotion and they do not know what to do. The Member for Tobago East raised this, you know, mentioned the Psalm 127, and I am a praying woman myself, and I went and I prayed for the young man, and said, “Lord, you have to tell me what is wrong here because I sure do not know what is happening here, and I need answers now”.

3.30 p.m.

Madam Speaker, you know, God is an awesome God. I was reading some literature, and while I was flipping through the book this thing just jumps out at me, “ADHD”, and I was like, “No way”. So I called his mother—this is about two months after—and I said, “Can you tell me if this child has this disorder?” She said, “Yes.” I said, “When were you going to tell me?” So she said, “Well, remember that little tablet that I told you to give him every day, that is what it is for.” I said, “No, that cannot work. This cannot work on its own, because it is not working.”

So having read the document, one of the things that it encouraged is for the child or the individual to encourage discussions about the disorder and help them accept responsibility for their behaviour. So I told her, “Does the child know?” She said, “No, and I do not want him to.” I said, “Hear what, you said one week, it is now two months, and as long as he is in my home I am taking the prescriptive instructions and I am going to speak to him about it.”

I did so and the young man cried. He cried, and I did not think he would have stopped crying. He did not cry—I was like, “Are you angry?” He said, “No auntie.” “Are you sad?” He said, “No auntie.” I said, “Tell me, son, why are you crying?” He said, “Auntie, for so long I have been isolated and I never knew why. For so long I felt rejected, and I never knew why. For so long I have been lonely and alone and I never knew why. Now I know. Can you help me change my behaviour?” I said, “Son, whatever we can do together we will do.” And so it all comes down to informed decisions.

We all must have that ability to make a decision on our life based on information. So much so, prior to having iPads and iPhones and all the technology that takes us away from having a family dinner, my family and the young man

were having dinner around a table, and as usual we were laughing and talking and having all sorts of discussions, and he impulsively stuck into the conversation and changed it in a different direction. I just stopped and looked at him, and he did this [*Mrs. Newallo-Hosein makes facial expression*] “Auntie, did I do that impulsively; did I act impulsively?” And I said, “Yes, son, you did.” He said, “I am sorry”, and we continued.

I am going through this story to indicate that there is hope; there is hope. We can do so much for our children, because you are correct, the Bible does not lie, our children are an inheritance. That is what they are. The former Prime Minister, Kamla Persad-Bissessar, understood that, because she focused on people-centred development. [*Desk thumping*] She focused on putting special needs, the attention on special needs.

Just to clarify what was said earlier. We have approximately 2,500 children under special needs that receive assistance, whether it is from the 14 private schools out there and the 11 government schools, for many disorders and disabilities. Regrettably ADD/ADHD is not one of those disorders.

The story continues, Madam Speaker. I decided to go to the school as I had now assumed the responsibility as guardian. I went to the school which was a prestige school and I met with his teacher. I said, “Miss, I am here on behalf of young man, so and so, and I came to find out what were his issues at school,” because a message was sent home. She said, “This young man is disruptive, blah, blah, blah, takes away everything, causes confusion, turns my class upside down. I am tired of him.” So I said, “Miss, if I explain to you that he has ADHD, would you be able to assist in putting a programme in place for him?” She said, “What, ADHD? Nah, nah, nah, nah, nah; get him out of this school. We doh have time for dat.”

Madam Speaker, my son was going to be sitting SEA maybe in a year or two, and when I heard that—prestige school, the Minister of Education might be familiar with that school—I immediately took a decision that I would not send my son there, simply because of the fact that a school would make such—well, not a school, but a teacher had made such a callous and harsh statement and decision; because in my life what I have understood it to be, is that you leave no child behind.

So I started to look at the situation going on in the country, and I started to wonder: is this why there is such a high level of crime among our youths? Is this why there is such a high dropout rate in the schools? Is this why there is a low success rate factor among young boys? I honestly did not have the resources or

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the ability to do the research, but I certainly hoped and prayed that one day a government would be able to look seriously at what was happening, and if we could provide whether it is the right counselling or teaching methods, then we could reach our children and we could, in fact, address the major issues that are facing our country.

I had the distinct pleasure of being on a Joint Select Committee, and we are dealing right now with violence in schools, bullying in schools. It has been noted by the NPTA and other key stakeholders that external factors such as ADHD may be a contributor to what is happening in our country. So as a result of it, we cannot ignore it. I am very happy to hear that the MP for Tobago East and Member for Arima will be looking at policies that would change and enhance the education system, and that the social systems will be created to support persons who are afflicted with this disorder.

We have done so much research, and I can give you the background. According to the 2011 Trinidad and Tobago Population and Housing Census there are approximately 52,244 persons living with a disability in Trinidad and Tobago. This is equivalent to 4 per cent of the population. This data is reflective of a 13 per cent person increase in comparison to the last census in the year 2000. ADHD was not considered in this census and, as such, the figures could be, in fact, higher.

Madam Speaker, it brings me to the point of when the People's Partnership Government ratified the United Nations Convention on the Rights of Persons with Disabilities. It allows us, as part of key obligations of this Treaty, to include the adoption of legislation, providing accessibility to information and accessibility to public places, including roads, transportation and indoor and outdoor facilities. But more importantly, as signatories we must commit to raising awareness through society regarding persons with disabilities. It is for this reason that I commend highly my colleague, the Member for Tabaquite, for bringing this to the House. [*Desk thumping*]

Madam Speaker, the Member for Tabaquite does not know this, he does not know I am about to say this. But I had the opportunity while we were on a trade mission—we were stuck in an airport for several hours [*Interruption*] with 15 other people. So I was not alone, Member for Arima. While we are there sitting, it was probably one o'clock in the morning, so everyone is more or less trying to sleep, and the Member for Tabaquite was pacing the floor, up and down. I am watching him and saying—I will not call his name here—but I am referring to him and I said, "Is there a problem?" It was only then he started to speak about

his disorder. I was quite intrigued, because oftentimes we do not see the value of people, we only see what we choose to see. Whether it is what may be classed as antisocial behaviour because of the condition or an inability to keep attention.

But I was intrigued because I knew the Member for Tabaquite to be so highly intelligent. [*Desk thumping*] I know the Member for Tabaquite to implement as a mayor that place called Chaguanas Borough Council. The administrative complex was designed for 2020 and beyond, and that is his brainchild. [*Desk thumping*]

Mrs. Robinson-Regis: Member for Tabaquite, that is not your design.

Mrs. C. Newallo-Hosein: I felt that if we could have someone so intelligent who could overcome a disorder, then there is hope; there is hope. And my mind went back to 16 years when that young man was in my home. I felt joy in my heart that at least where he is now in the US, he could aspire to be anything in this life.

3.45 p.m.

And, so, Madam Speaker, I want to be able to encourage the Government of the day to recognize that the UN Convention on the Rights of Persons with Disabilities is something that we have to take seriously. We can say all that we want, we can put everything into place, but unless we implement it, it is only going to remain on paper.

There is another aspect to this UN convention and that is the National Enrichment Centre for persons with disabilities. That, Madam Speaker, was very dear to the Prime Minister at that time, Kamla Persad-Bissessar. And the purpose of that development centre was to provide diagnostic and rehabilitative services to persons with disabilities. It was also to offer opportunities for vocational training and employment and to facilitate independent life-skill programmes and socially interactive activities. And so I want to say that the PP Government had plans and had put things in place to assist persons who live with disabilities. [*Desk thumping*]

The establishment of the National Enrichment Centre for persons with disabilities will give rise to the introduction of other multi-disciplinary centres throughout Trinidad and Tobago to provide rehabilitative services to persons with disabilities and help with the creation of support groups for families and caregivers of clients. All the persons who really need assistance are the parents out there who, like me, do not know what to do and do not know where to turn to, and it is important for us to partner with NGOs in assisting parents. As I indicated

earlier, discipline, disciplinary action cannot resolve and cannot correct a disorder.

Because you know, Madam Speaker, while I was at home with the young man my children were around watching and they were just a couple years older, a couple years younger, and they wanted to see if mommy would have corrected this badly behaved child because they knew they could not do that and get away with it. And so it is only upon gathering the information and understanding the disorder that I was able to sit down with them and bring about a change in the young man's behaviour by bringing it to his attention which I must say worked not just in his favour, but in our favour.

Madam Speaker, coming back to the National Enrichment Centre which is located in Carlsen Field, it is envisaged that this centre shall relieve and reduce the demand for therapies at the main public health-care institutions including the San Fernando General Hospital, the Port of Spain General Hospital, Mount Hope General Hospital, and hopefully if we are to take the Minister of Health's pledge that the Couva Hospital will be opened soon, that those hospitals will be able to provide some sort of unit to assist persons and that suitably qualified persons with disabilities will be employed at the centre. Because you know, Madam Speaker, sometimes we do not remember that persons with disabilities are people who have to live and to support themselves and they are severely discriminated against, which is something that this Government sought to reduce and to resolve.

So, Madam Speaker, I want to assure parents out there that if your child is diagnosed with ADHD or ADD, that is not to be taken as a death sentence. There is hope because, as indicated, this House has raised an important issue that has affected the lives of many, many people outside. And I would not take too long because we are in agreement—the Government is in agreement, we are in agreement—that it is a matter that must be dealt with.

So, Madam Speaker, while I was preparing it was noted that there is a questionnaire, a questionnaire that the website for ADHD had prepared. It is a checklist actually and it is a checklist that can provide a detailed description of your child's symptoms and this is not at all to replace a health-care professional. It is actually to aid in identifying if the child may be ADHD. So you can, in fact, come with solid facts to your health professional to say, I have presented a checklist where it shows that my child may be that way inclined and so get help. And I can probably get this checklist to the Member for Tobago East as she prepares to create this holistic programme to deal with children with disabilities so that it can be used not just in the school, but at home. The Member for

Fyzabad indicated that there are three areas where you will find this disruption, either at school, either at home or in social settings. And so it is important that you have a comparative analysis where both teacher in school identifying certain behaviours and the parent at home identifying certain behaviours and coming together to find a solution.

Madam Speaker, I am hoping that we do not have to wait for these six policies to be enacted before this simple method is in fact adopted. And that is one of my recommendations, that this questionnaire be filled out by both parents and teachers understanding that attention deficit does not necessarily mean that the child has ADD or ADHD because most of us may be stressed at some times and we do have an attention deficit. So it is not to be taken lightly and so it is important that this list, this comprehensive checklist is, in fact, filled out completely before determining whether your child should be taken to a health professional.

In recommending this questionnaire be filled out, I also do recommend that once the data has been collated, that the participants who have been identified visit a qualified health-care professional to get a medical prognosis and then begin treatment where necessary. And, Madam Speaker, the Member for Tobago East indicated that the cost of this treatment is extremely prohibitive. And I understand that. I understand that. When I was Minister of the People and Social Development, we did recognize—*[Interruption]*

Madam Speaker: Member for Cumuto/Manzanilla, your 30 minutes have expired. You are entitled to 15 more minutes. Do you intend to avail yourself of it?

Mrs. C. Newallo-Hosein: Yes, thank you.

Madam Speaker: You may proceed.

Mrs. C. Newallo-Hosein: Thank you, Madam Speaker. I am wrapping up. I would not be too long again. It is important to begin the treatment as soon as possible. But the cost is prohibitive and while we were in Government we sought to put a system in place to help parents who could not afford it, afford treatment. And this is why the Minister of Education, previous, had put in place or had expanded the programme, because the programme was already in place, to include more persons who can receive assistance for special needs children.

I also would like to recommend that this Government commit to taking the necessary steps and ensure that the National Enrichment Centre in Carlsen Field be functional, where persons with disabilities or disorders can have access to diagnostic and rehabilitative services in accordance with the UN Convention on

the Rights of Persons with Disabilities, [*Desk thumping*] which was ratified by the previous PP Government. Yes, we are calling for you to open it up and to staff it. We want to ensure that no child is left behind. I think the Member for Arima read my notes. That is why we are here. Ensure that no child is left behind. [*Crosstalk*] Madam Speaker, they are having fun here. And to do this we are asking that you ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

And finally, I would like to recommend that the hon. Member for St. Joseph, Minister of Health, open the Couva Children's Hospital [*Desk thumping*] as he pledged on Sunday, April 10, 2016, that he was not going to allow the hospital to rot. And so, Madam Speaker, I thank you to staff it and to have it functional. And so—[*Interruption*]

Madam Speaker: Order, Members.

Mrs. C. Newallo-Hosein:—I will just say in closing, I will give it verbatim.

“He pledged that the Couva Children's Hospital will not be allowed to ‘rot’ and is going to be used to provide health care services to citizens, Health Minister. ‘So it is the intention of this Government to use that facility which you the taxpayer paid for...’

We are not going to leave it there to rot.”

And so, Madam Speaker, I thank you very much for this opportunity to speak, and I am happy that the Government concurs with our Motion. Thank you. [*Desk thumping*]

4.00 p.m.

Dr. Surujrattan Rambachan (*Tabaquite*): Thank you very much Madam Speaker. Let me begin by congratulating and thanking all of the Members of this House who have contributed with such depth and also with understanding to this particular Motion, [*Desk thumping*] which is a non-contentious Motion in the House, but which I think, given the feedback I have had from members of the public, the contents of this debate since it started three weeks ago, judging by what happened three weeks ago, has had an impact upon a lot of people in the community. And, again, I thank sincerely everyone for their contributions.

Today, I want to thank the Member for Tobago East for her contribution; [*Desk thumping*] the Member for Fyzabad, Dr. Bodoë, who brought his medical perspective and depth of research to the matter that really added a lot of clarity

and value to the discussions. [*Desk thumping*] And, also, to thank the Member for Cumuto/Manzanilla, the personal story she gave at the beginning—you read any book on ADHD and you would see many personal stories like that. And, I think, one of the things that we perhaps recognized today in the contribution of the Member for St. Ann's East, the contribution of the Member for Cumuto/Manzanilla, and so on, is that in this House we are all ordinary people also, with ordinary problems. And if we can identify with these problems and look at them from not just our perspective, but from the perspective of the thousands who also have to deal with this problem, perhaps we will be a more effective House of Representatives in terms of the matters we deal with here on behalf of the people. [*Desk thumping*]

So, I thank you, Madam Speaker, for this opportunity to now wind up this debate. But, before I do so, I want to plead with the hon. Member for San Fernando West, in his capacity as Attorney General and perhaps also the Minister in charge of justice, the Member for Port of Spain North/St. Ann's West. There is an organization called The ADHD Foundation of Trinidad and Tobago—it is a charitable organization—and for four and a half years now they have been trying to get charitable status, and because of a complexity in the law, in terms of how the law is being interpreted between two different divisions of the State, it has had difficulties in registering as a charitable status.

Another organization I understand has been trying so for nine and a half years on the same issue. And, I will pass on, through the Member for Fyzabad, who has been liaising with the ADHD Foundation, the details of this matter that I am raising, because I think it is very important that the ADHD Foundation, that they do get charitable status. Because, we are now recognizing in this Parliament that this is a serious issue, an issue that affects as high as 12 per cent of the population if we are to go by the figures from the clinic in San Fernando that were revealed by the hon. Member for Fyzabad—that you have a serious situation and it is not just now a situation among children, it is a situation among adults.

And further, that if we do not deal with this situation as early as possible in terms of the children being affected, then it will translate down the road to the adults being affected, and then it would become what it has become, a bit of a societal problem in the country. And one of the important things to note, from what the Member for Fyzabad said, is that there is no blood test to do to recognize this problem. And the Member for Cumuto/Manzanilla said it even better, that, you know, you cannot discipline this problem like that. You have to deal with this problem with compassion. You are dealing with a behavioural problem and therefore it needs a behavioural intervention, and this brings me to the matter

raised by the Minister of Education. The Member for Arima gave us the assurance that there is a student support service in the Ministry, and that there are people there who are trained to deal with ADHD. Mr. Minister, with all due respect, in preparation for this debate I checked with several schools in my constituency where there are children with these problems, including two government schools, and they categorically told me that they did not have any support for ADHD problems in their schools.

A couple minutes ago, because I wanted to be sure of what I was going to say, I sent back to my personal assistant and researcher, to check again to see whether what they said was true, and she came back to me with a message They said again there was no provision and nothing available in terms of what you are saying to deal with those problems in the school. So, it might be that you may want to tell us and tell the public—and I am not challenging you, but for the purposes of openness and transparency—who are the particular people trained in your Ministry in behavioural interventions, particularly related to the matter of ADHD in the Ministry. You might want to tell the public how many tests have been done on students in the schools where these matters have been reported to the Ministry. Because, in 1995 when I first started to research and deal with this problem, I went to the Ministry of Education, and there was a psychologist there who was attached to the Ministry, and that psychologist indicated to me that—and I do not want to use “he” or “she” now—the psychologist did not even know about ADHD in 1995 in the Ministry of Education. It is strange, but it is very true what I am telling you here today.

So, Mr. Minister, it will be very interesting if you might want to provide a ministerial statement in the future in this Parliament, in which you can tell us: How are these people trained? How many persons have been tested in the school system as a result of the ADHD and so on? And Mr. Minister, through you, Madam Speaker, there is a committee on assurances in the House, and you have given some assurances today that the Ministry is going to make certain interventions. Now, with the committee on assurances, I would hope that there is some time limit that a Minister would be given in order to provide the information that something is implemented. I would hate to think that after such a beautiful debate, after such a debate that would have a profound impact, not only upon today, but the future of the society if we take these matters with some seriousness, that you would be able to say I am going to come back to this House in eight weeks, two months, and say to you that, Members of this House, I have done X, Y and Z in order to implement and provide an actionable programme to deal with this ADHD matter. I really would like to see that done. [*Desk thumping*]

Madam Speaker, the recommendations are going to seriously impact on the society, on students and on adults, and let me say that because of this debate and the depth of the contributions of the debate, the Ministry of Education has a chance to design a new paradigm; it has an opportunity for a new paradigm in how we treat with this matter of ADD/ADHD in the schools and, as well, within that new paradigm to look at the whole question of disabilities and how we treat with them in the education system. I want to appeal, Madam Speaker, to the media to pay more attention to this particular debate that took place here during the last two sessions, and to use the opportunity to sensitize the public a little more about this matter of ADD/ADHD in the population.

Dr. Bodoë, the Member for Fyzabad, in his contribution pointed to research that showed the connection between people with ADHD and people in jail. People with ADHD have the tendency to engage in behaviours that are inimical to societal interest. And this is why it is extremely important that the media also take a role in this matter of sensitizing the public. It is not just the contentious issue that your population is interested in. The population is very interested also in the non-scandalous issues—developmental issues, the human developmental issues, and the ones that can make a profound impact upon the quality of life in the society, and particularly in the quality of life that their children and family members will enjoy in the future. [*Desk thumping*] So, there is a role and responsibility for the media in this regard.

Madam Speaker, the reality is that ADD/ADHD, or I should just say ADHD, is real. There is a significant body of research to show that the behavioural components and consequences of ADHD are significant. Now, I also appreciate, from the research and what has been said here, that there is also a body of opinion which suggests that too much attention is placed on ADHD, and that body of research goes on to say that it is a convenient whipping horse and excuse for negative behaviour. Be that as it may, but I think now the research is leaning more towards showing that ADHD is a significant problem. And the Member for Fyzabad, you know, in the scientific description he gave about the neurology of the situation, pointed out that research is now going on to show how you might deal with the transmitters, and how you might reverse the situation. Also, in the United States of America, if you read the documentation of CHADD, you would see that people diagnosed with ADHD under the DSM are now protected by law also. They are protected. So, this is no longer, you know—

Hon. Member: It is not theory, it is a reality,

Dr. S. Rambachan:—yes, it is a reality that we must fear. And, I therefore would like to think that if we want to err, we should err on the side of saying that 12 per cent of our population are likely to be people with ADHD. Let us err on the side of what is apparent before our eyes, and err on the side of that which recognizes that there is a problem, and that there are children in our classrooms who are impetuous, who have short attention spans, are disruptive and need help. That is more important than anything else.

Now, we talked about research on the matter of ADHD, and I am not going to knock the university, I am not going to knock the Faculty of Humanities and Education, or the Department of Behavioural Sciences and so on. But, when you see the lack of research on a matter like this, you wonder to what extent the university is playing the role it should really play in developmental matters in the society, and in research. You really, really begin to wonder. And I would appeal to the principal of the university, from this floor here today, that maybe they need to look at some of the real societal issues like this one, and put their minds in those faculties towards doing the kind of research that will provide for the Ministry the kind of information and statistical base that will allow you to make even more informed decisions about that matter.

You know, Madam Speaker, when I began to enquire more deeply about this problem, and even just before the debate, I started to talk to a couple of medical people and, in fact, I was shocked when they told me that there was little research done. Because I went to them first to find out what research they had for figures and so on. They said little research was done. But, when they told me that they were actually treating children with ADHD and prescribing drugs, I had to ask the question: So, how are you prescribing drugs to these children if you have not done an assessment and made a proper diagnosis? [*Desk thumping*] And I ask that question very seriously from the floor of this Parliament today; very seriously from the floor of this Parliament today, because I think it is on one of the newspapers today where another lady is speaking about her condition of having third stage cervical cancer—

Dr. Gopeesingh: Fourth stage.

Dr. S. Rambachan: Fourth stage, where she was told that by private physician. But, for months before that she was being diagnosed and all they were trying to do was stabilise her. And I wondered to what extent in the public health institutions we are really doing the depth of research on patients when they come there, and not really just doing very cursory kinds of examinations, when more detailed examinations—thankfully that lady is still alive, because she said she did

not intend to die and leave her daughter to think about her future, and she is still alive today. But it really is something that bothers me about, you know, what kind of examinations are being done and research on the whole.

So I want to appeal for more focused research on the real societal issues that we have to deal with. The Member for Caroni East mentioned a drug a moment ago—Ritalin—as one of the drugs that is being prescribed. But, you know how many doctors tell people that Ritalin can affect your heart? How many doctors tell people that Ritalin can lead to tics, and motions, and movement—[*Interruption*]—whatever it is, but it can lead to death. So, they are prescribing drugs, but these drugs have some impacts on the individual. So you got to be very careful with the prescription drugs.

Now, the Member for Laventille West asked me a while ago, is there a cure for ADHD? And I said to him, there is a cure, and the cure has to do with how you develop self-awareness of the problem, and you are able to negotiate with yourself when the condition steps in and therefore control your behaviour. It is a kind of self-discipline and a self-imposed therapy in which you have to deal with the problem.

4.15 p.m.

I can tell you, now I know when ADHD is coming and so on, and you draw back, otherwise you continue to be very impulsive and very impetuous. Now, ADHD people are not dunce people, eh, by the way. They are very bright people. The Member for Cumuto/Manzanilla gave that story of that young man and showed that he was a very bright individual that you are dealing with. The Member for Arouca/Maloney told me that I should correct the records about the design of the Borough Hall in Chaguanas. And just as an aside, Madam Speaker, you might find this story very interesting: the designers—the ones who finally drew the building up was Jaspal Bhogal Associates. But when we first—through the Ministry of Local Government, Mr. Rennie Dumas was then the Minister—when they were first employed to design this building they brought back a design which was a square building. And I said to Mr. Bhogal, Mr. Bhogal this building has no emotions. This building does not facilitate communication between people. You are talking about a town hall. You are talking about a community meeting place, and I hope Mr. Bhogal still has the drawing that I gave to him.

I sat down there on my desk and I drew, I put my hands like this on the desk and I said, look at my hands, this is half a circle here and this is half a circle here. I want the building in two half circles like this with a courtyard in the middle. I want cars to drive in and out of the front and I want an auditorium at the back and

I gave him that drawing. So if I am correcting it, Member for Arouca/Maloney, I am correcting where the concept of the design came from for the Chaguanas Borough Hall. It came from what I gave to Mr. Bhogal following the rejection of the square building. [*Desk thumping*] Because, you know—[*Interruption*—that is an interesting aside—[*Crosstalk*—I am not afraid to say what I say here.

Madam Speaker, the ADHD issue has shown us how much we have to work, how hard we have to work with our children in the schools and how much more work we have to do as parents in observation of our children. I think the point was well made by the Member for Tobago East that this is not just a problem for the teachers. The teachers inherit the problem, it is a problem for the home and a problem for the parents. You see, it is easy to blame Governments, it is easy to blame Ministers for shortcomings and so on in the education system. And, yes, Ministers must take responsibility and they ought to take responsibility for what is happening in the school system. But, there is also a role for the administrators below the Minister as to what is happening in the school system. And I think, with all respect, Minister of Education, that the administration of the education system leaves a lot to be desired when it comes to matters like what we are debating here today. It leaves a lot to be desired.

I know that it is a hard pill for you to swallow after you—as you would big up the PNM and so on. This has not got to do with PNM, it has not got to do with UNC, it has not got to do with NAR, nothing like that. It has to do with public servants and public officials who must see their work as worship. [*Desk thumping*] They must see themselves as servant leaders and then you would make a difference to how the matters are done in the public service. That is where the difference will come, because the distinguishing mark of an educational institution in our country will be in its ability to deal with the exceptions and not just the norm. And I think we will have to talk about—they may say, you will have to talk to him about a process, but what are the protocols—which is a very famous word now for the Member for St. Joseph. What are the protocols to be applied when they discover that a child may be a potential ADHD case? That is one good way you can start.

What are the protocols you are going to put in place so that that teacher, that principal, can then enact the process and get help? Because, Mr. Minister, I am telling you in all sincerity there is no support for the schools when children are so designated with ADHD. We want to build a student-centred education system, that is the goal of everyone, a student-centred education system and that is not just about curriculum. We are focusing on curriculum, but the curriculum will be of no use; the best physical infrastructure will be of no use unless we deal with the

psychological, emotional, the responsiveness, the attentiveness which we pay to that child in that classroom.

Madam Speaker, I may go further as to tell you that one of the best ways to approach children with ADHD or children in school with problems is love. Love conquers all. And a child who feels unloved in a school is a child who will grow up with rejection even in a home. Madam Speaker, look at the children in your own home and you will see that sometimes a child in your home that you are probably having trouble with is gravitating to somebody and sometimes to the wrong people outside the home. And you know why? Because that child goes there and finds love and finds acceptance which is missing in the home environment, and as parents you will find that you better provide love and acceptance for your children otherwise they may just go to places where they should not go and then find it and then you have a bigger problem on your hand. And ADHD children are like that. They give you trouble and they do not know why they are giving you trouble. From morning to night they could give you trouble, but then they could be very loving children too, I tell you, very compassionate, very understanding. You know, it is the mood swings also that are involved.

Madam Speaker, so this is not just about teaching skills, it is not just about learning and absorption capacity. It is not just about tailored methodology, it is much more than that. It is about dealing with a human being, a special human being and that is what is important, a very, very special human being. Madam Speaker, the Member for Tobago East used a very beautiful term and this is very close to me. She used the term “child-friendly communities”. In my own constituency I introduced about four years ago, child friendly communities. And a child-friendly community is where you have a group of persons in the community who will make sure that the community is friendly to the child.

So even that community—for example, you do not have a playground and the children are accustomed playing cricket, let us say, on the roadway, and you find that you have someone who drives very badly on the road, that group will contact that person to say this is a child friendly community. Or if it is that in that community there is no water and they find that children are affected, that group also comes and says, listen, let us try and get water to that community. And these are the things that we have been doing in several communities.

So, we have to develop child-friendly communities in this country and maybe what we should be doing is putting up signs saying, “you are entering a child-friendly community”. You know what that will mean, you know that vision of

what that is? [*Desk thumping*] You know nationally what that will do for our perception of our children and how we treat with our children. You cannot talk about a future of the kind that you want with well-balanced people, with people who will grow up with love rather than hate and so on, if you do not give them the values and the virtues and the environment in which they learn to love. [*Desk thumping*]

You know, Madam Speaker, there was a very elderly lady who came to visit me in my office and there was another elderly lady who was in the office at the time, so both of them are sitting there having a cup of tea with me and the one who came to visit me had come for a very special reason. She came to tell me that she was having problems and her children were not visiting her and if I could approach her children to tell them that she is very lonely and they should come and visit her. This is interesting, eh, they come to the Member of Parliament for something like this. And the other grandmother who was there said to her something so interesting that has remained with me. She said, maybe you did not teach your children how to love when they were young so they have forgotten how to love you in your old age. It is very, very, interesting. Very instructive, one grandmother to another mother and grandmother, it was very instructive. So child friendly communities, I think it is very important that we deal with it.

So, Madam Speaker, I want to thank you very much for the opportunity provided for this debate. I hope that this House will have many more debates like this one where the people's interests are concerned, where the people's welfare is concerned. When we can show the population that we are interested in things more fundamental that affect them where they are—we are talking here about making laws and so on and so forth, but we must also think about what is affecting people where they are. We must come out of the Parliament and put our feet in their shoes, put our minds into their heads for a moment, transmit ourselves into their homes and to see what they are facing and what we can do here in order to enhance the capacity for a more fruitful, productive life.

Maybe in the future, we will see a debate in this Parliament like this but will deal with more fundamental issues—the issue of productivity in this country and the issue of commitment to nation and what is happening in there. Maybe those are the kinds of debates that we need to introduce in this House. Maybe we will see a debate on the criminal justice system so we can further understand why there is such a high level of people returning to crime and so on in the society so that we can help them.

Madam Speaker, there are many issues that we can debate in this regard. I intend to file Motions that will deal with these because I really want to, myself, have a new paradigm in terms of what the representation is about and what the Parliament is about. With these few words, Madam Speaker, again I thank all my colleagues for the support for this Motion and I thank you. [*Desk thumping*]

I beg to move.

Question put and agreed to.

Madam Speaker: Hon. Members, it is now 4.27 p.m. and this House is now suspended for half an hour.

4.27 p.m.: *Sitting suspended.*

4.57 p.m.: *Sitting resumed.*

ADJOURNMENT

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

Madam Speaker: Hon. Members, there are three matters that qualify to be raised on the Motion for the adjournment of the House filed by the Member for Pointe-a-Pierre and the Member for Caroni East. May I ask the acting Whip if they intend to proceed with all three?

Mr. D. Lee: Madam Speaker, thank you. We intend to proceed with matters of No. 1 and No. 2.

Madam Speaker: Thank you. I now call upon the Member for Pointe-a-Pierre.

Forres Park Landfill

Mr. David Lee (*Pointe-a-Pierre*): Thank you, Madam Speaker, for allowing me to raise this matter on the adjournment. Each year, the health and well-being of thousands of residents from communities such as Springvale, Claxton Bay, Pranz Gardens, Diamond Village, Cedar Hill, Phoenix Park and Windsor Park are negatively impacted by the excessive smoke that emanates from the Forres Park landfill due to fires and poor maintenance.

Let me firstly sincerely thank you on behalf of the citizens of Pointe-a-Pierre and environs whose lives have been and continue to be negatively impacted upon by the profusion of health and social issues as a result of these hazardous

conditions. There is a time for politics while there is a time for progress and this happens to be one of those times. At times we may differ from those opposite to us. However, collectively as a Parliament, we all have a responsibility to each and every citizen of this nation, which is preserving and protecting their welfare as we ensure their safety. Thus, this is not a discussion about what was done or not done but rather a discussion on how we, as elected representatives, can all work together to enhance the lives of a group of individuals who are facing dire constraints.

Every dry season, Madam Speaker, residents prepare for a grim winter of thick smoke and toxic odours which enter their homes and living spaces within hours of the start of a fire within the dump. This smoke and odour, which take hours to trap the residents in their homes, prolong for weeks causing respiratory problems, headaches and other illnesses. The common claim by residents when they visit my constituency office for assistance, it is like hell. I would like to quote a resident:

Anyone who wants to get a taste of hell can visit Springvale, Claxton Bay at any time whenever the nearby Forres Park landfill is ablaze.

During this horrific period, some demographics that are greatly impacted and the most vulnerable are babies, young children and the elderly. Many couples are often forced to relocate temporarily with their babies during this period as these conditions can prove to be quite fatal to the newborn. The efforts of relocating can be arduous to the families as they have to split up or even pay a rent for another home until the condition subsides.

This impact on the elderly is also quite grim as with babies and young children. Many senior citizens are affected by severe respiratory afflictions which result in many acute complications given their age. Many of them are forced to lock themselves into rooms with fans in an effort to escape the smoke. Families with heart patients also become very anxious at this time, given the vulnerability of their loved ones.

The plight of heart patient, Ashmeed Ghany, a constituency member, was expressed in an article published in the *Trinidad Guardian* on March 16, 2016 entitled, Burning dump leads to cancelled classes.

Ghany, age 51, suffers from cardiogenic pulmonary edema, a condition where water gathers in the lungs. He also suffered a major heart attack and as a result was forced to install a pacemaker. Living opposite the school, he stated that he had to use a nebulizer as he was unable to breathe properly due to the large

volume of smoke in the atmosphere. Residents such as Christine Sharmaine of Springvale, a mother of two, suffers with asthma, has been hospitalized many times in the past which has affected her working patterns as she was forced to recover. Miss Sharmaine, like many other asthmatic patients, had resorted to staying by friends outside of this area.

Madam Speaker, one can therefore sympathize with the traumatic and possibly fatal health issues being faced by residents, but it goes further than this. The communities are also experiencing repercussions on their social fabric as the education of the children is being impacted. The Springvale Hindu Primary School, which is comprised of over 200 students, is affected each year as it is located in the course of the wind directions, and even the school is forced to shut down due to students having to be rushed to the hospital with asthma attacks and other respiratory issues. This has made it impossible for the efficient exam preparation and consistency for study.

Having just described the tip of the iceberg of negative issues due to poor maintenance of the Forres Park landfill, one can see why this Motion is so critical to many citizens. This is an issue close to my heart because during my campaign last year and presently as I serve my constituents, I gained first-hand experience and knowledge of the situation. It hurts to see the turmoil they face during this ordeal—when you look at the pain and agony in the face of my constituents that they have to endure. Therefore today, I have brought this Motion in an effort to bring relief to those families already struggling financially but are now forced to pay rent for alternative accommodation so as to protect the health of their children, as well as increased medical cost.

Most importantly, I brought this Motion for the children of these communities who deserve to be outside enjoying the recreational games just as any other child throughout Trinidad and Tobago. The moral test of a nation is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadow of life, the sick, the needy and the handicapped.

Therefore, we as a Parliament must reflect on our own families to best understand this issue and create the will to rectify the situation. As representatives of the people, we must all reflect and ask ourselves: would we be happy if it were our children, babies, breathing this heavily polluted air? Would we be comfortable if it were our own parents suffering from discomfort? Would we be happy if it were our homes, our escape from the hustle and bustle, being invaded by toxic smoke and odour? I am certain the answers would be all in the negative.

Thus, as the local saying goes: what we do not want for ourselves, we must not want for others, especially those who we represent and serve.

Madam Speaker, doctors have confirmed a number of health-related issues that occur in individuals who live close to landfills and have been impacted by the smoke and odours of these landfills. Some of these include: cancer, low birth rate, and impact on the children, as far as reports have shown—shorter stature and slow growth among the exposed children. The Pointe-a-Pierre constituency and environs, like Tabaquite and Couva South, already have the presence of Petrotrin and Trinidad Cement Limited coupled with a high percentage of children suffering from Down's syndrome and autism. Therefore, these health risks posed by the landfill make this scenario even bleaker.

Mrs. Robinson-Regis: Is there a link you are making between one—

Mr. Deyalsingh: Is there a link between—

Mrs. Robinson-Regis: Is that a link?

Mr. D. Lee: Yeah, I will link it. Which one? With what? The autism?

Madam Speaker: Member for Pointe-a-Pierre, please continue with your contribution directed to the Chair.

Mr. Deyalsingh: Member, please?

Mr. D. Lee: Sure.

Mr. Deyalsingh: Are you making a link between the fumes and the cement and all that with autism and Down's syndrome?

Mr. D. Lee: Madam Speaker, what I am trying to say is that in my constituency of Pointe-a-Pierre, we have two major corporations: Trinidad Cement Limited and Petrotrin and they emit toxic fumes in the air along with the landfill, and we have a very high rate of—I am not linking the two. I am just saying that we have a high rate of autism and Down's syndrome children in my constituency.

Madam Speaker, it is important that all possible steps are taken to relocate this site. I, therefore, make a plea to those in authority on behalf of the thousands who suffer each year that they will do all within their remit to alleviate this situation. These residents cannot go another year facing these strenuous circumstances. Each time they are faced with this situation, they are burdened financially, socially, emotionally and physically. I am aware that closure of this site will not be a short-term measure. However, in the short term, I am hoping that the

Government of the day will try to implement new strategic measures aimed at effectively managing waste at this site and preventing fires from occurring.

Madam Speaker, we often speak about diversification and investing into new resources to encourage national development and national growth. However, the greatest asset we can invest into a nation, and be assured of dividends as well as benefits is our human capital. Today, we observe Earth Day and I therefore ask this Parliament to give the people of Springvale, Claxton Bay, Pranz Gardens, Diamond Village, Cedar Hill, Phoenix Park and Windsor Park, a true and fair opportunity at achieving their full potential by enhancing their living standards. Madam Speaker, I thank you. [*Desk thumping*]

5.10 p.m.

The Minister of Public Utilities (Hon. Brig. Gen. Ancil Antoine): Madam Speaker, thank you for the opportunity to respond to this Motion. The Forres Park landfill was established in 1983, the country's only partially engineered landfill. So this landfill has been in existence for quite a number of years. It covers 22 hectares and handles approximately 503 tonnes of waste per day.

Madam Speaker, fires at landfill sites occur spontaneously, especially during the dry season. The occurrence of fires is also heightened when persons indiscriminately burn items close to the fringes of the landfill sites and these fires spread to the landfill.

It was ascertained that on Monday, March 14, 2016, at around 4.00 a.m. there was a surface fire at the Forres Park Landfill that escalated due to the strong downwind. This caused embers and burning foliage to rapidly spread to the northern face of the landfill on to uncovered waste. Landfill uncovered waste served as fuel for the fire, causing it to burn rapidly and intensely, spreading to an area of approximately six acres, producing significant smoke impact to the downwind communities.

This portion of landfill, due to the steep terrain, was not covered and as such the exposed garbage easily ignited and the lingering burning smoke lasted for over six days. The fire produced significant smoke and impacted the site office area, Kangawood Road and downwind communities in Springvale, particularly the Springvale Primary Hindu School.

Madam Speaker, SWMCOL's emergency teams were immediately activated and mobilized its on-site heavy duty equipment, cover earth material, labour and other resources to combat the fire. The staff of SWMCOL, together with the site contractors worked into the night to contain the fire.

Prudent site management by SWMCOL has relocated the current tipping area to a site downwind of the communities and a berm has also been built to act as a firebreak to prevent future spread of fires from bush fires in the surrounding areas. They have also been working closely with the Disaster Management Unit of the ODPM to look into short-term remedial action that can be taken.

Madam Speaker, air quality monitoring was conducted by SWMCOL's environmental quality officer and also an independent third party testing firm. Testing was done in the Springvale community. One testing station was set up at the Springvale Primary Hindu School, as this was one of the vulnerable areas. All results indicated no elevated levels were detected.

SWCOL, along with the ODPM and Red Cross, conducted a walkabout in the Springvale community to gain feedback from the residents. The team also met with the teachers and parents of the Springvale Hindu School several times. While the air quality testing was favourable, there would have been intermittent periods of acute smoke impact, especially on children and persons with pre-existing medical conditions. All nearby public medical facilities were alerted to the situation and informed to treat with priority persons coming in for smoke impact from the Springvale community. Madam Speaker, unfortunately because of the very nature of landfills, spontaneous subterranean fires will still occur, especially during periods of extreme dryness and heat.

Madam Speaker, SWMCOL had many positive measures on fire mitigation in place during the recent fire at the Forres Park landfill site. SWMCOL had an emergency management plan in place, in addition to a landfill fire prevention, control and mitigation plan. The availability of SWMCOL's on-site emergency equipment and material facilitated a quick response to the fire. SWMCOL has cover material at strategic locations on the active tip area, contributing significantly to the rapid response in combating fire, and this is part of the response that SWMCOL will have, material on-site to move swiftly to deal with any occurring fires. A good response time by SWMCOL's emergency response team was evident. Additional labour was quickly mobilized within one hour's time to utilize on-site equipment.

SWCOL is currently working on plans to upgrade and convert the Forres Park site to a full-engineered sanitary landfill, according to international standards. The design of the new engineered site at Forres Park is scheduled for this fiscal year.

Madam Speaker, following the last incident, SWMCOL has also been working with the school to seal the classrooms and provide the necessary infrastructure so that smoke does not enter the buildings in future. They have also worked out an

evacuation plan with the school in the event that a fire or other disaster forces the closure of the school in the future.

I sympathize with the Member of Parliament for Pointe-a-Pierre, in terms of the situation with the landfill but, as was pointed out, what he is saying about linkages between the smoke from the landfill and certain afflictions of the population—[*Interruption*]

Dr. Gopeesingh: It causes lung problems.

Hon. Brig. Gen. A. Antoine: I do agree. So I am thankful for the correction, in terms of the linkages, but yes, I do concur that the smoke will affect the citizens and especially the schoolchildren, the aged and the infirmed. The intention is to deal with the landfill and the intention is to have a holistic approach, in terms of the entire waste production and dealing with waste products. The intention is for SWMCOL to go into recycling, in terms of the landfill and in the future, the landfill would be more modernized to deal with situations and to eliminate the problem of fires at the landfill. Thank you. [*Desk thumping*].

Newly-qualified Doctors (Government's Filling of Vacancies)

Dr. Tim Gopeesingh (*Caroni East*): Thank you, Madam Speaker. Thank you for allowing me the opportunity to present this Motion on the adjournment this afternoon. It is a Motion on the issue of the health sector; a very disconcerting issue now, particularly, a number of vacancies are not filled in the health sector. While we need more human resource personnel in the health sector, we find that they are not being filled to the extent that we need to continue to provide an improved managed health care in the country. And this really would affect, from the newborn, to the child, to the adolescent, to the adult and to the senior citizen.

To speak about the vacancies as a whole and all aspects of vacancies in the health sector would take a long time but I want to focus this afternoon on one particular area and that is the vacancies existing for the newly-qualified doctors in Trinidad and Tobago.

Madam Speaker, I have been advised that there are close to about 150 doctors who are waiting for jobs from since—some from as long as July 1st last year and some from January 1st this year. And I have been advised that it is close to 150 doctors who have finished their internship programmes and are now waiting for jobs, for some now 10 months and some four months.

So it is important for the hon. Minister to give us a true perspective of why these doctors who have been qualified and spent five years in medical school, a year and a half doing their internship and been trained during the internship programme, some as much as two years—I am advised by my colleague, Dr. Khan, Member for Barataria/San Juan, that some of the internship programmes are two years. So here it is—[*Interruption*]

Mr. Deyalsingh: What?

Dr. T. Gopeesingh: Yes, a year and a half/two years.

Mr. Deyalsingh: That is what you just said.

Dr. T. Gopeesingh: Not in Trinidad. Some are here in Trinidad waiting for jobs, having completed their internship programme. So we have a situation, Madam Speaker, that we have 150 trained doctors unemployed, and while the Minister says that they are looking for human personnel, they cannot open the Couva Hospital because of lack of personnel, here it is presenting that we have 150 doctors and they can readily take up positions within the health sector.

In addition, at the end of June this year, we expect about another 100 doctors coming out from the internship programme to be house officers. The hierarchy of it is that you do internship, you become a house officer, then a junior registrar, a registrar and a consultant. And so we have vacancies in consultants' positions, vacancies in registrars' positions, vacancies in junior registrars. But more critically is why are these 150 doctors—and on July 1st there are going to be approximately 250 doctors, I am advised—who are needing jobs and are not obtaining jobs?

Most of these doctors who are waiting on jobs have been island scholarship winners, additional scholarship winners and they have been funded by the GATE programme and to fulfil their obligation from having received an island scholarship; my understanding is that if the State does not provide a job for you within six months, you do not have to complete your obligation for it. So here it is the State spent millions of dollars educating these doctors and the State now is not in a position to offer them employment. Why are they not being offered employment in the four Regional Health Authorities in Trinidad and one in Tobago?

My understanding as well, I have been told, that the Regional Health Authorities are not given the money. And this is for the Minister of Finance to

answer; whether the Regional Health Authorities have been given the money that would allow the Regional Health Authorities to employ these doctors.

Now, these doctors are well, trained doctors and if you do not give them employment they would leave these shores. You will have the best doctors leaving the shores. So if you want to have health tourism, which patients will come if you do not have the cadre of personnel that you have to train to become the best? And here it is an opportunity that these 150 doctors or 250 doctors need to be continuously trained to build the cadre of the health profession and the health professional so that we can boast and have some of the best doctors.

Most of our professors now at the University of the West Indies are home-grown doctors who have trained here and abroad and developed the skills and competencies and have been brought to the position to become professors of the university.

So if we are to continue this, why are we not providing the employment and the skills training that these doctors need? Because once you stop working as a doctor you lose your skills and 10 months is too long for a young doctor to be waiting there for a job. Some of their parents invested millions of dollars on them to get their profession and they are not being employed.

So we are talking about health tourism. We are talking about private sector/public sector partnership. How can we have private sector/public sector partnership when we do not have the cadre of trained doctors in the country?

Madam Speaker, we are losing the best to the metropolitan countries and we are weakening the human capital base for our country, in terms of having the best doctors to deal with our patients. They need to continue the training, and we have competent people to help them continue the training.

5.25 p.m.

The foreign countries, United Kingdom, Canada and United States have closed their doors to our doctors. It takes a long time for someone from Trinidad to be able to get a job internationally. So where do they have to get their further training? Right here in Trinidad and Tobago. So it is important that we provide the opportunity for them. So it is painful.

I have a colleague who has been my anaesthetist from 1981, 35 years he has been my anaesthetist. Two of his sons are trained as doctors. One has had to leave and go abroad. The other one is waiting for almost six months to get a job now in Trinidad. So, he is one of the parents who has asked me to raise this issue with the

Minister of Health, with the Government: why are these doctors not getting the opportunity to serve and fulfil their obligations under the scholarships?

So it is important for the—my understanding is that the money is not even provided for reagents, for doing little blood tests in the South West Regional Health Authority. So you have half of the population of Trinidad and Tobago who are at risk. God forbid something happens to one of them and they have to go into the hospitals in south, they do not have the reagents to do simple blood tests. So how can a doctor make a diagnosis, when you cannot do a simple blood test like a complete blood count or a renal function test or a liver function test? So it is affecting the health care. Listen, we are all in this together. We want to see the best for our people of Trinidad and Tobago. We want to provide the best health care for everyone. So it is important that the Government decide what they want to do, and do what is appropriate and do what is right.

Madam Speaker, it was our founding father of Trinidad and Tobago, Dr. Eric Williams, who wanted the University of the West Indies in Trinidad to open a medical school. Dr. Williams said that UWI, Jamaica was taking 120-plus students and Trinidad was only getting 25 students per year. I was one of the students in 1973—and he became angry. He said we must open our own medical school, and he ensured that with Profs. Beaubrun and Bartholomew and Rolf Richards and a whole team of professors.

In 1987 the NAR said, “You could open the medical school. We are not going to give you money”. So we had to take in students from Manipal. I was one of the founding people there. I was younger than the other professors, but we opened the medical school in ’87. It is now 29 years old, doing very well. We are producing some of the best doctors in the world. So we have to take care of them, and continue our contribution towards the development of health care in Trinidad and Tobago.

The Minister will have the opportunity to give us a broader picture if he wants, about the vacancies existing for nurses, nurses’ aides and paraprofessionals in every other area, but I had to focus on these doctors who are crying out loud, “What are we going to do? We do not have a job; we are losing our skills; we do not have training”, and the country is suffering from deteriorating health care.

Thank you for allowing me the opportunity for contributing. [*Desk thumping*]

The Minister of Health (Hon. Terrence Deyalsingh): [*Desk thumping*]
Thank you, Madam Speaker. Today confirms why a doctor should not be the Minister of Health, [*Desk thumping*] because you brought a Motion and you did

not quote one statistic to back up your argument. So let me educate the House on the statistics that are relevant. House officers, vacancy rate by category, 2015, 19 per cent; went down to 9 per cent in 2016 under our stewardship; [*Desk thumping*] graduands from the University of the West Indies, 2011, 174; 2012, 190; 2013, 235; 2014, 205.

Given the above rates of graduation, there appears to be a very adequate supply of doctors needed for the demand estimated over the next five years of 1,329. So you have enough house officers. You may even be having too many interns to get into the public health-care system because the vacancies have been filled at that level. We have a 9 per cent vacancy rate at the level of house officers.

The problem we have is at the upper levels of junior registrars, SMO, consultants and registrars because in the past, there was absolutely no succession planning to take the house officers up to the level of junior registrars, consultants and so on, and that is what we are now doing, [*Desk thumping*] because the statistic—you see, there is a management concept: you cannot manage what you cannot measure. So just to come with anecdotal evidence is not enough to educate the public.

So, what are the vacancies at the SMO level and consultants' level? In 2015, it was 31 per cent, has gone down marginally to 27 per cent; not good enough. Registrars—[*Interruption*] you had your turn to speak—registrars, 2015, 44 per cent. It has actually gone up a bit in 2016 to 51 per cent. This is the data. Based on that data, [*Interruption*] we now have to put plans in place to migrate our junior doctors, our interns, our house officers up to the level of SMOs, consultants and registrars. One of the reasons for these bad figures is because over the past five years, there was no succession planning, [*Desk thumping*] and we are fixing that.

The Ministry of Health and the Service Commissions Department, we have already started to work to fill the vacancies on the establishment, those permanent posts; we have started to work to fill those vacancies. Example, medical officers, pharmacists, medical lab techs, staff for public health, and all allied health. You see, my focus, unlike yours which is just doctors, my focus is on the entire health care system. [*Desk thumping*] You spent nine minutes talking only about doctors, as if it takes doctors alone to run a public health-care system.

I am talking about—we are going to fill some of the vacancies for pharmacists, so when the doctors write a prescription, there is somebody to dispense the prescription. The Service Commissions Department comes into the Ministry of Health in two weeks. So let me tell the public and tell you, Madam

Speaker, the Service Commissions Department comes into the Ministry in two weeks to start filling these vacancies. [*Interruption*] The mess that they left behind, we will fix that mess. [*Desk thumping*]

Madam Speaker: Member! Member!

Hon. T. Deyalsingh: The RHAs are all—[*Interruption*]

Madam Speaker: One minute please? Member for Barataria/San Juan. Member, Member for Barataria/San Juan.

Dr. Khan: Yes, Madam Speaker.

Madam Speaker: There is a particular way—[*Interruption*]

Dr. Khan: I understand, Madam Speaker.

Madam Speaker:—could you please abide by the Standing Orders. Thank you.

Hon. T. Deyalsingh: Thank you. What are we doing specifically for the doctors to migrate them from the junior levels to the senior levels? The University of the West Indies has the DM Programme which will tackle—[*Interruption*]

Dr. Gopeesingh: You are misleading the House.

Madam Speaker: What Standing Order you are referring to please?

Dr. Khan: Standing Order, 48(6). [*Crosstalk and interruption*]

Madam Speaker: Member, could you please continue, Member for St. Joseph.

Hon. T. Deyalsingh: Thank you. So, the University of the West Indies DM Project [*Crosstalk and interruption*] will start to train internists, people in psychiatry, radiology, general surgery, ENT surgery, ophthalmology, anaesthesiology, and accident and emergency medicine. [*Crosstalk and interruption*] There are other areas for post-grad training in neurosurgery, pathology, and oncology.

Madam Speaker, the mover—[*Interruption*]

Mr. Charles: Standing Order 48(1), the question was asked about the 150 doctors. [*Desk thumping and crosstalk*]

Madam Speaker: Member for Naparima, there is a particular Motion that is worded in a particular way. I overrule you on relevance. [*Interruption*] Please continue.

Hon. T. Deyalsingh: So, the hon. Member for Caroni East said, why not take—[*Interruption*] so I am coming to your answer now. He said, why not take these 150 doctors, [*Interruption*] these junior doctors, and put them in the Couva Children's Hospital? Madam Speaker, could you imagine inflicting on this country, a tertiary health facility, run only by junior doctors—[*Interruption*]

Hon. Member: By interns?

Hon. T. Deyalsingh:—by interns? Madam Speaker—[*Crosstalk and interruption*]

Madam Speaker: Member for Barataria/San Juan.

Dr. Khan: Sorry, sorry.

Madam Speaker: The next occasion, I would ask you to please leave the Chamber. [*Desk thumping*]

Hon. T. Deyalsingh: So, my learned doctor friend wants to take 150 interns with baby's milk in their faces still, to run—[*Interruption*]

Dr. Gopeesingh: You are misleading the House.

[*Dr. Khan leaves the Chamber*]

Hon. T. Deyalsingh: You said why not take them and put them in Couva.

Dr. Gopeesingh: To start with.

Hon. T. Deyalsingh: You cannot do that. You cannot, and this is where I say, they have been loose with the facts, and let me tell you why.

Dr. Gopeesingh: Are you employing them?

Hon. T. Deyalsingh: In Couva—they specifically asked me about Couva. Let me tell you some of the services, Madam Speaker, about Couva: paediatric infectious diseases services; do you know how many doctors we have in Trinidad who can deliver this service that they were going to do in Couva? None! Paediatric nephrology and dialysis was going to be done in Couva. Madam Speaker, do you know how many of those sub-speciality practitioners we have in Trinidad and Tobago? None! Paediatric gastroenterology, do you know how many paediatric gastroenterologists we have in Trinidad and Tobago that they were going to put in Couva?

Hon. Member: How much?

Hon. T. Deyalsingh: None! Paediatric dermatology, do you know how many paediatric dermatologists we have in Trinidad? None! Well, that is how they were going to open the Couva facility.

Hon. Member: They opened it.

Hon. T. Deyalsingh: Oh, sorry, you opened it.

Hon. Member: They opened it.

Hon. T. Deyalsingh: You opened. You commissioned it. *[Interruption]* Do you know, Madam Speaker—*[Interruption]*

Madam Speaker: Member for Naparima, this is the last warning.

Hon. T. Deyalsingh: Do you know there is no pharmacist attached to the Couva Children's Hospital. There is a vacancy, because we are talking about vacancies, *[Interruption]* but do you know why? The pharmacy in the Couva Children's Hospital does not have a licence *[Interruption]* to operate. It does not have an aspirin. *[Interruption]* It does not have a Panadol, but they commissioned the hospital on August 14, 2015.

Madam Speaker, there is no one in Couva—there are vacancies in Couva to operate the incinerator, but worse than that, there is no incinerator. *[Crosstalk]* So we now have to find a way. Is it that we are going to take the medical waste from Couva and send it to San Fernando, because they did not get the certificate of environmental clearance to build the incinerator? *[Interruption]* So they built the hospital without the incinerator. So there is no incinerator and there are vacancies for people to run the incinerator. *[Interruption]*

Madam Speaker, there are vacancies for people in Couva to operate the waste-water system.

Dr. Gopeesingh: Irrelevance to the Motion. *[Interruption]*

Madam Speaker: Member, Member for Caroni East, I overrule your objection. Please continue. *[Interruption]*

Hon. T. Deyalsingh: So, Madam Speaker, in talking about the vacancies, there is no waste-water system when they commissioned the hospital on August 14, 2015. Do you know that? What were you all going to do with the waste-water? There is a vacancy to operate the waste-water system. *[Interruption]* And we started—and UDeCOTT—*[Interruption]* Yes, there was no waste-water system.

Madam Speaker: Member for Caroni East?

Dr. Gopeesingh: Sorry, Madam Speaker.

Madam Speaker: Please continue.

Hon. T. Deyalsingh: Yes, so, in wrapping up, Madam Speaker, because my time is coming to an end. [*Laughter*] For Couva, they have absolutely no specialist to run the paediatric department in Trinidad and Tobago. There is no pharmacy. [*Interruption*] There is no pharmacist. There is no pharmacy licence. There is no incinerator. There are vacancies to run the incinerator, but we have to decide whether to build the incinerator now. And there are vacancies to operate the waste-water system.

Madam Speaker, I thank you. [*Desk thumping*]

The Minister of Planning and Development (Hon. Camille Robinson-Regis): Thank you very kindly. Madam Speaker, I beg to move that this House do now adjourn to Monday, April 25, 2016 at 1.30 p.m. At that time, we will be doing Motions No. 2 and No. 3 that now appear on the Order Paper. I would like to indicate as I have indicated to the Acting Chief Whip, that we will be asking to take those two matters together.

Madam Speaker: Hon. Members, before I put the question, notice has been taken of a developing practice of Members to place heavy reliance on voluminous notes. Members would be asked to take notice of the relevant Standing Order, Standing Order 44(10).

Question put and agreed to.

House adjourned accordingly.

Adjourned at 5.40 p.m.