



REPUBLIC OF TRINIDAD AND TOBAGO

# Debates of the House of Representatives

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4th Session – 10th Parliament (Rep.) – Volume 23 – Number 19

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**OFFICIAL REPORT  
(HANSARD)**

THE HONOURABLE WADE MARK  
SPEAKER

THE HONOURABLE NELA KHAN  
DEPUTY SPEAKER

**Friday 14th February, 2014**

**CLERK OF THE HOUSE: JACQUI SAMPSON-MEIGUEL**

**EDITOR: KATHLEEN MOHAMMED**  
Telephone: 623-4494

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**HOUSE OF REPRESENTATIVES***Friday, February 14, 2014*

The House met at 10.00 a.m.

**PRAYERS**[MR. SPEAKER *in the Chair*]**MISCELLANEOUS PROVISIONS (LICENSING COMMITTEE) BILL, 2014**

Bill to amend the Liquor Licences Act, Chap. 84:10, the Cinematograph Act, Chap. 20:10, the Registration of Clubs Act, Chap. 21:01, the Theatres and Dance Halls Act, Chap. 21:03, the Moneylenders Act, Chap. 84:04, the Pawnbrokers Act, Chap. 84:05, the Licensing of Dealers (Precious Metals) Act, Chap. 84:06 and the Old Metal and Marine Stores Act, Chap. 84:07, brought from the Senate [*The Minister of Legal Affairs*]; read the first time.

**PAPERS LAID**

1. Annual Audited Financial Statements of Government Information Services Limited for the year ended September 30, 2011 [*The Minister of State in the Ministry of Finance and the Economy (Hon. Rudranath Indarsingh)*]  
*Referred to the Public Accounts (Enterprises) Committee.*
2. Annual Administrative Report of the Ministry of Food Production for the fiscal year 2008 to 2009. [*The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal)*]
3. Annual Administrative Report of the Seafood Industry Development Company (SIDC) for the fiscal period 2009 to 2010. [*Hon. Dr. R. Moonilal*]
4. Annual Administrative Report of the Seafood Industry Development Company (SIDC) for the fiscal period 2010 to 2011. [*Hon. Dr. R. Moonilal*]
5. Annual Administrative Report of the Seafood Industry Development Company (SIDC) for the fiscal period 2011 to 2012. [*Hon. Dr. R. Moonilal*]
6. Annual Administrative Report of the Seafood Industry Development Company (SIDC) for the fiscal period 2012 to 2013. [*Hon. Dr. R. Moonilal*]
7. Annual Administrative Report of the National Library and Information System Authority (NALIS) for the fiscal year 2008 to 2009. [*Hon. Dr. R. Moonilal*]

*Papers Laid*

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8. Annual Administrative Report of the National Library and Information System Authority (NALIS) for the fiscal year 2009 to 2010. [*Hon. Dr. R. Moonilal.*]
9. Annual Administrative Report of the National Library and Information System Authority (NALIS) for the fiscal year 2010 to 2011. [*Hon. Dr. R. Moonilal*]
10. Ministerial Response to the Tenth Report of the Joint Select Committee appointed to inquire into and report to Parliament on Municipal Corporations and Service Commissions on the Administration of the Port of Spain City Corporation. [*Hon. Dr. R. Moonilal*]
11. Ministerial Response to the Thirteenth Report of the Joint Select Committee of Parliament on Ministries, Statutory Authorities and State Enterprises (Group 2), on the Commissioning Process for the New Scarborough General Hospital. [*Hon. Dr. R. Moonilal*]
12. Legislative Proposal - The Draft Houses of Parliament Service Authority Bill, 2014. [*Hon. Dr. R. Moonilal*]
13. Ninety-Eighth Report of the Salaries Review Commission of the Republic of Trinidad and Tobago. [*Hon. Dr. R. Moonilal*]

#### SELECT COMMITTEE REPORTS

#### Public Accounts Committee Reports (Presentation)

**Mr. Speaker:** The hon. Member for Diego Martin North/East.

**Mr. Roberts:** Yuh get promotion. What!

**Mr. Colm Imbert** (*Diego Martin North/East*): Very funny. Mr. Speaker, I wish to present the following reports—it is just more work again.

#### National Insurance Board

1. First Report of the Public Accounts Committee on the Financial Statements of the National Insurance Board of Trinidad and Tobago for the years ended June 30, 2009 and June 30, 2010.

**Heritage and Stabilisation Fund**

2. Second Report of the Public Accounts Committee on the Financial Statements of the Heritage and Stabilisation Fund for the financial years ended September 2008 to September 2011.

**Betting Levy Board**

3. Third Report of the Public Accounts Committee on the Financial Statements of the Betting Levy Board of Trinidad and Tobago for the years ended June 30, 2008 and June 30, 2009.

**Environmental Management Agency**

4. Fourth Report of the Public Accounts Committee on the Financial Statements of the Environmental Management Agency for the years ended September 2008 to September 2011.

**House Committee Report  
(Presentation)**

**Mr. Speaker:** The hon. Leader of the House.

**The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal):** Mr. Speaker, I wish to present the following report:

First Report of the House Committee of the House of Representatives, Fourth Session (2013/2014), Tenth Parliament.

**ORAL ANSWERS TO QUESTIONS**

**The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal):** Mr. Speaker, there are three questions on the Order Paper today. The Government would answer questions Nos. 43 and 44 and ask that question No. 59 be deferred for two weeks.

*The following question stood on the Order Paper in the name of Miss Alicia Hospedales (Arouca/Maloney):*

**Santa Rosa Detention Facility  
(Details of)**

59. With respect to the Santa Rosa detention facility could the hon. Minister of Justice state:
  - a) The amount of money that has been paid to the property owners Wala Wala Ltd since September 1, 2011 to date for the purpose of housing the Santa Rosa Prison?

- b) How many persons have been detained at the facility, since September 1, 2011 to date by monthly breakdown?

*Question, by leave, deferred.*

**Tunapuna/Piarco Regional Corporation  
(Details of)**

- 43. Miss Alicia Hospedales (Arouca/Maloney)** asked the hon. Minister of Local Government:

Could the Minister state:

- a) The names of the contractors hired by the Tunapuna/Piarco Regional Corporation to conduct road repairs during the period June 2010 to August 2013?
- b) The amount paid to each contractor to date?

**The Minister of Local Government (Hon. Marlene Coudray):** Good morning and thank you, Mr. Speaker. Question No. 43 asked the names of the contractors, hired by the Tunapuna/Piarco Regional Corporation, to conduct road repairs during the period June, 2010 to August, 2013 and the amount paid to each contractor to date.

The names of the contractors—first, Ahead Construction and this is for the period 2010. There were two contracts awarded to this contractor. One in the sum of \$176,812.50, Mann Street and London Street Project; Elm Drive, \$119,600, a total of \$296,412.50. Blades Contracting—Acadia Avenue, \$112,000. Another contract to Ahead Construction—Warren Road, Mohammed Trace, Walter Lane, Recreation Ground Road, 4<sup>th</sup> Street West, Bernard Drive, Pinto, Dora Lane, Aboucle Street, Adjoda Road, Bejucal, Warren Road in Bejucal—and the total of those contracts, \$860,028.12.

Browne Transport and General Construction Limited, the paving of 14 roads at a total cost of \$2,100,725.70. Coosal's Construction Company Limited, a total of 10 streets, \$1,280,433. D and L Contracting, three streets for paving, \$399,109. Dee Jay Construction Limited, one street, \$77,395. Dunn Construction and Maintenance Company Limited, \$102,810. Equipment Force Engineering Services, a total of 12 streets, \$1,979,621.50.

Harrypersad and Sons Limited, 14 streets, a total cost of \$2,101,806.05. KALL Company Limited, 12 streets, a total sum of \$1,300,774.20. Mootilal Moonan



Engineering Construction (Trinidad and Tobago) Limited, seven streets, totalling \$598,169.05.

Premium Maintenance Repairs Limited, a total of 11 streets, total cost \$1,321,582.60. Rajnauth Singh and Company Limited, a total of 10 streets, \$861,050. Rajnauth Singh and Company Limited, a total of 12 streets, another contract, \$1,643,786.50. Sat Sais Company Limited, a total of nine streets, cumulative total \$1,163,961.55. South Bay Development, one street, \$190,440. St. Helena Enterprises, six streets, six contracts, \$1,072,516.45. T. Roach Procurement and Enterprise Company, one street, \$74,750.

Trinidad Asphalt Pavers & General Contractors Limited, 21 projects totalling \$3,834,131.05. Ultimate Works, two contracts, totalling \$259,325. Wilford Development Enterprise Limited, two contracts, totalling \$205,562.50 and finally Winters General Contractor Limited, five contracts, totalling \$476,650.50. And that is the list, Mr. Speaker.

**Mr. Warner:** Supplemental. Mr. Speaker.

**Mr. Speaker:** Yes. The hon. Member for Chaguanas West.

**Mr. Warner:** Minister, you gave some of the repairs on projects, some on streets, so it is difficult to ascertain what is what. But can you tell us as to how many metres these guys did? Because telling us streets does not tell us how many metres of paving or repairs and that is difficult for us to ascertain. Nine streets, five streets, three streets. Could you help us, please?

**Mr. Speaker:** That was not specifically requested in the question. The Minister has responded to what was requested. So I guess if the person who has asked the question, the Member for Arouca/Maloney and your good self, hon. Member for Chaguanas West, you can pose another question. But the Minister has responded to what has been asked. Any further supplemental? If not, the hon. Member for Arouca/Maloney.

**10.15 a.m.**

**Ministry of Local Government Rental of Buildings  
(Details of)**

**44. Miss Alicia Hospedales (Arouca/Maloney)** asked the hon. Minister of Local Government:

Could the Minister:

- a) Indicate whether any buildings are being rented by the Ministry of Local Government but not utilized and if so, where?

- b) State the amount paid in rent for office spaces, car park spaces and security by the Ministry for the same facility since 2010 to present?

**The Minister of Local Government (Sen. The Hon. M. Coudray):** The answer to question 44, Mr. Speaker, yes there is one building being rented by the Ministry of Local Government that is not utilized so far and the building is located at No. 1 Alexandra—at the Corner of Alexandra Street and Tragarete Road in Port of Spain.

The amount paid in rental: supplier of service product, N. J. Nahous, period, October 2010 to date. And, Mr. Speaker, may I add that the rental started on this building in the year 2009, and the rent is \$690,000 per month, an annual rental of \$8,280,000 per annum. And this sum was paid for the financial years ended September 2011, September 2012, September 2013.

Mr. Speaker, in terms of security for the period in question, the total sums paid were \$927,360 per annum for the three years in question, the three years requested. This is Professional Protection Training Services. I am seeing two amounts—this was given by the accounting unit of the Ministry of Local Government—\$898,380 for the periods, with each year in question.

And, the other part of the question asked about the rental of office space, security. There is no figure for car park spaces. We have not completed that exercise to determine whether it was incorporated as part of the rental. So that information could be provided at a subsequent period if required.

Thank you, Mr. Speaker.

**Mr. Speaker:** The hon. Member for Arouca/Maloney.

**Miss Hospedales:** Could the Minister state exactly why the facility has not been utilized for the last four years?

**Mr. Speaker:** The hon. Minister of Local Government.

**Hon. M. Coudray:** Mr. Speaker, this question is a new one and I would need to check the records to determine that.

**Mr. Speaker:** Anybody else?

**Mr. Imbert:** No, that was the same question.

**Mr. Speaker:** Okay, let us go on.

**STATEMENT BY MINISTER****Official Visit to the People's Republic of China**

**The Minister of Foreign Affairs (Hon. Winston Dookeran):** Mr Speaker, I thank you and honourable colleagues as I rise to provide details to the nation, through you of course, on the hon. Prime Minister's official visit to the People's Republic of China.

Over the last few years, Trinidad and Tobago's regional leadership in trade has been tremendously strengthened. In particular, our relationship with the People's Republic of China has proved to be mutually beneficial for our citizens and our respective economies.

Trinidad and Tobago's excellent bilateral relations with the People's Republic of China focus on three major areas: trade, technical cooperation and the provision of grants and loans. Trinidad and Tobago recognizes the changing global dynamic and wishes to take advantage of the opportunities presented by trading with such economies as China, which holds great potential in terms of markets, investment, exposure to technology and innovation and tourism.

So progressive has Trinidad and Tobago's trade development become that we are privileged to have hosted the first visit of the Chinese President to the English-speaking Caribbean. This took place over the period May 31 to June 01, 2013. In return, Mr. Speaker, the People's Republic of China extended a most gracious invitation to the Prime Minister of Trinidad and Tobago in order to further develop our relations between our two countries.

A noteworthy fact is that the objectives of this official state visit are not bounded by business and trade alone. The official visit to China, which will take place during the period February 23—28, 2014, will be the first time in almost 30 years that the Head of Government of Trinidad and Tobago has journeyed to a country with which we share a vibrant and continuously expanding trade relationship.

Mr Speaker, the hon. Prime Minister's official visit comes at a time when there is a wave of new leadership in China. The new leadership is supported by a fresh vision for growth and sustainable development, looking outward to the global stage, finding and offering new opportunities to build an economy that is already set to convincingly redefine itself, in terms of trade and investment, culture, education, energy and sport, just to name a few.

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The visit also coincides with the celebration of the 40<sup>th</sup> anniversary of the establishment of diplomatic relations between our two countries. It was in 1974, that Trinidad and Tobago was a leading supporter of the One China Policy, as articulated by the Government of the People's Republic of China. Moreover, during the official visit, Prime Minister Persad-Bissessar will officially open the Embassy of the Republic of Trinidad and Tobago in China. [*Desk thumping*]

Additionally, there are several items on the bilateral agenda. Not only will the Prime Minister have the opportunity to engage in one-to-one discussions with her Chinese counterpart, but in the context of multi-dimensional growth, the substantial progress in development cooperation, and this will take discussions to another level on the premise of a cooperative and focused partnership.

A number of other proposals for deepening the bilateral relationship between the two countries will be introduced for further deliberations and these are related to:

- trade and economic cooperation
- energy cooperation
- tourism
- infrastructural development
- cooperation in security
- technical and cultural cooperation

Mr Speaker, it is also very important for the national community to note that the official visit, during which InvestTT will have the opportunity to participate in interactive sessions with leading trade and investment officials, and in so doing be able to analyze and consider the grounds, not only of what opportunities exist, but also how they can be taken forward to clear the path for increased bilateral relations.

The Prime Minister, Kamla Persad-Bissessar, will meet with the President of the People's Republic of China, His Excellency Xi Jinping. In addition, the agreements mentioned below are proposed to be signed following the bilateral discussions between the hon. Prime Minister and The Premier:

- the Memorandum of Understanding between the General Administration of Sport of the People's Republic of China and the Ministry of Sport of the Republic of Trinidad and Tobago for cooperation in the field of sport;

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- the Memorandum of Understanding between the Governments of the Republic of Trinidad and Tobago and the People's Republic of China concerning cooperation in energy and energy-related matters;
- the Bilateral Air Services Agreement between the Government of the Republic of Trinidad and Tobago and the Government of the People's Republic of China;
- the Protocol between the Government of the Republic of Trinidad and Tobago and the Government of the People's Republic of China concerning the posting of a Chinese medical team to work in Trinidad and Tobago.

Additionally, as the People's Republic of China seeks to strengthen its relationship with the Caribbean and Latin American communities, Trinidad and Tobago will take a leading role at the forefront of these discussions regarding cooperation mechanisms. On the agenda of this official visit is the expansion of cooperation in international affairs. Of particular importance will be discussions surrounding:

- development and sustainable development issues;
- the reform of the international economic institutions;
- United Nations Security Council reform

The official delegation includes representatives from the Office of the Prime Minister, the Ministry of Foreign Affairs, the Ministry of Trade, Industry and Investment, UDeCOTT, the Ministry of National Security, the Ministry of Energy and Energy Affairs, National Gas Company, Petroleum Company of Trinidad and Tobago, the University of the West Indies, the University of Trinidad and Tobago and members of local media under the Ministry of Communications.

The local business sector has also been given the opportunity to be a part of this historic event. As such, a gamut of stakeholders will be represented. The business delegation includes representatives from the following organisations:

- InvesTT Limited;
- e Teck Limited;
- ExporTT Limited ;
- Premium Products Limited;
- International Marine and Industrial Inspection;

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- Trinidad and Tobago Bureau of Standards;
- Trinidad Import and Export Company Limited;
- Kaizen Environmental Limited;
- Synergy Resources Limited;
- Bick's Auto Limited;
- Western Scientific Limited;
- Entap Production;
- Better Deal Supermarket;
- Fides Limited;
- Signwave Limited;
- Trinidad and Tobago Shipbuilding and Repair Cluster;
- Trinidad and Tobago Dry-docking Company;
- Caribbean-China Friendship Association;
- Beijing Oriental Yuhong Waterproof Company Limited;
- Kalloo's Holdings Limited;
- Pan Land;
- Associated Brands;
- The University of the West Indies;
- Seeram Bros. Limited; and
- Universal Projects Limited.

It should be noted, Mr. Speaker, that such a level of interest has been generated by this official visit that the business delegations are joining the hon. Prime Minister at their own cost, as they are eager to explore and capitalise on the many opportunities, and have time to spend with the potential partners in trade and industry.

Mr Speaker, during and immediately upon the return of the hon. Prime Minister, further details will be brought to the public on the value and outcome of this official visit. Suffice it to say, however, that both nations can feel confident of

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substantial social and economic benefit, underlined by a continued tradition of warm diplomatic relations and growing mutual respect.

I thank you.

**10.30 a.m.**

**NURSES AND MIDWIVES REGISTRATION (AMDT.) BILL, 2014**

[Second Day]

*Order read for resuming adjourned debate on question* [February 07, 2014]:

That the Bill be now read a second time.

*Question again proposed.*

**Mr. Speaker:** The hon. Member for St. Joseph. [*Desk thumping*]

**Mr. Terrence Deyalsingh** (*St. Joseph*): Thank you. Thank you, Mr. Speaker, and before I begin, let me wish all my colleagues a happy Valentine's Day, members of the media, members of the public.

**Dr. Rowley:** Parliament too.

**Mr. T. Deyalsingh:** Parliament, yeah, the staff, everybody. Yes, yes. I know some of us who are recently married would like to have a very short debate today—[*Interruption*]

**Mr. Roberts:** Please!

**Mr. T. Deyalsingh:**—because we are still in honeymoon mode, right, but I would like to assure all, I shall not be using my full 75 minutes. I might use 74, but not 75 because I want my friend, the Minister of Sport, to go home early.

**Mr. Roberts:** Thank you, Sir.

**Mr. T. Deyalsingh:** So, Mr. Speaker, I thank you for the opportunity to make an intervention in this Bill to amend the Nurses and Midwives Registration (Amdt.) Act, Chap. 29:53.

Mr. Speaker, we are here to discuss amendments to that piece of legislation, and we are amending roughly 51 sections of that Act. So we are talking about a comprehensive array of amendments, and we not only seek to amend 51 sections. The Bill before us has over 100 amendments, some minor, but some very major and very critical. So we are here today to discuss a very serious piece of legislation, and let me say from the onset, for those who are medically inclined, like the Member for Barataria/San Juan, the Member for Caroni East and the

*Nurses and Midwives (Amdt.) Bill, 2014*  
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Member for Diego Martin Central, the first tenet of medicine is, do no harm. So I intend to borrow from that and in making my contribution to this debate, we should be doing no harm with this piece of legislation.

Mr. Speaker, the hon. Member for Barataria/San Juan, Minister of Health, when he was piloting the Bill, he spoke of amendments which were going to come. To date, Mr. Speaker, we have not seen the amendments. How are we to debate a critical piece of legislation that affects the country's health, if we are to do no harm, if we are debating in a vacuum because we have not been regaled with the amendments that the Member for Barataria/San Juan spoke about? And that is the first bit of problems we have on this side, because some of the amendments are laudable, some of the amendments need support, but the Member for Barataria/San Juan, if I could use the term, has been negligent in not giving us the amendments, so that we could debate in its entirety. Where are the amendments?

Mr. Speaker, I intend to go through several important sections of these amendments. The first one I want to deal with is the issue of registration because registration is dealt with in the parent legislation, and I just want to refer briefly to the parent legislation under Part II which deals with nurses. Part II, section 16(3) and (4) because we are amending these sections. If I may briefly read into the *Hansard*, what the parent legislation says. Section 16(3):

“Any person who establishes to the satisfaction of the Council that he is registered or is registrable on the Register of the General Nursing Council of England and Wales and that he is a fit and proper...is entitled to be registered.”

And subsection (4) speaks about the reciprocity agreement we have, and I just want to read it again:

“Where there is a reciprocal agreement concerning nurses between Trinidad and Tobago and any part of the Commonwealth or any foreign country, any person who establishes to the satisfaction of the Council that he is registered and entitled to practise nursing in such place and that he is a fit and proper...shall...be entitled to be registered.”

The first question I want to pose to the hon. Minister, Member for Barataria/San Juan, for us to really understand what the Bill is purporting and to get our support: Is it that we are doing away with these, and the reciprocal agreement with the Commonwealth is no longer null and void? If you could address that in your wrapping up and so on. So we need just to clarify that.



Another area which we seek clarification, Mr. Speaker, is the issue of now incorporating the Accreditation Council of Trinidad and Tobago into the legislation. The amendment in clause 12 of the amendments, seeks to amend section 16 of the parent Act. I want to read into the *Hansard* again:

“Any person who has—

- (a) completed a course of training approved by the Accreditation Council of Trinidad and Tobago under...this Act;”—can be registered.

Member for Barataria/San Juan, if we read that amendment, is it that the Accreditation Council based in Trinidad and Tobago, will now be accrediting or determining foreign courses of education for nurses? So somebody who qualifies abroad, what is the nexus? What is the relationship between the Accreditation Council looking at foreign qualifications if they want to practise here? So that is an issue which we will like some clarification on. So we have dealt with the Accreditation Council.

Mr. Speaker, the hon. Member for Barataria/San Juan, again, in piloting the Bill, and the hon. Member for Caroni East when he made his contribution, were at pains to talk about the nurses exam, and the difficulties students have in passing these exams. If we want to really include our stakeholders in this discussion, I just want to refer briefly to an article in the *Newsday*, February 14, on page 13 which says:

“Nurses want exam to stay”

Again if I may read into the *Hansard*:

“THE NURSES Association yesterday called on Minister of Health Dr Fuad Khan to quash a plan to remove a qualification examination in order to open up the nursing sector to more labour.”

Mr. Speaker, the issue is this. We have a major stakeholder now, the Nurses Association, taking a position diametrically opposed to that piloted by the Member for Barataria/San Juan, and supported by the Member for Caroni East. Have the views of the Nurses Association been included in this? Why are we now hearing about an opposing view as far as the exams are concerned? This is a serious issue that needs to be addressed.

So, Mr. Speaker, I have addressed four areas which I have dealt with rather quickly. The bulk of my contribution, Mr. Speaker, now has to deal with the issue of advanced practice nurse, which these amendments seek to incorporate into our

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health care system, where we now amend section 2 of the parent Act by including:

“‘advanced practice nurse’ means a person who is registered as an advance practice nurse under section 17;”

Mr. Speaker, let me say from the onset, just like my colleague, the Member for Diego Martin Central who spoke before me, the concept of an advanced practice nurse is a laudable one. It is one that needs support, but it is also one that needs proper examination and elucidation. Mr. Speaker, the concept of advanced practice nursing is a 20-year-old concept. In countries where it has been implemented and integrated into the health system, it has worked wonderfully, but in countries where it has not been so integrated, it has led to disastrous results and conflict between nurses and physicians.

We on this side, are saying, that while we support in principle the concept of this new category of health care worker, the advanced practice nurse, we have a problem with incorporating a brand new category of health care worker via a simple amendment, and I will explain why later on. But let me go through some of the pros and cons, advantages and disadvantages of the improper incorporation of a new category of health care worker.

What are the advantages? It helps alleviate the shortages of primary care doctors, especially in rural areas, and we have our health centres scattered throughout the country. And if you cannot get primary health care doctors, these nurses can perform a similar role, so it ameliorates the shortage of physicians. It is also beneficial to the patient because nurses are generally more involved in patient care. It helps develop the nursing skill. So our cadre of nurses now has increased status, room for personal growth, room for professional development, and it leads to an overall better delivery of service. But what are the disadvantages?

So while we laud the advantages, and I see the Member for Caroni East is paying particular attention, and I am glad, because we want to support it, do not get me wrong, but we have to be aware of the pitfalls if we do not incorporate it properly. In countries where it has not been properly incorporated and integrated into the overall health care system, you, Member for Caroni East, will know it has led to serious conflict between nurses and doctors; serious, serious conflict.

Where the parameters for training have not been well defined, it has led to a spectrum of qualification for the advanced nurse practitioner, some are well

qualified; some are not so well qualified. So the issue before us, we have a laudable objective in front of us, quite a laudable objective, but what we are saying on this side, to significantly alter the landscape of health care delivery by a simple amendment, is one that we need to pause and look at, and I will explain why, now.

Mr. Speaker, in countries that seek to create this new category of health care worker, the advanced nurse practitioner, let us take for instance the Illinois Nurse Practice Act. The Illinois Nurse Practice Act, Mr. Speaker, is a major piece of legislation which deals—you have a whole section dealing with the advanced nurse practice, and let me show you the type of detail the Illinois Nurse Practice Act goes into. It talks about definitions, the legislative purpose, and hear what they say about the legislative purpose, and this is what I am saying. To make such a radical change to our health care landscape, needs some statutory clarity. And this is what the Illinois Act speaks about. What is the legislative purpose?

“The practice of professional and practical nursing in the State of Illinois is hereby declared to affect the public health, safety, and welfare and to be subject to regulation and control in the public interest.”

It goes on to define what is an academic year of training. So it goes into detail. It drills down deeply into the academic training that an advanced nurse practitioner has to go through. It says here:

“‘Academic year’ means the customary annual schedule of courses at a college, university, or approved school...”

It talks about what is an approved programme of professional nursing education. It talks about what are the parameters for collaboration. It talks about consultation.

#### **10.45 a.m.**

The message is, Mr. Speaker, it is a very detailed piece of legislation in its own right; a stand alone piece of legislation to do what we are trying to do by a simple one-paragraph amendment. That is the point I am trying to make.

The Florida Nurse Practice Act is a 155-page document with similar detail, similar clarity as the Illinois Nurse Practice Act, and it sets out very clear parameters. For example, Mr. Speaker, through you, if I address it to both the Members for Barataria/San Juan and Caroni East as medical practitioners, does this amendment tell us what will be the roles and responsibilities and the articulation with the Medical Association of Trinidad and Tobago? Does it tell us

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what will be the scope of the advanced nurses' responsibility and what will be the scope of the doctors? Is it that the doctors still have to vet what the nurse practitioner does? Because, again, we go back to basic principles in medicine: do no harm and always act in the public interest.

Mr. Speaker, the report on the consultancy which we have here—and I will get it very soon, Mr. Speaker—speaks about whether we should be amending the entire Act, revoking it or bringing a new piece of legislation. Although that report recommends brand new legislation, if it is Government's policy we amend, so be it, but if we are going to amend, we need to amend properly.

We need to have very robust legislation to govern this thing; we need to have very clear lines of demarcation between the nurses and between the doctors. For example, Mr. Speaker, for elucidation for members of the public, and as my colleagues opposite will know, there is something called clerking a patient. A patient presents to the hospital, the nursing home, somebody has to clerk that patient. It is typically done by a junior doctor. What does clerking a patient mean? Because very often in countries where the advanced nurse practitioner works well, they do the clerking, as my colleagues opposite will know, but in countries where it is not being done well, it leads to problems. So while we want to support the concept of this new category of health care worker, we on this side are urging the Government to step back from a mere amendment to look at exactly, what are the roles and responsibilities of the advanced nurse practitioners if they are to clerk a patient.

So what is clerking of a patient? So, Mr. Speaker, let us say you—unfortunately, I would just use you as an example—present to a hospital, you are ill. A junior doctor will see you and clerk you. What does clerking mean? Clerking a patient simply means presenting to the further attending physician an independent overall assessment of the case being presented.

**Dr. Khan:** Will the Member give way?

**Mr. T. Deyalsingh:** Sure.

**Dr. Khan:** Is the Member for St. Joseph indicating to the Member for Barataria/San Juan that we should delete the advanced practice nurse from this amendment and come with a new amendment—a new full Bill for the advanced practice nurse? Should we delete it now and then come with a new Bill for that advanced practice nurse? Is that what you are saying?

**Mr. T. Deyalsingh:** Yes. I am suggesting something along those lines. What I am suggesting is that in the interest of public safety and in the interest of the public, we cannot introduce a new category of health care worker with a simple one-paragraph amendment, and I am trying to set the stage to show why it is we need to step back from this amendment and possibly look at a whole piece of legislation to do that.

So what does clerking a patient mean, Mr. Speaker? When a patient is clerked—whether it is by a junior doctor or by this new category of health care worker—it is to present to the further attending physician a sort of independent view of what medical case presents itself. So that person would take a history; they would do a physical examination; they would do a summary; they would do a differential diagnosis; they would do a management plan; they would recommend treatment and so on. So my question is, as laudable as this attempt to bring a better degree of health care to our citizens—improved health care—we have to set the parameters. So will these advanced practice nurses be doing the clerking? If they do the clerking, will they be acting autonomously or do they still have to be reviewed by a junior doctor? Sure

**Dr. Gopeesingh:** Thank you Member for St. Joseph for giving way. In your research on these areas where you spoke about the advanced nursing practice, is there anywhere that these areas are being incorporated in the regulations related to the Act?

**Mr. T. Deyalsingh:** Thank you. Mr. Speaker, I am really warmed by the responses of the Member for Barataria/San Juan and the Member for Caroni East. It speaks to an atmosphere of camaraderie and that we are going to bring some legislation that really benefits the public. The answer, Member for Caroni East, is that it varies from legislation to legislation. Some Acts have it in their primary legislation, some have it in regulations. So what I am saying again, we do not know which way we are going. [*Crosstalk*]

**Mr. Roberts:** Do not be too positive.

**Mr. T. Deyalsingh:** No, it is not a matter of being positive. The Member for Diego Martin West has said from the very beginning in 2010, we have an opportunity to do things differently. You bring good legislation, we will support it; you bring deficient legislation, we will help you and we supported your first budget in an attempt to do things differently. So we have to set these very clear parameters.

**Mr. Roberts:** Which slate you are on?

**Mr. T. Deyalsingh:** Mr. Speaker, another parameter we have to set is: what will be the prescribing autonomy of these advanced nurse practitioners? Again, in countries where it is not well thought out, it gives rise to problems. Would these advanced nurse practitioners be allowed to prescribe Third Schedule drugs, narcotics and so on? Do we have to amend the Pharmacy Board Act? That is a question. Do we have to amend the Pharmacy Board Act because that governs what a pharmacist could dispense? Right now, he could dispense a prescription from a doctor and a vet. Those are the two classes of medical professionals in the Pharmacy Board Act which gives a pharmacist the legal authority to dispense a drug, whether it is a Third Schedule drug or a narcotic or whatever.

So if we are allowing advanced nurse practitioners to take over some of the functions of a primary care physician, we then have to amend that Act to include them in the Pharmacy Board Act. All this, therefore, Mr. Speaker, points to a lack of a regulatory framework which is radically absent and which is a glaring lacuna in this piece of legislation. The lacuna is so large that we could drive a Mack truck through it because there is no regulatory framework to guide these nurse practitioners on what their roles and responsibilities are.

And I remember when the Member for Caroni East was speaking in his contribution, he spoke to the fact that I am a pharmacist, I just did an LLB but I am not a very good politician. I do not know if he remembers that, but just as an aside, Mr. Speaker, I did win the St. Joseph by-election. [*Laughter*] Right? We did win the St. Joseph by-election. [*Crosstalk*]

So, Mr. Speaker, we have a piece of legislation here, it is giving cause for concern to the Nurses Association; we have to be aware of it. We are trying to bring in this new category of worker and we do not have enough legislative cover. Because, Mr. Speaker, if we do not have the legislative cover, another issue which has not been raised by the two Government spokespersons—Members for Barataria/San Juan and Caroni East—is the issue of liability and malpractice. Will these advanced nurse practitioners working in the public sector, the private sector, they will have to get malpractice insurance. So the issue of public liability has to be addressed and, again, in countries where it works, Mr. Speaker, these issues are addressed.

So I am being at pains, Mr. Speaker, to point out to the Government, we need to take this piece of legislation, pause it and think it through because even the report which I am still looking for, speaks about—ah found it—the report is

entitled Report of Consultancy to Review the Nurses and Midwives Act of Trinidad and Tobago by David C. Benton, temporary consultant to the Pan-American Health Organization, Draft 2, February 2013. So it is just about a year old. At the very start of my contribution, Mr. Speaker, I said we are considering a hundred amendments across 51 sections of a piece of legislation. These are not minor matters; these are not trivial matters. We are changing the landscape of delivery of health care services. In that document on page 13, under the heading “Amend/Revoke or Repeal”, it is said here—and if I may just read this into the *Hansard*, Mr. Speaker, it is just one paragraph:

“Whilst the current thinking at the Ministry of Health is that the current act should be amended as a matter of urgency to deal with a range of issues”—example—“(the composition of the council; the introduction of continuing education provisions; the creation of a register for advanced practice”—and I have been at pains to talk about that—“and the introduction of a temporary form of registration for those who have not passed the qualifying exam)...”

Now that has now become a bone of contention because the Nurses Association in the *Newsday* today is now saying, do not do away with that, but this is what is highlighted.

“...it is recommended that this decision”—that is the decision to amend—“should be reconsidered due to a number of flaws in the current draft bill and the need to introduce far more radical change.”

So this is the view of the consultant from PAHO.

Now, as a Government, you are not bound to take this advice; you are not bound to follow what the consultant says because your policy decision may vary with what PAHO is saying, but PAHO is a well-respected global health organization, and I have to take PAHO’s view into consideration. They are saying that amendments are not the way to go. I am saying and we are saying that an amendment to bring in this new category of health care worker is not the way to go. We need to have robust legislation; very robust legislation.

Other sections of the proposed Bill have to deal with the new functions of the nursing council, the new powers and the new construction of the council. So we are now moving, I think, from 22 persons to 15 persons, so you have a slimmer council. That may be laudable—an attorney at law, a person with qualifications and experience in nursing administration. I know from time to time when we debate, we ask: what does experience mean? Do we need to put in five years’

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experience; 10 years' experience? We have had this debate on other pieces of legislation which simply says experience and with qualifications in nursing. What qualifications, a BSc, an MSc? What?

**11.00 a.m.**

So do we need to spell out what basic, what floor level qualifications and experience we are looking for to put on the nursing council? THA, not a problem. A representative of the Minister, not a problem. So you have six people who are going to be appointed by the Minister. So, six people of a 15-person council, then you have the nine persons elected, five nurses, one person from their own number of midwives, one from mental health and one from the nursing assistants.

The question I have to ask with that composition of the new council, especially in light of the issues I have raised as to the parallel running of the advanced nurse practitioner alongside the doctor. What are MPATT's views on this? What is the medical practitioner saying about this? Are they on board with this? Do they have a position? Do they have a view? Have they been consulted on what the parameters of clinical practice, clinical experience and clinical autonomy are going to be, because they are going to be working side by side with the physicians on the wards? That is why I need to say again for the Member for Barataria/San Juan, laudable goal, but the execution of this laudable goal needs to be looked at.

We have the transition period; I do not really have a serious problem there—tenure of office, remuneration; no serious problems there. Section 15 amended—and this is where I have been speaking about for the past half an hour, so I will not go back into what I said, and this is to bring in the advanced nurse practitioner. So we need to really look at that part. I have spoken about the Accreditation Council; we need some clarity on the role of the Accreditation Council to accredit foreign nursing programmes.

So, Mr. Speaker, in concluding—because I did promise to be short, but in being short I would like to have a commitment from the Government that this piece of legislation not go to a vote today. It is too serious. It affects our health system in a fundamental way, Members for Barataria/San Juan and Caroni East—laudable goal, bad execution. Also, we do not have the promised amendments. We are debating in a vacuum. I do not have it. I have not received it.

**Dr. Khan:** You did not get it yet?

**Mr. T. Deyalsingh:** Nope. I have not received it. [*Crosstalk*] So even so, with that in mind, Mr. Speaker, I ask the Government—[*Interruption*]



**Dr. Khan:** So you did not get it yet then, you just have it? [*Laughter*]

**Mr. T. Deyalsingh:** Even if we got it five minutes ago, how could we consider it for debate? The Member for Diego Martin Central had to make his contribution last week without the amendments. That is the point. We are shooting in the dark.

So I am asking the Government to please pause, press the pause button, let us send this piece of legislation back to the non-existent LRC. Do something with it, because in its current form we cannot support the introduction of the advanced nurse practitioner in the way you are looking at it via a simple amendment. [*Interruption*]

**Dr. Khan:** Well take it out then?

**Mr. T. Deyalsingh:** I am not saying to take it out. I am saying if you want that support we need to have robust legislation to govern it. Mr. Speaker, with these very few words, I thank you very much. [*Desk thumping*]

**Mr. Speaker:** The hon. Minister of Science and Technology.

**Hon. Member:** Cumuto/Manzanilla.

**Mr. Speaker:** Oh! The hon. Member for Cumuto/Manzanilla. [*Desk thumping*]

**Mr. Colin Partap (Cumuto/Manzanilla):** Thank you, Mr. Speaker. I rise this morning to contribute to the debate on the Bill entitled, the Nurses and Midwives Registration (Amdt.) Bill, 2014, which seeks to amend the Nurses and Midwives Registration Act, Chap. 29:53.

Mr. Speaker, this Bill seeks to modernize a piece of legislation that is rooted in the regulatory approaches of the 1950s and '60s, and has a number of major omissions when compared to the current international best practices. Mr. Speaker, I would like to personally congratulate my colleague and my good friend, the hon. Member for Barataria/San Juan, [*Desk thumping*] the Minister of Health, for bringing this piece of legislation to the House at this time. It is a progressive amendment which puts Trinidad and Tobago on par with other jurisdictions in the vanguard for change as far as the delivery of health services is concerned.

Mr. Speaker, when the People's Partnership Government came into office in May 2010, the health sector was in tatters. It did not reflect the aspirations of a country which went through two oil booms. The health sector, Mr. Speaker, was in a state of regression. It was riddled with instances of misuse of funds. There

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was also the lack of accountability for money spent which created opportunity for gross abuse. Who suffered, Mr. Speaker? It was the people. It was the public who had to bear the brunt of this lack of accountability.

Mr. Speaker, one could remember the building of the Scarborough Hospital, as a case in point. A hospital which was estimated to cost \$136 million escalated to over \$700 million, and was years overdue. That, Mr. Speaker, was the legacy of the PNM in Tobago. [*Interruption*] What? What? What? So you did not spend \$700 million? It was not supposed to cost \$136 million—and overruns, Mr. Speaker?

**Mr. Speaker:** Hon. Member for Cumuto/Manzanilla, just take your seat. May I ask the Member for Diego Martin West, who I am sure will want to join the debate—[*Interruption*]

**Hon. Member:** Who said that?

**Mr. Speaker:** No. I am saying you may wish to join the debate, but I think it is unfair for you to be shouting to another Member who is making his contribution even though he might be saying things that you do not agree with, but you take note of it. Do not shout at the individual, please, the Member that is. So hon. Member for Cumuto/Manzanilla, continue please.

**Mr. C. Partap:** Thank you for your protection, Mr. Speaker. What I am saying here may offend some, but in fact this is what happens, Mr. Speaker. [*Desk thumping*] This is what happens and sometimes the truth hurts, but we must always remind the people of Trinidad and Tobago of what took place in the past so that it does not happen in the future.

Mr. Speaker, that was the legacy of the PNM in Tobago, they punished the people of Tobago by not giving them their hospital on time and on budget.

**Mr. Seemungal:** First time they get MRIs.

**Mr. C. Partap:** And yesterday—I will come to that—MRIs at the hospital, but I will come to that [*Desk thumping*] in the achievements. Mr. Speaker, I make the point that money wasted in cost overruns could have been used to provide training and employment of nurses and midwives in the health sector, so that we do not have a situation where we have to bring in specialized workers from abroad. [*Desk thumping*] Mr. Speaker, cost overruns on projects are a drain on the resources of a country. There is a history of this massive overrun in costs in the

building of the Scarborough Hospital, and truly it gives me no pleasure to repeat it, but such wastage, we must constantly focus so that again, I repeat, we must not forget.

Mr. Speaker, facts are a stubborn, stubborn thing, they cannot be wished away. So in the case of the cost overruns in the building of the Scarborough Hospital which was under the PNM, one must not forget. Fact number one, Mr. Speaker, and I will give you a little brief history of what took place: NH International (Caribbean) Limited was awarded the contract to undertake this project in January 2003 at a cost of \$136 million, VAT inclusive. The project was supposed to be completed in two years, Mr. Speaker.

Fact number two: Between March 2003 and March 2005, there were so many variations leading to disputes, and delays, so that only 55 per cent of the work had been completed by NH International (Caribbean) Limited, and they were paid \$156 million, VAT inclusive. Fact number three: NH International (Caribbean) Limited suspended work on the project in September 2005, and the contract was terminated in November 2006. The parties, NH International and NIPDEC, who were managing the project for the previous administration at the time, went into arbitration in December 2006.

Fact number four, Mr. Speaker: While the arbitration was in progress NIPDEC awarded a modified contract through an open tender in the sum of \$478 million to China Railway Construction Company to complete the hospital and supply fixed medical and other equipment. That was in June 2008, Mr. Speaker. Fact number five: In December 2009 Genivar LP was awarded a contract to provide and design, construct—hold on, let me repeat this—they were awarded a contract to provide, and I quote:

“design, construct and supervise services”.

for the completion of the hospital in the sum of \$17 million. So six years after the project commenced, the previous administration was now engaging in consultancy for design and construction services to the tune of \$17 million. So that is six years, and millions of dollars later the PNM administration was now engaging in these types of services, Mr. Speaker.

Fact number six: Up to July 2010, China Railway Construction Company was paid \$253 million for completion of 72 per cent of the work. By that time we had spent almost \$250 million and we were no closer to the completion of the hospital, Mr. Speaker. Taking into account the amounts that were spent to the China Construction Company and other fees paid, the total cost for the hospital was estimated at \$719 million. Mr. Speaker, it was precisely because of the bad

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management of the financial resources available to the Ministry of Health in the last PNM administration, which resulted in the critical shortages of personnel at our hospital and medical facilities which this Bill, which the Minister has brought to the honourable House, is seeking to redress.

Mr. Speaker, the lack of accountability is at the heart of the problems in the health sector. The hon. Minister of Health must be commended for the steps he is taking along with his executive officers [*Desk thumping*] in putting the health sector right, Mr. Speaker. This Bill before this honourable House is one of those steps in the right direction. Mr. Speaker, when public money is wasted by bad management, valuable facilities will not benefit. The sick and infirm will be denied, Mr. Speaker. A lot of money that should be going to upgrading health facilities will go elsewhere into the pockets of other people, and not to help the poor and the sick of Trinidad and Tobago.

We are well aware, Mr. Speaker, of the debacle surrounding the National Oncology Centre. Mr. Speaker, \$187 million was spent on a foundation, on a foundation for this vital centre which was supposed to benefit cancer patients—\$187 million for a foundation. But I will get to what this Government is doing soon. The Oncology Centre, Mr. Speaker, is, as you know, when you pass by Mount Hope you see it going up.

**11.15 a.m.**

It is no secret, Mr. Speaker, that cancer is a major killer in Trinidad and Tobago, but the corruption and more corruption under the last PNM administration denied cancer patients a facility to ease their pain and distress. Gradually, evidence of questionable contracts came to light after we took office, and our distinguished Minister of Health has been putting the spotlight on corruption. This is one Minister that you can say is not corrupt—one Minister you could say.

**Mr. Deyalsingh:** The rest of them are corrupt? [*Crosstalk*]

**Mr. H. Partap:** No; hold on, I am getting to that. The spectre of corruption has never been on any Government projects—the highlight of any corruption. No one could say that any project that was started by this Government has ever been corrupt.

Mr. Speaker, contracts worth \$53 million, \$22 million and \$75 million were awarded for the purchase of equipment such as CT scanning machines, angiography machines and renal dialysis machines for our medical institutions, yet they were not made available. We are talking about over \$150 million in questionable contracts.

Mr. Speaker, the People's Partnership Government inherited a lack of accountability by NIPDEC for drugs purchased on behalf of the Ministry of Health, and I am told over \$500 million a year on drugs leaked through porous accountability, under the last regime. If they did not leak out, they were left to expire before being put to use.

This Bill before this honourable House will ensure that our medical institutions are not depleted of critical nursing staff. Only five years ago the PNM Government had planned to send home medical staff at the South-West Regional Health Authority, as a cost-cutting plan which was to be instituted in the face of a \$719 million cost overrun at the Scarborough Hospital; in the face of \$150 million in questionable contracts and, again, in the face of \$500 million a year on disappearing and expiring drugs. But they wanted to cut staff in 2009 at South-West Regional Health Authority, and the staff would have included nursing staff and medical staff such as doctors.

Mr. Speaker, the PNM has consistently demonstrated that it could not have managed the health sector. The hon. Minister of Health has demonstrated through this Bill, through this honourable House, that he can effectively manage the health sector, and he is doing so. He is taking the necessary steps to protect the welfare of the people of our beloved country. [*Crosstalk*]

This Government, led by our distinguished Prime Minister, has based its tenure on performance. No one can deny that this People's Partnership Government has been the best performing government this country has ever had, [*Desk thumping*] and you can see it with projects everywhere: in the east, west, north, central, south, south-east and south-west—all over. This is so because our distinguished Prime Minister has declared a no-tolerance stand on corruption. This is why I can stand here today and proudly list the performance of this Government in the health sector from 2010 to present.

Fact No. 1: the setting up of \$100 million, through the Children's Life Fund for lifesaving surgery for sick children, to be administered by an independent, equitable, transparent—and in an accountable manner.

Mr. Speaker, this is quite unlike the PNM, how they administered their special scholarship fund, which only went to certain members of the PNM—and I do not hear any groans from the other side, because it was true. We have a fund managed to help children and save the lives of children by an independent board and administered through accountable measures. That is what this Government is for.

While we are on the fund, I want to mention Mr. Kyle Ramdial, a nine-year-old boy from Sangre Grande. Through the fund, on Tuesday he is flying to Miami

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to undergo heart surgery. [*Desk thumping*] So, Kyle, on behalf of the Prime Minister and this Government, we wish you God's blessing and a safe and healthy return home.

Mr. Speaker, fact No. 2: in 2011 the Prime Minister opened the Scarborough Hospital, which had been plagued by mismanagement and wastage of money. The sister isle now has a state-of-the-art hospital available to them—and I see Dr. Delmon Baker smiling. Yes, Dr. Baker, you have a state-of-the-art hospital, and the Minister yesterday said that there were CT scanners to the tune of, I think, \$64 million—[*Interruption*]

**Dr. Khan:** That is MRI.

**Mr. C. Partap:** MRI scanners—going to Tobago, so there is an upgrade of the services that will be available to the people of Tobago. They will not have to come to Trinidad; they can stay in Tobago and get well-deserved and well-needed medical attention. The Member for Tobago East is right next to me, and she is pounding the table in support. [*Laughter and crosstalk*]

Mr. Speaker, fact No. 3: on March 02, 2012, the Prime Minister of this country, turned the sod for the children's hospital in Couva, [*Desk thumping*]—turned the sod. This is a state-of-the-art children's hospital, which is being built with the help of the Chinese Government, and it will cost US \$150 million, Mr. Speaker. Here we have a big project and not one whisper of corruption over the last two years—not a whisper.

Fact No. 4: in January 2014, the Prime Minister formally opened the San Fernando Teaching Hospital on Chancery Lane. [*Desk thumping*] I will say it again—and I could say it even louder, again—with not even a whisper of corruption.

Fact No. 5: the Oncology Department at the San Fernando General Hospital was opened. Fact No. 6: health-care facilities were outfitted with 21 ECG machines, six cardiac monitoring systems; argon laser machines; seven portable X-ray machines; three ultrasound machines and urology equipment.

Fact No. 7: dental equipment and accessories were ordered for various health centres, and the Biche Health Centre in my constituency is one of the recipients of those dental services and dental equipment.

Fact No. 8, Mr. Speaker: the construction of a new Insect Vector Control Division headquarters and warehouse in Cunupia in 2012.

Fact No. 9: the launch of the first specialized multidisciplinary cardiac clinic in pregnancy at the Mount Hope Maternity Hospital.

Fact No. 10: the establishment, through COSTAATT, of the nursing campus in El Dorado, the Nursing Training Centre, which is to train nurses to fill the gaps left by the last administration. Over 2,000 nurses will be trained to man our health facilities, man our hospitals.

Mr. Speaker, allow me to deal briefly with some of the issues raised last week by the hon. Member for Diego Martin Central. His issue was that the hon. Minister of Health failed to consult on the Bill being debated today. Let me refer to the *Hansard* of last week. He said, and I quote:

“If you listened very carefully to the hon. Minister, he kept referring to the council, the council, the council. The Minister of Health shockingly does not seem to recognize that we have a wide array of nursing stakeholders in this country.”

That is what he said. The hon. Member for Diego Martin Central goes on to state, and I quote—I am reading from page 3:

“the Nursing Council of Trinidad and Tobago”—and he goes on to list the council—“the Trinidad and Tobago Registered Nurses Association; the Nursing Research Society;...the Psychiatric Nurses Association...the Trinidad and Tobago Association of Midwives;...the Community Nurses Association of Trinidad and Tobago—where are they?”—he said.

It is clear from an article in the *Sunday Guardian*, as way back as July 01, 2012, consultation was done with the Trinidad and Tobago Nursing Council and the President of the Trinidad and Tobago Registered Nurses Association, Miss Valerie Alleyne-Rawlins.

The hon. Member for Diego Martin Central was disingenuous when he listed all the nursing associations and bodies in this country. The hon. Member wanted to scare the public into believing that the Government did not consult, that the Minister did not consult with the relevant stakeholders. The hon. Member was using the time-worn PNM tactic that scares: scare, scare, scare—the scare tactics: they do not consult, they do not do this, they do not do that.

But I would like to remind people, when the smelters were going down, there was no consultation; there was not even a CEC. And you come to tell us about not consulting? Let the truth be told. When you consult with the Trinidad and Tobago Registered Nurses Association and the Trinidad and Tobago Nursing Council,

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you in fact consult with others. Let me read something from the website of the Trinidad and Tobago Association of Midwives. This is on the website:

“We are a professional organization, formed under the auspices of the Trinidad and Tobago Registered Nurses Association...”

What does that tell you, Mr. Speaker? The Trinidad and Tobago Registered Nurses Association is the parent body and there are sub-bodies under it. So if you deal with the head, you deal with the body.

But he comes here and says there was no consultation but consultations went back as far as 2012. He comes and he says they only got wind of it through the media, which was not true, because I know the Minister, and the Minister is a man that consults. Even if he is coming into constituencies, he consults. If he is doing anything in Sangre Grande, in my area, he consults. He is a consulting Minister. [*Laughter and crosstalk*] To come here—[*Interruption*]

**Hon. Member:** He is a consultant.

**Mr. C. Partap:** He is a consulting Minister. [*Laughter*] So do not come here and scare people and let them think that we did not consult. He consults. [*Crosstalk*]

The hon. Member’s other contribution was that there was no proper definition for a registered nurse in the Bill, but I want him to take a look at Part II of the Bill, clauses 15 to 19. I want him to take a look and let him clearly surmise what is the definition. The definition is in there.

Again, the hon. Member raised issues of clause 29—in times of emergency. Mr. Speaker, this Government is aware that if by some strange, unlucky fate there is a national disaster in Trinidad and Tobago, the Minister can use power under the new section 51A—if the Bill is passed—to allow medical teams from other countries to come in and help with a dire situation, where nurses and doctors will come here to Trinidad and Tobago to help save the lives of our citizens. This is a revolutionary and forward-thinking clause. How can you be against such a clause? It boggles the mind. There is nothing clandestine about the clause. I assure you that the distinguished Prime Minister and our Government will not use that clause like they did with the limited state of emergency to remove a Speaker. We all remember.

We have the clauses there. This is for the development and health of Trinidad and Tobago, in the case of an emergency, a national emergency. But, you know,



when you think of the PNM, you think of them using a limited state of emergency to remove Speakers, but this Government will not stoop to those low, low tactics.

**11.30 a.m.**

Mr. Speaker, the hon. Member also spoke of the workload of nurses and poor working conditions. The last administration did nothing to improve the conditions of nurses. What was their record, what was their record? No new hospitals built, not one, and no improvement in the lives of the nurses of Trinidad and Tobago. The improvements that are being sought now are all done under this Government over the last three years.

I would like to reiterate some of the most modernizing and practical aspects of the Bill. Clause 7, which changes the composition of the council, has been long in coming. With our current and future needs, the council needs to be reduced from 22 to 15, and as a result it will increase the efficiency of the Board.

Mr. Speaker, the creation of the post of registrar is in keeping with this contemporary practice. The registrar will be responsible for the establishment, keeping and maintenance of registers, issuing of certificates and licences, cancelling certificates and suspensions, revoking licences and removing names from the register.

Mr. Speaker, let me relate to you the plight of Mrs. Zambi who came to Trinidad and Tobago from the UK to take up a job at the ERHA as a midwife. She came since September. She took her documents in, to the Trinidad and Tobago Nursing Council in September 2013, and she waited and waited and waited, and months passed and her job at the ERHA was on hold. She came to my office about two weeks ago asking for some intervention. She said the documents were sent, they looked at them, everything was okay, but yet she did not have her licence to practise.

But thankfully, when this Bill came to this House on Friday, she got the call that her licence was ready. But, you see, that if there is no change in the Board, no change in the way things are being done, nurses from abroad, when they come to do work in Trinidad and Tobago will have to wait a long time for their licence and they could even lose the job that they came to Trinidad and Tobago to take up, and then what will happen? They will go back. So we are now trying to bring in people with the new modernizing effect of this Bill, we are bringing nurses into Trinidad so that, you know, our health sector will benefit.

Mr. Speaker, clause 13 which seeks to amend section 16 by inserting the new 16A, which will allow for persons who have acquired a degree or diploma after

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January 2008 from a recognized place of training, to be entitled to a provisional certificate as a nurse intern. This is a revolutionary clause in the Bill. Many, many nursing students in my constituency have applauded this piece—this new section, for as soon as they finish they can apply for a provisional licence and then they could go into the health facilities, go into the hospitals and work as a nurse intern, whereby they gain experience and some well-needed finances.

And, you know, many people have been talking about the exams, and a lot of the failure rate is on the practical side of the exam. Mr. Speaker, by getting the practical experience for a few months before they take the exam, I think it will reduce the failure rates. So, the Member for Barataria/San Juan and the Minister of Health has introduced this section as a stopgap measure to help the health facilities by bringing in intern nurses and also to help the intern nurses with their practical exams.

Mr. Speaker, these are some of the issues that I would like to raise today. The people and the constituency of Cumuto/Manzanilla are firmly behind this Bill, firmly behind our Minister of Health and firmly behind our Government.

Mr. Speaker, with these few words, I would like to support the Bill and urge the House to pass it in due course. Thank you, Mr. Speaker. [*Desk thumping*]

**Mr. Speaker:** The hon. Member for Diego Martin North/East.

**Mr. Colm Imbert** (*Diego Martin North/East*): Mr. Speaker, when the hon. Prime Minister fired the Member for Cumuto/Manzanilla—[*Interruption*]

**Dr. Rowley:** What for?

**Mr. C. Imbert:** I felt a lot of sympathy for him—[*Interruption*]

**Hon. Member:** But not today. [*Laughter*]

**Mr. C. Imbert:**—but not today, because he is clearly not up to date on the cost of hospitals in Trinidad and Tobago under this new People's Partnership Government. He made a lot of heavy weather about the Scarborough hospital. However, he failed to recognize that whereas the cost per bed at that hospital is in the vicinity of \$7 million per bed, the new Couva children's hospital, at a cost of \$1.5 billion for 100 beds, it will be \$15 million per bed. So the new Couva hospital, the cost per bed will be double the cost of the Scarborough hospital.

**Mr. Sharma:** Nonsense.

**Mr. C. Imbert:** Nonsense? The construction cost, and that is another scandal. He spoke about scandal—the Couva hospital is a scandal and we will get to that

in due course. The construction cost is \$1 billion and the soft cost or non-construction cost is \$500 million, Mr. Speaker.

**Hon. Member:** “Weee hooo!”

**Mr. C. Imbert:** You could believe that?—\$1 billion for construction, \$500 million for consultancy fees and other soft costs.

**Mrs. Mc Intosh:** Five hundred million?

**Mr. C. Imbert:** Five hundred million dollars, that is the Couva hospital—almost the cost of the whole Tobago hospital—is the cost of consultancy fees, and other fees for the Couva hospital.

**Mr. Roberts:** Rubbish!

**Mr. C. Imbert:** That is a fact. Rubbish? That was announced by the Minister of Health himself. He, in a press statement, announced that the construction cost, \$980 million, how close am I to the cost?—Nine hundred and eighty million dollars, and the soft costs, \$500 million, Mr. Speaker.

So the cost per bed of the Couva hospital, \$15 million per bed, and the Member for Cumuto/Manzanilla has the gall to talk about cost and cost overruns. [*Desk thumping*] No shame. And what about that building in San Fernando?—\$1.2 billion or \$1.3 billion for the Chancery Lane Teaching Hospital as they call it. How much per bed inside of there? It is \$13 million or \$14 million a bed or more, twice the cost of a bed in the Scarborough hospital.

You only bawling it is not true; it is \$1.3 billion for the Chancery Lane. I challenge anybody on that side to tell me that the cost of the Chancery Lane Hospital is not \$1.3 billion, anybody, get up and deny it. It is a fact, and the cost per bed in that hospital is \$13 million a bed; Couva is \$15 million a bed. So do not come here and talk about cost—yeah, you see they get quiet now because these are the facts, they cannot deal with facts, they cannot deal with facts. And what bothered me, Mr. Speaker, clearly, the Member for Cumuto/Manzanilla was singing for his supper, singing for his supper.

**Mrs. Mc Intosh:** Again!

**Dr. Rowley:** He wants to get back in.

**Mr. C. Imbert:** He wants to get back inside, and therefore did not deal with this very, very important piece of legislation. Instead, he introduced irrelevancies, inaccuracies and blatant untruths into this very important debate on the registration of nurses. We will deal with the massive cost of hospitals under this

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administration in due course. Remember, we have a general election next year, so we will deal with it from now to then. We will need an explanation as to why they are spending \$500 million, paying consultants, paying fees and other costs for that Couva hospital. We will need to know, but enough of that for now.

Let us go now to the Bill itself. Let us go to the Bill. “Ah know all yuh doh want tuh hear bout dat yuh know. All yuh doh want me to talk about that \$500 million yuh wasting in Couva, yuh doh want meh to talk about it, but is all right.” [Crosstalk] Let us go to the matter—

**Dr. Rowley:** I would like to hear the Member, please.

**Mr. Speaker:** I too will like to hear the Member for Diego Martin North/East, and I am really getting some feedback from across the floor. So would Members allow the Member to speak in complete silence? Continue hon. Member.

**Mr. C. Imbert:** Thank you, Mr. Speaker. You know, even the Minister, I have to give him credit, when he introduced his Bill, he did not wander into all of this foolishness about cost of hospitals. He dealt with the issues, not very well— [Laughter] I will come to that in a little while, but he attempted to defend the legislation we are talking about. So let us go to the legislation that we are dealing with.

Now, Mr. Speaker, I read into the record an article published in the *Newsday* on July 5, 2012. Headline: “We object!” And it goes as follows:

“The Nursing Council...is publicly voicing its objection to plans by Health Minister Dr. Fuad Khan to abolish its nurses registration exam as a pre-requisite for becoming a practicing nurse in this country.

Speaking at a press conference yesterday at The Professional Centre...council vice-president Karin Pierre said, ‘It is life and death that we are dealing with...this thing called patient care’.

‘We are not driving nails into a wall, we are managing patients in the clinical setting...the primary role of the Nursing Council is to protect the interests of the public and the professions, ensuring that practitioners are safe to practice,’ Pierre stated.

Earlier this week, the Health Minister said Cabinet had approved changes which would see the Nurses and Midwives Registration Act amended...to remove the exam as a requirement to practice as a nurse. This is being done in order to alleviate an acute nursing shortage while reducing the number of foreign nurses hired by the State to fill that gap.

Khan also lamented the 40 percent failure rate of nursing graduates who write the registration exam.

Each nurse aspirant has three attempts within a five-year period to obtain a 60 percent pass mark in four papers...

Speaking on Monday, Khan said, ‘the removal of this examination will bring the registration and licensing of our nurses in line with other such noble professionals. Our nurses who are trained in TT will have automatic registration to practice within TT, and those who wish to practice abroad can sit any relevant registration exam to practice in that territory...’

The Health Minister’s claims of a significant failure-rate and its resultant hindrance of public health... was disputed yesterday by NCTT members David Murphy and Russell Salcedo.

According to Salcedo, the figures referred to by Khan were actually for individual years and not for persons’ overall attempts to pass the NCTT registration exam.

‘In 2009, 84 percent of students passed the exam. That figure dropped in 2010 to 62 percent but rose’—again—“to 64 percent...just under 40 percent of persons were not successful during their”—first—“sitting of the exam...”—however—“the fail-out rate over a five-year period is actually three to four percent...”

What the nurses are saying, nurses have three attempts to pass the exam, and in terms of the persons who attempt the exam three times the failure rate is 3 per cent, 3 per cent, not 45 per cent or 47 per cent as the Minister and his colleagues would have us believe, Mr. Speaker.

**Dr. Rowley:** Misinformation, again.

**Mr. C. Imbert:** Misinformation. And what was the Minister’s reaction to that? He met with the nurses. July 17, 2012, *Newsday*:

“Health Minister Dr Fuad Khan and Nursing Council of TT officials met yesterday to discuss changes proposed by the ministry through amendments to the Nurses and Midwives Act including the licensing exam which the minister had linked as a contributor to the nursing shortage in the country.

At the end of the meeting which took place at the ministry’s head office...both sides had reached a ‘centre ground’ on the way forward—the exam would stay but there would be changes to its format.

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In an interview yesterday, Khan said it was a good meeting and there was agreement on a few things.

‘They are going to look at what I put on the table and see which direction it is going to go...’ Khan declined to go into the specifics of the discussion but said ‘certain aspects’ of the licensing exam would be looked at which would auger well for students.

‘The proposals we put will auger well for students of the exam now and those who had problems with it in the past ten years. It is a win-win for both sides. Everybody will be happy at the end of the day.’”

**11.45 a.m.**

So the Minister, on July 05, 2012 said he is scrapping the nursing exam because people “failing” in droves, and the nurses protested in an uproar and 10 days later the Minister met with the nurses, and the Minister himself came out of that meeting saying it is a win-win for everybody.

What is this Bill all about? It abolishes the exam. And why do the nurses feel betrayed? Because they met with the Minister; the Minister said they are not abolishing the exam, and now in his contribution the Minister tells us, the purpose of this is to get around the exam. And so did the Member for Caroni East in his contribution, talk about this examination. [*Interruption*]

**Dr. Rowley:** Cumuto/Manzanilla—

**Mr. C. Imbert:** Forget him. He “talkin bout Tobago. [*Laughter*] Dey lose all 12 seats in Tobago, yuh know, but dey want tuh talk about Tobago.” This one here—Mr. Speaker, through you, the hon. Member for Tobago West “on his last legs”. He has about 14 months to go and he will be history. But they want to talk about Tobago. [*Crosstalk*] Look, you might as well just forget about Tobago, “eh”. Tobago is red! Red!

Now, what is this exam all about, Mr. Speaker?

**Mr. Roberts:** Who slate you on?

**Mr. C. Imbert:** The Nursing Council of Trinidad and Tobago yesterday— [*Interruption*—what is this slate thing? You all obsessed?

“The Nursing Council of Trinidad and Tobago defended the need for a council-led licensing for graduating nurses.” [*Crosstalk*]

Mr. Speaker, I am trying to talk loudly, but could you control the Members opposite for me, please?

**Mr. Speaker:** Members, allow the Member for Diego Martin North/East to speak in silence.

**Mr. C. Imbert:** I quote: “In what has now become a public war-of-words between the two, Council members, Russell Salcedo and David Murphy yesterday took Health Minister Dr. Fuad Khan to task for his plans to amend the Nursing and Midwives Act...”

This is another article from July 2012:

“without consultation.”

Let me repeat that.

“...Russell Salcedo and David Murphy, council members of the Nursing Council yesterday took Health Minister Dr. Fuad Khan...for his plans to amend the Nursing and Midwives Act...”

And this is for you, Member for Cumuto:

“without consultations.”

Without consultations—especially for you.

**Mr. Deyalsingh:** A Valentine’s present.

**Mr. C. Imbert:** Yes.

“The Council also denied having any previous discussions with the Health Minister Dr. Fuad Khan and dismissed his quotation of the 40 per cent failure rate for nurses sitting the Council licence exam.”

Mr. Speaker, this article also re-enforces the fact that when you look at the nurses attempting the exam on the three possible occasions they have it—the three attempts—the failure rate is 3 to 4 per cent and not 40 per cent, Madam—

**Dr. Gopeesingh:** Five years.

**Mr. C. Imbert:** Sorry, Mr. Speaker. You all are switching too often these days. I apologize.

I hear the hon. Member for Caroni East “bawl” five years. Let us see what is done in other countries. You see, Madam Deputy Speaker, I would not mind if—I am so sorry, Mr. Speaker. I would not mind, Mr. Speaker—*[Interruption]*

**Hon. Member:** “Valentines on yuh mind.”

**Mr. C. Imbert:** I am terribly sorry. Valentine’s Day is on my mind, Mr. Speaker. [*Laughter*]

**Mrs. McIntosh:** Madam is on your mind.

**Mr. C. Imbert:** Mr. Speaker, let us look at what is done in other countries because, you see, it is all very well for people to shout and scream about irrelevancies, but let us go to countries and see what they do. Let us go to England, Mr. Speaker, and let us see what is done in the United Kingdom. Well, actually, let me go to South Australia, the Nurses Act 1999. [*Interruption*] “Yeah. Ah going to Australia, ah coming back to the Caribbean just now.”

So let us start with looking at Australia and see what is done in Australia with respect to the registration of nurses. Mr. Speaker, in Australia—as in every other territory that I have looked at—the registration of nurses is managed by the Nursing Council of Australia.

Let me switch to Barbados. I will come back to Australia. Let us see what is done in neighbouring Barbados, and here we have the Nurses and Midwives Registration Act, 2008. So it is very recent legislation in Barbados, Mr. Speaker. And in section 5 of the Barbados Act:

“The Council shall be responsible for:

(a) the regulation of the nursing profession;—”

That is very important:

“(b) the registration or enrolment of persons in the nursing profession;”

In section 7 of the Barbados Act it states, under the heading: “Registration of Nurses:

7(1) A person who applies to the Council to be registered as a nurse and who satisfies the Council that that person

- (a) is qualified to be so registered;
- (b) is a fit and proper person...
- (c) is of the prescribed age,

is entitled upon compliance with the requirements of this Act...to be registered as a nurse.

(2) A person is qualified to be registered as a nurse...if that person



- (a) has completed the prescribed course of training at a place of training in Barbados or the Caribbean Community recognized by the Council;”

Those are the operative words:

“...recognized by the Council;

- (b) has passed the required examinations...”

So they have exams in Barbados:

“(c) has successfully completed the regional examination required for registration as a nurse.”

So in Barbados you have to do your training at a place approved by the council; you have to pass the examination of Barbados or a regional examination that meets the standards. So that is what is done in Barbados.

Let us go to India; what is done in India. The Indian Nursing Council Act of 1947, what does it say? It states—*[Interruption]*

**Mr. Roberts:** Which year?

**Mr. C. Imbert:** Nineteen forty-seven, amended several times after that; amended all the way up to the present day. The Indian Act states:

“No person shall...be entitled to be enrolled in any State register as a nurse...unless he or she holds a recognised qualification.”

Again, the word, “recognized”. And who does the recognition, Mr. Speaker? When you go to the Indian Act, you discover that the recognition of qualifications for persons to become nurses in India is done by the various nursing councils within the states in India and the national body in India. So in India, it is the nursing council in the various states that determine whether someone has met the required standards to become a nurse, and similarly, in Australia.

I have just picked three countries: Australia, India and Barbados. I deliberately picked Commonwealth countries. Why it is, if that is what it is—and that is what it is all over the world, that the nursing council is the one who establishes who could be a nurse and who cannot be a nurse. Why it is in this country—what is so special about Trinidad and Tobago—that the Minister has decided that another body will decide who could become a nurse and who could not become a nurse? *[Interruption]*

The reason is, Mr. Speaker, the Minister has problems in his relationship with the nursing council. It is as simple as that. It boils down to personalities, and you

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cannot run a country based on personal conflicts, interpersonal challenges and personalities. You have to be looking ahead to the future. That is how a country develops progressively. It cannot be because the Minister and the nurses do not get along and, you know, there is always this protest and always this tense relationship between the Minister and the nurses, that you go and change the entire system of registering a professional body. That “cyar” be a reason.

Let us look and see what the Minister is trying to do. [*Interruption*]

**Mr. Speaker:** Member, Member. Diego Martin North/East—I know that some Members are anxious to speak, but I ask you to take notes. It is bordering on disorderly conduct for a constant commentary and interjection to be taking place whilst a Member is speaking, and he has gotten the protection of the Speaker. So I appeal to Members, allow the Member to speak in silence, and those who do not want to hear him, you can retire to the lounge.

Continue, hon. Member, please.

**Mr. C. Imbert:** Thank you, Mr. Speaker. Thank you very much. What exactly is the Minister attempting to do with this amendment Bill? Let us go straight to clause 13, and in clause 13 the Minister is interfering with section 16 of the Act—sorry, in clause 12 the Minister is interfering with section 16, and let me read clause 12, actually:

“The Act is amended in section 16 by repealing subsections (2), (3), (4) and (5) and substituting the following new subsections:

‘(2) Any person who has—

- (a) completed a course of training approved by the Accreditation Council of Trinidad and Tobago...; or
- (b) passed the examination prescribed either by the Council or the Regional Nursing Body,

and who establishes to the Council’s satisfaction that he is a fit and proper person to be entered on the register as a nurse shall, on making an application to the Council...be entitled to be registered.”

And this is the mischief in the Bill. So previously—let us go to the parent Act and see what was there, Mr. Speaker. Previously, you had to pass the—[*Interruption*] I hear the Minister talking about amendments. “Is all right. Yuh bring yuh amendments today; yuh introduce the Bill last week.” Let us deal with what is on the table.

When we go to section 16 of the Act, what does section 16 tell us? Section 16 (2) tells us that:

“Any person who has completed a course of training in a recognised place of training and has passed the examinations prescribed by the Council and who establishes to its satisfaction that he is a fit and proper person...be entitled to be registered.”

So what is here now? That any person who has completed a course of training and has passed the examination prescribed by the council is entitled to be registered as a nurse.

Then subsection (3):

“Any person who establishes to the satisfaction of the Council that he is registered...on the Register of the General Nursing Council of England and Wales...be entitled to be registered.”

Subsection (4):

“Where there is a reciprocal agreement concerning nurses between Trinidad and Tobago and any part of the Commonwealth or any foreign country, any person who establishes to the satisfaction of the Council that he is registered and entitled to practise nursing in such place...be entitled to be registered.”

And (5):

“Any person not entitled to be registered in accordance with subsection (1), (2), (3) or (4) who establishes to the satisfaction of the Council that he is a graduate in nursing from a school that is recognised by the Council as providing a standard of training and examination not lower than that prescribed under this Act...and that he is a fit and proper person... shall, on making application to the Council, and upon compliance with the requirements of this Act be entitled to be registered but the Council as a condition of registration may require that such person submit to and pass an examination prescribed by the Council.”

What is the current law? The current law is, the person must do their training in a place of training and pass the examination prescribed by the council, or they could be registered to be a nurse in England, or they could be registered to be a nurse in another Commonwealth country where we have a reciprocal agreement. In other words, our nurses could work there because that country recognizes that the standard of training of our nurses in Trinidad and Tobago is equivalent or

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higher than the standard of training in that country. So, reciprocal agreement with Commonwealth countries, our nurses could work there; their nurses could work here.

Or, finally, if you have been trained as a nurse in a non-Commonwealth country where we do not have a reciprocal agreement, once your training is of the required standard and you pass the exam, if they wish you to do that, you can practise as a nurse.

What was the Minister seeking to do when he laid this Bill? Let us forget about the amendments for now because some of the amendments only came after he “get licks”. Let us deal with what he was trying to do. The Minister, in clause 12, was repealing (2), (3), (4), and (5). So what was he doing? Exam “gone”. Subsection (2) deals with the examination. He repealed that, anybody:

“(3) ...registered...on the Register of the General Nursing Council of England and Wales...”—That gone!

### **12.00 noon**

So if you are trained as a nurse in England, no longer, if the Minister had had his way, would you have been automatically allowed to practise as a nurse in Trinidad and Tobago. Foolish! I will call that foolish. He was taking out subsection (4), that if there are reciprocal agreements between Trinidad and Tobago and a Commonwealth country, their nurses could practice here, our nurses could practice there. Gone!

That was what he was taking out, Mr. Speaker. The effect of that not only would prevent nurses from India and other Commonwealth countries from practising here to help us with our nursing shortage, it also would have prevented our nurses from going abroad to work in Commonwealth countries. Now who would have advised the Minister?

**Dr. Gopeesingh:** Where is the Accreditation Council in this?

**Mr. C. Imbert:** I will come to that. I will come to that because I will show you the Minister is not even following his own advice given to him with respect to the Accreditation Council.

Mr. Speaker, what kind of Minister of Health—who advised this Minister of Health to abolish reciprocal agreements for the practice of nursing between

Trinidad and Tobago and Commonwealth countries? Who advised him to do that? Who advised him to scrap the arrangement where somebody has trained and registered as a nurse in England, they could automatically practise here? Who advised him to do that? Who advised him to scrap the exam? What is going on? The only conclusion I could come to is that the Minister is impatient, he is not willing to sit and engage in dialogue with the nursing council and arrive at what he himself described as a win-win situation back on July 17, 2012.

I noticed after he got sufficient blows, he has come with an amendment to clause 12 and he is now deleting the deletion of (2), (3), (4) and (5), and all he is now deleting is (2). So he has put back in the registration of English nurses, he has put back in the registration of Commonwealth nurses and he has put back in the registration of nurses who have trained in other countries and have done the exam here in Trinidad and Tobago. But why did he come with it in the first place? What is the point of bringing what you call profound and far-reaching legislation, when you are scrapping all of these arrangements that have stood the test of time over the last 50 years?

**Dr. Rowley:** Which Cabinet approved that?

**Mr. C. Imbert:** Which Cabinet approved that? What do you all do in the Legislative Review Committee? I have to ask this over and over again, Mr. Speaker. I have a printed copy of this Bill, and in this Bill approved by the Legislative Review Committee, approved by the Cabinet, they scrapped reciprocal agreements, they scrapped English nurses, they scrapped foreign nurses who passed the Trinidad and Tobago exam, but we have a nursing shortage in Trinidad. We have a nursing shortage in Trinidad and Tobago, but this Bill was designed not to alleviate the shortage, but to exacerbate the shortage of nurses in Trinidad and Tobago by removing a multitude of multiple points of entry for suitably qualified nurses from overseas. Who advised the Minister to do that?

Now let us go to the accreditation council because clearly the introduction of the accreditation council is an attempt by the Minister to get around what he describes as the onerous nursing examinations in Trinidad and Tobago. Clearly, by introducing as a parallel, that either you pass the nursing exam or you do some training approved by the accreditation council—it is an either or—it is now allowing nurses to avoid the nursing examination in Trinidad and Tobago.

Now, the Minister himself must have sight of the document referred to by my colleague, the Member for St. Joseph, which is the report of the consultant that advised the Ministry on the Nurses and Midwives Registration Act of Trinidad

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and Tobago, and this is the Report—February 2013. So it is not so long ago—of Consultancy to Review the Nurses and Midwives Registration Act of Trinidad and Tobago. I will go straight, Madam—Mr. Speaker, I apologize again—to the section that deals with the whole question of introducing the accreditation council into the equation.

In this consultancy report, Mr. Speaker—and this was done by a consultant at the Pan American Health Organization. I would assume the person was eminently qualified and I would assume the person knew what he was doing. But in this report, the Minister was advised that the accreditation council simply did not have the competence to deal with the recognition, certification, approval or otherwise of a discipline that is practically based. That is what the consultant said. He made the point and let me go now to the—this is page 25 of the report, “The Current Examination Process”, and he did highlight concerns:

“There are concerns relating to the high failure rate associated with the final examinations. The consultant was able to access high level aggregated data for October 2010 and...April 2011 examination results where the respective failure rate was...32% and 47% respectively. This is an unacceptably high failure rate and warrants immediate detailed investigation.”

He goes on:

“The current draft amendment bill shared with the consultant highlights that there is a proposal to significantly undermine public protection by permitting those that have ‘completed a training at a place of training accredited by the Accreditation Council...; **OR** passed the examination prescribed either by the Council, or the Regional Nursing Council’ **AND** who establishes to the Council satisfaction that he is a fit and proper person to be entered on the register as a nurse... This is a very worrying and unsafe proposal...”

Let me repeat. This was a consultant engaged on behalf of the Pan American Health Organization, a world renowned body, Mr. Speaker, to look at the draft Nurses and Midwives Bill, and his statement is that the Minister’s intention to allow the accreditation council to determine who should practise as a nurse or not, is a:

“very worrying and unsafe proposal as it is relying upon a process that the Accreditation Authority neither has the scope or competence to assess a practice orientated qualification.”

Let me repeat that. In the opinion of this consultant:

“the Accreditation Authority”—our accreditation authority—“neither has the scope or competence to assess a practice orientated qualification. This proposal is akin to permitting a learner driver who has only passed a theory test to be then given a full licence.”—and I like that example.

So it means that someone who has just done his—when you go for your driver’s permit—*[Interruption]*

**Dr. Rowley:** Regulations.

**Mr. C. Imbert:**—your regulations—*[Interruption]*

**Dr. Rowley:** Give you the keys after.

**Mr. C. Imbert:**—give you the keys for the car and tell you drive. In other words, no practical test.

“This...is akin to permitting a learner driver who has only passed a theory test to be then given a full licence. The Accreditation Authority has a valuable contribution to make but since 50% of a nurse’s education does not take place in an academic setting relying on accreditation that only looks at half the persons learning, experience is unsound. A joint process is needed and hence the “**OR**” in the above clause needs to be replaced with “AND”. In addition, to minimise accreditation burden on learning institutions”—there should be—“a memorandum of understanding between the Nursing Council and the Accreditation Council...”

The fact is, Mr. Speaker, there is no way the Accreditation Council of Trinidad and Tobago, either now or in the foreseeable future, would be competent to establish whether nurses have done the necessary practical training to become nurses. Because as the author of this consultancy report points out, the academic side of nurse training is only half of the person. The other side is the practical training, and most people do not know—if you are not in the sector you do not know—but the training of a nurse is very different from the training of other professionals. A significant amount of nurse training takes place on the ward.

**Dr. Khan:** Nurse interns.

**Mr. C. Imbert:** The significant amount of the training of a nurse takes place in hospitals.

**Dr. Khan:** You are correct.

**Mr. C. Imbert:** I am not going to the nurse intern thing, yet.

**Dr. Khan:** They are nurse interns.

**Mr. C. Imbert:** I am not going to the—Mr. Speaker, through you. The fact of the matter is, a person is entitled to be a nurse when they have done the necessary academic training and they have passed the exams that would test their academic knowledge, their theory and, also, they have been observed in a hospital environment, they have been tested in terms of seeing how they react to certain medical situations and they have reached a required level of competence that is determined by a competent professional that they have acquired the necessary number of hours in practical training in a hospital environment.

What the consultant was saying is that the accreditation council is incapable at this time, and I would say, in the foreseeable future, of establishing or being able to determine the competence of a nurse in terms of practical applications, Mr. Speaker. But what the Minister is doing in his impatience, he has decided that once the accreditation council decides that the person has completed a course of training, that person could be registered as a nurse.

Now let me show you the inconsistency in the argument. If you go to the Barbados legislation, the Australian legislation, the Indian legislation, there is a requirement for an exam. What is the exam all about? It is a practical exam. It is an application-based exam. There is a provision in the present law that allows the council to recognize training done in another place, or training done at various institutions in Trinidad and Tobago and in the region.

So the concept of allowing nurses to come into the system where they have been trained in North America, they have been trained in England or some other place that trains at a competent standard, is already there in the present law. It is recognized all over the world that this is an accepted practice, and this is a desirable practice, that you do not just want to confine your nurses to training within your country. It could be training elsewhere; it could be training at different institutions within your country and so on.

But in addition to that, all over the world, since this is a practice-based profession, all of the nursing councils all over the world prescribe an exam to test your practical knowledge of the theory that you have learnt in the classroom. What the hon. Minister is doing, he has decided that the accreditation council will now determine whether your academic training is suitable, and is completely missing the point that the nurse requires practical training. So I would ask the Minister to pause. I will use the polite language of my colleague, the Member for St. Joseph, who was over polite as far as I am concerned—was over polite.



**Dr. Gopeesingh:** That is roguishness.

**Mr. C. Imbert:** Whatever. I will ask the Minister to pause. I would even agree very reluctantly because I do not see why we should be helping out the Government. You should be doing your work. Why should we in the Opposition have to clean up the defective legislation that you bring here because of the failure of your Legislative Review Committee, your dysfunctional Legislative Review Committee and the failure of the Cabinet to discern when they are making a mistake? Why is it we on this side, time and time again, have to clean up the mess that you make? But I will reluctantly because I think the Minister, in my discussions with him, wants to achieve some form of consensus on the way forward. At least I will give him credit for that. Apparently he does not want to bully his way through and railroad through this legislation. I will give him credit for that.

**12.15 p.m.**

That is one of his redeeming qualities. He does not want to have a contentious situation, because at the end of the day when this legislation is passed the doctors will still have to go back into the hospitals and work with the nurses; the nurses will have to work with the doctors; the patients will have to deal with the nurses; the hospital managers will have to deal with the nurses and we do not want a tense and divisive situation to develop, an us versus them situation within a hospital environment. Because, Mr. Speaker, as the nurses themselves have pointed out, it is not like driving nails in a wall. You are dealing with life and death matters and, therefore, you wish to try to avoid contention and confrontation and confusion in a place like that.

So, I would reluctantly, if the Minister so wishes, very reluctantly, sit with the Minister and see how we can achieve the two objectives. His objective where he is unhappy with what he calls the high failure rate of the nursing exam and unhappy with a situation where, according to him, people have to wait a long time before they can meet the requirements of the council to become nurses. That situation and his attempt to introduce the accreditation council as an attempt to bypass the nursing examination, that is his extreme. And then you have the nursing council on the other end of the spectrum, who are saying that they are the only competent body to establish and determine who should be a nurse, and let us see if we can find some kind of middle ground that will meet the requirements of both sides, but certainly, I do not intend to do that today.

So, it is up to the Government to decide whatever they wish to do, and I would ask that when the Minister is finished his winding up, that we do not go to the

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committee stage today and we could take the next week or so and sort this out. That is the offer I am making to the Government. The Government is free to do whatever it wants, but if the Government wishes to clean up this piece of legislation and go forward in a non-contentious environment with our nurses, I am prepared to work with the Government together with my colleague on the other side who has also made this commitment.

The other problem is the whole question of the nurse practitioner, and time would not permit me to get into any great detail on that. But, what the Minister has done has left the prescription of the qualifications and the conditions for persons to be registered as advanced practice nurses to regulations, but we have not seen the regulations. As my colleague, the Member for St. Joseph, has pointed out and as my colleague, the Member for Diego Martin Central, has pointed out, these advanced practice nurses—and let me correct a slip of the tongue from my colleague the Member for Caroni East, which has offended the nurse. You do not know when we say things in this Parliament, how you offend people, you know. *[Interruption]*

The advanced practice nurse is not an advanced practical nurse; it is not a nurse that has advanced knowledge of practical applications, it is a practitioner. That is the difference in the language. So, when you make a slip of the tongue as a medical doctor in this House and you refer to them as advanced practical—*[Interruption]*

**Dr. Gopeesingh:** It is semantics.

**Mr. C. Imbert:** You see? You see, Mr. Speaker? You see how easy they could offend people? Semantics! This is a complaint brought to me by the nurses outside there—*[Inaudible]*—that the advanced practice nurse is not somebody with more practical training. *[Interruption]* Mr. Speaker, let me explain what the advanced practice nurse is.

**Dr. Gopeesingh:** I could stand on 36(5), you know.

**Mr. C. Imbert:** Let him stand, nah.

**Dr. Gopeesingh:** Impugning my integrity.

**Mr. C. Imbert:** Go and stand, nah!

**Dr. Gopeesingh:** Impugning my integrity—*[Inaudible]*

**Mr. C. Imbert:** Yeah, go ahead. Mr. Speaker, the advanced practice nurse is a person who has had the required academic training, required post-graduate

qualifications, plus advanced practical training in order to be considered a higher grade of nurse practitioner. Advanced practice nurse, not advanced practical nurse. This means the person can practise their profession at a higher level than the basic registered nurse, the RN or the other types of nurses.

And there is no recognition as far as I am concerned on the part of the Government, that in order for somebody to be an advanced practice nurse you need to introduce the concept of post-graduate qualifications. In the same way to be a consultant in the hospital, which is a specialist doctor, you must have post-graduate qualifications in some arm of the medical profession: oncology, neurology or internal medicine or something like that. In the same way that to become a consultant or a specialist you must have post-graduate qualifications in a particular area of medicine; in the same way all over the world when they introduce the advanced practice nurse as of—*[Interruption]*

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Member for Diego Martin North/East has expired.

*Motion made:* That the hon. Member's speaking time be extended by 30 minutes. *[Mr. N. Hypolite]*

*Question put and agreed to.*

**Mr. C. Imbert:** *[Desk thumping]* And, Mr. Speaker, the Minister did make the point that he thought that these advanced practice nurses, not practical nurses, would function as a general practitioner—he made that point—and clearly it is a recognition that this person must have a much higher level of academic training and practical training.

And therefore, if we are going to introduce the advanced practice nurse and allow this person to function under certain conditions as a general practitioner, a GP as it is called, then we must have some understanding of what are the minimum requirements in terms of academic training and what are the minimum requirements in terms of practical training. And it cannot be, as my colleagues have indicated—you cannot just have a one paragraph amendment in a Bill. You have to give some sort of criteria within the parent Act itself. You cannot just leave it up—you see what the Minister is doing, he wants us to trust him. *[Interruption]* That is what he is telling us, because if you go to clause 24 in this Bill, he is telling us:

“The Act is amended in section 41(2)—

- (a) by inserting after paragraph (a), the following paragraphs:
- ‘(aa) prescribing the conditions under which persons may be registered as advanced practice nurses;
  - (ab) prescribing the qualifications required for persons to be registered as advanced practice nurses in the Register of Advanced Practice Nurses;’.”

So, he is telling us that at some time in the future he is going to lay on the Table in this Parliament—[*Cell phone rings*] you know, you all have to change your ringtones. You know, those ringtones are quite disturbing. But, let me go to section 41 of the parent Act, Mr. Speaker. Section 41 says:

“The Council may, with the approval of the Minister, make Regulations—”, and it goes through:

“respecting the establishment, maintenance and management of schools for nursing assistants...inspection thereof;”

And it goes on and on.

And what the Minister is telling us, is that he wants to add another two paragraphs inside of there and in addition to the power of the council with the approval of the Minister to make regulations, he wants to add these sections where the regulations will now include the conditions for which persons may be registered as advanced practice nurses and the qualifications for persons to be registered as advanced practice nurses.

But, Mr. Speaker, the first and last time we will see this is when he lays it on the Table. We are not going to have any debate on that. There is going to be no debate in this House on the conditions or the qualifications required for persons to practise as advanced practice nurses. And even the Member for Caroni East, as irritated as he might be—[*Interruption*]

**Dr. Gopeesingh:** As what?

**Mr. C. Imbert:** As irritated as the Member for Caroni East might be, because I reported that some of the nurses took offence to him—will recognize that the Member for Caroni East is always telling us how many degrees he has, how many universities he went to.

**Hon. Member:** How many years?

**Mr. C. Imbert:** I do not know, more than one. [*Laughter*] But the fact of the matter is—[*Interruption*]

**Miss Cox:** How many countries he practised in?

**Mr. C. Imbert:** Sorry, countries too. [*Crosstalk*] And the Member for Caroni East was a lecturer at the faculty of medicine—[*Interruption*]

**Dr. Gopeesingh:** When you were at UWI.

**Mr. C. Imbert:**—and he wrote the queen, when as an Opposition Member of Parliament he was prohibited from continuing to be a lecturer at the University of the West Indies.

**Miss Cox:** He wrote the queen.

**Dr. Gopeesingh:** We could settle it, you know.

**Mr. C. Imbert:** I told you, no. [*Laughter*]

But, Mr. Speaker, the point I am making, of all people in this House I will expect the Member for Caroni East to understand, we cannot debate in a vacuum. You want to introduce this new person, the advanced practice nurse who will perform the function of a doctor in areas where there is a shortage of doctors. So, you are taking the stress off the medical profession. We have suffered in this country for donkey's years from shortages of doctors, and from shortages of nurses. Main reason being, there is a great shortage of these professions all over the world, and because we do not always pay people well and that applies to parliamentarians as well—[*Interruption*]

**Dr. Gopeesingh:** They are the best.

**Mr. C. Imbert:** Yes. Because we do not always pay people well, and I want to repeat, and that applies to parliamentarians as well [*Laughter*] what you find is that doctors and nurses who are trained in Trinidad and Tobago and it is recognized all over the world that the standard of training in Trinidad and Tobago for both doctors and nurses, in particular nurses, is of a very high standard. [*Desk thumping*] They leave the country. There are foreign firms, recruiting firms that come here looking for our nurses to recruit them as soon as they have two or three years' experience in one of our public hospitals, they come here and recruit them in droves to go and work in North America and so on—[*Interruption*]

**Hon. Member:** And England.

**Mr. C. Imbert:** And England—sometimes at five and 10 times the salary that they are earning here in Trinidad and Tobago.

So, because of that, because our training standards are so high and because there is a worldwide shortage of doctors and nurses, we always have migration of

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these health care professionals out of Trinidad and Tobago and we always have a shortage. It is as simple as that. Therefore, one of the ways of dealing with the shortage of doctors, particularly in rural areas, is to introduce the concept of the advanced practice nurse, and that person will relieve the doctor of many of the routine tasks that a general practitioner attends to. It is a very good idea. It makes a lot of sense. But the thing is, you are now taking a person who was performing in a support role—because a nurse performs in a support role to the doctor—and you are putting that person now as a professional in their own right, they will now have complete responsibility for the health care of the individuals and the community that goes to that particular health centre as the case may be in these rural areas.

Since you are doing that, you are elevating the person from a support role where the doctor is the one who takes the responsibility, the doctor is in charge—you are elevating the person and putting them on par under certain conditions to a general practitioner. We in this Parliament, we cannot just go blind. We cannot go blind. You are telling us to trust you. You are telling us that you will bring regulations to deal with this.

**Miss Cox:** Where them?

**Mr. C. Imbert:** There should be minimum standards for advanced practice nurses which should be enshrined in the parent Act. It cannot be just the council making regulations with the approval of the Minister, and that is something I think we need to insist upon as parliamentarians, forget which side we are on. We need to insist upon this requirement that if we are going to give these advanced practice nurses the responsibilities of medical doctors under certain conditions, we must prescribe certain minimum requirements in terms of the qualifications and in terms of the conditions for the registration of such persons. And it is not a difficult thing to do. It is not a difficult thing to do, Mr. Speaker.

I would also like the Minister to explain this nurse intern thing. I think I kind of understand what it is. What the Minister is trying to do, persons who do not meet the requirements to be a nurse, they fail the exam, but the accreditation council says they have done some academic training that meets a certain minimum standard, are going to allow them to work in the hospitals under the supervision of a senior person as a nurse intern. Minister, is this what you are seeking to do? So the person has failed the nursing exam or is unable to pass the nursing exam, but has done some academic training, you are going to allow this person to work in a hospital environment under the supervision of a senior person

and give them the opportunity to sit the exam while they are working in the hospital environment. I would give way if the Minister could just confirm, this is your intention? I have not completed but I would give way to the Minister.

**12.30 p.m.**

**Dr. Khan:** The person would have written and passed their final exams in their place of training and they would have passed that. What would occur now, they would have to write the nursing exam prior to going into the hospital. There has been a deficiency in the practical aspect of the nursing training, so what I am doing, they have passed the exam—not failed the exam—whichever their body, and they would enter the system as a nurse intern and then write the nursing licence exam within a period of 15 months to start with.

**Mr. C. Imbert:** Okay, what this is doing, Mr. Speaker, is allowing somebody to come into a hospital environment who has not demonstrated that they have the necessary amount of practical training to take on the role of a nurse within a hospital environment. [*Crosstalk*] But that is what it is.

The Minister is telling us, the person has gone to school, the person has passed a school exam in terms of their academic knowledge of nursing but they have not yet done the practical exam put on by the nursing council, and the person would be allowed to work in a hospital environment as a nurse intern and then sit the practical exam of the nursing council. [*Crosstalk*] The Member for Caroni East, do not get involved, that is what he said and I would like the Minister to explain why. I am not saying that I am shutting my mind to this concept. It is obviously an attempt on the part of the Minister to increase the number of bodies within a hospital who could provide some level of health care within a hospital environment. I understand what—[*Interruption*]

**Hon. Member:** Is it not laudable?

**Mr. C. Imbert:** “Yuh see that word, ah doh like that word at all.”

**Dr. Gopeesingh:** What? Laudable?

**Mr. C. Imbert:** Laudable, because nothing all “yuh” do is laudable. [*Laughter*] Nothing done by the Members on that side is laudable but it is an interesting idea, and I would like the Minister—[*Interruption*] Sure.

**Dr. Khan:** Thanks a lot.

**Mr. C. Imbert:** We have to go for lunch just now, you know.

**Dr. Khan:** Yeah, thanks a lot. What I would like to say and clarify, as we are speaking on the floor, is that there is a heavy amount of practical training throughout that four years. [*Desk thumping*] So, the nurses who are passing the final exams will be subjected to both academic and practical training in their body. [*Desk thumping*] So they have gotten practical training and they have gotten a practical exam, this is just a licence exam to practice on their own. That is what the nursing council does—on their own—this is under supervision. Thanks a lot for giving way.

**Mr. C. Imbert:** Yeah, sure. Mr. Speaker, I think this is something we need to look at very carefully—very, very, very carefully, because what the Minister is saying, he is usurping the role of the nursing council.

**Hon. Members:** Noooo!

**Mr. C. Imbert:** He is saying that these persons have done some training—some practical training in their course of training. That is what he is saying.

**Dr. Gopeesingh:** With their academic requirements.

**Mr. C. Imbert:** But these persons—it is a fact, Mr. Speaker—have not done sufficient practical training to pass the nursing exam, and what he is—  
[*Interruption*]

**Dr. Gopeesingh:** Can I? Would you give way?

**Mr. C. Imbert:** We have to go for lunch, you know, but no problem, go ahead.

**Dr. Gopeesingh:** Just wondering. Is it not the same system that exists with the larger profession of medicine that doctors go through three years of clinical training in the hospital—academic and practical—but then still have to practice as an intern before becoming registered by the Medical Board of Trinidad and Tobago? It is an analogous situation. Same thing for what the Minister is saying about nursing—practical plus academic. “Yuh get yuh qualification like in medicine, MBBS; yuh get yuh qualification”—from the institution training you—then the doctors have to go through an internship for a year—the nurses will now have to go through internship for 15 months and then they write the nursing council exam to get the nursing registration, just like the doctors, after the internship, now formally registered with the medical board rather than a provisional registration. It is an analogous situation.

**Mrs. Mc Intosh:** Except to write another exam.



**Mr. C. Imbert:** Mr. Speaker, could I ask you? Are we taking a lunch break?

**Mr. Speaker:** Yes, as soon as you are through.

**Mr. C. Imbert:** As soon as I am through?

**Mr. Speaker:** Yeah.

**Mr. C. Imbert:** All right. Now, what the Member of Parliament for Caroni East, through you, Mr. Speaker, did not say is that that is a requirement. You cannot be registered as a doctor until you do two years' internship. It is a requirement, so that is where they do their practical training, and having done their practical training, then it is determined—because they have to do practical training under the supervision of a consultant. So, the doctors go and they do their academic theory in the university and then, they are not allowed to be registered, they have to go on two years' internship, practical training, under the supervision of a consultant, under the supervision of a specialist. Only when they complete that two years are they entitled, once they have satisfactory reports from the specialist, to be registered as a medical doctor in Trinidad and Tobago.

Now, what is happening here? The nurses are saying that the way we determine whether a nurse has a sufficient amount of practical training to be registered as a nurse is our examination. What the Minister is saying is that as soon as they are finished school, they are going straight into the hospital. That is what he is saying. There is a big difference, Member for Caroni East, big difference, because the medical doctors cannot be registered as doctors until they finish that two years of practical internship in the hospital.

**Dr. Gopeesingh:** Or they get provisional recommendation.

**Mr. C. Imbert:** Yeah, they only get provisional. Now, what if the Minister had said, "I want to introduce a period of compulsory internship for nurses before they could even apply to be registered as nurses"—which is what happens with doctors—then we could have some kind of intellectual discussion—*[Interruption]*

**Dr. Khan:** It is the same thing.

**Mr. C. Imbert:** No, it is not!

**Dr. Khan:** Yes, it is.

**Mr. C. Imbert:** No, Mr. Speaker. What the Minister is saying is as soon as they finish their school work, straight into the hospital and while they are there, they sit the nursing exam.

**Dr. Khan:** Under supervision.

**Mr. C. Imbert:** It is completely different. [*Crosstalk*] It is completely different!

**Dr. Gopeesingh:** No, man, Colm, you are not differentiating it correctly. [*Crosstalk*]

**Mr. C. Imbert:** Mr. Speaker, I understand where the Minister is coming from. I know the Minister wants to introduce a level of assistant within the hospital who has no qualifications whatsoever.

**Hon. Members:** No, no. [*Crosstalk*]

**Mr. C. Imbert:** No, but I know that; I know that! You have the patient care assistant that was introduced under this Minister where the person may have one or two passes, they do not meet the requirements to qualify to enter into the nursing programme—[*Interruption*]

**Dr. Khan:** But it is different levels.

**Mr. C. Imbert:**—but they have one or two passes so that—they do a geriatric nursing course somewhere, they do some other course somewhere, and they meet the requirements to become a patient care assistant, and they are allowed to do limited tasks within the hospital environment.

The Minister, as far as I am concerned—I understand he wants to introduce an even lower level because when the—[*Interruption*]

**Dr. Khan:** ATN.

**Mr. C. Imbert:** Ahhh, ATN. So the Minister wants to have multiple layers of support staff within a hospital: an ATN, a patient care assistant, an enrolled nursing assistant, a registered nurse, an advanced practice nurse and nurse intern. About six categories—[*Interruption*]

**Dr. Khan:** What is wrong with that?

**Mr. C. Imbert:**—of nurse within a hospital environment. And do not forget a Minister, too! So, we have Minister, specialist doctor, doctor, advanced practice nurse, registered nurse, enrolled nursing assistant, patient care assistant, ATN. That is what the Minister wants.

Now, the problem with this Minister, Mr. Speaker, is that he has all of these ideas but he does not have the patience to look at things like quality control and standards of care and a duty of care of a health care professional. Mr. Speaker, I

want to repeat: these people, whether they are ATNs, PCAs, ENAs, RNs, APNs, MDs or misters—which is what, apparently, they call themselves when they get their specialist qualifications.

**Dr. Gopeesingh:** We are surgeons.

**Mr. C. Imbert:** Misters, misters, [*Crosstalk*]—whatever it is. The Minister does not have the patience to recognize that you are dealing with life or death matters. If you want to introduce quackery into the practice of the profession, [*Crosstalk*] if you want to introduce quackery into the practice of medical profession, then go ahead and do what you are doing. Mr. Speaker, if that is what he wants to do, if he wants to introduce quackery, if he wants to introduce unskilled, unsuitable, untrained, incapable people into a hospital environment to kill people, go ahead.

But if, on the other hand, Mr. Speaker, the Minister is willing to look at the practice all over the rest of the world—the practice in the Commonwealth, the requirement for an advanced practice nurse to have post-graduate qualifications; if he is going to introduce nurse interns, there must be prescribed conditions for the practice of health care by these interns. If he does not want to recognize that you are introducing all of these different creatures into the system where before you just had doctor and nurse—now you want about six different categories delivering different levels of health care—and if you do not recognize that you must prescribe standards, you must prescribe criteria, you must prescribe conditions for all of these different categories of health care professional, then what you will be doing is introducing quackery into the practice of health care in Trinidad and Tobago.

We are prepared—I told the Minister already, I tell the Government, we are prepared to remove the quackery from this Bill. We are prepared to assist the Minister to remove the quackery from this Bill. If the Minister wants to act as a bully, if he wants to ignore what the nurses have to say, if he wants to ignore what we on this side have to say, go ahead, go ahead and destroy the standards that currently exist within our health care system. But if you want to do something good, if you want to do something that would enhance the delivery of health care, if you want to do something that will deal with the chronic shortage of health care professionals in the hospital system, then work with us. If you are not prepared to work with us, go ahead and introduce your quackery into the system. I thank you, Mr. Speaker. [*Desk thumping*]

**Mr. Speaker:** I was about to suspend but I have been advised that lunch is yet to arrive.

**Hon. Member:** A-a! Why?

**Mr. Speaker:** They are caught up in some traffic, I understand, so should be here in about 20 minutes, so I will call on the hon. Minister of Works and Infrastructure, Member of Parliament for Tabaquite. [*Desk thumping*]

**The Minister of Works and Infrastructure (Hon. Dr. Surujrattan Rambachan):** Thank you, Mr. Speaker, for the opportunity to join this debate.

**Dr. Gopeesingh:** Very healthy debate.

**Hon. Dr. S. Rambachan:** Yes, and in the words of my distinguished Member for Caroni East, it is a very healthy debate and one of the better debates that is taking place in the Parliament.

Mr. Speaker, permit me, though, to say that in his usual emotive fashion, always trying to create some kind of public disturbance in the minds of the people, he confuses the issues and tries to tell some stories that are not entirely true, in terms of what the Bill proposes and the amendments, as I will show in my contribution.

Mr. Speaker, today is a special day in the country, it is Valentine's Day. Let me take the opportunity to wish my dear wife, happy Valentine's Day. [*Desk thumping*] Put it into the records. I might be the first parliamentarian to have ever done that in this Parliament, [*Laughter*] and especially so since we celebrated our 32nd wedding anniversary yesterday. [*Desk thumping*] She must be very special to be with a politician for 31 years. [*Laughter*]

**Dr. Gopeesingh:** Well, call her name.

**Hon. Dr. S. Rambachan:** So, I wish my wife, Nandania, a happy, happy Valentine's Day. [*Desk thumping and laughter*]

Mr. Speaker, I also wish to take up the hon. Member for Diego Martin North/East on what I thought was some unfortunate side comments about my colleague for Caroni East, and also my colleague for Barataria/San Juan, who are two of the most distinguished medical professionals you will find in this part of the world.

**Hon. Members:** Yeah, yeah. [*Desk thumping*]

**Hon. Dr. S. Rambachan:** You know, if I would just—I say this because the wealth of experience and knowledge—and the Member has been referring to both of them—that they have brought to bear upon this Bill is something that I respect

and value very much. I am advised by the hon. Member for Barataria/San Juan, the Minister of Health that members of the nursing council were, in fact, present at the LPC when this Bill was—[*Interruption*]

**Hon. Member:** LRC.

**Hon. Dr. S. Rambachan:** LRC, sorry—put together and they made their comments and they were very favourable to what is presented in this Parliament.

**Hon. Member:** They were there; they were present.

**Hon. Dr. S. Rambachan:** They were present—so I am setting the record straight on behalf of those members who were before the Legislative council—[*Interruption*]

**Dr. Gopeesingh:** Review committee.

**Hon. Dr. S. Rambachan:** Review Committee, sorry—when this Bill was prepared to be brought to Parliament. But to talk about my dear Member for Caroni East, you know, a person who has worked in 16 hospitals on four continents, and you know, Mr. Speaker, he has worked in some very important hospitals—UWI, in London, the Johns Hopkins. You know, what is interesting about the Member for Caroni East, as a medical professional, is that, I think that he might have one of the largest private practice patient-base in Trinidad.

**12.45 p.m.**

**Mr. Speaker:** Members, you know who you are. Allow the Member to speak in silence, please. Continue hon. Minister. Please.

**Hon. Dr. S. Rambachan:** Thank you, Mr. Speaker. He has one of the largest private practices in this country. I once went to his office and I saw these filing cabinets. And I said to Dr. Gopeesingh, but how many patients do you have? And before he could answer, the secretary said: Minister, there are about 32,000 files there. Thirty-two thousand files. [*Desk thumping*] And when, you know, comments are made about the quality of the person on this side, then I have to rise to defend that because my colleague has had forty years of experience in the medical profession, has never had a malpractice suit against him, has never lost a mother or a child in childbirth, nor a patient in surgery and he did the first gynaecological operation at Mount Hope in 1981.

So you are talking about someone who, for 14 years, was the only cancer specialist in gynaecology in the Caribbean. And when I look to the side of me, Member for Barataria/San Juan, you are looking at one of the most renowned

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surgeons—neurologic surgeons, in the country. [*Desk thumping*] So I had to say this. I have to say this because it is important to note that on this side, we are bringing not just politicians but we are bringing professionalism and practice to bear upon.

So when we talk about nurse interns and the ability to practise and so on, these are not things that are fly-by-night but they are innovative ways we are introducing to develop the potential and capacity of our people to better serve the citizens of Trinidad and Tobago, Mr. Speaker.

Mr. Speaker, the hon. Member for Diego Martin East also talked about the Accreditation Council—[*Interruption*]

**Dr. Gopeesingh:** North/East.

**Hon. Dr. S. Rambachan:** North/East, sorry. I would like to say to this honourable House that the Accreditation Council accredits institutions and the reality is that the Accreditation Council accredits several programmes in this country; among them of course will be the Medical School—[*Interruption*]

**Dr. Gopeesingh:** The UWI.

**Hon. Dr. S. Rambachan:**—UWI Medical School, the UWI School of Dentistry School, the UWI School of Veterinary Medicine and in accrediting those institutions, it is not only accrediting their academic programmes, it is accrediting also the practical programmes. So to say that the Accreditation Council does not have the capacity or the competence to do accreditation is to really defame the capacity of our people who have had a track record of experience. [*Desk thumping*] Mr. Speaker, if the Accreditation Council requires additional expertise, the Accreditation Council can get that expertise in order to do that. And if they are accrediting our medical school and our dentistry school and our vet school, and our people coming out of those schools are able to practise in other parts of the world, having written the relevant exams, then they are doing something right; then they are doing something right. [*Desk thumping*]

And one of the things I dislike is when we put down our own people. You know the veiled reference to quackery. It is really a debasing statement about those people who at least graduate from the programmes and then go out there to practise. [*Desk thumping*] And to have a Member of Parliament refer to our people as quacks when they have actually passed an exam, but they are going into the hospital to practise, I think that is very unfortunate. And that deserves an apology from the Member of Diego Martin North/East. That deserves an apology, Mr. Speaker.

**Mrs. Mc Intosh:** Mr. Speaker, 36(5), imputing improper motives. He did not say that. He said what they are trying to introduce.

**Mr. Speaker:** Overruled. Continue, please.

**Hon. Dr. S. Rambachan:** Mr. Speaker, I would not go on to say, by extension that the Member called them quacks, I would not do that. Mr. Speaker, the consultant's view of the Accreditation Council, in the report he referred to, the consultant's report, if the consultant points out in the report that he feels that there is a deficiency, the Government does not see that as a criticism or something that the Government would not attend to. The Government is a listening Government and if there is need to make an amendment to change, the Government sees that as an opportunity to put in place the required mechanisms.

We do not operate outside of good opinion and good advice. We operate within that; that is part of our governance philosophy and our governance formula. But to suggest, as the consultant seems to suggest and as the Member for Diego Martin North/East concurs, complete incapability, now or in the near future, he says, is to unfairly condemn, not only a distinguished Accreditation Council, but also the capacity of our people to rise professionally. And that I do not condone; that I do not condone. That I do not condone.

Mr. Speaker, you know, as I listened to the Member for Diego Martin North/East, I also, at one point, wondered: is he saying that doctors who have passed their exams should not go into the hospitals as interns, when they go there under supervision? Then how would they develop? How would they become better doctors? How will they become better professionals? So what is the difference with the nurse interns? What is the difference? If you are talking about developing the capacity and professionalism and potential of our people, then you have to make provision for it. And I think the Minister is introducing something very innovative. And the Minister is not saying that they are going there just like that. They are going there under supervision; under supervision. It is not that they are going there just to do what they want and how they want at all. They are going there under supervision.

Mr. Speaker, in clause 13:

“The Act is amended by inserting after section 16 the following new sections:

16A. (1) Subject to this section where, after January 1, 2008, a person has acquired a degree or diploma from a recognized place of training, such

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person shall be entitled to be granted a provisional certificate by the Council.

(2) “A person who is granted a provisional certificate under this section shall be referred to as a ‘nurse intern’.

(3) A provisional certificate granted under subsection (1) shall entitle the holder thereof to only practise as a nurse while under supervision at a public hospital listed under the Regional Health Authorities Act.”

Let us be clear; let us be clear. The operative word here is “supervision”.

“A provisional certificate granted under subsection (1) shall entitle the holder thereof to only practise as a nurse while under supervision at a public hospital listed under the Regional Health Authorities Act.”

They did not read the Bill, Member for Toco/Sangre Grande. They did not read the Bill and this is why I said the Member for Diego Martin North/East deliberately tries to confuse the issue so that he can create doubt and cast doubts in the mind of the population. He is fulfilling the role of a real opposition, which is to oppose, without looking at merit; without looking at merit.

Mr. Speaker, the rest of that clause of the Bill, clause 13 deals with the provisional certificate and so on but subsection (10) says:

“For the avoidance of doubt, a provisional certificate can only be issued to a person for a maximum of two times.”

So there is also a limit. There are controls. It is not *carte blanche*. It is not in perpetuity. So there is a level of responsibility built into the Bill. Let us be fair to the Minister of Health and to those who prepared the Bill. Let us be fair to them.

Mr. Speaker, these amendments that we are debating come at a very important time in the history of the Government. [Crosstalk] Yeah, you might say so because all over the world you have nurse practitioners. The Member for St. Joseph, in his contribution, referred to particular legislation. So too, the Member for Diego Martin North/East. Australia, India, what have you and so on, and made good reference to that, Mr. Speaker. There are important service quality—  
[*Interruption*]

**Miss Cox:** What is that, wine?

**Dr. Khan:** For his sugar. You do not make joke with “dem kinda” thing.

**Miss Cox:** What it is? I do not know.



**Mr. De Coteau:** His sugar level. Yuh laughing at the man.

**Hon. Dr. S. Rambachan:** I was on my feet—Member for Laventille East/Morvant, I will tell you. When my sugar level falls low, I start to cold sweat.

**Miss Cox:** Oh, okay.

**Hon. Dr. S. Rambachan:** And I was cold sweating as I got up. And therefore I need to correct that because I do not intend to just collapse here but I have a duty to perform and I sought the intervention of my colleague, simply to get something sweet for me to drink.

**Miss Cox:** I understand.

**Hon. Dr. S. Rambachan:** Mr. Speaker, the hon. Minister of Health and the Government are making serious, service quality interventions in the health sector. My colleague from Cumuto/Manzanilla made reference to some of these but I want to go back to one, in particular—the opening of the teaching hospital in San Fernando. Mr. Speaker, 1958, I believe, was the last time a hospital was built in Trinidad. We had Mount Hope and so on but a teaching hospital of the nature of that one. I got a chance to go to Rochester, to the Mayo Clinic in Rochester and I want to tell you, Mr. Speaker, Mayo Clinic is one of the most reputable clinics in the world. And when I saw what I saw at the teaching hospital, it was above standard to that. It was world class; world class, Mr. Speaker. [*Desk thumping*] World class.

Two hundred and sixteen beds, half of those devoted to paediatrics, to children, half of those. In this Government, we do not just speak about the future. We do that which will ensure that the children of this nation will really become the future and we are securing them with some of the best institutions. The other, of course, the other half, four floors are dedicated to adult beds and also other facilities. And what this does, Mr. Speaker, is with the 660 beds, as I understand, available at the San Fernando Hospital, and 216, that makes it 876 beds now that are going to be available in San Fernando. And, Mr. Speaker, that brings me to the point that, not only the outpatient clinic has started, but in addition to that, we are going to have inpatient service in the month of March.

One of the real achievements of the Government in terms of the health sector has been the El Dorado Academy for Nursing and Allied Health. Mr. Speaker, this was a facility, the El Dorado Youth Development and Apprenticeship Centre, what used to be called the El Dorado Girls' Youth Camp, it was established in

1976 and was dedicated to vocational training programmes in areas such as beauty culture, bookbinding and garment construction.

In 2011, I remember my colleague, Mr. Fazal Karim, Minister of Tertiary Education and Skills Training, came back and described to us the dilapidated state of those buildings but more so, how grossly underutilized they were. Mr. Speaker, there was one class and 40 trainees; one class and forty trainees. And I recall that he began a dialogue with Minister Anil Roberts, under whose aegis that building fell and Mr. Roberts quickly agreed to transfer the property to the Ministry of Science, Technology and Tertiary Education and what has happened since then is that we now have the Academy of Nursing and Allied Health. [*Desk thumping*]

Mr. Speaker, we need to recall something here today, a statistic, that there are 4,270 vacancies, as of December 12, 2012 in our public health institutions across the four Regional Health Authorities—4,270. And of that total, nurses and allied health care professionals are grossly under supplied in our health system. So nursing, at that time, there were 2,691 vacancies. There are young men and women across this country who could not be trained because there were no places, there were not enough classroom spaces. Pharmacy personnel, 182 vacancies; laboratory personnel, 190 vacancies and where we are moving into new technology, medical imaging and so on, medical imaging personnel, there were 109 vacancies.

**Mr. Speaker:** Hon. Member. Hon. Members, I think it is time for us to take the lunch break at this time. This sitting is now suspended until 10 past two.

**1.00 p.m.:** *Sitting suspended.*

**2.10 p.m.** *Sitting Resumed.*

**Mr. Speaker:** The hon. Minister of Works and Infrastructure.

**Hon. Dr. S. Rambachan:** Thank you, Mr. Speaker. When we adjourned for lunch I was making the point that as at December 2012, there were 4,270 vacancies existing in public health institutions across our regional health authorities. I was making the further point that of that total, nurses and allied health care professionals were grossly under-supplied in our health care system. Just to repeat, there were 2,691 vacancies for nurses, 2,691 vacancies. So you will understand why I am so excited about the El Dorado Nursing Academy because 2,691 jobs could be available and our children who want to get into these jobs, they could not get the space for training. And those who could not afford to go to England, and so on, what happened to them? Their potential was stultified.

Pharmacy personnel, 182 vacancies; laboratory personnel, 190 vacancies; medical imaging personnel, 109 vacancies, amongst others.

Mr. Speaker, what happened is that the Government of Trinidad and Tobago—the hon. Prime Minister and Minister Fazal Karim, the Minister of Tertiary Education and Skills Training (TEST)—saw great potential in utilizing the existing but dilapidated and under-utilized El Dorado Girls Youth Camp to house this facility and it was upgraded. Renovations took place and what have you. And the Academy was created with 13 fully-equipped classrooms, two state-of-the-art nursing simulation labs, one for midwifery and one for general nursing; two multi-science labs; one anatomy and physiology lab and one computer lab. And, of course, there is going to be a phase two, which will see the expansion of building space and other teaching and learning amenities.

Mr. Speaker, thus far, 1,200 students have been enrolled in that programme, 1,200 students; 800 students in general nursing and 400 students in psychiatric nursing, totalling 1,200 students in that facility. [*Desk thumping*] What a tremendous achievement. Mr. Speaker, that is worth repeating, 1,200 spaces created. Why? Because of vision and action on the part of the Government. [*Desk thumping*] What we had, in terms of 20/20 vision, was hallucinations. You see, Mr. Speaker, dream is good but it is only as good as the action that follows it, so dreams remain hallucinations and what we had was a group of people who hallucinated with 20/20 vision.

Mr. Speaker, I understand that is called 20/30 vision. So they have further years of hallucinating. [*Desk thumping*] But when it comes to delivering, when it comes to building the infrastructure that serve the needs of people, when it comes to influencing the quality of life in areas that are important for citizens' well-being and welfare, especially health, then you turn to the People's Partnership Government for that leadership. [*Desk thumping*] So we have vision, we have leadership and we have action. That is why they say they talk, we deliver.

Mr. Speaker, we were talking earlier about the capacity of the Accreditation Council and the Nursing Academy, and what have you, in terms of accrediting people. But do you know that because of this programme set up at El Dorado, UWI has such faith in this institution that it is migrating its existing programmes to the El Dorado facility and these include the pre-registration BSc in nursing with 32 students; the post registration BSc in nursing with specialization in areas like administration, education, oncology and school nursing, 160 students; and the

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MSc in advanced nursing, 20 students. And over the next year, COSTAATT will be offering programmes in midwifery, district health visitation, scrub technicians, medical assistant, to name quite a few others.

Mr. Speaker, these are some of the achievements of the Government as we seek to boost the medical professionals needed in the country. And it is in that context also that we are talking in this Bill and in the amendments about the advanced practice nurses and also the interns.

But, Mr. Speaker, the Member for St. Joseph raised the matter for a separate Bill for the registration of advanced practice nurse professionals, if you may call it that. But he agreed that one of the good things about the Bill was the introduction of the idea of advanced practice nurses and I commend him for that. I commend him. What is happening, you are leading a new revolution in thinking about what is important to the country, rather than just simply oppose for oppose and, therefore, you are setting yourself apart from your colleagues who have sat there for many years but did not bring that kind of innovation, in terms of cooperation with the Government.

Mr. Speaker, clause 16 of the Bill is important, because clause 16 of the Bill addresses this area of the advanced practice nurse. "The Act is amended in section 21, by repealing subsections (2) and (3) and substituting the following subsections:"—advanced practice nurse or practitioner, if you wish, is not just anybody, they have to meet certain criteria.

"Any person who has –

- (a) completed a course of training approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act;"

So the Accreditation Council does not act by itself.

"...under the Accreditation Act; or

- (b) passed the examinations prescribed either by the Council or the Regional Nursing Body,

and who establishes to the Council's satisfaction that he is a fit and proper person to be entered on the register as a nurse shall, on making an application to the Council and upon compliance with the requirements of this Act, be entitled to be registered."

So it is not just picking up anybody and registering, you know. They have to go through a certain procedure in which the Council is integrally involved in that

process. So it is not that anybody can just get up tomorrow and say I am going to be an advanced nurse practitioner and just hope that that will get you by. It is not so at all.

In fact, Mr. Speaker, if you look at clause 11 of the Bill, clause 11 of the Bill deals specifically with this. It says:

“The Act is amended in section 15 –...

- (i) by deleting the words ‘a register, to be known as the Register of Nurses’ and substituting the words ‘registers to be known as the Register of Nurses and the Register of Advanced Practice Nurses;’”

So now is just a register. And then it goes on in 1 (d), to state as follows:

“The Register of Advanced...”

[*Interruption*] Well you see, Member for Diego Martin Central, that is a very unfortunate comment.

**Hon. Member:** What he said?

**Hon. Dr. S. Rambachan:** Just like your colleague for Diego Martin North/East alluded to nurses as quacks in this country, or quackery, or used the word “quackery”—you were just saying anybody could put anything in a register. Now to say that anybody could put anything in a register, questions the integrity of the Nursing Council and nursing professionals and that is wrong. To score a political point by denouncing a group of people of integrity and decency is absolutely a shame.

**Miss Hospedales:** You should be ashamed for not telling the truth.

**Hon. Dr. S. Rambachan:** Member for Arouca/Maloney, you should be ashamed for recycling the same speeches every week. [*Laughter and desk thumping*]

Mr. Speaker:

“The Register of Advanced Practice Nurses shall contain the following particulars:”

This is no fly-by-night legislation. It should contain—but you see in their debate they deliberately left out these things, left them out, in order to confuse the

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population and make it seem that we are not doing our job. This went through the processes it had to go through. So let me read clause 11(d):

“The Register of Advanced Practice Nurses shall contain the following particulars:

(a) the name and address of the advanced practice nurse;”

So this is not a faceless, nameless person.

“(b) the area of expertise;”

Now when you say area of expertise here, remember the Nursing Council has to agree that this person is qualified before they give you the right to practise. So the area of expertise has to be put in the register.

“(c) the training, experience and qualification in the area of specialization; and

(c) the date of registration in the Register of Nurses.”

So where is this whole thing about “you doh know who the person is, you doh know what dey could do, you doh know” what they cannot do when, in the register they have to be satisfied that the area of expertise is delineated; the training, experience and qualification in the area of specialization are delineated, right, and the date of registration in the register of nurses.

Now, what is even more significant is that, I am sure the Minister, when he addresses us, in terms of his closing, will tell you what is going to happen in the regulations and the regulations will further clarify many of these issues. And I am sure he will tell you that the regulations will have to be in place before people practise advanced practice nurses.

So here, what you are doing is you are building a profession and you are also using that profession you are building to service areas of the population that may not have hitherto for whom service is available. What you are doing is allowing people to grow their potential from just being nurses to getting to advanced stage and coming unto the international level.

**Dr. Ramadharsingh:** Facilitative development.

**Hon. Dr. S. Rambachan:** Facilitative development. [*Desk thumping*] I spent a number of days while my son was at Mount Hope Hospital and I met so many nurses and you know, it was very interesting “eh”, they kept asking me: what about nurse practitioners? I did not know who was a nurse practitioner. Dr. Khan

will tell you, I called him and said: “Dr. Khan, are we going to develop nurse practitioners?” But he say, “I have that already. That coming to the House.” Do you remember that conversation? And he was advanced, in terms of his thinking for this country, in terms of the institutions he wants to build and the people he wants to build and the culture he wants to build for a better health care system. [*Desk thumping*] Yes. He has the right prescription. And you know what? He is writing those prescriptions now, whether orally or otherwise, but he is writing those prescriptions.

So, Mr. Speaker, the Member for St. Joseph raised important points and I wanted to allay his fears by showing him that in the legislation, we have many of these matters covered.

Mr. Speaker, in this Parliament, we must not act against the health care interest of our citizens. That is not our job here. We must act to facilitate better health care. We may not agree with everything. Surely, we must protect our citizens through adequate legislation. We must do that. And I am certain that the Minister of Health, as I said, will, in the regulations, cover the several concerns relating to the parameters within which advanced practice nurses are going to function in this country.

But Mr. Speaker, other matters have been raised relating to the Nursing Council and, again, for some reason, hon. colleagues on the Opposition, in speaking, ignored certain sections of the Act.

**Hon. Member:** Deliberately.

**Hon. Dr. S. Rambachan:** Yes, deliberately. I was looking for a legal terminology that you lawyers would use in the courts.

**Hon. Member:** Obfuscate.

**Hon. Dr. S. Rambachan:** Obfuscate, I see, okay. In clause 6 of the Bill, it says:

“The Act is amended by inserting after section 3, the following new sections:”.

Now, I consulted with the Minister of Health and he assured me that these were not there in the old Act and these are something that will strengthen the Nursing Council and I want to show you how it will.

**2.25 p.m.**

“The functions of the Council are...”—and this is the proposed section 3A which is to be inserted:

“The functions of the Council are to—

- (a) open and maintain the registers or rolls required under this Act;
- (b) register, enrol,...

I am going to underline now—

“certify and licence nursing and midwifery personnel in accordance with this Act;”

None of that is taken away from them.

- “(c) determine, in collaboration with the Minister, the qualifications necessary for registration, enrollment certification and licensing of nursing personnel;
- (d) set standards for the education and practice of nursing and midwifery personnel;”

I am talking about the Act is amended here and these are functions of the Council, Dr. Gopeesingh, Member for Caroni East. Is this not adding value to the council rather than taking away value? Is this not empowering the Council in a more significant way?

- “(e) develop a code of ethics and conduct for nursing personnel;
- (f) monitor the adherence to, and investigate breaches of, standards and the code of ethics and conduct;”

For example, during the Christmas season, in some of the wards at Mount Hope, there was a very low attendance of nurses, very; very low, so that sometimes on one whole ward, there were only one or two nurses. So there must be a code of ethics and standards.

- “(f) monitor the adherence to and investigate breaches of standards and the code of ethics and conduct;
- (g) promote the interest of the nursing profession;”

**Dr. Gopeesingh:** That is a big point.

**Dr. S. Rambachan:** Yeah, yeah. Here it is a bigger point. Here is a bigger point! While the Member for Diego Martin North/East made these comments



about the role of the Minister and so on. Hear what the Nursing Council is doing according to this Bill, and it is being put in the legislation:

- “(h) Advise the Minister on the requirements for securing continuing competence of the registered nurse and enrolled nursing assistant under this Act;

The Minister is working in collaboration.

**Dr. Gopeesingh:** On advice.

**Dr. S. Rambachan:** On advice.

- “(i) advise the Minister with respect to amendments to the law relating to nursing and midwifery, as it considers necessary; and
- (j) perform such other functions as may be conferred upon it by this Act or any other written law.”

Now, these are very empowered clauses of the Bill. It strengthens the Council, in my view, to do an even better job.

**Dr. Gopeesingh:** It closes the relationship.

**Dr. S. Rambachan:** And that is right, and closes and improves the relationship between the Minister and the Nursing Council, and that is wonderful. So when you came here thinking that you are going to set up a war between the Government and the Nursing Council, you are wrong. You are wrong, [*Desk thumping*] because that was the intention of the Opposition, to show that this Government is against the Nursing Council. Today I have debunked that. I have erased that from the faces of the nurses, and the nurses know now that this Government stands with them, for them and by them. [*Desk thumping*]

Mr. Speaker, this is therefore an ideal opportunity for me to put on record, the gratitude of the Government of Trinidad and Tobago to the nurses and midwives of this country, whose labour of love have caused many of us inside and outside of this House, to be restored to the fullness of life in the moments when we were ill. [*Desk thumping*]

Mr. Speaker, nurses are often criticized, sometimes by irate family members, but as citizens of this country, we must also take time to understand that nurses are also human beings, and that they have feelings and they have emotions like all of us. And for people who restore us to the fullness of life, let us celebrate what is good in what they do. [*Desk thumping*]

**Dr. Gopeesingh:** They are the Nightingales of Trinidad.

**Dr. S. Rambachan:** As my colleague says, the Nightingales of Trinidad and Tobago. Let us celebrate what is beautiful in what they do, and there is nothing more beautiful, nothing more helpful, and nothing for which we should have more gratitude, than towards people who take care of our health and ensure that we remain alive. [*Desk thumping*]

Mr. Speaker, the powers of the Council— clause 6

“3B In exercise of its functions under section 3A the Council shall have...certain powers.”

Mr. Speaker, they are important powers, you know; important powers:

“ the power to—

(a) register, or enrol nursing personnel;”

That means that they could deregister also according to the Act.

(b) issue certificates or licences to nursing personnel;

That has not been taken away from them.

(c) cancel certificates or revoke licences where applicable of nursing personnel;

(d) suspend or place conditions on the licence to practise;

(e) set standards for education and practice of nursing and midwifery in consultation with the Accreditation Council of Trinidad and Tobago;

Examine—

I should read that again because you know, they raised issue about the Accreditation Council and so on. Here is a power that the Nursing Council—

(e) set standards for education—and not only standards, but—for other practice of nursing and midwifery in consultation with the Accreditation Council of Trinidad and Tobago;

(f) examine applicants as a prerequisite to initial registration;

(g) verify the authenticity of certificates and other documents in support of applications under this Act;

(h) establish such committees as are necessary for the discharge of the functions of the Council; and

So if a committee is necessary to enhance the competencies available to the Council to do the accreditation, then they have the power under this Act.

So the point made by the Member for Diego Martin North/East, in suggesting that there are no competencies, nor would there be any in the future, the Nursing Council has the power to establish committees that will help them and guide them in that process.

“(i) collect monies for fees required to be paid under this Act.”

Mr. Speaker, there is one section here, the proposed section 3(e):

“set standards for education and practice of nursing and midwifery...”

I was advised earlier today—I was seeking information about the content of the nursing programme. As I understood it, there is a diploma programme, there is the associates degree programme, and there is the bachelors programme. The diploma programme, two years; the associates programme, three years and the bachelors programme, four years. Well, what I was made to understand is that—  
[*Interruption*]

**Dr. Gopeesingh:** From O levels.

**Dr. S. Rambachan:** Yes, from O levels—with respect to all of these programmes, the Council requires 3,280 hours of clinical experience before you graduate; 3,280 hours, whether you have a diploma, whether you have an associate degree, or whether you have a BSc. Now, that is a number of hours in addition to your theory, in addition to your class hours.

So I could see a student finishing theory, running to the hospital, running back because you have to complete 3,280 hours in two years. If you say 600 days per year, that is five hours per day non-stop. Five hours per day non-stop, and then you have to go into different departments, gynaecology; whatever, whatever, whatever and do it; the disciplines.

So I did a little research and what I came up with is that internationally, the number of hours is between 2,000 and 2,500 hours. Why do you need 3,280 hours for the diploma, the same 3,280 for the associates and the same 3,280 for the BSc.? There is an anomaly there. There is an anomaly there. And, therefore, I think that is something that the Nursing Council maybe would pay attention to. But the point I am making is this, is that even at this stage, we are asking for more hours than the international standards, right. So to say, to suggest that our nurses would not have the amount of practise, the interns, and what have you and so on, you see again—[*Interruption*]

**Dr. Gopeesingh:** That is even before they even come out.

**Dr. S. Rambachan:**—that is right, before they even come out to be an intern, they have to go to 3,280 hours, right, of clinical experience. So the Minister of Health is saying, that the interns, they are not coming out there raw, they have gone through 3,280 hours. A working day is eight hours, that is 420 days.

**Dr. Khan:** You know, if you say 365 by 10 hours a day, that is a whole year.

**Dr. S. Rambachan:** Yeah, a whole year. You see, I make this point because sometimes people feel that we do not teach people correct in this country, you know.

**Dr. Gopeesingh:** But that is why he alluded that we are the best.

**Dr. S. Rambachan:** Yeah. And we are the best because the Nursing Council has been doing certain correct things, but I am just asking you to think whether you should have 3,280, 3,280, 3,280 or whether you should look at it again and make a differentiation.

So, Mr. Speaker, this is an opportunity in terms of the introduction of the advanced practice nurses to give our nurses an opportunity to engage in continuous education. Today in Trinidad and Tobago, our women are perhaps excelling in terms of their education and the development of themselves. Even in the traditional disciplines of things like medicine, and even engineering in particular, management, more and more women are into the professions like that—*[Interruption]*

**Mr. Indarsingh:** Environment.

**Dr. S. Rambachan:**—environment, and there should be no opportunity lost for them to elevate their careers. Seventy-two per cent of teachers in this country are women by the way; 72 per cent. So, Mr. Speaker, we in the Parliament must do everything we can to advance the cause of our medical professionals.

Mr. Speaker, the Member for Cumuto/Manzanilla, as I said, had mentioned a number of great things happening; the children's hospital in Couva. You know, every time I drive coming from south, and I see these big cranes up in the air, you know, I am reminded that those were once cane fields, and out of those cane fields from which came cane stalks, will now rise a children's hospital which will save lives. *[Desk thumping]*

Mr. Speaker, the Member for Cumuto/Manzanilla forgot a couple—*[Interruption]*

**Mr. Speaker:** Hon. Member! Hon. Members, the speaking time of the hon. Minister of Works and Infrastructure has expired.

*Motion made:* That the hon. Member's speaking time be extended by 30 minutes. [*Hon. W. Peters*]

*Question put and agreed to.*

**Mr. Speaker:** You may continue, hon. Member. [*Desk thumping*]

**Dr. S. Rambachan:** Thank you, Mr. Speaker. My colleague, the Member for Cumuto/Manzanilla, outlined a number of health achievements, but amongst those that I have also written down is the organ transplant programme, which is functioning so very well, and which the hon. Minister of Health has been able to get so many additional persons to sign up as donors. I believe our own Mr. Prakash Ramadhar, Member for St. Augustine, I believe signed up.

**Dr. Gopeesingh:** As an organ donor.

**Dr. S. Rambachan:** Yes, as a donor. The cardiac programme at the Mount Hope Hospital is one of the most successful programmes in the world, with one of the highest rates of success compared to internationally. There is a dedicated theatre for eye surgery in San Fernando, and people have been specially trained by Dr. Tabin when he came down in order to do cataract surgery quicker. And, of course, the oncology centre is off the ground.

Mr. Speaker, I simply wish, therefore, to stand in support of this Bill and to congratulate my colleague, the Minister of Health, and all those who worked to bring this Bill before the House, including the members of the nursing profession, because they have seen beyond a shadow of a doubt, the importance of these amendments in improving the quality of the profession, and in delivering better health care to our citizens.

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

**2.40 p.m.**

**Mr. Speaker:** Anybody else on the Opposition Bench? The hon. Member for La Brea. [*Desk thumping*]

**Mr. Fitzgerald Jeffrey (La Brea):** Thank you very much, Mr. Speaker. Mr. Speaker, I could not help but to respond to the Member for Cumuto/Manzanilla when he accused the PNM of misuse of funds, gross abuse and lack of

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accountability [*Crosstalk*] and I wonder if he remembers somebody called Dayanand Birju who had submitted falsified papers from the University of Massachusetts and was getting a salary of \$63,500.

**Hon. Member:** How much?

**Mr. F. Jeffrey:** Mr. Speaker, \$63,500 a month.

**Hon. Member:** For doing what? For doing what?

**Dr. Browne:** The list now starts.

**Mr. F. Jeffrey:** He was the Acting General Manager of the Airports Authority of Trinidad and Tobago. And, Mr. Speaker, we were told by one of the Members opposite that charges against Mr. Birju were not going to be preferred because he had suffered sufficient embarrassment over the issue. And, you know, Mr. Speaker, what has happened? In this Bill, clause 20 whereby—let me get it, I would not be long.

**Mr. Roberts:** Take your time.

**Mr. F. Jeffrey:** “Nah, ah taking meh time man, doh worry.” Clause 20 of the Bill seeks to amend section 29 of the Act by increasing the fine from \$2,000 to \$5,000 for a person who falsely conveys the impression of being a midwife, but a man who had submitted papers getting \$63,500 a month, no charge.

Do you remember Kurt Ajodha, BSc Civil Engineering from UWI, Bachelor’s Degree in Architecture from New York Institute of Technology? No record! “He geh” \$126,000 from January 2012 to June 2013.” Do you remember that? Do you remember Sandra Fernandez, CEO of National Quarries, \$48,000 a month, Bachelor’s Degree in Business Management from the School of Business and Computer Science?

**Mr. Deyalsingh:** Which she does not have.

**Mr. F. Jeffrey:** Which she does not have. Mr. Speaker, I could go on, you know, because we have Resmi and we have others and so on. I am saying it is a sad day to come and want to accuse the PNM of misuse and lack of accountability because, you know, Mr. Speaker, in just three and a half years, over \$275 billion was available to this Government, and they have nothing to show for it; nothing to show for it—right?—more than the PNM ever had, Mr. Speaker. That is a fact. [*Crosstalk*] You all have nothing to show for that. [*Crosstalk*]

But, Mr. Speaker, let me continue. [*Crosstalk*] Mr. Speaker, the Member for Cumuto/Manzanilla also spoke about the smelter in La Brea had no consultation.

**Mr. Partap:** No CEC.

**Mr. F. Jeffrey:** Well, listen, Mr. Speaker—[*Interruption*]

**Mr. Partap:** No CEC.

**Miss Ramdial:** No CEC.

**Mr. F. Jeffrey:** You mentioned—I have it here, you know.

**Mr. Deyalsingh:** No consultation.

**Mr. F. Jeffrey:** No consultation.

**Mr. T. Deyalsingh:** You said that.

**Mr. F. Jeffrey:** And, Mr. Speaker, I went to every single consultation that they had over the smelter, about eight of them.

**Miss Ramdial:** And what happened?

**Mr. F. Jeffrey:** About eight.

**Mr. Partap:** And the residents did not want it.

**Miss Ramdial:** And they did not want it.

**Mr. Partap:** The residents did not want it. I was there as a lawyer.

**Miss Ramdial:** And you all went ahead and did it.

**Mr. F. Jeffrey:** Mr. Speaker, I feel sorry for my colleagues behind me. I feel sorry for them. [*Desk thumping*] But, Mr. Speaker, let me do not get sidetracked because we want to deal with the issue before us with this Bill. Mr. Speaker, on the surface, it looks like a nice, nice, Bill but the Mystic Prowler says, “You have to look below the surface”, and we recognize that there are more questions than answers.

Mr. Speaker, my colleague, the Member for Barataria/San Juan, told us about 40 per cent of those who graduated failed the licensing exams but, Mr. Speaker, it is more than that because looking at the argument put forward, it seems as though there is something about the nursing council that is worrying the Minister of Health because if you have a 40 per cent failure rate, is it that the Nursing Council is at fault? Because here we see that the first thing you want to do is to reduce the nursing council from 22 to 15 and that excludes the Chief Medical Officer and the Chief Nursing Officer that we had in the first council, and I could not understand why. We recognize that our nurses are some of the best nurses you could find anywhere on the planet.

**Dr. Browne:** Yeah, that is true; that is true. [*Desk thumping*]

**Mr. F. Jeffrey:** And we have to say thanks to the nursing council, but here we see that the nursing council has to have consultation with the Accreditation Council of Trinidad and Tobago and, Mr. Speaker, I ask the question, why? Is it that the Nursing Council of Trinidad and Tobago is inadequate? Why? Why are we looking to put that the nursing council must have consultation with the accreditation council. As far as we know, the nursing council has been doing a fantastic job, and we ought not to try to create confusion in the health sector.

Mr. Speaker, we see in clause 7, an attorney-at-law; the Minister has the prerogative to appoint six persons, and we talk about an attorney-at-law, and in this day and age where we have paper mill universities and so on, I thought that we were going to get some kind of information as to that attorney-at-law: what kind of experience, where that person get his degree and so on. We are told also:

“a person with qualifications and experience as nursing administration;”

What qualification are you talking about? Okay? What qualification?

“a person with qualifications and experience as a nursing educator;” How many years’ experience? What kind of qualification are you looking for? Mr. Speaker, after Birju, Fernandez and Omar Khan and so on, the time has reached for us to get some clarification on this issue. You see, Mr. Speaker, the funding for those six people is not coming from the Minister’s pocket, it is State resources, and I think we ought to get some sort of advice as to how this thing is going to be conducted.

Mr. Speaker, I want to go a step further. We look at the Bill and we see that in clause 24, (ba), nothing for the nursing assistant. They have all kind of training programmes for the nurses, but nothing for the nursing assistants, and I think there is something that must be done for our nursing assistants and so on; avenues must be available to them to get continued training.

**Dr. Khan:** I am glad you are thinking like me.

**Mr. F. Jeffrey:** You are thinking along that line? Very good; very good.

Mr. Speaker, we got to be careful as to how we interfere with the nursing council. Over the years, they have made us very proud, and it seems as though we ought not to try to jeopardize the nursing profession because, Mr. Speaker, we all know that when our nurses become qualified what happens. Saudi Arabia, Abu Dhabi and Canada, they all grab our graduates and so on, and I think the failure



rate of 40 per cent has nothing to do with the size of the nursing council. It has nothing to do with that. The failure rate of 40 per cent has nothing to do with the Chief Medical Officer and the Chief Nursing Officer; absolutely nothing! Mr. Speaker, the failure rate in nursing, has nothing to do with the kind of examination that they get. I believe, Mr. Speaker, that the advanced programme for the nurses could be done with the nursing council, and there is no need for us to go the way of having the accreditation council involved in this scenario.

Mr. Speaker, I believe that my comrades have done an excellent job this morning, and I just wanted to make these few observations in our deliberation this afternoon. I thank you. [*Desk thumping*]

**Mr. Speaker:** The hon. Member for Siparia and Prime Minister. [*Desk thumping*]

**The Prime Minister (Hon. Kamla Persad-Bissessar SC):** Hon. Speaker, thank you for the opportunity to contribute in this debate. I did not really plan to speak, but I felt it important to speak because I was met outside with some of the nurses, and can we please give them an acknowledgement [*Desk thumping*] for the great work they have been doing. They raised with me two concerns, so I thought I would share those concerns because I have raised them with the Minister, who is now advising that their concerns may be without merit since the provisions to which they refer are not contained in the proposed law that is being debated.

The first concern they raised was that a person would train as a nurse and then be admitted to practise as a nurse in a hospital or health institution without taking a licensing exam, and the Minister has advised me that we have proposed to amend the Bill to provide for, after completing a course of training in a recognized place of training or approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act, and passed the examination prescribed by the council or any other internationally recognized nursing examining body. So the concern that they would not have to write a licensing exam appears, from this amendment, to have been allayed; the fears about not having to write the licensing exam.

And the second concern they raised was that a person will have one CXC and a passion for nursing, and will be able then to train as a nurse. The Minister has also advised that that is not the case and, indeed, I have just perused the Bill and the proposed amendments, and there is no provision for a person to enter into the profession for training as a nurse with one CXC and a passion for nursing. The Minister would, perhaps, explain why he used those terms, but there is no such

provision. So there will not be someone going into training as a nurse with the one CXC and just the passion for training. So I just thought I would clear that up as they are still here, and hope that will deal with some of the concerns they raised. Those were the two concerns they raised with me. They must write a licensing exam after they have completed their training, and there is no provision for a person entering for training with one CXC and a passion for training.

But since I am on my feet, Mr. Speaker, I would want to take the opportunity just to speak on a few matters—*[Interruption]*—I am sorry—relating to the health sector because what this is seeking to do is to provide better health care. And, you know, conversations with the public as we go across Trinidad and Tobago, a major priority area that needs improvement is the health sector.

**2.55 p.m.**

At present we have a tremendous shortage of nurses. We have a tremendous shortage of medical personnel as a whole, and that is why we established the nursing academy in El Dorado. The Minister might be able to tell us how many students are enrolled at present.

**Dr. Gopeesingh:** Twelve hundred students.

**Hon. K. Persad-Bissessar SC:** Twelve hundred students. But there is room for far more than 1,200 students, and indeed that nursing academy can become a regional institution because the space—there is a lot of space there, 1,200 and maybe another 1,200 to come. So to those of us who are looking, young ones seeking to be trained, there is room for that training at the El Dorado nurses academy.

In addition, Mr. Speaker, I speak of nurses and doctors, and of health personnel, we are very proud that we have finally opened the San Fernando Teaching Hospital. *[Desk thumping]* In fact, it is the first hospital to have been opened in Trinidad since—when was it opened, Minister?

**Dr. Moonilal:** 1981.

**Hon. K. Persad-Bissessar SC:** Since 1981. So that is a major achievement. *[Desk thumping]* What that will do? Of course it will create more employment for more nurses. So we need more nurses, so we train more nurses. It will create more bed space because there is a tremendous shortage of bed space at the San Fernando General Hospital.

In fact, I am told that hospital services what is called the South-West Regional Health Authority, some 650,000 persons for that one hospital. Our population is

what, 1.2, 1.4 million? It is almost half the population that has to be serviced with that one hospital which was built in 1958. So the plan for that hospital there is, yes, for teaching, and some of the nurses when they go into internship they can go there for further training—to train doctors, midwives and other medical personnel—bed space plus training, Mr. Speaker.

Our plans for Port of Spain also include—the Minister for the Port of Spain Hospital—so we are not neglecting Port of Spain. The Port of Spain hospital is also very old, and therefore we have plans for development of the Port of Spain Hospital, as well as that in Point Fortin, Madam MP for Point Fortin, and at Arima. Those are some of them. As we speak, the children’s hospital is being constructed in Couva. So with health care, yes, the hardware is important, the construction and projects are very important, but the training is equally important, so we have to be catering at both ends.

In addition, the service in the health institutions is very important, and again from conversations throughout the length and breadth of the country, as people express their concern about health care, they also speak of the service that they receive when they attend an institution. That is to say, when they go to the hospital or the health centre, in some places, in some instances; I am not saying this happens everywhere or with everyone, but they complain of the way in which they are treated. And, you know, they say, you are already ill, when you go there you are already ill, and you get “rough up”—that is how they put it in common language, and people are, you know, very unhappy about that.

So I have tasked the Minister; I have mandated the Minister of Health that we must do something to improve the way in which our medical health personnel treat with the John Public. You go there, with your loved ones ill or you yourself, and that is the last thing you need to be, in the normal language, “roughed up”, or “buff up”. I can see people nodding their heads because it does happen. So we will deal with the issues of overcrowding. We would deal with the issues of training. We increased the core of medical personnel through the training and construction, and equipment. I think it was only yesterday Cabinet approved the MRI, and several pieces of equipment. How much is the bill?

**Hon. Member:** Sixty-six.

**Hon. K. Persad-Bissessar SC:** Sixty-six million dollars. That is the equipment—the Oncology Centre is being constructed as we speak. You could pass, you can see it there.

So just three points in the health care: one, construction; two, human personnel training and third, I am saying, service. We need to—the Minister of Health, I have mandated—we need to find ways in which we can better improve on how we interact—you call it customer relations, client relation with the public. With those three areas I think we are planning to put into place.

And, of course, I have also tasked the Minister—persons complained that at some of the health institutions as well, that toilets are not working, places not as clean as should be or could be. So, again, I have tasked the Minister for us to put a quick project into place to deal with the simple issues which are problems at health institutions. The simple ones I am saying, leaking taps and toilets are not clean, those are issues that the Minister has to put a plan in place almost immediately to deal with those issues.

Minister Moonilal is reminding me that a patient must be a client of our health services, and that is true, the patient is a client and it is the client relations with that patient that is very important. So those two issues I just wanted to share with you, and to say that we have a lot to do in the health sector but we will continue to work to improve that sector for the benefit of all our citizens.

I am also very happy to remind us that it was this Government that opened the Scarborough Hospital, finally, in Tobago. [*Desk thumping*] Mr. Speaker, I thank you very much.

**Mr. Speaker:** Before the Minister of Health, no one else? The hon. Minister of Health. [*Desk thumping*]

**The Minister of Health (Hon. Dr. Fuad Khan):** Thank you, Mr. Speaker. First let me say, I want to thank everyone for contributing to this debate. It has been an extremely healthy debate as the Member for Tabaquite indicated. However, I want to thank the Prime Minister for clearing up a couple of points that the nurses raised with her in an external conversation.

Mr. Speaker, there are a few issues that I think I need to address, and I see in the public gallery a number of student nurses, as well as nurses who have already qualified. This Bill, Mr. Speaker, is a Bill that is an innovative Bill that will develop the nursing fraternity and the nursing profession to a higher level than it is already. And how do I say that? This Bill starts off by developing what we call the nurse intern, and I will go into it in a while. It also develops a movement towards what we call the male midwives, which is not at all present. It also has after that, the advanced practice nurse. The advanced practice nurse is a senior nurse.

As we speak now, in our country, the district health visitor is one of the most experienced nurses that they have, and all different departments and all different, as you say, specializations of nursing. However, the district health visitor is stuck at that point, and cannot go any higher from district health visitor. You have the specialist nurses who are the ICU nurses. You have the nurses who are psychiatric nurses. You have the nurses who have specialized in various areas. However, Trinidad and Tobago for a very long time has not embarked upon that level of specialization. We have done that through the BSc programme, and you will get what we call the BSc specialist nurse from the post-basic nurses.

Most of the nurses sitting there in the front are nurses who are student nurses, maybe first year, second year, third year, and as the Member of Parliament for Tabaquite indicated, they have to do approximately—how much you said?—3,280 hours over that period of time. So they do get some form of practical training, but what I do understand and I have asked around, is that this practical training in certain areas is simulated practical training, simulated, not a real environment, however the Ministry of Health nurses were trained in the hospitals themselves with a different curricula.

So when we look at this Bill it is structured in a different manner than what you already know. So I understand it will create some, as you say, apprehension. And I always say that when Christopher Columbus told people that the world was round, everybody thought it was flat, and when he took those three boats: the Santa Maria, Nina and the Pinta, to go out, everybody expected him to fall over the edge and never come back, and they themselves, the sailors were, as they say, convicted criminals who went with him and they were able to—when they fell over across the edge they did not see them on the horizon, that was it. Had Christopher Columbus listened to what was the norm, we would never have known right now that the world was round. People predicted it but he proved it, and also he was able to discover the Americas. And you go to the Wright brothers who developed the airplanes, et cetera. Had they listened to the norm we would not have had airplanes flying today.

This piece of legislation, believe it or not, is one of those innovative legislations, and five years, ten years, those same nurses would come and say, “I am very glad the People’s Partnership passed this legislation, because now we could be an advanced practice nurse”. What is an advanced practice nurse? An advanced practice nurse is a nurse who has done the RN, has a lot of experience

and has now gone on to be something similar to a medical practitioner. A medical practitioner does what? Examines, takes a history, examines patients and even prescribes medication.

The advanced practice nurse will be in a certain controlled environment doing the same thing together with controls and regulations as per the nursing council. However, to reach that level you would need a specific amount of training in different disciplines, not just one. [*Crosstalk*] And I am very glad the Member of Parliament for Diego Martin North/East has indicated that. I will take on board what he has indicated and we will look at that.

However, I just want to clear up some misconceptions. The Member of Parliament for Diego Martin Central indicated: one, that there was no consultation. He also indicated that—I am reading from a document, from the Nursing Council of Trinidad and Tobago: *Report to the Honourable Minister of Health, 2011—2013*, right, talking about the amendments to the Annual Report of the Nursing Council to the Minister of Health. Okay, I am just going to say, section 3 of this document, it goes on to show year 2011, every single month that had meetings and the meeting attendance was 14, 16, 18, 8, 11, 13, 13, 12, 14; average attendance, 13 people in a council of 22. Special meetings, none; and the year 2012: January, February, March, April, and they go down, average attendance through the year, 13 people per meeting, special meeting, one, et cetera. So it goes to show that although you had 22 members on the council, the average attendance over the years was 13, and certain people did not attend and they have it here.

Now at the additional meetings of the council, it says:

“In addition to its Monthly Meeting, Council held several meetings:”—in addition to it

“Amendments to the Nursing and Midwives Act”

This was a meeting, a couple of meetings.

“Several meetings were held to address the Amendments to the Act. These meetings were held with the Ministry of Health, Trinidad and Tobago Registered Nurses Association and in house.”

So the council, which is the statutory body, held numerous meetings with the Ministry of Health, the Trinidad and Tobago Registered Nurses Association and in-house.

“Also in January 2013 a Consultant, Mr. David Benton was recruited through the Pan American Health Organisation and the Ministry of Health to review the current Act and submit comments.”

The nurses came to me around that time and indicated that they wanted a consultant to review the amendments, and if the Ministry would pay for it. I said of course, because I wanted to get a win-win situation on both sides. I would go back to the ATN programme in a while. They suggested Mr. David Benton, and I have the report, and I would read parts from the report. Mr. Benton came to Trinidad through PAHO, because we tend to procure through PAHO, and he was able to go through with the nursing council, with whoever they consulted with in the meeting, Ministry of Health, legal people, permanent secretaries, everybody, for a period of time.

They came up with a report which we used to develop the amendments. Little did I know at that time, Mr. David Benton was the CEO of the International Council of Nurses, international. However, be that as it may, I found out thereafter. Now I will go on to the report in a while, but I want to show something here from this report I was just reading, the nursing council report to the hon. Minister of Health. The year 2011, 924 nurses applied to enter the programme; the year 2012, 665, a decrease of 259 nurses, that is in 2012. In 2008 to 2010, there were no nurses entering the faculty.

Now we go on.

### **3.10 p.m.**

I want to read the part—General Nursing exams—this is from the document:

“Results for October 2010 According to Papers Written...”—and it goes down.

The total writing the exam was 299; total passed the exam, 203; total failures 96. You go again:

“Final Written Examination 6<sup>th</sup> & 7<sup>th</sup> April”—and it goes down. In fact, in one school 76 entered, 46 passed and 20 failed. Another school, 77 entered, 28 passed and 49 failed. Overall, when you look at the April 6 and 7, 2011 exams, they had a failure rate of 44.2 per cent. That was basically what we found at all levels. The failure rate was between 30 to 40 per cent at the end of the day. School of Midwifery was a bit different, but they had failure rates there.

The consultant recognized that with the examination, and he indicated that the examination needed to be dealt with.

**Dr. Rambachan:** They did not read that part.

**Hon. Dr. F. Khan:** No, he would not read that part.

I will just go on to the consultant's report. We will come to the other parts in a while. The consultant indicated that when he looked at the draft amendments, the functions of the council:

“A section that highlights the functions of the council is completely missing from the current act.”—That is the one we have—“This is problematic...it does not enable the parent ministry to hold the council to account in an open and transparent manner. It is therefore recommended that a new set of clauses be introduced immediately after the re-written purpose statements. This recommendation is in line with the memo from the Legal Advisor to the Secretary of the Nursing Council...”—and he goes on the function of the council:

“(c) Prescribe in collaboration with the Accreditation Council of Trinidad and Tobago the qualifications necessary for registration, enrolment and licensing to practise nursing and/or midwifery in the Republic of Trinidad and Tobago.”

So it tells you that. It also tells you:

“(d)...the accreditation of programmes leading to a registrable or recordable qualification...”

(e) Assess with the support of the Accreditation Council of Trinidad and Tobago the suitability of credentials of persons authorised to Practise Nursing and/or midwifery in another jurisdiction who wish to practise in the Republic of Trinidad and Tobago.”

And it continues down.

Mr. Speaker, another part of it says:

“...the minister may make recommendations in exceptional circumstances to the council with respect to any of its functions if the Minister is satisfied that it is necessary to do so in the public interest and safety of citizens.”

So we were able to put those functions into the Bill to give the council the actual defined functions of a council.

It speaks about the “Composition of the Council:

The current composition of the council is archaic and does not reflect current best practice in terms of non-department public bodies.”



It says it is:

“...too large and does not have the sufficient mix of members to enable the council to effectively and efficiently discharge its duties.”

They said:

“...the size of council should be reduced with its composition amended to reflect its new governance role.”

It goes on to tell you that you must have a financial person and one must be a layperson. It says it here.

“...it is noted that whilst an attorney at law...”—there is no—“individual with financial and business acumen and a truly lay public...”—representation, and we placed that in.

Now, a lot of noise was made by the Member for Diego Martin Central on “At Times of Emergency”, and I will read the clause—clause 50(1). In fact, the noise was so heavy, that the Leader of the Opposition, the Member for Diego Martin West, when the Member for Diego Martin Central was making the noise about North Korea—and we know of Korea, because the Minister could now give everybody registration in times of emergency—the Member for Diego Martin West started to quack, quack, quack, quack. [*Interruption*] However—that is what he said.

**Mr. Indarsingh:** His bark was louder than his bite.

**Hon. Dr. F. Khan:** Anyway, I will read both of them:

“At Times of Emergency”

Leader of the Opposition listen to this:

“Sadly many countries are experiencing an increased frequency and magnitude of natural and other disasters. Sometimes the President of the country through emergency powers can sweep away the normal administrative processes to permit relief workers to enter and practise in the country during the immediate period of disaster response. Failure to have such provisions means that these individuals are working illegally in the disaster-affected country. Should a complaint be lodged against this person then the licensing body in the person’s home country may be forced to conclude they were practising without a licence. It is therefore recommended that provisions to enable visiting professions whether in response to a disaster or as part of a planned education or teaching programme be introduced to the new

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legislation. It is noted...”—now this is an important part, Member for Diego Martin Central—“that the MoH July 20th 2009 draft is already seeking to address this matter...”

So this is your draft, your indication not North Korea. [*Interruption*]

**Dr. Browne:** Thank you, hon. Minister, for giving way. No one is denying what you are saying there. The question though, if you would recall and it is on the *Hansard*, is why not do that in consultation or in collaboration, specifically with the council itself? So that the question was really with regard to the Minister taking that exclusive authority.

**Hon. Dr. F. Khan:** Okay, I understand. I am very glad you asked that. I am reading from the document that was used for consultation with the nursing council, TTRNA, Ministry of Health and the other bodies. They came up with this idea, and this is what the consultant indicated after all that consultation. It says:

“For ease the clause is repeated below and could be developed to address this issue:”

And, this is what he said there, this is what is here with the Bill:

“The Minister may, by Order, permit nursing personnel who are registered to practise nursing or midwifery under the laws of their governing country as part of a visiting planned education or teaching programme or medical visiting treatment team for the purpose of providing specific skills and technology and such persons shall be deemed to be practising as if a licence had been issued under this Act.”—only for natural disasters.

So when you start shouting North Korea and whatever, you are pointing four fingers at yourself, Member for Diego Martin Central.

**Dr. Browne:** What?

**Hon. Dr. F. Khan:** No, you point forward at me and four went back at you.

When you look at that, I am reading directly from the report. I am not reading what the Ministry of Health said. This is a report compiled by the consultant, after discussion with everyone. It even went so far as to say continued competence and CMEs for nursing mandatory for registration. It indicated that. [*Crosstalk*] I have more for you, you know.

Mr. Speaker, the modern approach for councils is supposed to be rehabilitative and, hence, not punitive. There is a wide range of options provided to the council—“these could include

- removal on a temporary or permanent basis.
- Use of a caution”—to the student.
- “introduction of retraining”—which is the remedial programme I tried to introduce to the nursing council, and which they accepted.
- “introduction of supervised practice”—which is what we are doing with the nursing intern.
- “restriction on scope of practice
- requirement to seek treatment for health problems.”

Sometimes somebody enters the nursing programme, along the way they get certain problems of a social nature. There is one such person who became pregnant, went home to have the baby and could not enter back the profession.

One such person became an addict, because of family pressure, a prescription addict; went out, went into the system, got their psychiatric evaluation. After that, went and became clean, going to meetings for addiction, clean for the last three years. All haematological examinations showed that that person is clean; refused to re-enter the programme by the nursing council, and this is here. I have the letters. I have every single letter written by them.

What I am saying, instead of being punitive:

“requirement to seek treatment for health problems...”—which is a health problem. Addiction is a health problem.

In other words, this legislation is giving a chance to people who really, at this time, do not really have that available.

“The Current Examination Process”—I just want to read something about the current legislation:

“The current legislation was developed long before the creation of the CARICOM arrangements...”—which is the 1961 legislation—“and at this time with the exception of some reference to the long-since demised General Nursing Council for England and Wales...”—it is very—“silent on this

important area. New legislation must adequately differentiate between nurses and midwives seeking to work in Trinidad and Tobago based on

- those that are from the CARICOM group of countries;
- those that have completed the CARICOM exam;
- those from other countries where the Republic of Trinidad and Tobago have existing bilateral or multilateral arrangements;...”

The Member for Diego Martin North/East indicated that:

- “those from jurisdictions where no special arrangements exist.”

We have taken that on board and indicated in our amendments—and you look at this amendment here:

“Any person who has completed a course of training in a recognized place of training...”—and we will be putting in under section 40 or—

(2) approved by the Accreditation Council of Trinidad and Tobago under the Accreditation Act and pass the examination prescribed by the council or any other nursing examination body recognized by the Accreditation Council.”

“Yuh cyar be more fair dan dat, yeah.”

“The Current Examination Process”—as indicated by the consultant, not me:

“There are concerns related to the high failure rate associated with the final examinations. The consultant was able to access high level aggregated data for the October 2010...and the...respective failure rate was...32% and 47%...This is an unacceptably high failure rate and warrants immediate detailed investigation. It is clear from the two sets of data...that paper 1 and paper 3 are those papers most likely to contribute...”—and he goes on to and/or.

He said:

“There may be a...number of reasons for this failure. It could be...

- the exam;
- the learner;
- the curriculum;
- the academic learning environment;”

When you have one teacher to 100 nurses or 25 and 30 nurses, how can you possibly expect to get individualized attention?

- “the clinical experience and practice environment;”—I just said that, practicality. That is why the development of the idea of what happens in medicine we transferred it to that what could happen in nursing, to get that practical experience.

The report continued:

- “the teaching and or supervision;”

We have had complaints written by students, that they cannot relate to what the teacher is teaching. They cannot find the teacher. You cannot reach them. They are not receptive. So when we say “the teaching and or supervision” it is part of that, or some combination of everything above. So this is what we looked at when we indicated—what is the best way out of this?—and at the same time pushing an innovative movement forward.

That way out of it is we decide—there are many areas—initially, I must go into the history. Prior to this, the Ministry of Health had a nursing programme. People would enter the nursing programme and they would go up the ranks; half day in class and half day in practical—on the wards, clinical training. When it moved over to COSTAATT, University of the Southern Caribbean and University of the West Indies, the thing changed. You got these areas, the COSTAATT, the University of the West Indies as well as the University of the Southern Caribbean. They developed their curriculum. They developed everything with the accreditation council, however, certain aspects were different.

The Bill as it is, seeks to regularize everything. Each one of them would have their practicality, their training, et cetera, for their student nurses. Once that is over, every single student nurse writes exams from their examining bodies, similar to that of the United States of America, similar to that of England, et cetera.

**3.25 p.m.**

I want to read something here from Johns Hopkins:

“Johns Hopkins University

School of Nursing

Career Centre,

Clinical Nurse Intern/Extern Programs:

An Opportunity to Develop Nursing Skills

Clinical nurse internship/externship programs provide a tremendous opportunity for upper-level nursing students to successfully transfer from educational to clinical settings. Under the supervision of experienced preceptors, participants are guided towards mastery of nursing skills and improved patient service. Internships also provide the opportunity to explore various nursing fields to identify...”—which part of the career best—“fits.

A clinical internship can be one of the most rewarding experiences a student nurse can have. With planning and preparation, you can identify the best opportunity for you, one that will prepare you for a successful career in nursing”.

It goes on:

“They are usually full-time, paid and are six to eight weeks in length”—of the full nurse internship itself—“during the academic year, are part-time and are also paid. Some hospitals call these positions nurse technicians”.

What happens in a nurse internship programme?

- “Developments of mutually agreed-upon goals and performance standards
- An orientation period...
- An opportunity to earn money”—and it goes down.

What we would be doing is looking at the legislation and defining—we may have to come back and define the advanced practice nurse duties in the parent Act and the regulations will take care of the other part of it.

**PROCEDURAL MOTION**

**The Minister of Sport (Hon. Anil Roberts):** Mr. Speaker, in accordance with Standing Order 37(3), I beg to move that the debate on the Nurses and Midwives Registration (Amdt) Bill, be adjourned.

*Question put and agreed to.*

**DOG CONTROL (AMDT.) BILL, 2014**

[Second Day]

**Mr. Speaker:** We shall now go on to the Dog Control (Amdt) Bill. Is the Attorney General here?

**Hon. Member:** No.

**Dr. Moonilal:** Dr. Ramadharsingh has to continue.

*Order read for resuming adjourned debate on question* [February 07, 2014]:

That the Bill be now read a second time.

*Question again proposed.*

**Mr. Speaker:** The hon. Minister of the People and Social Development was on his legs, you consumed 13 minutes of your original speaking time, meaning that you have 32 more minutes of speaking time before you reach your 45 minutes. So, I now call upon the hon. Minister of the People and Social Development.

**The Minister of the People and Social Development (Hon. Dr. Glenn Ramadharsingh):** Thank you very much, Mr. Speaker, for the opportunity to continue contributing to this very, very important Bill before us. I did, in fact, comment on some of the contribution of the Member for Diego Martin North/East, in fact, in support of the Bill that was piloted in this Parliament by the Attorney General.

I would like to continue my contribution today by commending the Attorney General [*Desk thumping*] on his consultations with the various stakeholders in this community and also to indicate that we continue to consult, we continue to research, we continue to be advised and we are always in the consultative mode that is why we are having these discussions and debates in this Parliament. Therefore, the Bill has a bit of a history. Many speakers have spoken on this Bill in the Lower House, many recommendations have been made and several amendments were promised by the Attorney General at the last sitting, and today we are here to try to give effect to some of the amendments. And therefore, we have made some changes based on the contributions that we heard on the last occasion. After much deliberation and discussion I am happy to report to this honourable House that the schedule for the Dog Control Act, 2013 is proposed to be increased from the current listing of the four dogs to a slightly expanded list of six dogs. [*Interruption*]

I wish to explain and to emphasize to Members of this House that in the collective professional experience and knowledge that we have been exposed to, that the expansion of the schedule from four dogs to six dogs is really not an expansion at all. It is merely the tightening up of the definition of one dog, and that is the dog that is fingered as the culprit in circumstances where several of our

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children and the elderly have been mauled and killed. This dog, of course, is the pit bull. We all have vivid memories of the newspaper articles—we did quote some of these articles on the last occasion—where there were horrific attacks, where blood had been spilled. Innocent blood, young kids venturing out of their homes to play in their yards, persons who are security guards and watchmen, and indeed, working in supermarkets and having to come back to their homes at night and were viciously attacked and mauled in the streets.

This is what this legislation seeks to do. It seeks to prevent this; to stop the blood spilling, to stop the carnage of flesh, to stop the ravaging of innocent human bodies by vicious creatures that were built for brawn and not necessarily brain. And therefore, we take a strong position to bring an end to this nightmare that has really tainted the social atmosphere of Trinidad and Tobago for so many years, because of the inaction in some parts, because of the inability to come to precise decisions, to be very strong and to take a position and to see it through. And that is what this Partnership Government is seeking to do today by amending the Dog Control Act.

Therefore, I wish to highlight the six dogs that the Attorney General will move to be included in the schedule of the Dog Control Act at the committee stage of this Bill. The American pit bull terrier or any dog from the American pit bull terrier—[*Interruption*]

**Mr. Imbert:** Terrier, terrier.

**Hon. Dr. G. Ramadharsingh:** The American Staffordshire terrier or any dog bred from the American Staffordshire terrier; the American bully or any dog bred from the American bully; the Fila Brasileiro or any dog from the Fila Brasileiro, the Japanese Tosa or any dog bred from the Japanese Tosa, the Dogo Argentino or any dog bred from the Dogo Argentino.

Mr. Speaker, it is clearly seen that this proposed amendment to the Dog Control Act—[*Interruption*—you know, the Member, I was reading his contribution and he kept asking for the protection of the Speaker, the Member for Diego Martin North/East, but here he is carrying on garrulously while I am trying to make my contribution and posit the intellectual platform on which I shall build my arguments here today to convince you to support this bill. [*Interruption*] I am not able to do so in some measure of quiet.

**Hon. Member:** Behaving doggishly.

**Mr. De Couteau:** You are a dustbin terrier. [*Laughter*]



**Hon. Dr. G. Ramadharsingh:** I hope that this behaviour does not continue to degenerate.

**Mr. De Couteau:** He is a dustbin terrier.

**Hon. Member:** A stray dog!

**Hon. Dr. G. Ramadharsingh:** And we continue to stray. [*Interruption*]

The Dog Control Bill keeps three of the original four breeds of dogs that were originally listed in the Act 2003. The Government does not intend to remove the Fila Basileiro and the Japanese Tosa or the Dogo Argentino, since it is of the view that the reasons for the inclusion of these dogs was well ventilated and agreed to by the virtue of the passage of the Dog Control Bill, 2013 in this Parliament, and the reasoning is still valid.

We would like to also state that we did do quite a large amount of research together with our consultations and while, in fact, we do not have the Rottweiler figured as a culprit in Trinidad and Tobago, in the reality of the maulings and the killings that have taken place, we take note of its propensity in some jurisdictions to inflict death and therefore we will be examining, in the passage of this amendment, if this has to be examined more closely, and action needs to be taken in that regard. So, it is something that we keep on the Table for some more discussion.

Mr. Speaker, one of the primary questions which this Government must address is the issue surrounding exactly what a pit bull is. While it is possible for the Government to create a list of distinguishing features which would be representative of the pit bull under our law, Government thought it most prudent to allow the breed standards that are established by internationally recognized breeding clubs as applied by veterinary surgeons to be the final arbiters on this matter, on the type of breeds. Mr. Speaker, I am hearing some growling and barking across on that side still. [*Laughter and desk thumping*]

**Mr. De Couteau:** Pot hound, pot hound.

**Hon. Dr. G. Ramadharsingh:** Mr. Speaker, as a veterinary surgeon myself I can say that the average man does not know and cannot speak to the differences sometimes, and the Attorney General went on to describe one breed and how voluminously its description is and how specific in detail the musculature is described in the literature, the position of the eyelids, the overhanging skin on the neck and indeed under the neck, and all the fine details that are really done by experts in this area in the kennel clubs.

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The simple fact, Mr. Speaker, is that there is no breed of dog known in the world of professionals who deal with dogs on a day-to-day basis as a pit bull terrier. The pit bull is technically not a breed. While it may be said to be a type of dog it is not a breed of dog. What is clear to me, Mr. Speaker, is that the three most popular types of pit bull dogs in Trinidad and Tobago are the American pit bull terrier, the American Staffordshire terrier and the American bully. In other words, in Trinidad and Tobago if a dog bites someone and looks like a pit bull it must be a pit bull. The reality is, however, that the average “Trini” says a pit bull may bite them, they really mean an American pit bull terrier bit them, an American Staffordshire terrier, or an American bully.

In Trinidad and Tobago, it is the American pit bull terrier, the American Staffordshire terrier and the American bully that were the most popular pit bull type dogs. What is of more importance is that while the meaning of the term “pit bull” may be an elusive one, the meaning of the term “American pit bull terrier”, is not an elusive term at all. All of the aforementioned terms refer to clearly defined breeds of dogs which can be definitively ascertained by reference to what is known as a breed standard.

Mr. Speaker, a breed standard in animal husbandry is a set of guidelines which is used to ensure that animals produced by a breeder or breeding facility conform to the specificities of that breed. Breed standards are devised by breed associations or breed clubs, not by individuals, and are written to reflect the use and purpose of the species and the breed of the animal. Breed standards help define the ideal animal and provide goals for breeders for improving their stock.

### **3.40 p.m.**

So, as I have indicated, we have expanded the list somewhat and we in fact, we are using the specified standards used by the Kennel Clubs. Mr. Speaker, the pit bull as I said was built for brawn and not necessarily brain, it was bred to fight. Its speed, tenacity, together with the strength of its bite, makes it inherently dangerous.

In the 1980s, it became a symbol of criminal masculinity. On average, it exerts 320 psi, pounds per square inch, of force in a bite. Recently, *National Geographic* tested the biting power of three breeds: the Rottweiler, the German shepherd and the pit bull. Before starting, the person testing the dogs commented that the pit bull was made to bite; it has a powerful jaw and head. In that test, Mr. Speaker, the Rottweiler had the strongest bite. However, the general consensus is that because of its speed, tenacity and the fact that it is genetically bred to fight—

that is how it wins a fight, and it is the pit bull which is a very, very dangerous, dog. It was created from a variety of dogs, and as I said, there is no specific breed. The pit bull can weigh anywhere from 30 pounds to 90 pounds. They may be short or tall, the common thread is that they were genetically bred to fight and indeed, kill.

Today, bad breeding together with irresponsible owners have resulted in many attacks on humans and often with fatal results. That is why in jurisdictions around the world, the pit bull usually pops up in the legislative schemes. Mr. Speaker, it is noteworthy that the pit bull does not lock its jaw upon biting someone. This is a myth.

**Mr. Samuel:** No, no it does not.

**Hon. Member:** Really?

**Hon. Dr. G. Ramadharsingh:** In reality, what happens is that as a result of the strength of its bite, its determination to hold on no matter what, it gives the appearance of locked jaws. In fact, if you were to do a quick search on YouTube you can find numerous videos of pit bulls holding on to objects while suspended in the air.

**Mr. Samuel:** Yes, yes.

**Mr. De Coteau:** You are a dog breeder too?

**Hon. Dr. G. Ramadharsingh:** We have seen this in Trinidad and Tobago, and some people would suspend a bag like from a tree and the pit bull would bite the bag and remain suspended holding its entire body weight for extended periods supported only by the power of its deadly jaws. This is the great strength of the jaws of the pit bull, Mr. Speaker. Just imagine the horrors that can be caused if this were—and indeed has happened—someone’s limbs, their hands, their feet, their neck, their back and their belly. So, Mr. Speaker, this is why this Bill is so important, to provide control of our dogs in Trinidad and Tobago.

At this point I would like to examine some of the arguments that were raised on the previous occasion. Legislation across the world and indeed in the First World countries are moving away from banning specific breeds. The new thinking is that it is the deed that must be punished and not necessarily the breed. We have seen that in Spain:

“A study published in the *Journal of Veterinary Behavior* (2007) showed the Dangerous Animals Act (2000), which targeted a number of breeds of dogs, had no impact on reducing dog-related injuries.”

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In Italy:

“In 2009”—they—“abolished its breed-specific regulations,”—and that—“applied to 17 breeds of dogs, in favor of legislation that holds individual dog owners responsible for their dog’s behavior. Italy’s Undersecretary Francesca Martini reported”—that—“The measures adopted in the previous laws had no scientific basis. Dangerous breeds”—did in fact—“not exist.”

Great Britain, from which we pattern a lot of our legislation, there is feisty current debate at the level of the Lower House and:

“A Consultation conducted by Britain’s Department for Environment, Food and Rural Affairs (Defra) confirmed that” public sentiment overwhelmingly favors the repeal of the UK’s breed-specific law.”

As I said, they are moving from punishing the breed to punishing the deed. Therefore:

“In a related development, a bill introduced in 2010 to repeal the breed-specific provisions of the UK’s Dangerous Dogs...has successfully passed its second reading in the House of Lords. Lord Rupert Redesdale’s” ‘Dog Control Act’ will make individual owners responsible for their dogs’ behavior.”

And I can go on and on. In the Netherlands this is what has happened. In Canada, in the province of Ontario, in the United States, in Miami-Dade County, Florida, they have concluded that the enactment of the ban in 1989 had seen no significant decrease in dog-bite-related injuries.

As I said we have taken note, and the Member for Diego Martin North/East did in fact refer to statistics, where not only the pit bull was fingered as a killing breed or a killing dog in many parts of the United States, but also the Rottweiler featured as a dog that needs to be looked at. But in Trinidad and Tobago, as I said, this has not been our experience. The Member did indicate that the pit bull was responsible for 233 deaths; while the Rottweiler was responsible for 81 deaths; the husky, for 24; the German shepherd for 14; and the bull mastiff for 14 as well. This was between the years of 1982 and 2012, so it was for a period of time.

In the contribution of the Member for Diego Martin North/East, he did in fact, quote some of these statistics. So in fact we are agreeing with the—a lot of the debate is dramatized as if we are saying different things, but we are in fact agreeing, and he did in fact say, that:

“...I have read there is absolutely no scientific basis for determining that a particular breed would be more dangerous than another breed.”

And I cited the literature from which he indicated that, as well.

So, Mr. Speaker, we believe in the maxim responsible dog—sorry—“a responsible owner, a responsible dog”, and therefore the focus has to be on the owner of the dog, the environment and the welfare issues of that animal, in terms of food and drink, the control of the temperature, humidity, ventilation, companionship, spending time with the animal and giving the animal the compassion, the love, the kindness and the tenderness, that the dog will mirror these qualities in the way that they will treat with persons.

Again, looking at a special report that examined: “...fatal human attacks in the United States between 1979 and 1998” by Jeffrey Sacks and Leslie St Clair, the conclusions were that:

“Although fatal attacks on humans appear to be a breed-specific problem...other breeds may bite and cause fatalities at higher rates. Because of difficulties inherent in determining a dog’s breed with certainty, enforcement of breed-specific ordinances raises constitutional and practical issues. Fatal attacks represent a small proportion of dog bite injuries to humans and, therefore, should not be the primary factor driving public policy concerning dangerous dogs. Many practical alternatives to breed-specific ordinances exist and hold promise for prevention of dog bites...”

So, when I looked at and examined some of the points that were made by the Member for Diego Martin North/East, well he raised the issue of, the criminal liability under section 6(18) of the Dog Control Act, 2013, but I shall come to that in a minute. In fact, maybe I should go to that at this time.

Mr. Speaker, the Member first of all in his contribution said that we should not cave in to the veterinary community, that we should not give in and make promises and concessions; almost as if not endorsing the facilitative nature of the consultations to listen to all stakeholders and critical and key stakeholders would obviously be the veterinary surgeons who at the very core of this Act have to certify what is the breed of dog that would be considered a class A dog, and also, who would have roles in putting in the microchips and also certifying the health and behaviour and status of the dogs.

I wish to make it categorically clear, to remove the reference to criminal liability which is to be attributed to any veterinary surgeon who issues a certificate which he knows or believes to be false. Firstly, Mr. Speaker, the

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removal of this section will not mean that there will be a free-for-all. In fact, the Member said that, he alluded to that:

“But you cannot pander to them” just because they come and tell you that they do not want that, you take it out and there is nothing in the legislation now to protect an innocent citizen who is subject to a false certificate from a vet who has decided for whatever reason, whether in a conspiracy or acting on his own, that he is going to set up somebody, or lie, or present a false certificate knowing it to be false.”

These were the comments, the Member went on to speak, as if it was careless, it was reckless, as if concessions were given to the veterinary community. But I want to make it absolutely clear that the removal of this section will not mean that there is a free-for-all, in which vets will somehow collude with persons in an unethical and illegal way with regard to the issuing of certificates.

Veterinarians are professionals who are self-governed and regulated by their own professional bodies. This is, as of right. No veterinarian who is rampantly breaking any laws in Trinidad and Tobago to think that the removal of this section will lead to vets suddenly breaking loose is an insult to the integrity of the profession of veterinary surgeons in this country and the conduct of their affairs.

**Mr. Imbert:** They have no laws.

**Hon. Dr. G. Ramadharsingh:** Further, Mr. Speaker, the removal of section 6(18) from the Dog Control Act, 2013, does not weaken the legislative regime from which the Government hopes to establish that legislation in any matter. There is already a strong law which would capture and deal with any vet who, in the pursuance of this Act, issues or falsely issues any certificate.

**3.55 p.m.**

In any event, Mr. Speaker, the profession is regulated by the Veterinary Surgeons Act, which imposes very serious obligations on members of the profession, and as to who is considered a veterinary surgeon and, indeed, a veterinary doctor. And, in any event, any veterinarian, just as any doctor, and even lawyer, symbolically takes an oath. As in medicine you have the Hippocratic oath, in the veterinary profession you are given an oath to solemnly swear to use your scientific knowledge and skills for the benefit of society through the protection of animal health, the relief of animal suffering, the conservation of animal resources, the promotion of public health, the advancement of medical knowledge and to practise your profession conscientiously, with dignity and in

keeping with the principle of veterinary medical ethics, to accept as a lifelong obligation the continual improvement of their professional knowledge and competence.

And as I indicated, Mr. Speaker, there is already a strong law which—the Member and the other Members—may not have come to mind that will deal with that.

Mr. Speaker, I would like to draw the attention of the Members of this honourable House and members of the larger society, to provisions which are found in section 8(b) of the Perjury Act, Chap. 11:14 of our laws because the Member—and I want to repeat what he said, and he said this before the national community:

“But I cannot support these ridiculous provisions...I cannot support a situation where a vet who may have no security at his place—none!...”

Well, this was—you know, he did, in fact, make a number of points, assuming vets to be not very professional persons.

“and the dog gets out and bite somebody...”—and the—“vet is not liable—certainly the same standards or similar standards must apply to a situation where these dogs are being kept by the veterinary professional. Certainly, I cannot agree to a situation where a vet gives a false certificate, that is a criminal offence, and this Government...”

I want you to listen to the assertion, and what he alluded to is frightening, what he says in the Parliament to frighten and cower citizens into thinking that this is an oppressive regime, or a regime that is carrying agendas for some segments of the society when, in fact, we are trying to deal with an issue that has not been dealt with decisively, and we are trying to stop the mauling and killings of children and the elderly in society. He continued:

“where a vet gives a false certificate, that is a criminal offence, and this Government has decided that they are going to ease them up...”

That is what he is saying, you know. This Government has taken a decision to ease up the vets:

“and let them be subject to internal controls and self-regulation and disciplinary sanctions. There is no way I could agree with that...”

And went on to what happened in Italy.

So let me continue, Mr. Speaker, with section 8(b) of the Perjury Act, Chap. 11:14 of our laws that is on the books. What must be understood, Mr. Speaker, is

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that while this provision comes under the Perjury Act, it is, in effect, directed to cover a much wider range of situations, including the issues posed by veterinary surgeons who may issue a false certificate. Mr. Speaker, permit me to read section 8(b) of the Perjury Act into the *Hansard*, the record of Parliament, so that the Members opposite may study and reflect on these provisions so as to allay the fears that they have, that the veterinary surgeons—[*Interruption*]

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Minister of the People and Social Development has expired.

*Motion made:* That the hon. Minister's speaking time be extended by 30 minutes. [*Hon. Dr. T. Gopeesingh*]

*Question put and agreed to.*

**Mr. Speaker:** You may continue, hon. Member.

**Hon. Dr. G. Ramadharsingh:** Thank you very much, Mr. Speaker, and I thank my colleagues and those on the other side for giving me the opportunity to continue.

As I said, section 8(b) of the Perjury Act says that:

“Any person who knowingly and willfully makes (otherwise than on oath) a statement false in a material particular, and the statement is made—

- (b) in an abstract, account, balance sheet, book, certificate, declaration, entry, estimate, inventory, notice, report, return, or other document which he is authorised or required to make, attest or verify by any written law for the time being in force;...

is liable, on conviction on indictment, to a fine and to imprisonment for two years.”

Mr. Speaker, it is clear, that section 8(b) of the Perjury Act will deal harshly with any veterinary surgeon who would dare to falsely and knowingly certify the wrong breed of a dog on a certificate.

What is even clearer, Mr. Speaker, is that the provisions contained in section 8 provide, in addition to a fine, imprisonment for two years. This provision which already exists in our laws and which would apply to any veterinary surgeon issuing a certificate under the Dog Control Act of 2013, is a far more severe penalty than under section 7(18) of the Dog Control Act of 2013, which provides for a fine of only \$50,000.



Mr. Speaker, it is for the aforesaid reasons that it is clear that the removal of section 7(18) from the Dog Control Act would, in no way, water down or weaken the effectiveness of the Act, as has been suggested and alluded to by Members opposite. In fact, the contrary position may, indeed, be true, that the removal of section 7(18) of the Act would ensure that prosecutors would bring, or have to bring any charges against a veterinary surgeon who knowingly and falsely certifies under section 8(b) of the Perjury Act, thus exposing the veterinary surgeon to even harsher sanctions.

So you are moving up from a position where you had section 7(18), which had a fine of \$50,000 if you knowingly and falsely certify the dog—you are moving from \$50,000 and now facing a fine and possible imprisonment for two years, which is an even more severe penalty than existed.

Mr. Speaker, I want to make it clear that the Attorney General has indicated that he will move an amendment during the committee stage of the Bill which will seek to provide for minimum standards which veterinary surgeons will have to comply with, in treating with class A dogs. In a sense, while the veterinary surgeons will be exempt from the requirements for obtaining a licence for a class A dog, if they are acting in their professional capacity, they will be placed under a positive statutory duty to ensure that any class A dog that they are treating is kept in a secure manner so as to prevent the escape of the dog.

I think this is yet another point that was made by the Member for Diego Martin North/East, and I did quote some of what he had said in terms of the veterinary surgeon being careless and the dog escaping, and therefore we—and he did, in fact, ask—and I think I have—oh, yes. He said:

“No, you have to apply a standard of care to these vets. There must be a duty of care. It must be prescribed by legislation.”

Therefore, I have given you the legislation in which the duty is prescribed by this legislation, and that is the Perjury Act—section 8(b) of the Perjury Act, which says that:

“Any person who knowingly and wilfully makes (otherwise than on oath) a statement false in a material particular, and the statement is made—

- (b) in an abstract, account, balance sheet, book, certificate, declaration, entry, estimate, inventory, notice, report, return, or other document which he is authorised or required to make, attest or verify by any written law for the time being in force;...

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is liable, on conviction on indictment, to a fine and to imprisonment for two years.”

So we have answered that. There is a duty, and a positive statutory duty prescribed in the legislative framework of Trinidad and Tobago existing in the books as it is now.

So, Mr. Speaker, as I said, the Attorney General will be moving an amendment at the committee stage which will ensure that animal shelters would also be exempt from the requirements of obtaining a licence for a class A dog. They, too, however, will be placed on the obligation to ensure that the class A dog is kept in a secure manner so as to prevent the escape of that dog that is kept at the veterinary clinic.

So I did, in fact, deal with the points, the ones that were relevant, the ones that needed to be answered, and I did, in fact, give the answers to those questions that were raised by the Member for Diego Martin North/East.

There is a computer term, Mr. Speaker: GIGO, which is garbage in, garbage out. The computer is only as smart as the person who uses it and, regrettably, the Member had decided to go on a trawling expedition, camouflaging his contribution with lots of literature, yet excuses himself from the utterances by saying that he is showing the other side. In fact, many of the passionate and dramatic contributions made by the Member—the impassioned pleas that he made—are things that we agree with. Responsible owner, responsible dog; good environment, good treatment, encouraging and reinforcing positive behavioural patterns, those are things that we agree with, but he makes a point—says we are giving in to the vet and then insists that the owner must be responsible for the dog.

So a lot of the contribution are things we all agree on, and there was no need for the over-dramatization that was portrayed here. It was really a performance because it was the mixing of things that he had concerns about and things that we agreed on. So from the contribution, I was able to see that.

#### **4.10 p.m.**

Mr. Speaker, I had my notes on the opposing Member and to be frankly honest, sometimes I could not decipher what to attribute to him. Given the fine, I expected to have to deal with more points. He asked us to revisit the list of the dogs. We have in fact revisited the list and we have looked at the matter with the stakeholders, with the veterinary community, with the ATTIC, with the breeders,

the kennel owners, and we have also given you the rationale and reasoning as to why the veterinary community would be held to account and I think that the Perjury Act will in fact be able to deal with that.

Mr. Speaker, this is a very serious matter and this is something that can affect any citizen of this country. Therefore, we have to demonstrate that we have the political will, that we can move beyond petty political boundaries, and that we can have the determination to research, to analyze and examine public policy and legislation and create the legal infrastructure that would create a safer environment for our families, for those who live in rural communities where persons know that some persons let their dogs loose—you know there is a song “Who let the dogs out”. But certainly where people live almost on estates and there are no fences, in the rural communities, there will be owners who would try to protect themselves and they will have these dogs, and from time to time they will let them loose, not knowing who they will encounter and if someone will encounter their death.

Mr. Speaker, we must remember the reason we are we here, and while we may have different points of view and while we may not agree that this sanction is too severe or the other is more severe or less severe, we have to look at the common good that the law does. What the law does, it puts us in a place where we have received the benefit of the experience of First World countries, and certainly the UK model where we see that the Dangerous Dogs Act that they passed, they are not seeing the results because of so many developments including persons breeding other dogs that were just not on the list. And so, as I said, the world thinking is now punish the deed, not necessarily the breed.

Mr. Speaker, on August 25, 2011, the *Trinidad Guardian* reported a: “Boy, 11, killed by own pit bull”. Jessie Boiselle, an 11-year-old autistic boy from Clovis Trace, Maraval, was found dead at the back of his home in a ravine after he was viciously mauled by a pit bull owned by his own family. According to the reports, Mr. Speaker, this boy was found with dog bites to his throat and other parts of his body.

On July 10, 2011, the *Trinidad Guardian* reported: “More pitbulls on the rampage”. The *Guardian* carried the story of a—and I see Members having fine humour. Well, I did correct the English, but the substance of this matter is what is at issue and I really do not find the comedy in it at all. On July 10, 2011, the *Trinidad Guardian* reported “More pitbulls on the rampage”. The *Guardian* carries the story of a 39-year-old construction worker from San Juan, who was viciously attacked by his neighbour’s two pit bulls. According to the report, the

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dogs bit the man multiple times and bit off a chunk of flesh from his left foot. That is the reason we are here.

We are here, Mr. Speaker, because on April 04, 2012, Jeremiah Harrypersad, a six-year-old boy from Asing Trace, Valencia Old Road, Valencia, was playing in the road, in front of his house, when he was attacked by his neighbour's pit bull. The pit bull reportedly lunged at little Jeremiah and threw him to the ground and pinned him to the ground. The pit bull then began biting Jeremiah repeatedly to his neck causing severe and life threatening injuries to this innocent boy who was playing, not miles away from his home, not in the forest at the back of his home, but in the front of his yard.

We are here, Mr. Speaker, because on May 16, just the next month, the very next month, the *Guardian* reported, "Neighbour's pitbulls maul pregnant..."—woman. Kurleen Cooper—and you notice there is no geographical discrimination. We have gone from Maraval, then to San Juan, then to Valencia, and now we are in Point Fortin. Kurleen Cooper, a pregnant Point Fortin mother had to fight to protect her unborn child when she was attacked by not one, not two, but three vicious pit bulls. During the vicious attack of this pregnant mother, she suffered severe lacerations to her legs, genital area, face and ears. All of this, Mr. Speaker, Mrs. Cooper was simply trying to walk along a road after dropping her children off.

We are here, Mr. Speaker, because approximately three months to four months after, on August 18, the *Guardian* reported, "Pit bull shot dead in Erin". In Erin, a pit bull escaped from its leash, went on a rampage and attacked residents and killed another dog. Police were alerted to the situation and the investigation is ongoing. The pit bull attacked a female police officer who was forced to draw her firearm and kill the dog.

We remember the 50-year-old Diego Martin resident, in 2011, who was severely injured after two pit bulls escaped from the owner's yard and attacked the man who was hunting iguanas at the time. The report states that the dogs only relented in the attack after the police responded and shot them multiple times.

In January 2012, a St. Madeleine woman, "Housewife may lose her leg after pitbull attack". Sherry Ifill, 48 years old, was attacked by five pit bulls. Doctors told her that they may have to amputate. Denise Rackal, 46-year-old female security guard of Indian Trail—lived in my constituency. That is one I remember. Mrs. Rackal was attacked and mauled, and sadly she is no longer with us because—[*Interruption*]

**Mr. Indarsingh:** She lived in your constituency.

**Hon. Dr. G. Ramadharsingh:** Yes, she lived there—she was mauled to death by five pit bulls shortly after the animals escaped from the home of their owner. According to the report, as one of the pit bulls grabbed her neck, she screamed for her life and attempted to push the dog away. The other four dogs joined the attack and began biting into different parts of her body as she writhed on the ground in agony and fought desperately for her life. Tragically, this mother of two succumbed to multiple bites and rip wounds.

We are here, Mr. Speaker—I will give two more; just two more to remind us what this legislation is about, and the mischief and the agony and the pain and the deaths that we are trying to prevent. On December 17, 2012, the *Trinidad Express* reported: “Two pitbulls attack woman”. Karen Lara, 22 years old of Santa Rosa, Arima, had to be hospitalized after she was attacked by two pit bulls near her home. Ms Lara’s piercing screams alerted police officers who were on duty in a nearby police post. By the time the officers ran outside, the pit bulls already had Ms Lara pinned to the ground. These pit bulls refused to let her go. Police had to shoot one of the dogs while the other escaped. God alone knows, Mr. Speaker, what would have happened to Ms Lara if those police officers were not so close by.

Lillian Bunsee—the final one that I should deal with—carried in the three daily newspapers, front page on August 26 and 27, “PITBULL KILLS GRANNY”. “Pitbull owner released,”—and—“will not be charged”. The *Guardian* reported, “Cops arrest Maraval owner as pitbull kills grandmom”. “NO MERCY” on the *Trinidad Newsday* was the headline and “Cops want inquest in pitbull killing of granny, 82”, published on the 27th and 28th. All tell a tragic story of Mrs. Bunsee’s fate.

Mr. Speaker, according to reports, residents of La Seiva Road, Maraval, shortly after 9.00 a.m. on that fateful day, saw Mrs. Bunsee on the ground in her yard with a pit bull dog tearing away at her body. This dog was owned by Mrs. Bunsee’s grandson who bred pit bulls. According to the report, Mrs. Bunsee was about to feed the dog. So this 82-year-old grandmother is going to do a kind and generous act to this dog that has the capability of suspending itself in the air while holding on to an object because of the power of its jaw, who was bred for brawn and not necessarily for its brain and its attributes and its behavioural patterns to be a companion animal, but to be a vicious killing machine. And while she was about to feed the dog, it apparently broke free of its enclosure and viciously attacked her.

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Residents tried in vain to stop the pit bull from tearing into her body. They climbed to a nearby roof and they were throwing boulders, concrete, cinder blocks at the dog. Despite this, Mr. Speaker, the dog continued its onslaught. The report states that the police officers who were on patrol nearby went to the scene after receiving a report. They were forced to shoot the dog not once, not twice, not three times, not four times, not five times, six times. Six times, Mr. Speaker. I quote from the report, *Trinidad Express*: “PITBULL KILLS GRANNY”.

“After the first two shots the dog was still biting the woman, like the shots did nothing to it. The police had to shoot it four more times before’ ...”—they are stopped.

Mr. Speaker, there are so many examples, but I thought it was important to remind ourselves that we are not here to snicker and laugh and grin when these stories are being recounted. But to really reflect deeply on the day that you look at the newspaper and your blood crawls, you feel weak and you are in agony, mental anguish, thinking about the pain that that person, that grandmother, that young child that was playing in front of the house, that mother who dropped her children to school and was coming back home to probably begin preparations for cooking lunch so that she could go back for her children at half past two and did not know that she would find her death along that road, that child who was probably taking a break from school work and went out into the yard to play, that grandmother who was kind enough to feed the dog and found her way into the dog’s deadly clutches. Mr. Speaker, that is why we are here today.

Mr. Speaker, it is said—how much time?

**4.25 p.m.**

**Mr. Speaker:** You have exactly four minutes and 25 seconds.

**Hon. Dr. G. Ramadharsingh:** Thank you, Mr. Speaker, thank you. Can anyone imagine that if they were to have themselves placed in this horrendous position, what a Herculean task it would be to stop a pit bull or to rip a dangerous dog away from your body? The empirical evidence available shows that on many occasions where a pit bull was actually attacking someone, it took, in the instance I recounted, six bullets to stop the dog. One can only imagine that this dog suspending itself by grabbing on to objects, its powerful jaws, musculature, ripping away into someone’s flesh.

I think if we can recognize the imprisonment, the fact that our citizens have no safety because we have not been able to agree on a proper legislative framework

to deal with dog control, to deal with dangerous dogs to, once and for all, as a caring Government, as a caring Parliament, as responsible leaders and representatives of the people, step beyond the colour of your particular political prisons and enter the realm of real caring, of real decision-making, of decisive action, for the public interest, in the interest of saving grandmothers, like that 82-year-old grandmother; of saving that young boy who went into the yard and met his death, of saving that pregnant mother who also faced the dangers of this deadly animal that was out of control.

We, as the partnership Government, we bring to this Parliament the Dog Control (Amdt.) Bill to deal with deadly dogs that have wreaked damage, death and destruction and to bring control—responsible owners, responsible dogs, to punish the deed, not necessarily the breed, to save the next young unsuspecting child who does not know that a pit bull is roaming in a particular vicinity; to protect people from irresponsible handlers, from irresponsible owners and persons who do not give care and attention and who do not observe any duty for the life and safety of other human beings. I call upon all Members to demonstrate that care and concern for a safe society and dog control in Trinidad and Tobago. I thank you, Mr. Speaker. [*Desk thumping*]

**Mr. Speaker:** Hon. Members, it is a good time for us to suspend for tea. This sitting is now suspended until 5.00 p.m. and when we resume, the hon. Member for Port of Spain North/St. Ann's West will have the floor.

**4.29 p.m.:** *Sitting suspended.*

**5.00 p.m.:** *Sitting resumed.*

**Mr. Speaker:** The hon. Member for Port of Spain North/St. Ann's West. [*Desk thumping*]

**Mrs. Patricia Mc Intosh** (*Port of Spain North/St. Ann's West*): Thank you, Mr. Speaker. I rise to make a contribution [*Crosstalk*] to a Bill to amend the Dog Control Act, 2013. I see, Mr. Speaker, my colleagues on the other side are wishing me happy Valentine, I would like to take this opportunity to wish everybody in this honourable House, and indeed, the Parliament, and even so, the national community, and more specifically, my constituents in Port of Spain North/St Ann's West. I want to wish them a happy and safe Valentine. The Member for Oropouche East is saying my husband, he is out of the country, but I sent Valentine greetings to him across the airways.

Mr. Speaker, the Dog Control Act had, as its immediate precursor, the Dog Control Bill, 2013. This Bill was debated in this honourable House in June 2013

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and it was later debated in the other place, and was passed in both Houses. It is my belief that the parliamentarians on either side of the honourable House passed this Bill because we felt that there was an urgent need to address legislation, and to enact legislation, to deal with the growing number of fatalities resulting from dog attacks and dog bites.

At that time, the Bill was passed without any consideration for the recommendations made by the Members of this honourable House. We never went into committee to consider those recommendations. Some of us even suggested that the Bill be taken to a Joint Select Committee seeing its critical nature, and the fact that it was inconsistent with Sections 4 and 5 of the Constitution, but this did not happen and the Bill was passed in both places.

In his contribution, at the last sitting, the hon. Member for Caroni Central alluded to the fact that the Members on this side of the honourable House showed no sympathy and no empathy for the victims of fatal attacks by, what he will call, dangerous dogs. He begged us not to take a political stance on this, but, indeed, he sought to politicize this because when we first debated this on the previous occasion in June 2013, we all brought the gory stories into our contributions. But, Mr. Speaker, this time that we are here debating this Bill, we choose not to go into those gory situations which we had described in detail in the last sitting. This is not what this Bill is about. It is not about the gory circumstances, it is about this need to make amendments to an Act that was already passed seven months ago.

Mr. Speaker, that Act was so imperfect, it was such bad law, that here we are, a mere seven months after having passed that Act and we are here to amend it and that is what we are doing, amending the Act, not going back and rehashing the gory details. We know that and we do not want to remind the public of that, they all know of it. So, it is not that we do not have any sympathy or empathy for those who are victims, we do. So, we have a whole new Bill and I wonder why we do not ever get it right the first time. No considerations were made to the recommendations that we had proffered to say that we will meet in committee and discuss them and make amendments. Nothing like that was done, so a whole new Bill is here with 23 amendments.

Mr. Speaker, I have to say that the last sitting—I must make mention of that—when we were supposed to begin with the Bail Bill and then the Dog Control Bill and then the Nurses and Midwives Registration Bill, I have to make a comment in this sitting that the last procedure was a rather scrappy and piecemeal one. It was a stop-start, stop-start procedure. It lacked preparation on the part of the Government. The Attorney General was running in and out, in and out; he had not



done his homework, and that is why we are here, because, in the first instance, the Dog Control Act which we passed in 2013, enough work was not done in that so we have to bring a whole new Bill. Even in the last sitting, we could not follow the agenda set out in the Order Paper, so we had to, instead, start with nurses, stop from the nurses, go to the dog control, stop from there and today we continued with the nurses and then the dog control. Mr. Speaker, it is as though there is no flow in how we are debating these Bills in this honourable House and I had to say this.

So, Mr. Speaker, let me get to—I want to talk about the Act a little bit. The Act classified the dangerous dogs as three main breeds. We had the pit bull terrier or any dog bred from the pit bull terrier, we had the Fila Brasileiro or any dog bred from the Fila Brasileiro and the Japanese Tosa or any dog bred from the Japanese Tosa. The Members on this side of the honourable House made a note that the Dogo Argentino was not included in this list, and the Attorney General did take that into consideration because this dog, Mr. Speaker, is classified as a dangerous dog in many jurisdictions, for example, the UK, Canada and Australia.

So, we come to the Bill now and in the last sitting, the Member for Diego Martin North/East pointed out that not only was the Dogo Argentino added but 12 other breeds were added, making a complement of 16 breeds, and, of course, we had half of them are non-existent in Trinidad and Tobago. We do not know half of them. The Cordoba Fighting Dog, that was extinct since the middle of the 20th century and, of course, dogs like the Boston Terrier and the French Bulldog are known to be very affectionate and sociable and quite tame pets. So this Schedule was flawed from the onset.

So, Mr. Speaker, when the Member for Caroni Central came and said that he had—he wanted to make this great announcement that the Schedule—he was glad to announce that the Schedule was expanded to six dogs, I wanted to know what he was talking about. What he should have said is that the Schedule has been reduced from 16 dogs to six dogs, and he mentioned the names of the four dogs. [*Crosstalk*] Yes, from the dangerous dogs, but it had this—and had it not been for the contribution of the Member for Diego Martin North/East, we would have still been dealing with these 16 breeds.

**Hon. Member:** That is right.

**Mrs. P. Mc Intosh:** But he came and he made this great announcement that it was expanded from the original Act to six dogs, but we were dealing—we had an Act. After the original Act, we had the Dog Control Act which we passed in 2013.

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So he has gone back to the original Act to justify these six dogs so we went from three to 16 and now six. Well, I am glad this is six because, as I said, one of them is extinct since the middle of the 20th century, the Cordoba Fighting Dog and some of the others we do not know, and some of the others are pets.

**5.10 p.m.**

Mr. Speaker, the Member for Caroni Central seems to be all mixed up and I am not sure whether he really understands what he is saying. At one point he is talking about, you know, the need to move away from breed-specific legislation—which is good; which is good and I am going to deal with that. And on the other hand, he gives us a very long discourse on the negative attributes and characteristics of the pit bull and he cites all, you know, their different breed recognition features—the cowl around the neck and the heavy eyelids and he goes into deep breed recognition. He also cites the number of incidents and he goes into all the gory details.

There is so much we could talk about on this Bill, Mr. Speaker, rather than delve into the gory details of breed-specific dogs. And this is what we are trying to get away from. Not that these dogs have not committed acts that are horrendous and that have caused fatalities, Mr. Speaker, but we have to consider why all these things have happened and how we are going to address this in this piece of legislation.

Mr. Speaker, the Attorney General said he did a lot of consultation with the various canine authorities and I would like to refer to some of the information I got from the various authorities. And, Mr. Speaker, the Trinidad and Tobago Canine Advocates, TTCA, they did communicate with me and I would like to refer to the position that they have taken in respect of the legislation:

“The TTCA’s position is that (a) we welcome legislation which is in the best interest of public and animals; (b) we do not believe that Breed Specific Legislation, (BSL) will be in the best interest of the public or animals.”

And I think the Member for Caroni Central did say that but he is contradicting himself. You see, he is saying that but he is going into breed-specific. We either have to stick to one thing or the other, or show why we are crossing over. They go on:

“The fate of the dogs in question is already evident —”—there has—“been wide scale abandonment of Pit Bull Terriers for months now, which has put an enormous strain on all animal advocates and rescuers. Almost all of these

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dogs have been euthanized because there is little or no hope of re-homing them due to the exigencies of the Dog Control Act.”

—all the penalties and fines and insurances, et cetera, the many onerous requirements that are placed upon owners of these dogs.

Mr. Speaker, I want to go now to another canine association, which is the—a very important one, very relevant to this Bill, Mr. Speaker—Trinidad and Tobago Veterinary Association, the TTVA, Mr. Speaker. And I say they are critical to this Bill because, Mr. Speaker, if we look at section 6(3) of the Act, Mr. Speaker, should I say, we will see—and this is unchanged in the Bill—that they perform a very critical part in the enforcement of this legislation. And I look at section 6(3):

“In order to ensure compliance with this Act, the Ministry may require a veterinary surgeon to certify promptly in writing, the type of dog.”

So they have a very important role to play, Mr. Speaker. I want to quote correspondence to me, from the Trinidad and Tobago Veterinary Association.

“The legislation should clearly state what is defined by the ‘pit bull terrier’. The determination of a dog’s breed cannot be determined by phenotype...”

That is looks, Mr. Speaker—

“...only, as many different combinations of breeds...”

Mutations, Mr. Speaker.

“...can give it a ‘pit bull type’ appearance. The veterinary programs that exist do not have courses in breed recognition, and as such, the membership believes that it should not be the veterinarian’s job to decide which dog is a class A or a class B dog. At this point, no veterinarian is willing to identify any dog’s breed on a breed certificate.”

Mr. Speaker, they did go on to say, however, and I will be very objective, that the legislation should—

“...adopt...standards of an internationally recognized kennel club.”

And Mr. Speaker, indeed, in the Bill, in clause 4 of the Bill—and I quote, they are looking at all these different breeds of dogs—

“...or any dog which has the appearance and physical characteristics predominantly conforming to accepted breed standards of the Kennel Club, the American Kennel Club or the Canadian Kennel Club in respect of the listed class A dogs.”

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Well, now the Member for Caroni Central is telling us that they have been reduced to six breeds, Mr. Speaker. But you see, this is a question of resemblance and this is why the Trinidad and Tobago Veterinary Association has a problem because, Mr. Speaker, resemblance is quite subjective and it is an arbitrary assessment that is often not reliable and not conclusive and these are the problems that the Trinidad and Tobago Veterinary Association has, Mr. Speaker. I am sure that in your lifetime people have told you “you look like so and so, you resemble so and so” and somebody who might be part of the conversation might add, “you think so? But I do not think so” and somebody else might add “well, the nose but nothing else”.

It is all subjective, this issue of resemblance. And the Trinidad and Tobago Veterinary Association does have a problem with this. The veterinarians have told me that this breed recognition and breed classification, breed-specific classification has put them in a position of compromise with their clients because they would have had clients with whom they have been associating and attending to their dogs and they would have had dogs that they know to be very docile and calm dogs, and dogs that have given no trouble or shown no signs of being aggressive, Mr. Speaker. And they might be classified as Class A dogs according to this Bill, Mr. Speaker.

And therefore the owners, the veterinarians feel that they are now compelled to classify the dogs as Class A dogs and the owners will now be subjected to all these various fines and requirements and penalties and insurances, Mr. Speaker and the veterinarians are not very happy about that.

I would like to quote even further, from the President of the Trinidad and Tobago Veterinary Association, Dr. Curtis Padilla. He said that:

“World wide, the thrust of vet associations is to support responsible canine ownership legislation and call for”—the—“repeal of”—Breed Specific Legislation.”

You see, while Caroni Central—the Member, is speaking this, it is not acted out in this Bill. He said it but there is nothing in this Bill that says that we will like to repeal breed-specific legislation. And this is the way the world is going. I thought when he came here today to make this announcement, he was going to say that we have removed, completely, the schedule and we are going to treat dogs as dogs, as I will go into later, Mr. Speaker. The President of the Association went on:

“Support”—for—“responsible ownership legislation has come from

- i) the American Society for the Prevention of Cruelty to animals.

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- ii) the American Veterinary Medical association
- iii) the Canadian Veterinary Association
- iv) the Bar association of America”
- v) the “Centers for Disease Control and Prevention.”

Also, from the Royal College of Veterinary Surgeons, which is the veterinary authority in the UK, states:

“The RCVS supports the repeal of”—their—“Dangerous Dogs Act 1991 and the removal of all breed specific references from the legislation relating to dangerous dogs.”

You see, this is not what the Member for Caroni Central did. He went into breed recognition and all the characteristics associated with pit bulls and this is not the way the world is going. And I will expand upon that as I go along.

“The College considers that new legislation that adopts a ‘deed’...”

And he spoke of that too:

“...a ‘deed’ rather than ‘breed’ approach to the control of dangerous dogs should be introduced. This approach would allow resources to be effectively used and targeted at the real causes of dangerous dogs.”

That is what I want to get to:

“...the real causes of dangerous dogs...”

And that is—

“Irresponsible owners that allow their dogs to be dangerously out of control and those that have deliberately trained their dogs to be aggressive”.

Mr. Speaker, this Bill does not deal specifically with responsible ownership, from the point of view of how the owners treat and socialize their dogs and the measures they take to ensure that their dogs do not inflict injury on persons. If we look at jurisdictions in other parts of the world, like Australia, we find the same thing. I have here pages—I will not go through them, I do not have the time—and pages of testimonies and demonstrations in Australia to end breed-specific legislation and make the individual dog owner responsible.

Mr. Speaker, I would assume that the intent of this Bill, this Dog Control (Amdt.) Bill, 2014, is to significantly reduce the incidents of dog bites and dog to human attacks in our country. We must understand what causes a dog to bite a

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human being in the first place, before we could even address this issue, Mr. Speaker. My research led me to the Centre for Disease Control in the USA. And I quote:

“Many things can make a dog aggressive (and therefore prone to attack). Factors include sex”—of the dog—“early experiences, reproductive status, socialization, and training. Health and age are also factors.

No reputable canine authority has indicated that a dog’s breed causes it to”—be—“aggressive.”

I heard the Member for Caroni Central say the same. We must have researched the same areas, Mr. Speaker.

“Dogs from toy breeds can be just as aggressive as dogs from giant breeds.”

That is why many of them say: take off the schedule; do not deal in breeds. You can have a toy breed that can be as dangerous and aggressive as a big breed dog, Mr. Speaker.

“Some dogs, because of their strength and size, can cause significant damage if they should attack a human, and these dogs would be considered dangerous—but the individual dog should be considered dangerous,”—and—“not the entire breed.”

Mr. Speaker, for the Member for Caroni Central to relay to the public and to this honourable House that the entire pit bull breed is dangerous is a wrong, wrong premise. It is a very wrong premise. The individual dog could be dangerous but not the entire breed. There are little or no reliable statistics in Trinidad and Tobago, on dog attacks. So we have to defer to what happens abroad. In an article published by the American Society for the Prevention of Cruelty to Animals, it was reported that:

“Statistics in the United States of America indicate that 70% of all dog bite cases involve unneutered male dogs and 97% of dogs involved in fatal dog attacks in 2006 were not spayed or neutered.

In addition a chained or tethered dog is 2.8 times more likely to bite than a dog that is not chained or tethered.

Perhaps most significantly, 84% of dogs that attacked humans were owned by irresponsible owners and had been abused or neglected, not humanely contained or were allowed to interact with children unsupervised.”

Mr. Speaker, given this information, we can reasonably conclude, I believe, that an unneutered male dog who has been abused and neglected and is chained for most of its life, would be more inclined to act aggressively than a dog that was altered, treated kindly and allowed the freedom to experience many different situations. And this applies, Mr. Speaker, to any breed of dog. It is all about how the dog is conditioned, and socialized, and treated, Mr. Speaker; that is why dogs bite. That is the basis on which we can come to assumptions, or conclusions, as to why dogs bite.

**5.25 p.m.**

Mr. Speaker, the Dog Control Act of 2013 and its predecessors in 2000 and 2012, are based on the assumption that there are dangerous breeds of dogs. For example, what the Member for Caroni Central said, that pit bulls constitute a dangerous breed of dogs.

Mr. Speaker, none of our pieces of legislation embraces the concept that it is fundamentally the way dogs are bred and socialized that have made them dangerous, not their genetics. It is not their genetics, Mr. Speaker. And this is what this legislation is not addressing. It does not understand. The legislation does not understand this. It does not accept this at a very fundamental level and so the legislation will always be flawed, because we are going from a false premise that breeds are dangerous and not individual dogs are dangerous.

Mr. Speaker, in the United States, 23 states have outlawed breed-specific legislation; 23 states. The last six to join were Maryland, Vermont, South Dakota, Missouri, Utah and Washington State. Seventeen states have already called for breed-specific legislation to be outlawed. And opposition to breed-specific legislation comes from sources as diverse. As I said the America Bar Association, animal rescue groups, the Centre for Disease Control and even President Barack Obama, who said, in August, that the laws are largely ineffective while doing nothing to improve public safety and are often a waste of public resources.

Mr. Speaker, in addition, I would like to refer to what attorneys of the Best Friends Animal Society in the United States reported in the *Huffington Post*. The scientific studies show it does not work. Now, Member for Caroni Central, obviously, we did the same research. He said the same thing, yet what is the slant he has taken? What is the slant that the legislation has taken? Breed-specific legislation. That was what his whole contribution was about, breed-specific legislation and pit bills. Again, the same gory details that he rehashed from the previous sitting, when he was speaking about breed specific and he is talking in forked tongues. He is not choosing one direction in which to go, Mr. Speaker.

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Mr. Speaker, in December 2013, the American Veterinary Association released a long-term study on dog bites and fatalities and I would like to look at this study. They looked at the factors in fatal dog attacks. A study of 256 dog bite fatalities from 2009, revealed that the contributing factors were found to include the failure of an able-bodied person to intervene in the attack and the dog being abused by its owner. Breed was not deemed in this study of all over from 2000—2009. Breed was not deemed to be a significant contributing factor.

The researchers found moreover that breed could not even be reliably determined in most cases. And this is why the Trinidad and Tobago Veterinary Association is saying they are not happy with the kennel clubs being—even if we refer to the kennel clubs, they are not happy with it because very often the breed recognition is subjective and is not very definitive.

**Dr. Browne:** It is not an exact science.

**Mrs. P. Mc Intosh:** Good, thank you. It is not an exact science. The vets have not even studied it in their course of study and we are putting this on them, that they have to certify dogs and they are uncomfortable with it.

Mr. Speaker, it is very important that they are brought in and buy in to this legislation because they have a very significant and critical role to play in its enforcement. And if they are uncomfortable with this, as the Member for Diego Martin Central is saying, that it is not an exact science. So who is to say who resembles whom and why are we dealing still with a breed, as opposed to a dangerous dog? There are dangerous dogs.

What the study found is that it is not the breed that is a predictor of behaviour, it is the owners' actions. Most bites and almost all fatalities are caused by intact, under-socialized male dogs that are kept confined, chained or tethered. The breed of a dog has no bearing on the probability of biting. When you blame the dog—Member for Caroni Central, I want you to hear this—when you blame the dog, you are looking at the wrong end of the leash.

**Mr. De Coteau:** He said that already.

**Mrs. P. Mc Intosh:** But you are not talking at that. You are still talking about a breed of dog that is bad, that can kill. It can kill under certain conditions, Member for Caroni Central.



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Mr. Speaker, I just want to read two short testimonies of people who have dealt with dangerous dogs and this one is from Andrew Paciocco and he says:

I think one needs to keep in mind that one event you witnessed does not say much about the animals. Stereotyping an animal is no smarter than doing it to a person.

How many times we have a member of society committing a crime and we attribute that event to a whole group of people? “How many times we do that?” And this is what we are doing, because pit bull hysteria gets out of control, Mr. Speaker. It gets out of hand and animals, like people, are products of the environment more so than any other or aspect.

That said, Mr. Speaker, I could identify this. Dogs are very smart and they sense the people who are afraid of them or very apprehensive in their presence and they sense this. And they sense it as a weakness in the person and they might be prone to attack that person.

Mr. Speaker, my husband will walk up to any dog and “people always say: ‘no, no, no, do not go there. Do not go, he will bite you’.” He loves dogs and he is not afraid of any dog. And I have seen him go up to pit bulls, Rottweilers, huge Rottweilers, big pit bulls. He would go up to them fearlessly. They will jump on him, jump on his head, lick him all over. He comes out unscathed and he is unafraid of them. I cannot do the same. I have to stand aside and look on because if I were to have done that, the dog would have bitten me because I am afraid.

Mr. Speaker, I would like to refer to another witness, Cassandra Paciocco.

I have had pits in my family for 40 years. We have always had a male and a female. We have reared eight children to adulthood and have 11 grands with zero incidents. Neighbours, friends, colleagues and extended family have had zero problems because pits are very affectionate and loving dogs with affectionate and loving people. Pits, as with any dogs, are the reflection of their owners.

Mr. Speaker, this Bill, this Dog Control (Amdt.) Bill, this amendment to the Act, the bad Act that we passed, this amendment is silent, very silent—and this is the crux of my debate—on animal welfare, taking care of the dog, conditioning the dog, socializing the dog. It is very silent on this and probably because the drafters of this Bill did not appreciate the correlation between dog aggression and dog abuse, they never appreciated that, the drafters of the Bill. So they never saw any reason to put much effort and time into discussing animal welfare.

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There are no clauses in this Bill that make being cruel to a dog an offence, no clauses in this Bill, as in other legislation throughout the world. The Member for Caroni Central quoted what is happening globally about removing breed-specific legislation and they do it and when they do it, they put in these sections in their Acts or clauses in their Bills about animal welfare and there are certain clauses that address an offence for being cruel to a dog. Our legislation is devoid of that, nothing, nothing in it has that, Mr. Speaker.

In addition to punishing owners after their dogs have bitten someone, this Dog Control (Amdt.) Bill needs to punish owners who are cruel to their dogs and neglect their dogs and create a dog capable of biting someone. Dogs are conditioned in various ways and the owners are responsible. Yes, we have to create responsible owners and we are doing that. We are doing that by, you know, we have legislation. They have to get leashes and muzzles and high fences and strong gates and that is good. I am not criticizing that, Mr. Speaker. They are good for prevention, but it is not enough. Because what happens when the dog goes, escapes? Because to our best ability, no matter what we do, sometimes dogs do escape. And what precautions are put in place when the dogs escape? Mr. Speaker, what is critical is that we ensure that the dog that escapes is not predisposed to biting the first human being that it sees and that is what has been happening.

Now, we speak about animal welfare and under it comes housing of dogs and feeding of dogs, et cetera. I remember the Member for Tabaquite, when he made his contribution in June when the—[*Interruption*]

**Dr. Ramadharsingh:** “Ah next Bill coming.”

**Mrs. P. Mc Intosh:**—he said he is going to bring another Bill. You mean we are going to debate the dog—we are going to amend this Act again, when we pass it? Another one? You see, we cannot get it good even now. We cannot get it right. Member for Caroni Central, all you need are regulations. The Attorney General said all these specifics would be contained in regulations.

Again, just like the Nurses and Midwives Registration Bill that we just discussed, where are the regulations that should be accompanying this Bill [*Desk thumping*] so we could debate this comprehensively and in its totality? But there are no regulations for us to look at, which will contain the specifics and the details. So they want to do a whole new Bill now to talk about animal welfare. I mean, it is good, but we could get it altogether in one comprehensive Bill. But no, that is not their intention. They are wasting Parliament's time.

Mr. Speaker, talking about feeding a dog I remember the Member for Tabaquite. I could remember the story. I must remember the story. It has stuck in “meh” head. He said that his brother owned this dog, a Golden Retriever, a lovely golden retriever. He said, so the brother went away to study and he said the dog pined and pined and his mother, God bless her dear heart, fed the dog bread and milk for two weeks, after which time the dog died. Mr. Speaker, you cannot feed these dogs bread and milk for two weeks! Poor thing, she did not mean it. She did not do it conscientiously and purposefully, but “she killed de dog!” Two weeks of bread and milk for a golden retriever? “De dog probably said: meh master gone and dis lady, bless her soul, giving me bread and milk. Ah might as well die.” The dog died.

Mr. Speaker, I am sure that we know of people who feed their dogs a big pot of rice with a few chicken heads and all these things they buy as dog meat and they stir that up and they give the dogs. Mr. Speaker, you cannot—yes you know that. I am seeing the Member for Moruga/Tableland, he says he feeds his dog that.

**Mr. De Coteau:** Five pot hounds.

**Mrs. P. Mc Intosh:** Five pot hounds. Well pot hounds probably, but you are not even supposed to feed them that, Sir. “Ah big pot ah rice wit some chicken foot and chicken neck and dey feed the dogs.”

Mr. Speaker, regulations attached to such legislation indicate and specify what dogs should be fed, how they should be fed according to their weight, et cetera and the type of dog, et cetera. But we do not have that anywhere here.

**5.40 p.m.**

Mr. Speaker, when we look at legislation in Australia, we see that there are regulations supporting dangerous dog legislation in Australia, and we said they deal with animal welfare and they defined it as:

“...how an animal is coping with the conditions in which it lives.

Good animal welfare requires disease prevention and veterinary treatment, appropriate shelter, management, nutrition, humane handling...”

They detailed it, why do we not have regulations that will tell us how to feed the dogs and take care of dogs? And they go into housing. I am not going into it. I have a long list here of all the requirements of housing:

- a weatherproof sleeping area;
- a minimum floor area of 10 square metres per dangerous dog;
- a minimum height of 1.8 metres and a minimum width of...”

And it goes on to tell you how the drain must be, et cetera—[*Interruption*]

**Hon. Member:** So only people with big yard could have dogs.

**Mrs. P. Mc Intosh:**—but then the others—people will have to have the proper housing to be able to rear dogs.

Mr. Speaker, this accommodation to accommodate dogs, the dog house must have proper ventilation, protection from the elements and also it must be built in such a way to protect persons from the dog in case the dog gets away. So, of course, that is responsible ownership.

Mr. Speaker, I want to look at clauses 7, 11(c) and 18 of the Bill, the Bill that is under review in this honourable House this afternoon. It is not evening as yet. Mr. Speaker, let me go—I am not even going to look at the Explanatory Note, I am going to go to the Bill itself. When I look at clause 7, and I am going to quote clause 7:

“Section 8 of the Act is amended by repealing subsection (2) and substituting the follow subsections:

- ‘(2) Where the Ministry has taken possession of a class A dog under subsection (1), it may—
  - (a) give the dog to a person who is able to care properly for the dog; or
  - (b) give the dog to an establishment for the reception of stray dogs.
- (3) Where the class A dog has not been given to a person or an establishment under subsection (2) within seven days, the dog shall be destroyed in a manner to cause as little pain as possible by a veterinary surgeon.”

Mr. Speaker, first to begin, seven days is too short a time after which to euthanize the dog. The dog has to be collected, it has to be accommodated, it has to be—advertisements have to be placed for people to come to see the dog. I find we are rushing into this euthanasia for dogs very quickly. I would like to suggest, Mr. Speaker, that that seven days be doubled and 14 days be applied in this case, to give time for somebody to come and get the dogs. I must say that I have to agree that the Bill does speak to a certain spirit of kindness and humane approach to dogs by offering to:

- “(a) give the dog to a person who...can care...for it;
- (b) ...to an establishment for the reception of stray dogs.”

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But certainly in number (3) this follows, I feel 14 days before the dogs should be euthanized, is a reasonable time for all to take place and advertisements to woo people to come to collect the dogs.

Mr. Speaker, section 11(c) is pretty much the same. It offers the various subclauses with the same intent: get the person who will care properly for the dog; give the dog to an establishment who can care for it, and of course, the euthanizing the dog within seven days if an owner is not found.

Mr. Speaker, but when I look—so I leave in that spirit, Mr. Speaker, that spirit of a humane approach to the dogs, but when I look at clause 18 which is seizure and destruction, Mr. Speaker. And I quote proposed section 22:

- “(1) A constable or officer of a local authority has the power to seize and cause to be impounded a class A dog, which is in a public place or in a place where it is not permitted to be.
- (2) Where the local authority is unable to locate the owner or keeper of the dog which has been seized, the dog shall be destroyed by a veterinary surgeon in a manner to cause as little pain as possible.”

So we are going to euthanize the dog, Mr. Speaker, we are not even giving it seven days, nor 14 days. We are not even—why in this clause 18, why have those two—[*Interruption*]

**Mr. Speaker:** Hon. Member.

**Mrs. P. Mc Intosh:** Yes.

**Mr. Speaker:** Hon. Members, the speaking time of the hon. Member for Port of Spain North/St. Ann’s West has expired.

*Motion made:* That the hon. Member’s speaking time be extended by 30 minutes. [*Mr. N. Hypolite*]

*Question put and agreed to.*

**Mr. Speaker:** You may continue, hon. Member. [*Desk thumping*]

**Mrs. P. Mc Intosh:** Thank you, Mr. Speaker. I have to take advantage of the speaking time. This might be the last time I should be able to talk for so long, and I could tell it is Valentine’s Day, Mr. Speaker, because they are all wishing me well on this Bill. So thank you.

Mr. Speaker, in clause 18, seizure and destruction. Why is there not an effort, when the policeman has seized the dog, to find an owner like in the other two

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clauses, 7 and 11(c), find an owner that can take care of it or find an institution that could take care of it? I am sure that the Trinidad and Tobago Veterinary Association, and the Trinidad and Tobago Canine Advocates, and the Trinidad and Tobago Society for the Prevention of Cruelty to Animals will not like this clause.

And, Mr. Speaker, they never said that the dog attacked somebody; they never said the dog bit somebody; they never said the dog, God forbid, killed somebody, we do not want that; they never said the dog was threatening; they never said the dog was aggressive. The dog was just somewhere and, you know, probably the owner abandoned it because of all of these strictures and restrictions and fines and so of this legislation, and the dog—bad, very bad they abandoned it. It is not the dog's fault.

So the constable will seize it—as it says here—seizure and destruction. The dog does not have a chance. It is not the dog's fault it is roaming. They found it roaming. It never did anybody anything. That is not indicated here, that it did anything. So we are going to kill it without trying to, you know, find some accommodation for the dog. Mr. Speaker, I find this is not in a spirit of humanity to the dogs, and it is rather cruelty to dumb animals. Those two subclauses must be inserted there. They must be inserted there.

Mr. Speaker, insurance: I am not going to delve into all those—the various aspects of the Bill, save to say, sections 11—13, Mr. Speaker, deal with mandatory insurance for owners of class A dogs; not a problem with that. In Trinidad and Tobago, we do not have any dog specific insurance like other parts of the world. I will go into that. There is no dedicated insurance to protect owners from liability for injuries resulting from dog attacks and dog bites. That will come under—[*Interruption*] I know, that will come under, such insurance comes under homeowner's insurance, and under the public liability extension of homeowner's insurance.

Mr. Speaker, I have been talking to somebody who is deeply involved in insurance, and that insurance really does not cover all that we are talking about in this Bill that we want to pass. You see, we do not have the infrastructure in place, but we are busy, busy passing Bills. Where is the insurance? Where is the insurance for these dogs, Mr. Speaker?

Mr. Speaker, by virtue of its name, homeowner's insurance is accessible to people who own a home. What about people who rent a home, Mr. Speaker? Is there any renter's insurance in Trinidad and Tobago? I stand corrected. I have

researched, I do not know if there is any. So what this Bill is telling me, if you are renting—and so many people in Trinidad and Tobago are renting. If you are renting and have a class A dog, you have to get rid of it. Give it away or again, God forbid, abandon it. So you have these abandoned dogs that are going to be seized and killed immediately.

Or, if you are renting and you are hoping to own a class A dog, well, you cannot do so because you do not have insurance, and if the landlord, the owner of the property, the landlord, will be covered by insurance, what will he do to your rent? If he says, well, all right, I am the owner. I am going to get insurance, you know, but it will have to cover these dogs that are on my premises. So what is going to happen to your rent? People are bawling out for rents, Mr. Speaker, bawling—I have them coming into my office—\$3,000 for nothing, \$3,000 for a very poor place. Suppose that person has a dog? And, Mr. Speaker, in this day and age of high crime, everybody wants a dog.

Everybody—I was walking around in my constituency and I saw an apartment building, people in the apartment buildings have their dogs tied by their doors. So what is going to happen to their rent because of this Bill that you have to have insurance if the landlord agrees? Or the landlord will say no dogs because he is not getting involved in that.

**Miss Cox:** “All de man will do is poison de dog.”

**Mrs. P. Mc Intosh:** No, no. Yeah. But, Mr. Speaker, so what this Bill is telling the average renter, he cannot have a dog. He cannot own a dog and, Mr. Speaker, that is very inconsistent. I know the Bill is inconsistent, but it goes even further again, more inconsistent with sections 4 and 5 of the Constitution. You are telling them they cannot have a dog. I am not happy about that.

When you go to the States, Mr. Speaker, you have to look at the jurisdictions, you know, Mr. Speaker. In the United States, you have a set of various insurances. I researched: Federation of Insured Dog Owners, they offer insurance for both homeowners and renters. The Eichhorn Insurance Agency, right, insuring animals, residents and property owners; the Lester Kalmanson Agency; the Eva Reed; the Ohio Exchange Insurance; the Evolution Insurance Brokers, and you could get Lloyd’s Insurance in all 50 states to cover both homeowners and renters.

So you see, we busy with insurance, Mr. Speaker, and many people might be left in the dark with this insurance because, do we have the capacity in our insurance to offer it to people who do not own a home, but have a dog? They might not be homeowners, but they own a dog. So we will have [*Interruption*] no,

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they cannot cover it. They even said they have to work on their insurance. When? But when will this insurance come into effect?

So you also have All State Insurance, Mr. Speaker, for homeowners and renters. In Canada, you have Health Canada which provides for a personal tenant or condo policy to secure personal liability protection, Mr. Speaker. In the UK, you have third party liability cover which offers liability coverage to homeowners and renters. It is called the Petplan, which is the UK's largest pet insurance provider. They have specific insurance for animals and dogs particularly.

Mr. Speaker, I want to look at cost. We are looking at cost—we are prepared to enact this Bill here. Have we studied the cost of doing this, Mr. Speaker? Nowhere in this Bill does any clause speak of cost of enacting or implementing. Nowhere, nowhere. The cost is prohibitive. I want to refer to the Best Friends Animal Society which emphasizes the cost of enforcing anti-pit bull bans.

In Baltimore, there is an estimated 151,105,000 dogs of which 10,918,000, and let us say 11 million for rounding it off, are assumed to be pit bull type dogs. The cost associated with enforcing laws against pit bull ownership, would be in US dollars, \$992,606 per year. In Trinidad, I looked at a *Newsday* article of April 12, 2012, we have 500,000 pit bulls. So let us say we have half a million pit bulls, Mr. Speaker, yes—[*Interruption*]

**Mr. Cadiz:** That might be exaggerated.

**Mrs. P. Mc Intosh:** Well, all right, I am using a figure I got from the newspapers. Let us use that. We could, you know, modify it as we go. But if we look at that—if we look at enforcing that—[*Interruption*]

**Hon. Member:** 500,000 pit bulls?

**Mrs. P. Mc Intosh:**—that is what they said. Look it here in the *Newsday* article [*Mrs. Mc Intosh holds up a document*] right, 500,000 pit bulls. I do not have time to read it out. So, Mr. Speaker, what I am saying, if we take that cost, that number, Mr. Speaker, we would be spending US \$21,837,332 or in TT \$131,023,992 per annum.

**5.55 p.m.**

And, Mr. Speaker, if they say it is too high, we could adjust it and we are still talking about something in the vicinity of \$100 million to enforce this piece of legislation.

**Mr. Roberts:** “Yuh going good.”



**Mrs. P. Mc Intosh:** “Ah going very good.” Mr. Speaker, I want to refer to the Trinidad and Tobago Canine Advocates who have dealt with this piece of thing, and I quote from them. They are the experts:

“Contrary to reassurances given by the Attorney General, the Regional, City and Borough Corporations do not have the expertise, training, equipment, and infrastructure necessary to effect the mandates of the Dog Control Act. Some of the questions that come to mind would be as follows:

- Aggressive dogs can not be housed together. From the point of collection and then to incarceration they have to be held separately from other dogs. Are sufficient vehicles and kennels available to do this?
- Due in large part to sensationalism reporting by the media, Class A dogs are feared by a wide cross section of the population. A fearful dog catcher is not a very good dog catcher.

Mr. Speaker, I know too well. In one of my areas, in Well Springs in Cascade, we have dogs roaming, and it was such a task for the dog catchers, they have not even caught them as yet, they cannot. They do not know how to use the equipment.

“Is training in dog handling techniques going to be provided and by whom? As it stands the few dog catchers now in the country don’t know how to use the equipment they have and there are not many people available who can teach them.

- What are the implications if a staff member—a dog catcher—“(Public Servant) gets bitten during his or her interaction with one of these dogs?”

Would the Government acquire insurance to cover such injuries? Mr. Speaker, I spoke about the cost, so I am talking about this.

- “Is staff going to be hired to do the home checks...”

You have to check. That is what all the pieces of legislation in other jurisdictions, globally, that is what they have; people who check and monitor that the right thing is being done.

- “Is staff going to be hired to do the home checks, to do the follow up on the home checks, to handle the licensing and registration, to answer queries from the public, to accept and care for the dogs when they are brought in?”

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- The dogs that have been abandoned or relinquished will be immediately and humanely killed. However, nothing is ever really immediate—have staff been identified to feed and water and clean up after these dogs?
- The Attorney General has hinted that these services may be out-sourced. What safeguards are going to be put in place to ensure that the persons/companies undertaking capture, collection, containment and euthanization of these animals are experienced and ethical in their behaviour?
- What systems are going to be put in place to dispose of the carcasses?”

Mr. Speaker, are we going to throw them on the Beetham dump? We already see the problems with the Beetham dump. The incinerator at Mount Hope, which is used for the Veterinary School, Mr. Speaker, that is belching, belching clouds of toxic smoke into the air. Probably they need a new incinerator. We have to get a new incinerator. Mr. Speaker:

“No estimated costing has been attached to this Act.”

They say estimated. If they say it is not \$500,000 as the *Newsday* said—I said estimated; no costing at all.

“Other countries have found it prohibitively expensive to sustain similar programs—and those are countries that already had the infrastructure in place to do so. Are we in a position to fund this recurrent expenditure?”

And, Mr. Speaker, we do not have the infrastructure to do so.

Mr. Speaker, in the Act—because it has remained the same, it has not been changed in the Bill, I would like to just quote briefly section 7(15), and I quote:

“A local authority shall publish annually in the *Gazette* and two daily newspapers of general circulation in Trinidad and Tobago a list of approved persons referred to in subsection (14).”

Who are the persons in subsection (14)?

“A microchip shall be implanted by a person who is approved by the local authority to carry out such an implant.”

Mr. Speaker, they said they will take two newspapers. I would just like to ask, which are the two newspapers? Why not three? We have three newspapers of general circulation. Why not five? We have—they never said daily. We have five newspapers of general circulation; *Sunshine* is one. Right? And which two?

I would like to know what are the criteria for selection of the two newspapers because, Mr. Speaker, this must be of grave concern to the print media because this publication of those who are going to implant the microchip in these two newspapers will increase the newspapers' circulation, improve their popularity and, hence, their profitability. So why should it not be in *Sunshine* to improve *Sunshine's* profitability and circulation and so? [*Crosstalk*] Which two? I just want to ask: which two newspapers and why two? Let us say the dailies—we are talking about dailies—why not three and what are the criteria for selection of these newspapers? [*Crosstalk*] Mr. Speaker, how much more time do I have?

**Mrs. Gopee-Scoon:** Plenty!

**Mrs. P. Mc Intosh:** Mr. Speaker, I would just like to refer to the recommendations. Mr. Speaker, you see, I did not want to put my recommendations because I am a dog lover, but I am not an authority, an expert, and I looked at the experts and see after they have dissected this Bill, what recommendations they have come up with. I would like to look first at the Trinidad and Tobago Canine Advocates recommendations, and they have said:

Some of our main recommendations have always been: All dogs should be registered.

You see, they are not into breed specific; all dogs should be registered because all can potentially, according to how they are socialized, be dangerous dogs.

All dogs should be registered. All dogs should be safely contained. All. Because I can tell you something, Mr. Speaker, I have known people—I escaped once—but people who have been bitten by—what is the dog the Member for Moruga/Tableland has?

**Hon. Members:** “Pot-hound.”

**Mrs. P. Mc Intosh:** “Pot-hound” or “rices”—they called them “rices” in Jamaica.

**Mr. De Coteau:** “Dustbin” terrier.

**Mrs. P. Mc Intosh:** And “dustbin” terriers and so. People have been badly bitten, Mr. Speaker, and they have had to go to hospital to get tetanus shots because of the fear of rabies in these dogs. So they could all be dangerous. [*Crosstalk*] Well, they have to get different things. I am not a doctor—both concerns.

All dogs should be safely contained. The government should subsidize spay and neuter programs for dogs.

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Because those that are neutered, Mr. Speaker—the male dogs that are neutered, they are less prone to biting people; statistics have showed.

Security kennels and breeders should be closely regularized and monitored. Stiff penalties and a workable infrastructure should be established to mitigate the abuse of all animals.

We do not have that here; abuse of animals. That is what makes them angry; the way we treat them.

The Schedule should be removed altogether.

I thought this is what the Member for Caroni Central was coming to say, that we are going to remove the schedule and treat all dogs as potentially dangerous dogs, and what you must do to take care of the dogs to protect the dogs from biting people and how we treat them; how we house them; how we feed them.

Provision should be made to encourage people to socialize their animals.

They do not have this in this Bill. The Bill is silent on all of this. Mr. Speaker, I am going to end just now—[*Interruption*]

**Dr. Browne:** You are doing a wonderful job.

**Mrs. P. Mc Intosh:** Thank you, thank you, Member for Diego Martin Central. Thank you my dear. [*Desk thumping*]

Mr. Speaker, I am going to look now at what the Trinidad and Tobago Veterinary Association is recommending—and the vets eh. Mr. Speaker, it is very important that we listen to the vets, they have a role to play. If they are not playing a role in this Bill, how are we even going to get the certificates, Mr. Speaker? How are we going to even get the certificates? The Bill will break down. Mr. Speaker:

Legislation regarding the humane treatment of animals needs to be updated.

This is what I have been speaking about. Now, they have many, many, recommendations, I cannot read all:

It should be mandatory for human medical practitioners—that is vets, sorry doctors to—report all dog-bite injuries that have been treated. This is to provide statistics on the issue of canine-human aggression and to identify dogs that should be under a stricter level of control.

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Mr. Speaker, unlike Baltimore, where I called out statistics, we do not have statistics; we have to begin that. Mr. Speaker:

An advisory board should be implemented to advise the Minister...

You see, we have Ministers, some of them trying to do a good job, but they do not have an advisory board, some of them.

An advisory board should be implemented to advise the Minister on all aspects of animal welfare and stray animal control.

And they suggested that the composition should be:

- One lay person appointed by the Minister
- One veterinarian from the Trinidad and Tobago Veterinary Association
- One representative of the legal profession—very wise recommendations.
- One representative from the major animal welfare groups as elected by the groups or from the Animal Welfare Working Group
- One representative from among the reputable training institutions in the country

You see, we have not even spoken enough about training. The Bill is not speaking about training, Mr. Speaker.

- One Tobago House of Assembly representative
- One representative from the office of the Director of Veterinary Public Health.

Mr. Speaker, I wish to thank you. [*Desk thumping*]

**Mr. Speaker:** The hon. Member for Chaguanas West.

**Mr. Jack Warner** (*Chaguanas West*): Thank you, Mr. Speaker, and I particularly want to commend the last speaker, the Member for Port of Spain North/St. Ann's West.

**Mrs. Mc Intosh:** Thank you, Sir.

**Mr. J. Warner:** I found her contribution to be extremely useful and, therefore, I would not spend much time on this Bill, Mr. Speaker, because I believe she dealt very adequately with the Member for Caroni Central whom I believe, as a vet, should have known better.

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Mr. Speaker, as the Member for Port of Spain North/St. Ann's West said, this Bill was passed by Parliament on July 10, 2013 and yet—the parent Act, that is the Dog Control Act, 2013—a mere seven months later, we are here back in this House, Mr. Speaker, to make some basic amendments, and the reason simply is because the parent Act was poorly drafted, and that seems to be the norm here, Mr. Speaker, as far as Bills are concerned, and not the exception. [*Crosstalk*]

There were problems with the Bill, Mr. Speaker, and the Government and the Attorney General knew that when the Bill came to this Parliament, but they proceeded to put forward the Bill for political expediency as the AG boasted. He said:

“...several issues were raised by the Opposition and Independent Bench during the debate in the Senate...”

He said and I quote:

“...although the issues were raised, the legislation was nevertheless passed by both Houses of Parliament to prevent the Act from lapsing at the end of the last parliamentary session.”

The AG said, Mr. Speaker:

““I have received...suggestions from the Independent bench but I am still waiting on the Opposition's responses,””.

Mr. Speaker, the question therefore is: Why were changes not made prior to the passage of this Bill? Why was it not done even in committee stage? Was it really worth the while for a piece of legislation, which is known to be deficient to be passed by the Parliament only to come back here seven months later to amend it? The last speaker said it is a waste of parliamentary time, and I must concur with her sentiments. Mr. Speaker, these are the very same things which when we—I used to be there at one time—were in Opposition, we complained about, about the PNM—this piecemeal legislation—and what for me is even critical is the question: With whom did the Government consult in drafting this legislation?

More and more, the speakers on this side are showing the House that consultation was at best minimal, at worse non-existent, Mr. Speaker. It seems to me from all I have heard here on this Bill that the Bill should go to a joint select committee, or alternatively should be withdrawn altogether, Mr. Speaker, be properly drafted, and then be brought back to this House because it seems from all that we have read and seen and heard, that only the dog owners were consulted,

though the AG said that the Member for Caroni Central had to liaise with the vets. Either he did not do that or he, of course, forgot what they told him when he did that.

**6.10 p.m.**

In fact, Mr. Speaker, I want to say, categorically, it is clear that the Government did not consult with the Opposition on this Bill. It is also clear that the Government did not solicit the views of the Independent legislators, nor did they seek them neither. In fact, this Bill is being amended on the hoof, so to speak, on the fly, and every time somebody speaks, another amendment is tacked in to the point where it is difficult to distinguish between the Bill and the amendments. I have never seen such parlous lawmaking as this one, Mr. Speaker, and therefore I reiterate my point of view; the Bill should be withdrawn or sent to a joint select committee.

Mr. Speaker, you know we had a Planning and Facilitation of Development Bill, 2013, and that Bill is before a special committee in the other place having been laid there? Hardly anyone in this Government knew about that Bill, and the few persons who had prior knowledge about that Bill, I am advised that they attended only one consultation session, and that what was proposed to them was not even reflected in the Bill. Today the Bill is before the Parliament and comments are invited, and I am saying therefore, consultation should take place even at that level.

Mr. Speaker, it was very clear from the outset that the parent Act had snags in it. It was very clear that no common ground was arrived at with some of the key stakeholders, and that is where my premise to this evening—my premise would be. Of course the AG comes out of bravado, knocking his chest and so on, saying that he has the political will to tackle the difficult decisions and so on, and so on, and so on. And what does he do? He comes to this House with a poorly drafted Bill; a Bill that has flaws and a Bill that does not have the support of the critical sectors of the community. I would elaborate on that aspect because I do not want to spend too much time on the other aspects. I think I said before, they were adequately dealt with by the last speaker. I want to commend her highly. So, Mr. Speaker, let us take the issue of insurance. On July 12, 2013, two days after the Bill had been passed—two days, Mr. Speaker, on July 12, the *Guardian* carried a story and the headline report is, “Insurance body to dog-owners: Check your status”:

“In a release yesterday”—the *Guardian* of July 12, 2013—“the association”—of Trinidad and Tobago Insurance Companies—“said it wished to advise that

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insurance companies did not have separate policies for owners of the dogs designated as Class A dog breeds.”

And he went on and on.

So therefore, Mr. Speaker, many lingering questions remain of whether the insurance policy will address the situation where a dog escapes from the yard of its owner and attacks somebody on the road, because most of the attacks occur that way. So a dog—[*Interruption*]

**Hon. Member:** Withdraw the Bill.

**Mr. J. Warner:** Well, sure, if the Bill is withdrawn I will sit. That is what should happen. It is a bad Bill! It is a bad Bill! It should be withdrawn. Therefore, Mr. Speaker, I would like the AG to answer the question about insurance.

Mr. Speaker, you heard the Member for Port of Spain North/St. Ann’s West, speak about veterinarians, but the fact is the veterinarians have said that they were not consulted, and they are a critical sector, a critical stakeholder in this Bill. Whom did they consult? And I was told, again, that the Member for Caroni Central was assigned to do that. The association said he did not. Mr. Speaker, so the *Guardian*, two days after, said the insurance does not cover under the Bill. Mr. Speaker, four days after on July 14, the [*Crosstalk*] Veterinary Association—[*Interruption*] “Listen nah. Aye creole, listen nah. Behave please.” [*Laughter*] Sorry! Sorry! Sorry! Sorry! My apologies. My apologies. But is all right, we are we.

Mr. Speaker, the *Newsday* editorial on Sunday, July 14, four days later, the editorial: “Dangerous acts”. Hear what they said:

“The ‘Dangerous Dogs Act’,...the new Bill does not seem to have satisfied all of the interests involved—from dog owners through veterinarians and insurers to, of course, victims and the concerned public.”

I ask: Whom did they consult? This listening Government, this Government of the people and so on, with all the PR and so on—whom did they consult? It says here:

“...from dog owners through veterinarians and insurers to,...victims and the concerned public.”

Whom did they consult? The answer is nobody, zero, zilch, Mr. Speaker.

Mr. Speaker, you heard the Member for Port of Spain North/St. Ann’s West talk about the breed certificates, and she is right. How could you ask veterinarians to talk about breed certificates when they said they were not qualified to do that,



and yet for all, in the very Act you put that they must do that. This is mumbo jumbo. Who is fooling who? So they must do what they said they are not qualified to do, and then the Member for Caroni Central comes here and tells us that if they give false certificates knowingly, they will have to face the Perjury Act. I will come to that just now.

Mr. Speaker, I think it is doubtful that any sane and sober Government would meet with the veterinarians, sit with them, discuss with them, hear their problems and then put them in the Bill when they have said they are not of course able to do it. No sane Government will do that, no sober Government, Mr. Speaker. *[Interruption]* Possibly. *[Laughter]* Mr. Speaker, on July 18—and you know this thing about the veterinary thing; they have so many things about the vet. A vet must certify, promptly in writing, the type of dog; the vet said he cannot do that. A vet of course must present to the local authority a certificate issued by saying what class the dog is, and of course if he does not do this and so on, he has to face summary conviction or a fine, and so on. Jail! Everything is jail, you know—big money, jail.

I am asking: How could these provisions be put into the Act if the veterinary surgeons were consulted? The question therefore is: Did you consult them with regard to the parent legislation? And if you did, if your answer is yes, Mr. AG, did you ignore them? Again, Mr. Speaker, look at of course the report of the vet when they met on July 18, 2013. The vets as an association met then, and they met then to discuss the Act. That association, Mr. Speaker, comprises more than 80 per cent of all practising veterinarians, and I assume, Member for Caroni Central, that you are a Member. Right. The majority of them are animal practitioners, and what did they have to say on determining the breed or type?

The Member for Port of Spain North/St. Ann's West, again, was at pains to show about the pit bull terriers. I will not go into the detail, but she was on target. She was on target, Mr. Speaker, when she made the point that they said they cannot determine how the dog bites look. She said phenotype; I believe is the word she used.

**Mrs. Mc Intosh:** Phenotype.

**Mr. J. Warner:** Phenotype. You cannot determine by looks. You know how many people you cannot look at them and determine by their looks, *[Laughter]* but that is for the platform outside, not tonight.

**Mr. Imbert:** “You call me ah creole.”

**Mr. J. Warner:** Well, oh God. You are my partner. You are my partner. You are my partner. Not tonight.

Mr. Speaker, the Perjury Act was used by the Member for Caroni Central, and he said that of course if they knowingly give false information they would have to again face jail and a hefty fine. Mr. Speaker, I empathize with the veterinarians for the dilemma they face because, again, they are saying they are not trained to know, identify, differentiate the breed of dog. And, Mr. Speaker, on this ground, I am saying DNA technology could have been used.

Mr. Speaker, I am advised that breed verification can be done by DNA testing, and once the breed is established by DNA testing this can relieve the vets of the burdens and penalties if they incorrectly identify a dog. I urge the Members on the other side to look into this, because one method is the Wisdom Panel dog DNA kit which is available on Amazon.com. Use that. Persons can purchase a kit, collect two cheek swabs from the animal, mail it to the lab where it would be tested, and in two or three weeks the lab will advise of the results online. Mr. Speaker, if this is put into effect and if this had been considered, this could have been mentioned in the parent Act as a means of identifying the breed of dog.

Mr. Speaker, the Trinidad and Tobago Veterinary Association also had some observations and concerns, and I would read quickly what some of their concerns are. They said:

At present the local government is ill-equipped to perform their duties as stipulated in the Bill.

Yet they put it in the Bill. They could not do it in the old Act, they could not do their duties then, but you put them to do the duties in the new Act when you knew fully well they would not do it in the old Act. Furthermore, Mr. Speaker:

Many of the local government personnel—the vets talking now—lack training or education in animal management.

The vets talking again:

Special dog control officers would have to be trained to work with the regional authorities. A consideration can also be made for a special branch of police officers who have been trained in animal management to accompany the dog control officers in the execution of their duties.

The point is, Mr. Speaker, I say again, the Government could not and did not sufficiently enforce previous legislation pertaining to dogs in this country, and the

legislation, those Acts, were fairly simple, but you put them to do this in a more complex situation and expect them to perform. The vets continue. The vets said that:

Some of the constraints are lack of personnel, untrained and understaffed animal control units and dog pounds.

They said:

Lack of transport and handling capture equipment, lack of infrastructure—the Government pounds throughout the country are a disgrace, and they have to be brought up to certain standards, and the personnel have to be trained.

**6.25 p.m.**

They have to be sensitized to the physical, mental and emotional needs of animals.

In fact, I am advised that more than half of the pounds in the country should be closed down on the grounds of cruelty to animals.

Mr. Speaker, the veterinarian association believes also that the extension of the time allotted to comply with the Bill, from three months to six months, is still too short. They ask for one year. Who is listening to them? Nobody. To whom do they speak? They are saying that the number of dogs that are out there to be registered, six months may be too short for them to comply initially. If they say so, listen to them—listen to them. They are saying that the local authorities are under-resourced. They need, of course, to be brought up to scratch; they are unprepared. Therefore, they are saying that they cannot function under those circumstances.

Mr. Speaker, they made the point that the standard for property fencing needs to take rural areas into consideration. So if you have to fence your place in Westmoorings, for example—where many of you all live—or if you have to have—*[Laughter and interruption]*

**Mr. J. Warner:** You are my “pardner”, I could talk to you.

**Mr. Roberts:** “I does lime wit yuh Sunday.”

**Mr. J. Warner:** I could talk to you; you are a pardner. *[Laughter]* If I have to fence a place—let me come nearer home—in Arouca, that is one thing, but if you are living in Todds Road, Tabaquite, Mamoral, where you have a vast expanse of space, how do you fence it? How do you conform to the property fencing requirements, because it is large and in some cases forested?

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They make the point also that the current fee structure is unreasonable and is presently encouraging animal abuse and abandonment. The question is asked: Should the stipulation for property fencing be imposed upon veterinary clinics as well? Should it, Mr. Speaker? Should the vets be considered liable for damage done by a dog on the clinics' premises, if the damage is as a result of the owner's negligence? These are all pertinent questions, pertinent points, which this Bill has not answered.

I want to keep commenting again and again on the contribution by the Member for Port of Spain North/St. Ann's West, when she gave some suggestions from the T&TVA. But why I began by saying repeal the Dog Control Act of 2013, and to promote responsible ownership of all dogs, I said this based on an example I saw from the Dogs Registration and Control Act 2006, of Antigua and Barbuda—2006. Here we are eight years later, not even close to what they have done.

Let me give this House some of the things the Antigua and Barbuda Government has done in their Dogs Registration and Control Act, 2006. In Antigua, the legislation speaks to proper care and safety of dogs, including food, water, shelter, exercise, attention and veterinary care. Mr. Speaker, there are even minimum lengths for the dog chain. You cannot tie or chain a dog that is less than three metres in length. Choke collars are banned. Accommodation for the animals must be sanitary. Every single thing the last Member said—of course, she did not talk about this Act in Antigua—but she is a visionary. [*Laughter*] Hear what it says, in Antigua the law mandates owners to clean up the mess left by their dogs in public or open places.

**Mr. Baksh:** Poop and scoop.

**Mr. J. Warner:** In other parts of the world—advanced as we are—people put their hands in a plastic bag, they walk around and pick up the dog filth, because you cannot do it on the street, in public places. Nothing about that has been said in the Bill.

In Antigua, the law establishes an authority which can delegate functions and co-opt other agencies such as the Humane Society. In Antigua, Mr. Speaker, there are standards for animal shelters and kennels have to be licensed. In Antigua, you have to have a tag with the owner's information affixed to the dog, and the list goes on and on. Therefore the points raised by the last speaker, some of which were given by the T&TVA, are in sync with what Antigua has done or is doing.

One of the points the vets in this country raised—they are saying that dogs should be classed in two groups, not four and then 16 and then six, [*Laughter*] and tomorrow eight. Two groups they said; one cohort of dogs under 25 kilograms, and another cohort of dogs over 25 kilograms. They said that the group of dogs over 25 kilograms will all need to be licensed, because this is the group that most likely is liable to cause grievous bodily harm because of their body weight and so on. They said that every six months you take the weight and so on.

They said also that these dogs should be licensed for a period of three to four years; and the list goes on and on and on. They even talk about the humane treatment of animals, and they say here as well that security companies also must be monitored. Is that in the Bill? No, it is not in the Bill. But if they had contacted the veterinary association it would have been. But, you see, the Government believes that they alone have a reservoir of knowledge; that nobody else is intelligent in this country but they. They believe that they do not have to consult. But I want to say here in this House, I fully endorse the sentiments and the views of the veterinary association, and all those who have expressed similar proposals, because it makes sense.

Mr. Speaker, one of the points in the Bill that I found laughable—and I hope you do also—is the verification of the death of a dog. The vets are asking: Who verifies the death of a registered dog? Section 7(13) of the parent Act says:

“An owner of a class A dog shall inform the local authority of the death of his dog at the earliest opportunity.”

What is that; next week, next month? What is early for you might not be early for me and, therefore, what is the earliest opportunity? It is too vague; it does not say anything. That time frame is meaningless.

Then it says:

The death should be verified by a registered veterinarian who should issue a certificate of death and the veterinarian should submit a copy of the certificate to the local government as proof.

So if someone sells his dog or moves his dog and says the dog is dead, especially if the animal has attacked someone, how do you know? The dog could be secretly destroyed because that dog is the dog that has to be there to prove liability. If I say the dog is dead and I have buried my dog, how do you know? What proof do you have?

Even the Bill itself is a hodgepodge connection of all kinds of amendments. There is a view among the population that the title of the Bill, “Dog Control

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(Amdt.) Bill”, is a misnomer. It is misleading—Dog Control (Amdt.) Bill—because that Bill only controls a certain class of dogs. Then there were four breeds—not all dogs—today there are six breeds, and still not all dogs. Therefore, how do you call it Dog Control (Amdt.) Bill? What about the dustbin terrier from Moruga/Tableland, does that dog fall under this Dog Control Bill? [*Laughter*] Therefore, as simple as it looks, even the title is misleading. [*Crosstalk*]

Mr. Speaker, I want to also make the point that the Bill does not address the regulation of pet shops, and in a modern country like ours, there should be and must be regulation of pet shops, because at the moment pet shop owners can do anything and get away with it. Apart from the game wardens who, from time to time, go to check on them for illegal wildlife species and so on, in those pet shops, in the main, generally speaking, there are no standards of care for those shops that sell live animals.

There is no form of inspection. Dogs are crammed in tiny cages, where they can barely move, or they are tied outside the shop in the hot sun waiting for a buyer, and sometimes even in pouring rain, so that passersby could see them. And you have not only dogs; you have rabbits, guinea pigs, hamsters and so on, all of these, because pet shops have no inspectors assigned to them. So what are you trying to do? What will you do about pet shops or even breeders selling class A dogs?

This Bill, this legislation, seems to be drafted to facilitate breeders and other persons who wish to sell class A dogs. Section 6(2) of the parent Act says that a pup does not need to be registered by the owner until the dog is six months old or the canines have descended. So a person can have dozens of class A puppies and that person does not have to register a single one—not a single one.

Mr. Speaker, it also says that owners with criminal records should, of course, not be allowed to own dogs. The question therefore is: Has any thought, Mr. AG, been put into the mental condition or the competence of persons who are allowed to own and keep dangerous dogs? The fact is, one has to be in good physical health, one has to be mentally sound, because some of these dogs are large and you cannot have an infirm person who is unable to control an animal, being responsible for the animal.

Therefore, I am asking this House—and asking that side particularly, because we here only talk—I am asking them to consider a mental person, [*Mr. Warner gesticulates*] or one who is infirmed, consider their capacity of owning a dog, whether they can be responsible.

Mr. Speaker, what about the minimum age to own a dog? Can you own a dog at 12, 14, 16? I want to suggest to the House there should also be a minimum age, and it should be 18 years of age, for obvious reasons.

I want to tell the AG about what I think is possibly a typo—I hope it is a typo, because clause 5(b) of the amendments needs to be looked at. When that amendment is held against the original section 5(2) in the parent Act, it just does not make sense AG. Go back to 5(b) in the amendments, look at it, put it against section 5(2) in the parent Act. Read it, not fast like me, read it slowly like you, and see if it makes any sense. It makes no sense.

So, Mr. Speaker, in closing—and, you see, I do not even need 30 minutes. You see, I am getting ready. I am preparing for my 30 minutes, you know. [Laughter] In closing, I ask the AG and that side to do their homework. I ask them to consult with the stakeholders and do so properly. I ask them to cross their “t’s” and dot their “i’s” before they draft and table Bills in this House. But, again, I want to reiterate they have to seriously consider the views of the stakeholders. If they do not do that, they will be passing useless laws that will not address the problems of this country, and the country would be worse off for it.

I thank you.

**6.40 p.m.**

**The Minister of State in the Ministry of the Environment and Water Resources (Hon. Ramona Ramdial):** Thank you, Mr. Speaker, for the opportunity to contribute on this Bill. I have sat here and I have listened to all of those who have made contributions on this Bill, both on Government side and the Opposition side, and I think one of the biggest questions, if not the biggest question to be asked is: What is the purpose of this Dog Control Bill? Is it not the purpose of this Bill to protect the victims and potential victims from further dog attacks which will result in death? And I think this is the angle that we need to take when we are looking at the Bill and the stipulations that have been identified under this Bill.

I have listened to the Member for Port of Spain North/St. Ann’s West and realized that most of her argument was on the breed specific part of the legislation which she focused on, and only to realize that this Bill is a combination of both breed specific and also conditionalities which exist to control and regulate these types of dogs, dangerous dogs, that have been attacking our citizens over the past years.

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Mr. Speaker, I want to also reiterate that when you look at the individual cases of dog attacks, in most instances it is the pit bull being reared for security purposes in Trinidad and Tobago and the aggressiveness which is most apparent in these types of dogs when let loose have cumulated and resulted in fatality of our citizens over the years. And from 1998 to now we have seen an increase in deaths emanating from dog attacks especially from the breed specific of that of the pit bull.

Mr. Speaker, globally we have seen many jurisdictions adopt breed specific legislation initially, and now we are, of course, seeing an evolution to that where it is that the legislation in some countries are being repealed to accommodate dangerous dogs across the board. But, initially it started with breed specific legislation, and therefore, as a country as ours we should not, you know, totally go against the breed specific legislation because in the absence of having no legislation to regulate dog attacks on our citizens we are now coming with this Bill. Therefore, I think it is very commendable to at least start somewhere.

Mr. Speaker, dog attacks on humans that appear most often in the news are those that require the hospitalization of the victim or those in which the victim is killed. Dogs of all sizes have mauled and killed humans, although large dogs are capable of inflicting more damage quickly. When dogs are near humans with whom they are familiar they normally become less aggressive. However, Mr. Speaker, it should not be assumed that because the dog has been with humans it will not attack anybody even a family member. Caution needs to be taken. And, of course, the case with Miss Bunsee, we saw a couple years ago, when she was attacked in her own home by these dogs even though she was a family member where these dogs were being bred. And apparently these dogs were being bred for security purposes, so the aggressive aspect or the aggressiveness of these dogs is foremost in the characteristic of the specific pit bull that we are speaking of.

Mr. Speaker, globally, due to the pit bull-type breeds perceived aggression, owning such an animal is not allowed or was not allowed initially in Australia and many European countries and several in the US and Canadian localities. It is sometimes argued that certain breeds are inherently aggressive towards humans and should not be allowed at all or that due to the popularity of certain potentially dangerous breeds, these dogs are often owned by irresponsible owners who provide insufficient training or worse, aggressiveness training.

An opposing argument is that no breed is inherently aggressive, but in Trinidad and Tobago, Mr. Speaker, we have seen time and time again that most of these dogs bred in our country are for, of course, security purposes and



aggressiveness training to protect the home, to protect the home owner, et cetera. Therefore, Mr. Speaker, we need to take this angle when we are dealing with this Bill. We are here to agree and to legislate to protect potential victims from further dog attacks that result in death of our citizens, and this is the main purpose of this Bill.

I understand when the other speakers speak of the insurance aspect, they speak of the environment under which we are going to keep these dogs and how we are going to keep them, how we are going to breed them, what are the stipulations to keep them within and to keep them secure from going out there and attacking, but at the end of the day, Mr. Speaker, these things can be hashed out without having to stall this piece of legislation going forward. [*Interruption*] I think so, yes.

**Mr. Imbert:** Okay.

**Hon. R. Ramdial:** Mr. Speaker, it has also been reported that, of course, in many jurisdictions it is generally settled in case law, for example in the United States and Canada, that they have the right to enact breed-specific legislation. However, the appropriateness and effectiveness of breed-specific legislation in preventing dog-bite fatalities and injuries is disputed.

One point of view, Mr. Speaker, is that certain dog breeds are a public safety issue that merit actions such as banning ownership, mandatory spay or neuter for all dogs of these breeds, mandatory microchip implants which we have included in our legislation and liability insurance which is also included or prohibiting people convicted of a felony from owning them.

Another point of view, Mr. Speaker, is that comprehensive dog-bite legislation coupled with better consumer education and legally mandating responsible pet-keeping practices is a better solution. And a third point of view is that breed-specific legislation should not ban entire breeds, but should strictly regulate the conditions under which specific breeds could be owned, and I think this is the angle which our piece of legislation here this afternoon takes. It is, of course, breed-specific legislation, but it strictly regulates the conditions under which specific breeds could be owned.

**Hon. Ramlogan:** Well said.

**Hon. R. Ramdial:** Forbidding certain classes of individuals from owning them, specifying public areas in which they would be prohibited and establishing conditions, such as requiring a dog to wear a muzzle, when taking dogs from

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specific breeds into public places. So, Mr. Speaker, this is the angle in which we should look at this Dog Control Bill.

In addition to that, Mr. Speaker, what is happening here at this point in time is that we have seen so many cases across the length and breadth of Trinidad and Tobago, and we have seen so many cases where the attacks, especially from pit bulls, have resulted in death. Thursday, May 12, 2011, the case with Denise Rackal and the death of her and, of course, it is quoted as saying:

Time is not soon enough for a piece of legislation to control our dangerous dogs be brought to Parliament and be passed.

Then you have the two-year old Nicole Blackman, of course, who was mauled by another pit bull and it is reported as saying that the mother is now calling for the necessary legislation with respect to dangerous dogs to be enforced.

Mr. Speaker, I can go on and on with respect to the different cases and different instances and scenarios where it is that most of our citizens have been attacked and which resulted in death by the pit bull or breed emanating from such. So, therefore, Mr. Speaker, I want to say that trying to protect the breed of dog at this point in time being that of the pit bull and not having breed-specific legislation to control and deal with these dogs is totally wrong and this is the angle which the opposing side has taken. So, instead of trying to protect our potential victims, they are trying to protect the breed of dog causing the harm to our citizens—*[Interruption]*—and this is what I have noticed on sitting here listening to them. *[Interruption]*

**Mr. Deyalsingh:** Put back the bull dog—*[Inaudible]* *[Desk thumping]*

**Mr. Imbert:** Put back the terrier; put back the pug.

**Hon. R. Ramdial:** Mr. Speaker, I also want to draw reference to different states across the US and European countries. In Detroit, Michigan—now our legislation and their legislation are similar, it is no different. You have, of course, fines for dangerous dogs; you have the insurance liability, you have the responsibility of keeping these dogs on the owners instead of the dogs; you also have a dog register in the state of Michigan. And it is similar to the provision we have here included in our piece of legislation. In New Zealand, Mr. Speaker, you have dog registration, you have the dog is to be kept under control at all times, proper care, sufficient food, water and shelter, and you have all of these stipulations which seek to control the dog within its environment.

Mr. Speaker, in other countries you have the microchip transponder which must be implanted in certain dogs in order to ensure for a more secure environment. In Pennsylvania in the dangerous dog law, a proper enclosure is stipulated within their piece of legislation, a visible warning sign stating that dangerous dogs reside here, is also included in their legislation. You have a surety bond in the amount of US \$50,000 by the insurer authorized to do business within the commonwealth.

Mr. Speaker, these are just few cases where it is that the dangerous dogs with respect to breed-specific legislation and its conditionalities are implemented, so that the potential victims can be protected from further attacks. I also want to say that the pit bull and Staffordshire terriers were listed as the most dangerous dogs in the world by *Forbes* magazine. Well, these two types of dogs are, of course, included in our schedule together with the other four and, therefore, it is very important that we recognize the type and the breed of dog which poses the most threat to our citizens.

Mr. Speaker, I just want to go into some of our sections under which we have instituted change at this point in time. I know the amendments from last Friday were added in section 4, subsection (1)(b), the Federation Cynologique Internationale and the United Kennel Club with respect to the schedule of any dog bred thereof and the meaning of the class A dog. In addition to that, Mr. Speaker, we have moved on—let us move on to section 9 where we have defences or reasonable cause with respect to the dangerous dogs; we have five defences where it is to the homeowner in instances of attacks where we have defences.

Mr. Speaker, we have moved on to section 5 subsection (2), “Precautions by statute”, and of course here in this particular section:

- “(a) the dog is securely fitted with a muzzle sufficient to prevent it from biting any person;
- (b) the dog is securely held on a lead by a person who is not less than eighteen years old and who is capable of controlling the dog; and
- (c) the owner or keeper, with the dog, has attended and completed a course of training in the control of dogs...”

Mr. Speaker, these are some of the precautionary measures this legislation seeks to enact. When you go to subsection (3):

“No owner or keeper of a dog shall—

- (a) permit the dog to be dangerously out of control in a public place;

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- (b) encourage the dog to be aggressive or to intimidate a person to facilitate the commission of a crime; or
- (c) permit...the dog to attack a person without reasonable cause.”

These are all safeguards enacted by this piece of legislation.

Mr. Speaker, when we move on we would see that there is a fine of fifty thousand dollars for those who contravene these regulations included here.

Mr. Speaker, the dog register: of course, clause 7(1):

A person who owns a class A dog shall, within six months of the coming into force of this Act, apply for and obtain a licence in the prescribed form from the local authority for the area where he resides and the dog is kept.

Of course, this clause, Mr. Speaker, enables a register for these dangerous dogs so that we can deal with having a database of owners who have these types of dogs within their homes.

[MADAM DEPUTY SPEAKER *in the Chair*]

The licence fee:

- “(a) one thousand dollars per dog where an owner owns one or two class A dogs; or
- (b) fifteen hundred dollars per dog where an owner owns more than two class A dogs,

except that the licence fee shall be five hundred dollars per dog where each class A dog has been spayed or neutered.”

Madam Deputy Speaker, every licence issued in accordance with this section is valid for a period not exceeding two years from the date of its issue. [*Laughter*]

**6.55 p.m.**

Mr. Speaker, with respect to—

**Mr. Deyalsingh:** Madam Deputy Speaker.

**Hon. R. Ramdial:** Madam Deputy Speaker, sorry. With respect to tracking the dog, section 7 (11):

“Upon the granting of a licence under this Act, there shall be issued and delivered to the licensee or his agent, a metal label or other badge bearing a registration number in such form as may be prescribed.”

Subsection (12):

“A person who owns a class A dog shall ensure that—

- (a) the dog wears a collar at all times;”

And you know, in Trinidad and Tobago, it is a habit for us to take our dogs for granted, especially these dangerous dogs that we have these days. You see them without a collar. You just see a chain around the neck. Sometimes the dog is without any type of leash, and the owner is there, and the dog is there and the dog is responding to a voice as to how it should behave.

- “(b) The metal label or badge referred to in subsection (11) is at all times securely affixed to the collar worn by the dog.”

And, Madam Deputy Speaker, this is very, very important in terms of having the proper paraphernalia associated with controlling these dangerous dogs.

Subsection (14):

“A microchip shall be implanted by a person who is approved by the local authority to carry out such an implant.”

Subsection (16)

“A person who—

- (a) contravenes this section; or
- (b) removes or defaces the metal label, badge, microchip or such other form of identification...  
commits an offence and is liable...to a fine of fifty thousand dollars and to imprisonment for one year.”

Madam Deputy Speaker, this is, of course, a measure to regulate some of the lawlessness with having pets, especially dangerous dogs in our country. So we are trying to come up with a modus operandi for keeping these dangerous dogs within our environment, to prevent potential further victims from being attacked.

The premises for keeping a dog—and this is very important:

“...the premises on which that dog is kept are secured by a fence or wall of the prescribed dimensions and that such fence or wall is so constructed...”

And this is, of course, section 9(1) of the Act.

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Section 10:

“A person who ”—knowingly—“keeps a class A dog which is not licensed in accordance with this Act, commits an offence and is liable on summary conviction to a fine of one hundred thousand dollars and to imprisonment for three years.”

And it goes on to say in section 11(1):

“...a policy of insurance that provides coverage in respect of each claim for injury or death caused by that dog in the sum of not less than two hundred and fifty thousand dollars or such higher sum as the Minister may prescribe by Order.”

So, Madam Deputy Speaker, as you can see, what is happening here is that we are trying to provide an enabling environment so that this Dog Control Bill can be most effective in Trinidad and Tobago. It is also widely known throughout our country—and as I have mentioned earlier, we have seen that the breed-specific legislation at this point in time is most fitting for this piece of legislation in our country.

Again, I will reiterate that this is so after so many reports, both on media and otherwise, where it is that most of our dog attacks emanate from that of the pit bull breed or a strain coming out of these pit bulls and, therefore, it is most apt that we look to control these types of dogs first before moving on to the other types.

Madam Deputy Speaker, I just want to say that despite the domestication of dogs, they still remain a cunning, swift, agile and strong, territorial and voracious type of animal. The lacerations even from the inadvertent dog scratches, let alone deliberate or reckless bites, are easily infected. Medium to large dogs can knock people down with the usual effects of falls from other causes. Should affection or mutual respect not exist, as with feral dogs, should a dog be deliberately starved, or, of course, be conditioned to become an attacker, or should someone intrude upon a dog’s territory and pose a threat, then the natural tendencies of a predator manifest themselves in a dog attack in which the dog uses its predatory abilities to defend itself. Extrication from such an attack is difficult because of the dog’s power and agility. Flight from a dog attack by running is usually impossible.

Education, Madam Deputy Speaker, for adults and children, animal training, selective breeding for temperament and society’s intolerance for dangerous animals, combine to reduce the incidents of attacks and accidents involving humans and dogs.

So it is not surprising that later on, a few years from now, we may be able, with proper education and awareness to, of course, come back to Parliament with this piece of legislation and repeal the breed-specific legislation aspect of this Bill and move along to an overall, overarching dangerous dogs, but at this point in time in our country, there is a need to be breed specific with respect to this legislation. And, of course, the evidence is there with the numerous cases that we have seen reported over the past couple of years.

The onus is also on the owners with respect to maintaining a safe environment, with respect to dog training and breeding of animals and having professionals handle dogs in terms of early training so that they can all be educated in how to prevent dog attacks on our ordinary citizens.

I just want to reiterate again, with respect to breed-specific attacks, that these attacks, especially in Trinidad and Tobago, have resulted in fatalities, and therefore, there is a need to really focus on the breed-specific legislation. But I must say, as a Member of Parliament also, we have the lawlessness which pervades because what we need to be sure of when we pass this legislation is that the enforcement and monitoring on the ground, both with respect to our local government authorities and otherwise, that we ensure that it happens according to the legislation and according to the stipulations that we have here in this piece of legislation.

When I say that, I mean to say that we, as Trinidadians, would look for a way to duck, or to find a loophole through certain avenues, and therefore, it is very important that the authorities who are put in charge to ensure, for example, a dog register, they are not manipulated and that they can, of course, do what is right within the public to ensure that we have a safer environment for our citizens.

In addition to that, Madam Deputy Speaker, I also want to say that dogs are very lovable creatures, and I am sure that even with breed-specific legislation, there are, of course, the said pit bulls and other types emanating from that strain of pit bulls, that where it is we can see they are very loving creatures; they are raised to be pets within the homes but, of course, when you look at the flip side of that, you are seeing that these types of dogs are specifically reared and raised for security purposes and to be aggressive in protecting one's home or environment.

A number of our security companies across Trinidad and Tobago use the pit bulls as guard dogs, so the aggression is most apparent, and these dogs have proven to be very—for want of a better word—effective in, of course, within that security environment, in protecting environments, of course, commercial environments especially.

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So, Madam Deputy Speaker, I will not be very long, but only to say that I support this piece of legislation. I want to reiterate to the House and this honourable Chamber that there is a need for the breed-specific legislation, coupled with the conditionalities that are stipulated here so that we can properly take care of our citizens. And the major purpose of this piece of legislation is, of course, to prevent potential victims and prevent serious dog attacks on our ordinary citizens.

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

**Mr. Terrence Deyalsingh** (*St. Joseph*): Thank you, Madam Deputy Speaker, for allowing me to make my second contribution in one day, to the Dog Control (Amdt.) Bill, 2014. Madam Deputy Speaker, it was my intention to be brief; it was my intention to be quiet but, unfortunately, the Member for Couva North made two statements, one stunningly naive and one which bordered on defaming the Opposition.

The stunningly naive statement was that, “Forget about the insurance aspect.” You know, “We could work it out. It should not stall this Bill.” That was so stunningly naive. It boggles the mind.

The second statement which the hon. Member for Couva North made, which has provoked me into this type of response, is that the Government cares more about dogs and not people.

**Hon. Member:** The Opposition.

**Mr. T. Deyalsingh:** That the Opposition cares more about dogs and not people. Madam Deputy Speaker, it is this Government’s pattern to come to the Parliament and fill their contributions with hysteria. They did it in the Bail (Amdt.) Bill. They did all that, and they get the public on their side because the public does not always read the actual Bill and the implications of what we are trying to do.

This Parliament has had several black eyes and body blows to itself since 2010 during the tenure in office of this Government. The Central Bank (Amdt.) Bill deemed unconstitutional—body blow one; whole section 34 fiasco—body blow two; the way the anti-gang legislation has been used—body blow three; the Bail (Amdt.) Bill which we just—well, which they just passed—possible body blow four; and now this piece of legislation.

Reading out the pain and suffering of all the individuals who have been attacked by dogs, killed or maimed, is not going to make this legislation work. Let



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me lay that out front. All the reading out of names, description of injuries, description of horrific deaths, is not going to make the legislation work.

I want to refer to a cartoon that appeared in last Friday's *Guardian* editorial page. The Member for Couva North said the Opposition is more concerned about protecting dogs and not people. We, as politicians, we as parliamentarians, especially under the tenure of this Government, as I have showed you, we have been getting black eyes and body blows to the point where the population does not trust us as a Parliament. It does not trust us as a Parliament.

The cartoon I am referring to, if you allow me, Madam Deputy Speaker, the hot topic last week was the 2,500 pregnant schoolgirls, and the cartoon has a mother and a little child passing outside the Parliament building, and if you would allow me: "And dey doh have tuh report it"—meaning statutory rape. The mother is telling the child: "Correct, they must change that law." But the other panel, the child is telling the mother, passing the Parliament building: "Can those people change it?—meaning the parliamentarians. And this is the mother's retort—and we have to be careful because the mother's retort in this cartoon is going to prevent us from passing good law to prevent future attacks. The mother says: "Yes, but those are not real people, they are politicians."

This is how we are now viewed. We want to pass laws which can stand scrutiny, and it is my mission here this afternoon to build on the contribution of the Member for Diego Martin North/East, the Member for Port of Spain North/St. Ann's West, to show that this piece of legislation is unworkable. It is not going to protect future victims.

Madam Deputy Speaker, the first alarm bell that should ring is that we are being told that there are amendments to come, but again, like the Nurses and Midwives Bill, we do not have those amendments. Again, we are debating a Bill in a vacuum, debating a Bill in the dark.

### **7.10 p.m.**

The mass confusion—and no pun on the word "mass" because this is now Carnival time, mas time, but what is going on with this Bill is mas confusion. We went from a schedule of four dogs, to 16 dogs, to now six dogs. Does the LRC know what it is doing? Is the LRC functional? What is happening in the bowels of the LRC? But we are being told that we will have amendments at committee. How can this House ask for the confidence of the public when the Government is telling us, "We will have amendments at committee." That cannot be right.

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Madam Deputy Speaker, dog control laws have troubled mankind from the early Roman times. The forerunner to, all dog control laws was something called “lex pesolania” and it referred to “damage done by dogs” in Roman times, because in Roman times dogs were used as weaponry and it has troubled us from then to now.

Madam Deputy Speaker, we are going to discuss now 19 amendments to a 30-clause Act—19 amendments—and the first statement I want to address now, as I said, is the stunningly naive statement—stunningly naive—by the Member for Couva North, and I quote:

This “...can be hashed out without...”—stalling the “... legislation...”

Insurance: Madam Deputy Speaker, I refer to the *Hansard* (Unrevised version) of the hon. Attorney General—page 28 of his *Hansard* and if you would allow me—speaking about insurance. I want Members opposite to listen and I want members of the public to listen. It says—this is the hon. Attorney General in piloting this Bill. He is not here, but I hope his support staff is here:

“That has to change because ATTIC has pointed out to us, that what will happen, they have a general home insurance policy which will cover damage by the dog, but it is not that they will grant a specific dog insurance policy for each and every single dog you have.”

And that is what the Member for Port of Spain North/St. Ann’s West was speaking about.

“So the law that we have passed did not cater for the fact that there was no insurance product on the market, and there was unlikely to be...”

And that is where the Member for Couva North has to pay attention and stop being stunningly naive.

**Hon. Ramdial:** Go ahead. Go ahead.

**Mr. T. Deyalsingh:**—“an insurance product offered by the insurance industry to, in fact, give dog insurance on”—a—“per dog basis. In fact it will be subsumed under the general coverage for property and home insurance as the case might be.”

Madam Deputy Speaker, this is important because I have the singular honour of debating this Bill in two places. Last year, I was somewhere else and I dealt with the issue of insurance in detail, and during that debate, the hon. Attorney

General said that the issue of dog insurance is a chicken and egg situation, in that ATTIC will not bring a specific product until we have the legislation. Now we have the legislation, the Attorney General is saying ATTIC is not bringing it. So it raises the point. It raises the point and on this point alone, this Bill should be stalled.

What about tenants? How many tenants do we have in this country who own dangerous dogs?

**Mr. Imbert:** Hundreds of thousands.

**Mr. T. Deyalsingh:** Thousands. Hundreds of thousands. Who is going to take out the policy? The landlord? If the landlord refuses, what does that owner do with his dog? Suppose as is the norm in Trinidad, especially in the country where a son or a daughter gets married, we annex off a part of the house or we build a little two-room apartment within the same compound and they have the dog, who gets insurance? What about people who might have HDC homes that do not have title, but they own dogs?

**Mr. Imbert:** No insurance.

**Mr. T. Deyalsingh:** No insurance. This Bill has a great lacuna when it comes to the insurance aspect, and the LRC should have worked this out. The LRC should have worked this out because landlords are not going to take liability for dangerous dogs for their tenants. This Bill is unworkable on that pedestal alone. What about people living on the state lands who have dangerous dogs? No insurance. So tenants, no insurance; people living on state lands with no title, no insurance; people sharing accommodation with their parents, no insurance. What is this about?

Madam Deputy Speaker, on page 35 of the *Hansard* (Unrevised version) of the Attorney General—and I want to read this part. This was at the end of his presentation. I want to read this part, and I pause not for effect because I paused to demonstrate to the country at large what this Government is about, how this Government uses people, how people are used and abused. Madam Deputy Speaker, at the end of the hon. Attorney General's contribution, justifying the schedule being increased from four dogs to 16 dogs—which by the way, Madam Deputy Speaker, they have now pulled back to six dogs—he quoted a source and he lauded a civic-minded individual for her input into that list.

**Dr. Browne:** What did he say?

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**Mr. T. Deyalsingh:** And this is what the hon. Attorney General said:

“And, in this regard”—this is page 35 of the *Hansard* (Unrevised version) of February 07, 2014, just a week old.

“And, in this regard, I want to place on *Hansard* (Unrevised version), Mr. Speaker, it is not very often you get civic-minded”—individuals—“who have given of their time freely, but one person who was outstanding during the course of our consultations and went beyond the call of duty is, Ms. Kristel-Marie Ramnath.”

He goes on:

“She is a graduate of the University of Wolverhampton with a Bachelor of Science in Ecology and Environmental Animal Biology...”

He goes on lauding Kristel-Marie Ramnath:

“...and she holds an MSc in Animal Behaviour and Animal Welfare from the University of Edinburgh in Scotland [*Desk thumping*]...”

They all supported that statement—“[*Desk thumping*]”

“...and I want to pay public tribute to her because the class A dogs that we have listed”—that is the list that went from six to 16—“is really based on the kind advice she provided, Mr. Speaker.”

**Mr. Imbert:** What? “He say dat?”

**Mr. T. Deyalsingh:** “He say dat.” He is saying that this person, Kristel-Marie Ramnath, is the one responsible by her advice, based on her training, MSc, BSc. Her qualifications: Bachelor of Science in Ecology and Environmental Animal Biology; MSc in Animal Behaviour. She studied at the University of Edinburgh in Scotland. He lauded the woman for her qualifications and the public is probably asking itself: Is this another case of false degrees? And the answer is, no. It has nothing to do with false degrees. Rather, Madam Deputy Speaker, what this has to do, is the hon. Attorney General aided and abetted, supported by “[*Desk thumping*]”—all opposite me supported that statement.

Madam Deputy Speaker, we on this side have two documents, one dated January 22, 2014:

Attention: Sen. The Hon. Anand Ramlogan, also Chairman of the Law Reform Commission, Mr. Samraj Harripaul—[*Interruption*]

**Dr. Browne:** Who is the author of this?

**Mr. T. Deyalsingh:** I will give you the author in a while.

Dear Sen. Ramlogan and Mr. Harripaul,

And she goes on—I will just read the highlighted part:

However, I must clarify the contents of this article—meaning an article which appeared before—for the purposes of the impending Act.

She goes on to list it and she list a set of dogs here, but what is peculiar about this, Madam Deputy Speaker, at the end of it on page 6 of her submission—*[Interruption]*

**Mr. Imbert:** To the Attorney General?

**Mr. T. Deyalsingh:** To the Attorney General.

**Mr. Imbert:** Before!

**Mr. T. Deyalsingh:** Before, and Mr. Samraj Harripaul before coming to the Parliament. She ends:

You will know that many of the above breeds are not currently present in Trinidad and Tobago.

She is not recommending that it be put on the list, you know. She is telling them they are not available in Trinidad and Tobago, and I doubt if the average citizen is even aware of some of these breeds, Madam Deputy Speaker.

In addition, there are breeds that are generically classified within the Molosser family, but quite clearly are too small to pose a significant threat to a human being.

Remember the hon. Member for Diego Martin North/East spoke about toy dogs, the kind of dogs Paris Hilton puts in her handbag? Paris Hilton walks around with a pink handbag with a toy dog. We have those dogs on this list. We have those toy dogs on this list and they pose no significant threat. For example, the Dutch mastiff or pug that weighs in at an average of 14 to 18 pounds, the Boston terrier that generally weighs no more than 25 pounds—*[Interruption]*

**Mr. Imbert:** Boston terrier?

**Mr. T. Deyalsingh:** No, the name. It is on the list.

**Mr. Imbert:** It on the list.

**Mr. T. Deyalsingh:** But the name sounds frightening, eh, terrier, and the French bulldog.

**Mr. Imbert:** What? French bulldog?

**Mr. T. Deyalsingh:** The Member for Diego Martin North/East spoke at length about the French bulldog—[*Interruption*]

**Mr. Imbert:** You making joke.

**Mr. T. Deyalsingh:**—being non-threatening. A nice dog.

**Mr. Imbert:** What?

**Mr. T. Deyalsingh:** A companion dog, a lovable dog.

These breeds have been included in the Molosser family based on their origins. They were all bred from larger variations within the same family and here is where you need to pay attention, Madam Deputy Speaker. I know it is late, I know it is Valentine's Day, but they have been miniaturized. You know what that means? They take them from so and make them so. [*Member gestures with his hands*] They have been miniaturized, and are therefore modally classed by both Molosser. And this is what she goes on to recommend, and the recommendation goes to both Sen. The Hon. Anand Ramlogan and Chairman of the Law Reform Commission, Mr. Samraj Harripaul. She is recommending. This person who is lauded in page 35 of hon. Attorney General's piloting—"ah coming to dat":

I suggest that the entire list be picked through with a fine-tooth comb and the breed selected for inclusion in the Dog Control Act be based on bite potential rather than just on genetics.

On the insurance aspect and this alone, this Bill should be withdrawn. This Act should be withdrawn. [*Desk thumping*] Be withdrawn! You are protecting no one. You can regale us with the horrific stories, the blood curdling stories from now until Easter and Carnival. This Bill is not implementable. Total waste of time! A waste of parliamentary time. We could be discussing procurement legislation. [*Desk thumping*] We could be discussing that. Where is it?

**7.25 p.m.**

Madam Deputy Speaker, if that was not enough because the date of this correspondence is January 22, [*Crosstalk*] the Attorney General had not yet piloted this Bill, on February 07. Remember he lauded—what is her name?—Ms. Kristel-Marie Ramnath. He lauded her, "she picked the dogs, she recommended the dogs", right. She is a graduate and all of that. This is what Ms. Kristel-Marie Ramnath had to resort to, to clear her name; this is what she had to resort to, to maintain her professional integrity. We got correspondence from somebody called Kristel-Marie Ramnath, Best Pets Animal Behaviour Service.

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**Mr. Imbert:** Same person.

**Mr. T. Deyalsingh:** Same person. This is dated February 08. Now, February 08 is last week Saturday, a day after the hon. Attorney General lauded, put on the *Hansard*, the role that Kristel-Marie Ramnath played in selecting the dogs and constructing the Schedule of 16 dogs. Yes. This is her correspondence, now, 24 hours after—

**Hon. Member:** Defending herself.

**Mr. T. Deyalsingh:**—defending herself:

“I wish to clarify my role in this messy situation:”

And she was referring to an article which appeared on September 22, 2013 which she wrote, but she is now saying:

“I have attached said-article for your perusal. The article sought to also point out that not every breed of dog within this pit-bull-family is a large, potentially aggressive or vicious animal and therefore I randomly hand-picked a few breeds to include within my article, inclusive of miniaturized breeds of pit-bull-type dogs.”

She goes on—because the issue of consultation is important and everyone who spoke on the Government’s side defended the Government saying that they consulted.

**Mr. Warner:** With whom?

**Mr. T. Deyalsingh:** I will tell you, now. Ms. Kristel-Marie Ramnath, who the Attorney General spoke so highly of as having an input into this absurd piece of legislation:

“I state here that I was not consulted on the addition of these breeds...”

**Mr. Imbert:** What? What?

**Dr. Browne:** “We ha tuh impeach the AG!”

**Mr. T. Deyalsingh:** She is saying for the public that she was not consulted on the addition of the—*[Interruption]*

**Mr. Imbert:** “All yuh is the woss!”

**Mr. T. Deyalsingh:**—that is the addition from four to 16.

**Mr. Imbert:** “Allyuh is de woss!” *[Laughter]*

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**Mr. Warner:** Nobody consulted. Nobody consulted.

**Mr. Imbert:** But he said he got it from her!

**Mr. T. Deyalsingh:** Yes, and the Attorney General came here and said on the *Hansard (Unrevised version)*, right:

And I want to pay public tribute to her because the Class A dogs we have listed is really based on the kind of advice she provided.

**Mr. Imbert:** What?

**Hon. Member:** What?

**Dr. Rowley:** Withdraw that [*Inaudible*]!

**Mr. Imbert:** Ask she what she say, [*Inaudible*]

**Mr. T. Deyalsingh:** That is what she is saying and she goes on—she was not consulted.

**Mr. Warner:** Who they consulted?

**Mr. Imbert:** “Allyuh is de woss.”

**Mrs. Mc Intosh:** “Dey self, dey self!”

**Mr. T. Deyalsingh:** “...I was not consulted on the addition of these breeds and if this information was used directly from my article...”

So she is saying that the Attorney General, possibly, came up with that list from her article—

**Dr. Browne:** “He lie!”

**Mr. T. Deyalsingh:**—not from speaking with her; not from speaking with her! This is her hypothesis, that the list which went from six to 16, she is telling us that the Attorney General probably pulled it from the article she wrote on September 22, 2013.

**Mr. Warner:** Oh my God!

**Mr. T. Deyalsingh:** “...was used directly from my article then this was done without my knowledge or permission.”

**Mr. Warner:** Plagiarism.

**Hon. Member:** Ooooh!

**Dr. Browne:** And then he is saying this is her advice.



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**Mr. T. Deyalsingh:** In the university, we have a term for that, it is called plagiarism—[*Interruption*]

**Hon. Member:** “Teifing!”

**Mr. T. Deyalsingh:**—which is punishable by being thrown out of university.

**Dr. Rowley:** The Attorney General?

**Mr. T. Deyalsingh:** The Attorney General came to this Parliament, came to this honourable House, for an important piece of legislation and totally misrepresented an article of September 22, 2013 written by a professional. She was not consulted and she is saying so here clearly.

**Dr. Rowley:** Withdraw it!

**Mr. Imbert:** Now!

**Dr. Rowley:** Withdraw the Bill now!

**Mr. T. Deyalsingh:** Yes.

**Mrs. Gopee-Scoon:** That is right.

**Mr. T. Deyalsingh:** Madam Deputy Speaker, this piece of legislation is based on hooey, gooey and kablooie. [*Laughter*] Where are we going? That is why the Member for Couva North made, as I said, a stunningly naive comment about the insurance aspect, I have debunked that. You cannot have this legislation without dog insurance. We are now hearing that a professional is stating that this Government has misconstrued her article—[*Interruption*]

**Mr. Warner:** Deliberately!

**Mr. T. Deyalsingh:**—never consulted with her, has impugned her professional integrity.

**Dr. Browne:** Shame on this Government!

**Mr. T. Deyalsingh:** “The purpose of this message to you is to protect my”—personal—“professional reputation.”

This is what she had to resort to.

**Mrs. Gopee-Scoon:** Are you surprised?

**Mr. T. Deyalsingh:** “The information I have offered through my newspaper article seems to have been used without my knowledge; it has been misconstrued and presented to the public without me being given a chance

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to put that information into the correct perspective for the purposes of sensible and workable legislation.”

I would love to hear what Members opposite have to say. How are Members opposite going to defend this, when a purported main author of this piece of legislation is now distancing herself from it?

**Dr. Browne:** Next page! Next page!

**Mr. Imbert:** “The next page geh worse.” Gets worse!

**Dr. Rowley:** Where is the Attorney General?

**Mr. T. Deyalsingh:** Madam Deputy Speaker, the issue gets more and more cloudy. On February 08, again, this expert writes:

“You should note that during my contribution I said that I did not believe that any serious person would describe the Boston Terrier or French Bulldog as ‘dangerous...’”

This is us responding. Hear what this person has to say now, on February 08, again:

“Last night’s debate greatly embarrassed and distressed me given that my name had been used as one of the sources of these 16 breeds...”

The purported author, as presented to us by the Attorney General on page 35 of his *Hansard* (Unrevised version) of February 07, 2014—where is the Attorney General by the way?

**Dr. Rowley:** Hiding.

**Hon. Member:** Hiding!

**Mr. T. Deyalsingh:** Where is the Attorney General?

**Dr. Browne:** Cutting cake!

**Dr. Rowley:** Hiding from this disgrace.

**Mr. T. Deyalsingh:** I hope his advisers who are here are listening to me closely—his support staff—because this is a shameful development in this Parliament. [*Desk thumping*] It is an abomination [*Desk thumping*] coming closely on the heels of the Central Bank (Amdt.) Act—unconstitutional; section 34 fiasco, bail amendment and the way they have used the anti-gang legislation.

**Hon. Member:** Shameful.

**Mr. T. Deyalsingh:** Let me repeat that, Madam Deputy Speaker:

“Last night’s debate greatly embarrassed and distressed me given that my name...”

Madam Deputy Speaker, we just finished debate a libel and defamation—  
[*Interruption*]

**Dr. Moonilal:** Could you? Thank you very much, Member, for giving way. Could you just repeat the source of the document? Is it a letter, an email? The correspondence you are reading from. Thank you.

**Mr. T. Deyalsingh:** Sure. This is a correspondence on February 08 from Ms. Kristel-Marie Ramnath, Best Pets Animal Behaviour Service. Kristel-Marie Ramnath, BSc. (Hons), MSc, Animal Behaviourialist and Welfarist—I would not give you her phone number.

**Mr. Imbert:** That is enough information.

**Mr. T. Deyalsingh:** That is enough.

**Mr. Imbert:** “Doh worry with him, doh worry with him!”

**Dr. Moonilal:** Is it a letter addressed to?

**Mr. T. Deyalsingh:** It is addressed to the Opposition.

**Dr. Moonilal:** Okay, sure.

**Mr. Imbert:** “Doh worry with him.”

**Hon. Member:** A letter.

**Mr. T. Deyalsingh:** “Last night’s debate greatly embarrassed and distressed me given that my name had been used as one of the sources of these 16 breeds when in fact I had not been consulted on this list. To make matters worse, when I suspected my random list...”

So she is saying her list was a random list, not to be purported as a scientific list.

**Dr. Browne:** He is a fabricator!

**Mr. T. Deyalsingh:** “...had been used I immediately sought to correct the error but this was not taken seriously. Unfortunately...”

She goes on:

“...the damage has been done and my ability is being questioned.”

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This is a woman, now, who is saying that people are now questioning her—her peers, her family. They are now questioning her professional capacity.

“Unfortunately the damage has been done and my ability is being questioned. I have written to the AG requesting a public apology.”

[*Desk thumping*] We here, tonight, February 14, Valentine’s Day, we on this side apologize to Kristel-Marie Ramnath. [*Desk thumping*] On behalf of this Parliament, we apologize.

**Hon. Member:** Lovely, lovely.

**Mr. T. Deyalsingh:** Your good name has been tarnished, your professional integrity is being questioned; your peers are looking at you funnily. She was requesting a public apology.

**Hon. Ramlogan SC:** Verily and funny! [*Laughter*]

**Mr. T. Deyalsingh:** “...I’m not sure how this works - but surely this is some type of character...” assassination.

This is how seriously she is taking her professional—she is saying, Madam Deputy Speaker, on the heels of a Bill about libel and defamation—[*Interruption*]

**Dr. Browne:** On Valentine’s Day.

**Mr. T. Deyalsingh:**—on Valentine’s Day that this is some type of character assassination; Kristel-Marie Ramnath.

**Hon. Member:** And who did that assassination?

**Mr. T. Deyalsingh:** And this is a pillar on which the hon. AG predicated this Bill, the advice given by Kristel-Marie Ramnath. She is seeking a public apology from the AG and the AG is not here to do it. We are apologizing.

Madam Deputy Speaker, I urge the Leader of Government Business to withdraw this Bill.

**Hon. Member:** Withdraw the Bill.

**Mr. T. Deyalsingh:** It will not work. [*Desk thumping*] It will not work. Madam Deputy Speaker, if the Government is not so minded to withdraw the Bill, I will now produce some scientific evidence as to why this Bill should be withdrawn.

The AG, in piloting this Bill, spoke at length about a dog called the Presa Canario. In speaking about the Presa Canario, he interchanged two biologic terms

without knowing it, which is crucial to the understanding of the workings of this Bill. In talking about the Presa Canario, he spoke about breed standards or standard of points, he spoke about ancestry. When we speak about ancestry via sexual reproduction, whether it is dogs or humans, we carry the DNA genetic material of our ancestors. That type of classification is called your genotype. So my parents will have their DNA, I would have inherited that, that is my genotype. My type based on genetics, based on DNA.

But then the Attorney General moved so smoothly from talking about the Presa Canario and genetics and then he went on to talk about general appearance. Once we start to talk about general appearance, we move away from genetics and we now start to talk about phenotype.

**Mr. Imbert:** So he mixed up “geno” and “pheno”.

**Mr. T. Deyalsingh:** So he mixed up genotype and phenotype.

**Mr. Imbert:** The Member for Caroni Central caused that.

**Mr. Roberts:** A phenotype could lead the PNM! The darker version too  
[Inaudible] [Laughter]

**Mr. T. Deyalsingh:** Madam Deputy Speaker, without getting too scientific, this Bill is predicated, not on genotype, it is predicated on phenotype—physical appearance—and the hon. Attorney General gave us a long expansive—and he regaled us with head size, tail length and so on—massive cuboid head, et cetera.

**7.40 p.m.**

So I think I have laid the foundation for the public to understand and you, Madam Deputy Speaker, I do not know if you have a science background, about genotype and phenotype. The phenotype distinction is what is being used in this piece of legislation, classified by physical and behavioural characteristics—which has nothing to do with genotype; which has nothing to do with DNA. It is used by the American Kennel Club and the Canadian Kennel Club. Example—you might have a phenotype of a chest size of 16 inches, a height of 30 inches. The problem is that phenotype, which is physical appearance, can change in a puppy from birth to adulthood, and it is a controversial way of classifying dogs.

So I have explained what is the genotype/phenotype distinction. Bearing this in mind, Madam Deputy Speaker—and this is where the second statement by the Member for Couva North—I have dealt with her stunningly naive one about insurance—I will now deal with her inflammatory statement that the PNM cares

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about dogs and not owners. Because if the Government took their time to understand the scientific difference between genotype, based on DNA, and phenotype, based on physical characteristics, they will see where this Bill is now deficient because, Madam Deputy Speaker, the vets, in this piece of legislation, are the ones being asked to classify dogs by phenotype—the vets. And the vets are the hub of this legislation. They are the focal point of this legislation. So let us deal with the vets.

The first thing I want to deal with, Madam Deputy Speaker, is a comment—not a comment, an excellent analysis of professional liability by the Member for Diego Martin North/East, when he spoke about the concession being granted to veterinarians. Madam Deputy Speaker, in the law of tort, all professionals are held to a certain standard and that standard is the standard of a reasonable practitioner in their particular discipline. So a plumber, as a professional, is held to the standard of a reasonable plumber; a carpenter is held to the standard of a reasonable carpenter; a doctor is held to the standard of a reasonable doctor; a lawyer is held to the standard of a reasonable lawyer and a vet should also be held to the standard of a reasonable vet.

What we are doing here is that we are now telling one class of professionals: look, if a lawyer does something wrong and he loses the case through negligence, you know, “leh we aint” sue him; “if a doctor misdiagnose and kill yuh, leh we eh sue him”. Why is this Government giving a class of professionals to be held to the standard of a reasonable practitioner of their profession, no liability? If it is good for lawyers, if it is good for doctors, if it is good for tradesmen, it is good for the vets. To just rely on the Perjury Act is again another example of being stunningly naive.

Madam Deputy Speaker, I have spoken about the crucial, central role that vets play. The same way we have the permission to use Kristel-Marie Ramnath’s name, I now have the permission to use the name of Dr. Renee Lezama-Driscoll. Dr. Renee Lezama-Driscoll is the Public Relations Officer of the Trinidad and Tobago Veterinary Association. She has given me express permission to use her name. This is a document which the Trinidad and Tobago Veterinary Association sent to Mr. Harripaul of the Law Reform Commission, on July 29, 2013. Madam Deputy Speaker, are you seeing the antecedence of this piece of correspondence? It is seven to eight months old. This is July 29, 2013. And the Trinidad and Tobago Veterinary Association represents over 80 per cent of the vets practising

in Trinidad and Tobago. So this document speaks with the voice of 80 per cent of the vets in Trinidad and Tobago. This is what they said:

At this point...

That is back in July.

...no veterinarian is willing to identify any dog's breed on a certificate.

This is what they were saying back then. But, Madam Deputy Speaker, it gets worse. It gets worse. They say here—because we are going to be making certain recommendations. If we go back to what Kristel-Marie said about small dogs and dogs 25 pounds and under.

“Dogs can be classified into two groups: one cohort of dogs under 25kgs”—which—“(includes ‘pompeks’”—and—“pothounds)...”

Like Moruga—sorry—like those owned by the Member for Moruga/Tableland.

“...and another cohort of dogs over 25kgs (includes all large breed dogs).”

But, Madam Deputy Speaker, they also recommend an advisory board be set up but this is where I am telling the public that the hysteria of Members opposite in regaling us with the horrific injuries, the deaths by dogs, will not make this bad piece of legislation work because I am positing that the vets are crucial.

“Even with the Government insisting...”

Now, Madam Deputy Speaker, this document from the Trinidad and Tobago Veterinary Association is now dated 2014. So they are now in January/February, 2014.

“Even with the Government insisting there will be the ‘guidelines’ to follow from the American Kennel Club, or the Canadian Kennel Club...”

And this is based on phenotype. Remember I took pains to explain the difference between genotype, based on DNA, and phenotype, which is physical characteristics. The American Kennel Club, the Canadian Kennel Club, they use phenotype.

“...we, as...”

I want the Member for Couva North to pay particular attention.

**Miss Ramdial:** I am. I am.

**Mr. T. Deyalsingh:** “...we as veterinarians will not be certifying any dogs based on physical characteristics.”

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So the vets are saying—the vets are saying they told the AG, “we are not certifying any dog based on phenotype”.

**Mr. Imbert:** They “tell” him that?

**Mr. T. Deyalsingh:** They told the Attorney General that. Dr. Renee Lezama-Driscoll, the Public Relations Officer of the Trinidad And Tobago Veterinary Association, representing 80 per cent of the vets, told the Government, told the Attorney General. And I will say it again. I want the public to understand the wool that is being pulled over their eyes and our eyes.

“...we as veterinarians will not be certifying any dogs based on physical characteristics.”

—which is phenotype. Withdraw this Bill. So how are they getting a certificate? The vets are telling you “we are not going to do it”. They said so outright. They are not going to do it. But hear their recommendation.

**Madam Deputy Speaker:** Hon. Member for St. Joseph, your speaking time is up but before I put the question for the extension, I call on the Leader of the House to move a Procedural Motion, according to Standing Order 10(11).

#### PROCEDURAL MOTION

**The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal):** Madam Deputy Speaker, in accordance with Standing Order 10(11), I beg to move that this House continue to sit until the completion of debate on the Bill before us. Thank you.

*Question put and agreed to.*

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**Madam Deputy Speaker:** Hon. Members, the speaking time of the hon. Member for St. Joseph has expired.

*Motion made:* That the hon. Member’s speaking time be extended by 30 minutes. [*Mr. N. Hypolite*]

*Question put and agreed to.*

**Madam Deputy Speaker:** Member for St. Joseph, you may continue.

**Mr. T. Deyalsingh:** Thank you, Madam Deputy Speaker, thank you colleagues, for the extension. [*Desk thumping*]



So, Madam Deputy Speaker, as I was saying, the input of the vets in certifying what type of dog it is, is crucial. How can you have a prosecution if a vet is not willing to put his or her name to a certificate to say what type of dog this is, based on phenotype? The vets are telling you “we not going to do it”. What they want, Madam Deputy Speaker—and I am hoping the Member for Couva North takes note—they are telling you they are not going to do it. But what do they recommend? It says here:

“A geneticist, or breed expert is better suited...”

That is what they are recommending. So they are going to DNA testing, which is genotype. They are saying phenotype is a complete and total waste of time. They are saying they are not trained. They are saying the university courses do not have phenotype distinction. They are saying go to genotype, a geneticist, DNA.

How will this bad piece of legislation save the future dog bite victims when the vets themselves are unwilling to cooperate with it? Member for Couva North, how will this piece of legislation, where the vets are telling you, clearly, “ah” want nothing to do with it; nothing, zilch, nada, zero, nothing. How will this save future persons who are going to be attacked? How is this going to aid a prosecution? How are we going to get a successful prosecution?

So, Madam Deputy Speaker, they go on to say:

“The list posted in the Bill is ill-conceived.”

Ill-conceived—but that was the list which the Government said was done by Kristel-Marie Ramnath. So you see how Kristel-Marie Ramnath’s name is jumping up in steel band?—jumping up in steel band.

“Breeds such as Alano Español and the Cordoba Fighting Dog are not even recognized by the same kennel clubs from whose breed standards the Government is asking us to use for certification.”

**Mr. Imbert:** “Doh make joke?”

**Mr. T. Deyalsingh:** I am not making joke. I kid you not.

**Mr. Imbert:** They are not recognized?

**Mr. T. Deyalsingh:** They are not recognized by the American Kennel Club and the Canadian Kennel—*[Interruption]* Yeah, yeah.

“English Bulldog...”

—which was dog number 12 on the original list;

“English Bulldog...”

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—dog number 12, on the original list.

American Kennel Club—“specifications, 40-50 lbs.”

Listen to this—and this is from the Trinidad and Tobago Veterinary Association.

“Bulldogs are notoriously friendly as quoted by the American Kennel Club page ‘the Bulldog became one of the finest, physical specimens with an agreeable temperament.’ ”

Sounds like me, sounds like me—agreeable temperament, friendly—friendly.

**Mr. Seemungal:** Like an English Bulldog?

**Mr. T. Deyalsingh:** Yeah, English Bulldog. And this is what the Member for Diego Martin North/East was speaking about.

Madam Deputy Speaker, this piece of legislation is not even worth the paper it is written on and the certification issue is the crux of the matter. Madam Deputy Speaker, the certification issue is central to the successful workings of this Act and if the veterinarians are telling you, in clear unambiguous language, “we are not doing it”, why are we here? Why are we here?

**7.55 p.m.**

We could have been debating procurement legislation, as I have said. We could have been debating the Insurance Bill, but we are debating a piece of legislation which does not stand a snowball chance in hell of succeeding. There is a word for it, Madam Deputy Speaker. It is called lunacy. It is called lunacy. It is called madness.

Madam Deputy Speaker, there are lessons to learn that can be learnt from other jurisdictions. If one looks at the New Zealand legislation, the New Zealand legislation is a very progressive piece of legislation. Listen to how they classify their dogs: dangerous dogs, menacing dogs, dangerous and menacing dogs. They talk about obligations of the owner and this is where the obligation needs to be put, on the owner. They have from sections 52 to 64, 12 sections dealing solely with the obligations of the owner.

Madam Deputy Speaker, if one goes to the Antigua and Barbuda piece of legislation, hear how they classify their dogs under Part IV: dangerous dogs, furious dogs, dogs at large. There are other jurisdictions that the Office of the Attorney General can rely on to see what their best practice is. I could also recommend the Calgary Bylaws. Those are good pieces of legislation to look at.

Madam Deputy Speaker, we as a Parliament and we as a society have been trying to pass workable dog control legislation for about 14 years, through different administrations. This is not it. This is not making the grade.

And I close with a warning, a warning to the Government, a warning to all my colleagues opposite who spoke in support of this legislation, we will not support it. We have said why clearly. The Member for Diego Martin North/East, the Member for St. Ann's West and myself and those who will speak after, we will not support it. The legislation is not workable. I have pointed to the great lacuna in the insurance aspect. I have pointed to the fact that Kristel-Marie Ramnath needs a public apology from the Government. I have spoken to the fact that the Veterinary Association is not on board. They will not certify anything under this Act.

But if this Bill passes because you have the majority, I want to warn the Member for Couva North, the same persons you are trying to protect, the same horror stories you brought will result in this, and I quote from a *Newsday* article, page 10, Thursday, February 13, which is yesterday. I want the Member for Couva North to tell me if it is her objective, in passing this insane piece of legislation, it will result in this. It is an article written by one Sita Kuruvilla, President of the Trinidad and Tobago Society for the Prevention of Cruelty to Animals. And I quote the headline:

“Expect more ‘dangerous dogs’ to be abandoned”

And she says:

“As a major stakeholder, with over 100 years of involvement in animal welfare, the...TTSPCA is concerned that key recommendations submitted in the form of a position paper have not been considered and there has been little opportunity for discussion.”

So the TTSPCA, one hundred year-old organization, a major stakeholder, is saying that their proposals have not been considered:

“A major focus of concern of the TTSPCA is the lack of capability of the responsible government agency, the Ministry of Local Government...”

And this is what should now frighten every citizen of Trinidad and Tobago.

She goes on:

“Following the presentation of the Dog Control Bill in 2012 and the passage of the Act in 2013 the TTSPCA has been inundated with calls regarding the relinquishment of owned pitbulls and reports of abandoned and stray pitbulls.”

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That is what bad legislation is going to do. The country will become overrun with stray pit bulls, abandoned pit bulls and, as the Member for Couva North said, they will go feral and when a pit bull goes feral you do not want to be close to it. Because a feral pit bull, a feral animal is an animal abandoned, that lives on the edges of society, fighting for scraps and then they raise their young in that environment and the young comes out more feral than the mother. This is what this is going to do; create a new class, a new phenomenon in Trinidad, called feral pit bulls, a more dangerous type pit bull, a more dangerous type of animal, a more dangerous type of dog and I want the public to understand.

Can I use the word stupidity, Madam Deputy Speaker?

**Mr. Ramlogan SC:** It depends on if it is a description of yourself, yes.

**Mr. T. Deyalsingh:** Very good.

**Mr. Ramlogan SC:** Otherwise, no.

**Mr. T. Deyalsingh:** The sheer stupidity of this piece of legislation, the sheer stupidity of this piece of legislation is going to inflict on the byways, the roads, the towns, the cities, the fields, the meadows, the cane fields, feral pit bulls. Madam Deputy Speaker, I am asking the Government to pay attention to what they are saying. Formation of an expert grouping/agency/authority, which was also recommended by the TTSPCA to govern this Bill.

So, Madam Deputy Speaker, I hope in the time that you kindly allowed me, I have pointed out to the Government that this Bill is not fit for purpose. It has no bite, should be withdrawn and we will not be supporting it. It is not in the best interest of the citizens of Trinidad and Tobago. Madam Deputy Speaker, I thank you. [*Desk thumping*]

**Madam Deputy Speaker:** Are there any more speakers? No? The hon. Attorney General.

**The Attorney General (Sen. The Hon. Anand Ramlogan SC):** Madam Deputy Speaker.

**Hon. Members:** You have to apologize now! Apologize!

**Sen. The Hon. A. Ramlogan SC:** I apologize for the contribution of the Member for St. Joseph. I apologize for his tone, his content and the misleading contribution.

**Mr. Deyalsingh:** Apologize to Kristel.

**Sen. The Hon. A. Ramlogan SC:** And I want to apologize to his ex-girlfriend named Kristel, apparently who has been deprived of his services on Valentine's night and that seems to have him agitated.

**Hon. Members:** Whoa, whoa, whoa. [*Continuous interruption and crosstalk*]

**Sen. The Hon. A. Ramlogan SC:** "I doh know" which Kristel he is talking about. But you know Madam Deputy Speaker, I think I will have to ask for your protection because I sat and listened.

**Mr. Deyalsingh:** He is imputing improper motives and I take umbrage.

**Madam Deputy Speaker:** Yeah. Attorney General, please I want to ask you to apologize for your statement as regards Kristel to the hon. Member, please.

**Sen. The Hon. A. Ramlogan SC:** Well I apologize if necessary, Madam Deputy Speaker, but I do not—[*Members of the Opposition depart Chamber*] yes, thank you very much.

**Dr. Browne:** Nah, nah, nah, nah. [*Crosstalk and interruption*]

**Madam Deputy Speaker:** Please I want to listen to the Attorney General in silence.

**Hon. A. Ramlogan SC:** Yeah, Madam Deputy Speaker—

**Mr. Deyalsingh:** So you could insult people on your own.

**Hon. A. Ramlogan SC:** "I doh know who yuh referring to yuh know."

**Mr. Deyalsingh:** So you could insult people on your own.

**Hon. A. Ramlogan SC:** Sure. Good. Yes. I am grateful to you, Madam Deputy Speaker. This is a very serious debate and I do not intend, having listened attentively, without interruption to the contributions from the other side, to be railroaded by screaming shouts of apology by some—

**Mr. Deyalsingh:** Kristel.

**Hon. A. Ramlogan SC:** "I doh know you speaking to. Kristel who?"

**Mr. Deyalsingh:** You mentioned her in your debate!

**Hon. A. Ramlogan SC:** You see, Madam Deputy Speaker, I do not intend to be railroaded and they know why they are trying to interrupt me because I intend to set the record straight, to expose the misconceptions, the deception and the political hypocrisy that masquerades and parades itself as debate in this Chamber, coming from the Opposition and I will set them straight.

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Madam Deputy Speaker, permit me to start by dealing with the Bill itself. I listened in utter amazement to the PNM stand one after the other and criticized the Bill, in terms of policy, first and foremost. And what did they have to say? I listened to the Member for Port of Spain North/St. Ann's West, who criticized breed-specific legislation on the whole, disassociated herself from it and condemned it and she quoted from many academics and many articles online as to why breed-specific legislation is so bad.

I thought at the time, perhaps, maybe, she was reflecting the position of the Opposition. But then it dawned on me that this is not a debate on a parent primary Act of Parliament but rather it is a debate on amendments to an Act of Parliament that has already been passed and I went back to check to see what was the position of the PNM when the Act, which they now criticized from beginning to end, was. Madam Deputy Speaker, I was astonished to see that the PNM, each and every Member in this Parliament, voted in support of the Dog Control Act. Every single one voted in favour of it and today they come here and piously throw stones at it and criticized the very policy that formed the cornerstone of the law that they voted for. But I will come to that.

Madam Deputy Speaker, we have expanded the number of breeds in the Schedule. But why did we do that? It has gone up from four to six, because after we last met, I had certain meetings with the vets and other stakeholders and they felt that: look, some of the breeds that were included, which came from an article that was written by an animal behaviourist, that they ought not to be there. It was felt that, perhaps, we can look at scaling back and in light of that, we brought it down to six because pit bull is not a breed but a type of dog. That is the scientific position. And in light of that, having looked at other legislation, it was felt that it would be necessary to give them identifying markers that they can use.

And the three most common pit bull types of dogs in Trinidad are: the American pit bull terrier, the American Staffordshire Terrier and the American Bully. Now, these three named dogs are identifiable dog breeds and their specific inclusion in the Act would have allowed professionals to identify them and to give the law a measure of certainty and that is why we increased and expanded the category.

Madam Deputy Speaker, I want to make it clear that this is not a case of rocket science, you know. This is not a case of rocket science. It is actually a very simple matter, because when in 2000, the Parliament voted to pass the Dangerous

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Dogs Act in the year 2000, back then we were banning pit bulls and I want to ask the question, just by way, rhetorically, if we were prepared to ban pit bulls then and some of the arguments that have been raised today are to hold any water, well how on earth were we going to know what we were banning? If this pit bull is so esoteric and mysterious and recondite an animal that it is so amorphous and incapable of description and identification, how on earth were we going to ban the pit bulls in the first place?

You see, sometimes you have to be careful with consultation because consultation must be genuine; it must be honest; it must be frank and it must be meaningful and rational. And sometimes, in the consultation process you have to have a rational underlying philosophy to guide the consultation so that you can produce legislation for the man in the street. “You really think I could stand here as Attorney General and say to this country that nobody ain know how tuh identify a pit bull, therefore we cannot protect the population”? What nonsense is that!

**8.10 p.m.**

“Everybody by de doubles vendor, an de rum shop an de grocery know what ah pit bull look like. Dey could tell you wat a pit bull look like, and de vets can’t tell you wat it look like? And we must, therefore, not pass legislation to protect poor people in this country, because dey say dey doh know wat a pit bull—how to identify a pit bull, really, Madam Deputy Speaker? You really expect this Government to go and put that as a policy position and say to the country, that the professionals say there is no way to identify a pit bull and, therefore, you must not pass law to deal with pit bulls as a specific breed. That is what they are saying. I said to them, I am sorry, but I cannot come to the Parliament with that because every man in de street dey could—if allyuh doh know how to tell ah pit bull, come by de man in de street, dey go tell yuh how; it simple, dey know what it looks like. That is de first point.”

So six dogs will now be defined as class A dogs: the American pit bull terrier, or any dog bred from the American pit bull terrier; the American Staffordshire chet terrier or any dog bred from the American Staffordshire chet terrier; the American Bully or any dog bred from the American Bully; the Fila Brasileiro or any dog bred from the Fila Brasileiro; the Japanese Tosa or any dog bred from there; or the Dogo Argentino or any dog bred from there. Now, we are retaining the original three and expanding it to include these six.

Now, on the last occasion, Madam Deputy Speaker, when this Bill came up in this House, there were 36 Members voting for, one Member voting against, that

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was the then Member for St. Joseph, hon. Mr. Volney, and no abstentions. The Bill that was passed then by 36 Members of this House contained the same breed-specific legislation; it contained it. You know none of these arguments surfaced then. When you look at their contributions back then, they were fooling and misleading the population, and singing “a different tune, but today dey feel dey come to buss mark with email an ting, to which I will come to—so dey come to ramajay, and dey forget wat dey say de last time”.

Madam Deputy Speaker, let me deal with the ideological and philosophical policy arguments of whether the Government of the day should have breed-specific legislation or not. Breed-specific legislation means that if there are certain types of dogs that are considered dangerous, based on the empirical evidence and data, then, those are the dogs that the legislation will target. In this country, the empirical evidence and data have suggested to the man in the street, that the pit bull is a dangerous dog, capable of the most vicious and heinous attacks often resulting in serious, grievous, bodily harm and even death, that is why they have sought our protection. That is why they have sought our protection.

Non-breed-specific legislation which does not target those animals that have demonstrated a propensity, disproportionately, so at that, for vicious human attacks, then they are animals that are not specifically targeted by the legislation, except for general welfare and general duties that apply to class B dogs; which I will come to.

The alternative to breed-specific legislation, however, Madam Deputy Speaker, is general legislation that applies to all dogs and that is what they are proposing. What they are proposing is legislation that will apply to all dogs. I will come to why in a society such as ours that is wholly untenable, entirely misconceived and totally impractical. I will come to it.

Madam Deputy Speaker, the law that we passed, the Act that we passed with the support, unanimous support of the PNM in this Chamber, it does the following:

It sets set up—“yuh have to set up”—[*Interruption*] a substantial fence—[*Interruption*].

“Yuh have to set up a substantial fence”, [*Interruption*] Madam Deputy Speaker, I am being distracted by the amorous overtures that are taking place across the floor. [*Laughter*] [*Desk thumping*] Yes. You see, the first requirement that would have been applicable to all dogs, Madam Deputy Speaker, because of the law that the PNM supported on the last occasion, is firstly: you would have to erect a substantial fence, that costs money; you will have to muzzle your dog; you will



have to buy a certain type of muzzle; you will have to buy a leash for the dog when you are going out in public, “and is a certain type of leash that cost money; you have to take out ah insurance policy for \$250,000. So could you imagine, ah just pausing dey, eh.”

“Every man who have ah pot-hong, whether ah pompek, pot-hong, golden retriever, Alsatian, any kinda dog, any kinda dog, dey would have to first, put up ah fence, buy ah muzzle, buy ah leash, pay ah licensing fee to license de dog, take out ah insurance policy for ah quarter of ah million dollars, microchip de dog. All dem pot-hong who dey, eating out ah KFC—in front ah KFC, next to vagrant outside Mucurapo Street in San Fernando and Independence Square, vagrant hah to jump on de dog back, hold it down and tote it down by de vet. He hah to put ah microchip in de dog before he could go and fight up with him for KFC and so on.”

**Hon. Member:** “Nuh ah KFC chip.”

**Sen. The Hon. A. Ramlogan SC:** It might not be “ah KFC chip at all”. “Is not de chip yuh does get in de KFC box. This is ah microchip. Yuh hah to register de dog. Yuh hah to put ah notice on dey property warning people yuh hah dog. Yuh hah to train yuh dog before—yuh have to go an undergo ah course of training with de dog, before dey could kerry de dog in public. And yuh cyar hah more dan one dog on de compound at de same time.” So all these requirements will now be applicable to all dog owners if we go the route of non-breed-specific legislation.

[MR. SPEAKER, *in the Chair*]

You see, and that is what they want us to do. When they say—I listened to the Member for St. Joseph who has fled the Chamber.

**Hon. Member :** Very offended by your comments.

**Sen. The Hon. A. Ramlogan SC:** Yeah, he was offended because I made an enquiry of him. [*Laughter*] I do not know which crystal he was referring to, so I made a comment and he fled. It certainly was not crystal clear to me, as to which crystal he was referring to. So I made an enquiry and he fled the coop. Maybe crystal clear to him, certainly was not to me.

You see, Mr. Speaker, the upshot of what is being suggested as an alternative, is that every single person who owns a dog, “wedda is ah pot-hong, pompek or any kinda dog”, will now have to subject themselves to the onerous financial demands of the legislation, when really what the country is asking you for is protection from pit bull. And how fair is that? It makes no sense.

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Now, you know oftentimes, Mr. Speaker, I mean, you have had many years' experience in public life. Oftentimes in consulting, you learn a lot, you accept a lot, and you compromise a lot. I want to say what the list of demands, for example, from the Veterinary Association was. It had people today who quoted from them and said all sorts of things. You know I want to tell you what they want. The first thing "dey say: repeal this law and promote responsible ownership of all dogs, meaning, the legislation must apply to all dogs. Then dey say dogs, all dogs, not just pit bull, all dogs must be registered for a fee; number one. All dogs, ah mean, pot-hong must be registered. All in de countryside, Mr. Speaker, it hah ting like village pot-hong. Depending on who hah food lef over after yuh don cook yuh lil Sunday meal of yuh know, red bean, rice an stew chicken an ting, dey does go house to house, you know, an eat an ting. De dog is like ah—is like ah communal kinda ting. Dem saying, dat dog"—[*Interruption*]

**Mr. Mc Leod:** "Dey call dem Lergnom."

**Sen. A Ramlogan SC:** "Lergnom", yes, that is right.

**Mr. Mc Leod:** Mongrel spelt backwards.

**Sen. The Hon. A. Ramlogan SC:** Yes, mongrel spelt backwards, yes. [*Laughter*] "So dem dog now, go become extinct and dey are an embedded part of the culture of our country, and dem saying, dem dog now, somebody hah to claim ownership of de dog. Dey hah to kerry dah poor pot-hong to license it. Dey hah to pay to license it. Dey hah to pay to register it, an den yuh hah to kerry it to geh ah microchip. I doh know which pot-hong go take dah microchip. Den yuh hah to tag it. Yuh hah to tag de pot-hong. Yuh hah to tag it. All ah dis now dey want for all dogs, eh. We want it for pit bull, and we pass ah law already for dat. Dey are saying no, no, no, it must apply to all dogs."

"Den dey say, in order—and here is de important part, eh. Yuh hah to read between de lines. Den dey say in order to be registered and licensed, however—dis is for all dogs, not just pit bull, the owner should present ah certificate of health signed by ah vet who examined de dog. And yuh know, probably charge ah lil fee, of course. So all dogs must now go to ah vet. Yuh hah to pay ah fee to de vet, an de vet go sign ah certificate ah health. I mean what is dat? What is dat really?" It is impractical.

But more than that, the people in the public—the public whom we represent here, I do not know if "dey understand dat is what de PNM suggesting today, dat all dogs must go through dis. The financial cost of dat, by the time yuh pass ah law like that, dog ownership is going to be an elitist activity. It is going to be for

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de rich alone who could afford all of that. There are people who have dogs and dey have dem to eat lil scraps ah food and so on, but dey can't afford to go and do all dis".

Yes, and then dey want all dogs, "dogs dat are spayed or neutered can have a discounted registration fee. Dey say dogs dat implanted with microchip, you have to make sure de microchip working. Dey den say, have two categories of dogs, under 25 kilograms and over 25 kilograms. It sounded good at first blush, but when I looked at de research, all over de world, yuh know wah people was doin? De week before dey kerry dey dog to get weigh, dey cut down on de meals."

**Hon. Member:** "Dey starve dem like dat."

**Sen. The Hon. A. Ramlogan SC:** Yeah, "dey starve dem. A week before yuh kerry yuh dog to geh weigh, yuh know, yuh starve—yuh hit him ah lil starvation diet an de dog weighing under de par. So yuh doh have to register him because he under 25".

**Dr. Gopeesingh:** Like a jockey or a boxer.

**Sen. The Hon. A. Ramlogan SC:** "Dat is like in wrestling an boxing an so on, people does do dat. [*Crosstalk*] So even dat suggestion was not, you know, it was not a rational one", with the greatest of respect, and it has caused problems in its own right.

"Then dey say well, okay, dey will agree—we hah to fight and wrestle, but dey say okay, dey will agree to de fencing. Den dey say dey wanted to phase in the implementation of the microchips, dey say take ah year. And den came the important one. Dey say well, you know, dis microchip ting is very important, and we want dat only vets could implant dese microchips, nobody else. Now to implant a microchip obviously, you know, it doh come for free. Yuh hah to buy de microchip. Yuh hah to pay to have it implanted, and I say okay, no problem. If you all feel dat vets alone could do dat, no problem with me." I am fine with that.

Then here is this one: owners need to provide national picture ID when taking "de dog to be implanted. And den dey say de dog mus have ah ID. A Bhagwan! De dog! Hear nah, by de time dey finish with me, de dog have ah birth certificate, ah death certificate, ah ID card, ah passport, ah visa, ah NIS, and ah BIR. [*Laughter*] And after that, dey go come by Minister Ramadharsingh for ah food kyard". [*Laughter*]

"Ah I mean, let us be realistic and reasonable, and "dat is what dey run from; from hearing dis, from hearing de troot. This is de raw and harsh reality, dat is

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what it is. Yuh can't pass law like dat. The country is crying for protection from dangerous pit bulls that wreak havoc and terror on our society. Den they say yuh must have legislation regarding de humane treatment of animals. I do not have ah problem wid dat." I told them, I said, this is not the Bill for that, but I agree with you the whole question of the treatment of animals, animal cruelty and the welfare of animals, is one that as a society, we must deal with, but here is not the place for that. That requires a whole new Act, because animals "doh jus include dog, it go include, cats, rabbits, every kinda pet, and dat" is going to take a lot of policy formulation and consultation with the national community.

**Hon. Member:** Snakes.

**Sen. The Hon. A. Ramlogan SC:** Even snakes, yes.

**8.25 p.m.**

Then they wanted exemption from training for certain dogs; they then wanted training for the police service in the handling of dogs; they then wanted dog-control personnel; they then wanted—they say, "Listen, all medical practitioners must be mandated by law to report dog bite." They asked that I, as Attorney General, bring a law to the Parliament to establish what is referred to as a dog bite registry. [*Laughter*] A dog bite registry! [*Crosstalk*] I mean, we as a society are trying to grapple and come to terms with teenage pregnancies, unregistered births and deaths and all kinds of things, "Dem wa' ah dog bite registry", and they are serious.

So I told the person who made that suggestion, I say, "Well why don't you all do it. You all set up a lil website and leh people email in when dog bite dem." [*Laughter*] No, and I will give you the response. "This is de only thing these people eh ask for, is fuh me to talk to dem dog dem to find out whey de dog want." [*Laughter*] And the person who made that suggestion, mind you, is somebody who told me that "dem does talk to dog." [*Laughter and crosstalk*] They call him a dog whisperer. [*Crosstalk*] Yes, you are right; is a dog whisperer. [*Crosstalk*] And then they say—[*Interruption*]—yes. So that is the position there.

Now, I want to come briefly to the *Hansard* (unrevised version) from the last occasion. After all the song and dance, we can summarize the contributions from the Opposition as Shakespeare said in *Macbeth*, act 5 scene 5, it is full of sound and fury and signifies nothing. This is what the hon. Leader of the Opposition had to say when this matter was debated the first time around. He said:

"We are happy that this Bill is before the House today..."

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This is the same breed-specific legislation that today they hypocritically turned around, criticized and condemned. This is what he said then.

“We are happy that this Bill is before the House today to get our support to do what...should have been done since the original attempt to remove the menace from the public place...

Maybe...the Attorney General was listening to interest groups saying that the dogs are nice and loving pets; and maybe we should not ban them or destroy them at that time”—maybe—“he did not have the information which has convinced him now, as he has said, that notwithstanding what the current owners might want to say, these animals are, in fact, very dangerous.”

That is the tone and content of their debate on the last occasion. And then he goes on, the hon. Member for Diego Martin West, he says:

“The one thing that is not in dispute—not even the owners themselves can dispute—is that the fundamental issue with these dogs is not that they are vicious and strong, but that they are unpredictable. It is the unpredictability of the dog. That is...because you never know what they will do.”

I want to repeat that.

“It is the unpredictability of the dog.”

I want to ask the Member for Diego Martin West who has led the “lil” exodus here because they do not want to listen to this kind of truth. When he said, and I quote—when Dr. Rowley said:

“It is the unpredictability of the dog.”—the dogs—“are vicious and strong, but they are unpredictable.”

I want to ask the question: which dog he was referring to? If you cannot identify this dog, which dog he was talking to? He was debating a Bill to target pit bulls and, today, they come and say, “Doh pass breed-specific legislation.” Well, which dog did he identify in his own mind when he was making that contribution? Then he goes on:

“That is the problem”—you know—“you never know what they will do. If the dogs decide to attack—as the record shows—that attack poses a threat to the public. That is the issue.

Mr. Speaker, to say that other dogs are dangerous is not the issue. Other dogs are dangerous but their pattern of behaviour is relatively known and can be anticipated.”

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That is the hon. Leader of the Opposition, Mr. Speaker, and I want to repeat it. He says:

“If the dogs decide to attack—as the record shows—that attack poses a threat to the public. That is an issue.

Mr. Speaker, to say that other dogs are dangerous...”

—which is what they come here today to say; that other dogs could be dangerous. I agree, a pothound could be a dangerous dog; a pompek could be a dangerous dog. That is true. Theoretically, yes in the same way any man could be a dangerous man, but you do not legislate based on the exception, you legislate based on the empirical evidence for the problem that confronts you in a society now, and the problem, as Dr. Rowley identified it for us—he said:

“Mr. Speaker, to say that other dogs are dangerous is not the issue. Other dogs are dangerous but their pattern of behaviour is relatively known and can be anticipated.”

So he was singing a different tune then but, today, they come to flip-flop. That is their style of politics, to constantly flip-flop.

Now, Mr. Speaker, I want to reassure the public that this is not a case of legislating in a vacuum. Breed-specific legislation occupies a place in many countries in the world amongst their laws, and let me just cite a couple to show that this thing is not so novel. It cannot be that the Government must come to the people of this country and say, in the face of the avalanche of terrible and horrifying attacks by pit bulls that, “We cyar pass this law yuh know because people say dey doh know how to recognize a pit bull.” That is madness! “How yuh go say that when everybody, you know—ah mean everybody on the ground know whey de thing is man, come on.” But, more than that, how could we say that when in Australia, the Companion Animals Act 1988, places restrictions on certain breeds of dogs including the American pit bull terrier and the pit bull terrier; breed-specific legislation.

In Canada, the Canadian Federal Government, some municipal governments, in Canada they have breed-specific legislation and the dog they banned is, guess what? Pit bull! Ontario Dog Owners’ Liability Act 1990: in Ontario, in 2005, they amended their law to place an outright ban on ownership and breeding of pit bulls, and in a case where a pit bull was owned prior to the Act, they are grandfathered subject to certain restrictions and controls.

Now, bear in mind, Mr. Speaker, you cannot please everybody in this country, you know. This Government took a decision to proclaim the 2000 Act which was to ban pit bull complete. When we did that, people gone around Queen's Park Savannah—they had big march and protest and say, "Yuh eh consult we, we love we dog, the dog is ah member ah meh family, ah love it more than meh child and meh wife," and then in the same breath when we come and we pass responsible ownership of dog, and put the emphasis on the dog owner, those same people say, "Buh we go leh go dem pit bull. We go leh go dem pit bull, nobody eh go want to own pit bull and we go leh go dem on all yuh. So wha happen to the lil child from before? All yuh forget 'bout de child?" Nonsense! This Government will not be held to ransom by anyone, and we will pass laws because the public needs it; the public wants it and we need protection from pit pulls. [*Desk thumping*] We will do it because it is the right thing to do, for the right reason, for the right people because they need that protection.

Mr. Speaker, in the United States of America the following states have banned pit bulls: Arkansas, Colorado, Miami Dade County, Iowa, Sioux County, Iowa; Overland Park, Kansas; Prince George's County, Michigan, Missouri, New York City, New York; Rhode Island and Utah.

The following states have placed restrictions on the ownership of pit bull-type dogs: United County, Kentucky; Livingston County, Michigan; and Toledo, Ohio. The United Kingdom at the moment, as we speak, their law is breed-specific, and the four types of dogs they have banned are the same four that are included in our schedule: the pit bull terrier, the Japanese Tosa, the Dogo Argentino and the Fila Brasileiro, same dogs.

So I do not know, but it looks like the vet them in England—the white man vet—like he could identify a pit bull, but in Trinidad the vet them cannot do it. They have breed-specific legislation for pit bulls in England. So do they have problems? Yes they have problems—but any law you pass you bound to run into problems—but that does not mean that since 1991—2013 they have not had breed-specific legislation.

The following countries—coming closer to home—Mr. Speaker, have all banned pit bull-type dogs: Bermuda, Denmark, Ecuador, Norway, Venezuela, Portugal, Puerto Rico, Romania, Singapore, Spain, Turkey, Ukraine, Germany, France, Republic of Ireland, Malta, New Zealand and Poland to name a few. The vets in all those countries could recognize a breed of dog, and the law could ban it, but we in Trinidad and Tobago, "Well, we cyar recognize it", so we must not ban them; we must not regulate them. Nonsense!

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Mr. Speaker, you know, then it comes to how—they raised the point, well how are these countries going to allow their vets and so on to recognize the dog? You know how, Mr. Speaker? They use the same formula we are using in this amendment. Listen to what, for example, in the State of Iowa, the Council Bluffs locality, this is what the details of their law is: They said they banned the pit bull terrier the American Staffordshire terrier and so on and they said:

“...or any dog displaying the majority of physical traits of any one or...the above breeds...or any dog exhibiting those distinguishing characteristics which substantially conform to the standards established by the American Kennel Club or United Kennel Club for any of the above breeds...”

That is how they deal with it. The legislation deals with displaying the majority of physical traits of any one or more of the above breeds or any dogs exhibiting those distinguishing characteristics.

And then, Mr. Speaker, you come to Colorado, Aurora and they say a similar thing. This is what they say, similar to what we have portrayed:

“...any dog displaying the majority of physical traits of any one (1) or more of the above breeds, or any dog exhibiting those distinguishing characteristics which substantially conform to the standards established by the American Kennel Club...”—

or the United Kennel Club. The words “substantially conform” or the word “predominant” is used throughout the world to highlight the fact that in breed-specific legislation, one cannot expect that the dog will mirror in identical fashion every single trait or every single description. That is why they say, “it is substantially similar” or, alternatively, they say, “predominantly”.

Now, Mr. Speaker, I come now to a substantial point raised by the Member for St. Joseph, which had to do with the correspondence received by the Law Reform Commission and the Office of the Attorney General, as part of the stakeholder consultation process. And, Mr. Speaker, they make heavy weather of the fact that I paid fulsome tribute publicly to a person by the name of Kristel-Marie Ramnath, and I want to say for the public record, I do not today withdraw that public praise because of the civic-minded nature of the submissions made to us because I thought that they were going beyond the call of duty, and I paid public recognition to that, and I will not shirk from that. When I made those statements, I made them because I felt that the person deserved it.



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Subsequent to that, I received certain correspondence that sort of caused me to lift a brow because they submitted things to the Law Reform Commission, we received it, we analyzed it and I said, “Well, this person is a civic-minded Trinbagonian who deserves praise on the public record because she took time to send in these submissions and so on which we considered.” Subsequent to making that statement in the Parliament, and subsequent to the Member for Diego Martin North/East, I received certain correspondence and so on that caused me to lift an eyebrow. Clearly, it has been shared with the Opposition. I am forced to defend myself to reveal the details of that, which I would not have otherwise done, but here we are.

Now, on Monday, February 10, 2014, I received a message from the said Miss Kristel-Marie Ramnath who made all these submissions to us, and I acted in good faith; I thought they were acting in good faith. She is not a vet, she is an animal behaviouralist, apparently, but this is what the message said, sorry:

Something I forgot to bring up with you.

This is after I paid on the *Hansard* on record fulsome tribute for the submissions that she sent as a member of the public to the Law Reform Commission. This is what she said:

Something I forgot to bring up with you. Thus far, I have been giving of my time and services freely but being self-employed and doing most of my work pro bono this is not very sustainable. I am not mercenary, but if we are to do this professionally then I should be charging a consultancy fee. Just wanted to clear this with you, can I invoice the Ministry for this? [*Crosstalk*] February 10, 2014.

**8.40 p.m.**

So after you in good faith in response to public consultation, you send in submissions and I, you know, in good faith, take it upon myself as Attorney General to pay tribute to you in public in the Parliament for the good work that you have done for making submissions to us—after I do that in a patriotic spirit, then after that on Monday 10 I got this message. So I am confused. I am confused. And I said, “But wait a minute”. I wanted the Member for St. Joseph to hear this because he got all the email, he got all the correspondence but he did not get this, you see. It is the essential vital missing link sometimes in the puzzle.

After someone in response to an invitation for public stakeholder consultation with civic-minded citizens, submit things and you consider it, after you pay

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tribute to them they will write you and say, “Well, could I send a bill? Could I send a consultancy fee invoice?” This is what they say:

Thus far, something I forgot to bring up with you—

In other words, I did not hire them, this is a public consultation and people from all over the country writing; she is not the only person. So after, you know, I thought I would pay tribute because she did do a lot of good work.

**Hon. Member:** What is the date of that?

**Sen. The Hon. A. Ramlogan SC:** Monday, February 10. She says:

Something I forgot to bring up with you. Thus far, I have been giving of my time and services freely, but being self-employed and doing most of my work pro bono, this is not very sustainable. I am not mercenary, but if we are to do this professionally then I should be charging a consultancy fee. I just wanted to clear this with you, can I invoice the Ministry?

She could invoice the PNM for that now, but how can I allow you to invoice the Ministry retroactively when you were simply out of public spirited behaviour, I thought, responding to a public invitation because it was advertised in the newspapers to ask everyone to submit their views. It went further. It went further. On February 12, 2014—this email apparently he did not get it, or if he got it he did not read it. You see, they read all kinds of things to attack us. This is the email of February 12, 2014. This is what they said Ms. Ramnath addressed the Chairman of the Law Reform Commission to say:

I take this opportunity before the debate on Friday to again air some issues that I believe important for inclusion within the said Act. Obligatory reporting of dog bite incidents and dog related facilities inclusive of the breed of the dog, the circumstances surrounding the attack and the age and gender of the victim, this should be mandatory for all physicians treating such cases for veterinarians travelling, treating cases of dog attacks, et cetera.

Then having said that, as I said before, Mr. Speaker, Ms. Ramnath was in fact advocating that we establish a dog bite registry. “She said every time a dog bite ah man you must go to—it have ah dog bite registry. I told her, but the State cannot finance dem thing gyul, we have to see about hospital beds and thing for people.” A dog bite registry! So I said, well, you know, the State cannot, we cannot take that responsibility, I am sorry. In the future maybe but not right now, as a society we are just not there yet.

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So she writes me on February 12, and she says:

Obligatory reporting of dog bite incidents and dog related fatalities, inclusive of the breed of the dog involved, the circumstances surrounding the act, and the age and the gender of the victim. All physicians treating such cases must report the dog bite. Officers of law involved must give a written statement. I am willing—

and then here comes the catch. Here comes the catch, Mr. Speaker. After you set up the case for the dog bite registry, here is what she says:

I am willing in the interim to be contracted to set up and monitor a database for this purpose.

So I must agree to set up a dog bite registry and then astonishingly, here presto: “I am willing to be contracted to set up that.”

My idea, I make it to you and if you accept it well I say, “Well, hey, I am here to do it for you, contract me”. Then she goes on further—that is not the only thing you know, she goes further, she says:

Mandatory reporting by veterinarians of individual animals that pose a risk to society based on their behaviours for the purposes of early intervention. Although it is not systemically reported, problem behaviours often precede more serious attacks and should be sufficient evidence for pre-emptive action.

Now what she is saying here, Mr. Speaker, is that before you set up—she wants the dog bite registry, and then she said, “No, well before we get the dog bite registry, you must have an animal behaviour registry.” “So you know when your child born yuh does carry them by the paediatrician, you carry them by their grandmother to rub hasoolie and soft candle and thing, well dem talking about that for dog.” You must set up an animal behaviour registry, and just how the dog behaves you have to keep log. Log how the dog—if he bark once, you put dog bark once; dog bark twice, you put dog bark twice; the dog run, you put the dog ran; the dog caught his first frisbee today, you get a picture that is to put on the dog ID card. [*Laughter*] Yes. You know, the dog tail grow an inch, take out a picture; you have to put that in the dog passport, and that is the idea.

So Ms. Ramnath then says—astonishingly again, she says:

So the mandatory reporting of behavioural things, although it is not systematically reported, the problem behaviours often precede more serious attacks and should be sufficient evidence for pre-emptive action.

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And then she says this:

Again, I am willing to assist in a consultancy role to set up this and we can discuss this further.

That is about the third or fourth consultancy contract I would have had to give out. “By the time all that finish we eh have money to buy bed in the hospital or to pave a road, or to build a box drain.”

So when people talk, they do not contextualize it, you see, and I did not want to bring out all this, but you see it is completely wrong to have selected correspondence read out in the Parliament without locating it in the proper context. Half the truth is oftentimes worse than a lie. You see? So, you know, I could really go on and on about it, Mr. Speaker, but the point is, I think we have gotten the picture. I think we have gotten the picture.

I then go to the proposed amendments to the Bill, and although we had a quite lively and engaging debate, Mr. Speaker, that dealt with matters far and wide, I want to bring us back home to remember that what we are doing today is debating amendments to an Act that was passed, and passed unanimously so with 36 saying aye. The first change is in the definition of “class A dog”, we will be including two new kennel clubs. The second is, we are saying the word “Ministry” should obviously relate to Ministry of Local Government. We have deleted “without reasonable cause” because the dog cannot have reasonable cause in its mind, only a human can. And we then come to the place where dogs if they go in a public place, we have made special provision for assistance dogs being used for the purpose of securing the location or use by the police.

We then come to the registration period. I accepted the point made by the Member for Diego Martin North/East, and I have enlarged the time for the registration so that it will now be within six months of the law coming into effect, or one month of becoming the owner of the dog. We have made provision to exempt, as it were, the vets who will have to treat with dogs. We have exempted them from having to have a licence or any sort of thing, and we have exempted the animal shelters from having to have a dog licence because they are animal shelters.

We have done away with the death of the dog as a first option by providing in section 8(2) of the Act, by amendment, that the Ministry when it takes possession of the dog before they are destroyed let them first, for example, see if anyone wants to take the dog, or if an establishment for the reception of stray animals will take it, or await a seven-day period so that if anyone wants to come and take the

dog to adopt it, they can do so before you put it down. Those are very humane measures. Bear in mind we have put a duty in the original Act for a duty of care on the part of the owner towards all dogs, and that applies to all dogs.

We have also, Mr. Speaker, provided a defence for a person whose dog attacks someone, and the defence is that if the person who the dog attacked was committing a criminal offence against you or your child, or any other person under your care, or your spouse and so on, that would be a complete defence to the dog attacking the person. We have, Mr. Speaker, created a further amendment to deal with the vets, as I indicated, and the amendment will be located in section 24 of the Act, and we have inserted the provision to exempt the vets. So where a veterinary surgeon keeps a class A dog in a professional capacity for the purposes of administering medical treatment to the dog or compliance with this Act, he is not required to hold a licence in accordance with the Act. He is required to secure those premises in a prescribed manner to prevent the escape of the dog however, and, furthermore, we have exempted similarly, any place that deals with stray dogs.

So, Mr. Speaker, in summary, I think we have accommodated and incorporated the suggestions which arose after the Bill was passed, and the suggestions, in particular, came forth during the course of the debate in the other place, and those suggestions really improved the law that was passed by Parliament. The amendments are not many, and I am proud to say that the Government has taken a very strong stance on this matter. The Ministry of Local Government will no doubt address the issue of capacity, and this law is one that is needed in society. It is time we stop pussyfooting around the issue.

There is a problem with respect to vicious attacks by pit bulls in our society, and we clearly have a problem that require a response from the Government. The Government tried to proclaim the old law which was going for outright extinction and prohibition, and banning of pit bulls. There was an uproar from the dog lovers, the vets and everybody. So we listened and we compromised, and we said instead of outright extinction and prohibition, we will go for a moderate and balanced approach which will place the emphasis on responsible dog ownership, care and control, and to that end, the law has provisions for fencing, microchipping, registering and licensing, insurance and matters of the like.

We have taken on board the comments made by all, but as is often the case in the process of consultation, you cannot please everyone. If you try to please everyone you will end up pleasing no one, and that is something we must always bear in mind. So I think that this is very sensible legislation; it is good law; it is

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responsible law, and it is law that will protect the society from any further threats from pit bulls because it will place a heavy penalty on the owners if they do not properly house and care for their dogs, and it will be whether it is a pit bull or not.

So, Mr. Speaker, with those few words I want to say that I am very proud to be associated with this path-breaking piece of legislation. It is our intention to implement it and to ensure that it is properly administered at the soonest opportunity. The regulations are being drafted, and those regulations will deal with the more nitty-gritty issues, such as the height of the fence, the depth of it, given that some dogs can burrow and dig, and so on. So there is a lot to be thought of in that regard and we are working assiduously with that, and we will indeed consult on that as well. But, Mr. Speaker, with those few words, I beg to move. [*Desk thumping*]

*Question put and agreed to.*

*Bill accordingly read a second time.*

*Bill committed to a committee of the whole House.*

*House in Committee.*

**8.55 p.m.**

**Mr. Chairman:** There are some clauses we will take in groups, and some clauses that are going to be amended we will take them by themselves or separately.

*Clauses 1 to 3 ordered to stand part of the Bill.*

*Clause 4.*

*Question proposed:* That clause 4 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 4 be amended as follows:

“4. In paragraph (a) (i), in paragraph (b) of the proposed definition of ‘class A dog’ insert after the words ‘established by the’ the words ‘Federation Cynologique Internationale, United’.”

*Question put and agreed to.*

*Clause 4, as amended, ordered to stand part of the Bill.*

*Clause 5.*

*Question proposed:* That clause 5 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 5 be amended as follows:

“5. Delete paragraph (b) and substitute the following:

“(b) in subsection (2) (c) by inserting after the word ‘Order’ the words ‘and documentary proof of such training is presented on request to any authorized representative of the owner or manager of the public place’; and”

*Question put and agreed to.*

*Clause 5, as amended, ordered to stand part of the Bill.*

*Clause 6.*

*Question proposed:* That clause 6 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 6 be amended as follows:

“A. Delete paragraph (a) and substitute the following:

‘(a) by repealing subsection (1) and substituting the following subsection:

‘(1) A person who owns a class A dog shall, within six months of the coming into force of this Act or within one month of becoming the owner of the dog, whichever is later, apply for and obtain a licence in the prescribed form from the local authority for the area where he resides and the dog is kept.’

B. Delete paragraph (c) and substitute the following:

‘(c) in subsection (5)-

(i) in paragraph (a) (iii) by inserting after the word ‘application’ the words ‘and he has not been convicted of a criminal offence for which the penalty is a term of imprisonment of one year or more’; and

(ii) in paragraph (c) by inserting after the word ‘implanted’ the words ‘by a veterinary surgeon’.

c. Delete paragraphs (d) and (e) and substitute the following:

“(d) by repealing subsections (13), (14) and (15) and substituting the following subsection:

‘(13) An owner of a class A dog shall inform the local authority of the loss or death of his dog at the earliest opportunity’; and

(e) by repealing subsection (18).’.”

*Question put and agreed to.*

*Clause 6, as amended, ordered to stand part of the Bill.*

*Clauses 7 and 8 ordered to stand part of the Bill.*

*Clause 9.*

*Question proposed:* That clause 9 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 9 be amended as follows:

“9. Delete

Renumber clauses 10 to 13 as 9 to 12.”

10 - 13

*Question put and agreed to.*

*Clause 9, as amended, ordered to stand part of the Bill.*

*Clauses 10 to 17 ordered to stand part of the Bill.*

*Clause 18.*

*Question proposed:* That clause 18 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 18 be amended as follows:

“Delete clause 18 and substitute the following:

Section 22 amended 18. The Act is amended by repealing section 22

and substituting the following section:

Seizure of dogs 22. (1) A constable or officer of a local authority has the power to seize and cause to be impounded a dog which he has reason to believe is—



- (a) In a public place in contravention of section 5; or
  - (b) On any premises without the consent of the owner or occupier of those premises.
- (2) Where no one claims to be the owner or keeper of a dog within seven days of the seizing of the dog under subsection (1), the dog shall be deemed not to have an owner or keeper and the local authority may—
- (a) give the dog to a person who will care properly for the dog;
  - (b) give the dog to an establishment for the reception of stray dogs; or
  - (c) cause the dog to be destroyed by a veterinary surgeon in a manner to cause as little pain as possible.’”

*Question put and agreed to.*

*Clause 18, as amended, ordered to stand part of the Bill.*

*Clause 19.*

*Question proposed:* That clause 19 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 19 be amended as follows:

“Delete clause 19 and substitute the following:

Section 24 amended

19. Section 24 of the Act is amended by repealing subsection (2) and substituting the following:

‘(2) Where a veterinary surgeon keeps a class A dog in a professional capacity for the purposes of—

- (a) Administering medical treatment to the dog: or
- (b) Compliance with this Act,

he is not required to hold a licence in accordance with this Act.

(3) Notwithstanding subsection (2), where a veterinary surgeon boards a class A dog in his premises, he is required to secure those premises in the prescribed manner so as to prevent the escape of the dog.

(4) A veterinary surgeon who fails to comply with subsection (3) commits an offence and is liable on summary conviction to a fine of fifty thousand dollars.

(5) The owner of an establishment for the reception of stray dogs that keeps a class A dog is not required to hold a licence in accordance with this Act.

(6) Notwithstanding subsection (5), the owner of an establishment for the reception of stray dogs that keeps a class A dog is required to secure those premises in the prescribed manner so as to prevent the escape of the dog.’.’

*Question put and agreed to.*

*Clause 19, as amended, ordered to stand part of the Bill.*

*Clauses 20 and 21 ordered to stand part of the Bill.*

*Clause 22.*

*Question proposed:* That clause 22 stand part of the Bill.

**Mrs. Persad-Bissessar:** Mr. Chairman, I beg to move that clause 22 be amended as follows:

“Delete clause 22 and substitute the following:

‘Schedule amended	22. The Act is amended by repealing the Schedule and substituting the following Schedule:
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*Dog Control (Amdt.) Bill, 2014*

*Friday, February 14, 2014*

‘Schedule

Class A dogs

(Section 4)

1. American Pit Bull Terrier
2. American Staffordshire Terrier
3. American Bully
4. Dogo Argentino
5. Japanese Tosa
6. Fila Brasileiro’.”

*Question put and agreed to.*

*Clause 22, as amended, ordered to stand part of the Bill.*

*New clause 5A.*

**Mrs. Persad-Bissessar:** Mr. Chairman, I propose that the following new clause 5A which reads as follows be inserted after clause 5:

- “Section 6 amended
- 5A. Section 6 of the Act is amended by repealing subsection (1) and substituting the following:
- ‘(1) A person who owns a class A dog shall, within six months of the coming into force of this Act or within one month of becoming the owner of the dog, whichever is later, register the dog in the prescribed form with the local authority for the area where he resides.’.”

*New clause 5A read the first time.*

*Question proposed: That the new clause be read a second time.*

*Question put and agreed to.*

*Question proposed: That the new clause be added to the Bill.*

*Question put and agreed to.*

*Dog Control (Amdt.) Bill, 2014*

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*New clause 5A added to the Bill.*

*New clause 13.*

**Mrs. Persad-Bissessar:** Mr. Chairman, I propose that new clause 13 which reads as follows be inserted after clause 12:

‘Section 15 amended	13. Section 15(2) of the Act is amended by deleting the words ‘one year’ and substituting the words ‘two years’.”
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*New clause 13 read the first time.*

*Question proposed:* That the new clause be read a second time.

*Question put and agreed to.*

*Question proposed:* That the new clause be added to the Bill.

*Question put and agreed to.*

*New clause 13 added to the Bill.*

*Question put and agreed to,* That the Bill, as amended, be reported to the House.

*House resumed.*

*Bill reported, with amendment.*

*The House divided:* Ayes 23 Noes 1

*Question put:* That the Bill be now read a third time.

**Mr. Warner:** Division! [*Laughter and crosstalk*]

AYES

Moonilal, Hon. Dr. R.

Persad-Bissessar, Hon. K.

McLeod, Hon. E.

Sharma, Hon. C.

Ramadhar, Hon. P.

Gopeesingh, Hon. Dr. T.

*Dog Control (Amdt.) Bill, 2014*

*Friday, February 14, 2014*

Rambachan, Hon. Dr. S.

Seepersad-Bachan, Hon. C.

Seemungal, Hon. J.

Khan, Mrs. N.

Roberts, Hon. A.

Cadiz, Hon. S.

Baksh, Hon. N.

Griffith, Hon. Dr. R,

Ramadharsingh, Hon. Dr. G.

De Couteau, Hon. C.

Khan, Hon. Dr. F.

Samuel, Hon. R.

Indarsingh, Hon. R.

Roopnarine, Hon. S.

Ramdial, Hon. R.

Alleyne-Toppin, Hon. V.

Partap, Mr. C.

NOES

Warner, Mr. J [*Crosstalk*]

*Question agreed to. [Desk thumping]*

*Bill accordingly read the third time and passed.*

#### ADJOURNMENT

**The Minister of Housing and Urban Development (Hon. Dr. Roodal Moonilal):** Mr. Speaker, I beg to move that this House do now adjourn to Friday, February 21 at 10.00 a.m., and to place on record it is the intention of the Government to continue debate on the Midwives and Nurses (Amdt.) Bill, to debate the Miscellaneous Provision Licensing Committee Bill, 2014, Motion No.

*Adjournment*

*Friday, February 14, 2014*

[HON. DR. R. MOONILAL]

1 on the Order Paper dealing with the Standing Orders Committee Report and Motion on the 98<sup>th</sup> Report of the Salaries Review Commission of the Republic of Trinidad and Tobago.

I beg to move.

**Mr. Speaker:** Before putting the question on the Motion for the Adjournment, leave has been granted to the Member for Chaguanas West to raise two matters on the Motion for the adjournment of the House. I now call on the hon. Member for Chaguanas West.

**9.10 p.m.**

**Seizure of Cocaine  
(Norfolk, Virginia)**

**Mr. Jack Warner** (*Chaguanas West*): Thank you, Mr. Speaker. I want to say I thank you for allowing these two Motions, and I will deal first with the Motion where I am asking for the need for the Government in the public interest to make a clear and definite statement with respect to the investigation into the 732 kilograms of cocaine seized in Norfolk, Virginia last year, as inaccurate media reports are currently impacting negatively on public confidence in the administration of law and order and on this country's international image and reputation.

Mr. Speaker, on December 20, 2013, a large quantity of cocaine was seized at the Norfolk port in Virginia, USA, and that has put this country once again on the map of the world. This country's reputation as a major drug trans-shipment country is getting worse by the day. There are numerous reports that shared the sentiments, that ordinary men and women on the street, only small time drug pushers and users are ever held, and the true money men, the real big fishes are elusive or untouchable. That is the sentiment on the street.

Mr. Speaker, there is widespread perception for a person to move drugs either in or out of this country so easily, that the entire system that should provide the control and checks and balances has been compromised, and perhaps has gotten rotten to the core. And this has been fuelled because so far whenever there are major drug busts there are no arrests.

You would recall September 2011, \$30 million in high-grade marijuana was discovered in a container of chicken parts at Point Lisas, no one has been held to date. When this happens the public loses trust and confidence in the system. They become skeptical, they become untrusting, they become cynical because they believe that the big fish once again has escaped.

*Seizure of Cocain (Norfolk, Virginia)*

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Mr. Speaker, in these high-profile cases, even outside of this country people are following to see if anyone would be held or prosecuted. Today in the modern world with the Internet, news travel very fast and all the local media—all of them—are on the Internet. From the time this drug bust had been discovered in Virginia, it was reported that a US Drug Enforcement Agency flew into this country to investigate the shipment of cocaine.

Mr. Speaker, January 18, 2014, Joel Julien in the *Express* headline, “DEA in T&T to probe \$.6b cocaine bust”. In that report Joel Julien of the *Express* said, “the US Drug Enforcement Administration (DEA) is in this country investigating the \$.6 billion bust”.

Mr. Speaker, the *Newsday* on January 20, 2014, headline: “Local group behind ‘coke’ in juice tins”, and that article written by Nalinee Seelal, among other things she said:

“...high level National Security sources who confirmed that US Drug Enforcement Administration (DEA) agents are in Trinidad working with agents from the local Strategic Services Agency (SSA) and the National Operations Centre (NOC) to weed out the persons behind the shipment.”

In that same article, Mr. Speaker, Miss Seelal said:

“...a breakthrough in terms of arrests is imminent...”.

Mr. Speaker, that same day, January 24, 2014, *Power 102 FM*, news power, reported, “Officials from TT are to meet with investigators from the US Drug Enforcement Agency”. January 21, 2014, the *Express* again, “Two-year hunt for drug dealers” and they said, I quote in part:

“Yesterday afternoon”—and this article is by the famous Mark Bassant from the *Express*. I will say more about him another time, but not tonight. So, what the article said, Mr. Speaker, Mark Bassant said:

“...DEA agents, along with members of the Strategic Services Agency (SSA) and other high-ranking law enforcement officials, met from close to 2.30 p.m. for almost two hours...”—he continued—“...Homeland Security has now taken active charge of the investigation...”—in Trinidad and Tobago. He said—“...senior intelligence sources informed the *Express* and *TV6* News about some of the plans discussed to tackle this investigation.”

Mr. Speaker, January 22, 2014, in the *Guardian*, “Whistle-blower helping DEA, 3 T&T businessmen linked to cocaine haul”, by Geisha Kowlessar and

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[MR. WARNER]

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Khamal Georges. And in *Carib Zone News*, January 20, 2014, “Drug enforcement officials meet today on \$.6 billion can cocaine bust”, and that article says that:

“The DEA are expected to meet with officials of this country’s Customs and Excise Division today. DEA officials are said to be in the country investigating the situation”.

Mr. Speaker, January 23, on Carib Live News, again, “DEA agents investigate TT cocaine bust. A team of DEA officials are in Trinidad working with the local police assiduously”. *New York Amsterdam News*, January 29, big headline, “Big drug bust sends DEA rushing to Trinidad.” And I quote again, it says:

“This month they have seen more than 50 drug enforcement officials and other federal agents scampering to the south Caribbean island of Trinidad”.

The article says further:

“The bust has thoroughly embarrassed the administration of Prime Minister Kamla Persad-Bissessar, especially, because it has not been able to fend off criticisms from locals that it lacks the political will to go after the big fishes in Trinidad.”

Mr. Speaker the same article, “DEA and FBI agents on the island have narrowed down the players to a few prominent businessmen”. As if that is not enough, January 24 in the *Guardian*, “DEA close to closing \$.6b cocaine case.” And they say here again, “more people from the DEA are in the country.” To the credit of the Minister of Foreign Affairs, however, when the article said on the same day that “the United States Department of Justice yesterday issued a diplomatic note to TT’s Foreign Affairs Ministry for provisional warrants to be issued for three suspects described as ‘businessmen’, the Minister of Foreign Affairs, Mr. Dookeran, categorically denied that. That was the only denial in this whole incident.

He said, I quote him:

“We have received no diplomatic note on this matter.”—Winston Dookeran.

Mr. Speaker, the Government will say, quite rightly, that they are not responsible for what the media print and that one should not believe everything one reads in the newspaper, and that there are some truth to that as well, but the Government has a responsibility to protect the image of this country and therefore if statements are made like these, either inaccurate or damaging to this country, it means that the Government must say so.



Mr. Speaker, if there are reports circulating that are creating a false sense of security or excessively, especially giving citizens an erroneous level of expectation, then I believe it is this Government's obligation to ensure that the citizens are appropriately informed.

Let me say very early, Mr. Speaker, in all my research, at no point in time did I read or hear the Minister of National Security say that DEA agents are in this country. I looked and looked and looked. Had it not been for the *Sunshine* newspaper, which some Member called odious last week, this paper—[*Holds up paper*]*—*we were able to call the DEA people. First, of course, the paper was able to call officials in Miami; we called officials of the DEA in Virginia, we called them in Washington. I want to say that to date not a single DEA official has come to this country to investigate this cocaine bust and everything so far has been a hoax. Had it not been for this—[*Holds up paper*]*—*and the investigation carried out by this paper, the country would have believed that this was the case.

Mr. Speaker, I am saying therefore that when we spoke to the head of the public affairs office at the US Embassy, Alexander McLaren, and DEA special agent, Joe Moses of the affairs office in Washington, they said that they know nothing about this. In fact, DEA special agent, Joe Moses who is here, he has a permanent office here, I quote him, he called the newspaper and said:

“I personally have no knowledge of any DEA agents who went to Trinidad.”

**Mr. Roberts:** Where the media get all of that?

**Mr. J. Warner:** That is the question. So, therefore, what is all this hype about? Why was this hoax carried out on the country? And my point is this, I repeat, the media could write what they want, as they have been writing in the past, and we can say that the Government—maybe they can say you do not have to believe what you read—[*Interruption*]

**Mr. Speaker:** You have two more minutes.

**Mr. J. Warner:** Thank you, Mr. Speaker—but when a country's image and reputation is at stake, then the Government must be in charge, and that I am saying was not the case these past few weeks.

Mr. Speaker, I am asking the Minister of National Security to clear the air. He must tell us whether DEA agents came to this country in relation to this investigation; whether they are still here and whether they have sought warrants for persons' arrest as reported in the media.

Mr. Speaker, I thank you.

**Mr. Speaker:** The hon. Minister of National Security.

**The Minister of National Security (Sen. The Hon. Gary Griffith):** [*Desk thumping*] Thank you, Mr. Speaker. Mr. Speaker, hon. Members, in response to the matter raised by the Member of Parliament for Chaguanas West, I wish to provide the following information and it would be very clear. There is an ongoing joint investigation between the Trinidad and Tobago Police Service and the Trinidad and Tobago Customs and Excise Division to probe the 732 kilogram cocaine seizure in Norfolk, Virginia last year. However, in light of the fact that the investigation is ongoing I can neither intervene nor comment on the status of this at this time.

I can repeat it again, Mr. Speaker, but knowing full well that the Member of Parliament for Chaguanas West, himself being a previous Minister of National Security, knowing the importance of confidentiality and knowing my place in national security, it would not be appropriate for me in any way to actually reveal any matter pertaining to this investigation at this time.

Mr. Speaker, however, what I would like to state is that it is indeed unfortunate—and the Member of Parliament, he actually spoke about the inaccurate media reports. What I wish to speak about is the inaccurate reports from politicians who have actually tried to put this much more than it really is. The joint intelligence that we have seen between our agencies and that of our international allies has continued to bear fruit, and I could refer to several different matters in the recent past that will confirm that our intelligence agencies are second to none and they are doing exactly what is required.

The Member of Parliament for Diego Martin North/East, just two weeks ago, and I quote:

“Strike one”—this is what he said—“I noticed that the Prime Minister of Trinidad and Tobago has repeated that as a result of sharing of information and intelligence that was the reason for the drug-bust hit.”

Mr. Speaker, I was actually next to the Prime Minister at that time and the Prime Minister statement, to quote:

“We were able through our allies to bust this container of goods. The shipment left Trinidad and Tobago but what transpired after that is still sensitive and still under investigation.”

At no time did the Prime Minister say, as was stated in a newspaper article that we had a hand to play.

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I can then move on to strike two. Again, the Member of Parliament for Diego Martin North/East, when in his zeal to try to embarrass our intelligence agencies, he shouted:

“This was a cold hit!”

And then continued to allude to the fact that our intelligence agencies were clueless and they did not know what was going on. But he is doing this based on media reports. But the same media actually stated from Mark Bassant, on January 21:

“Over the last year and a half from Trinidad the DEA were closely monitoring the situation. The shipments left Trinidad on May 26, and this was not the first hit based on the DEA’s intelligence”.

So, one article was actually stating that the DEA has been on top of this for a year and a half, but because the Member of Parliament for Diego Martin North/East, for him being so eager to try to embarrass the Government, not realizing he was trying to embarrass our intelligence agencies, he made statements that “this was a cold hit and our intelligence agencies had nothing to do with it.”

Again I want to stress, Mr. Speaker, that I am not going to make any statement pertaining to this investigation at this time. As far as the Trinidad authorities are aware, there is an investigation and it is progressing, and we are continuing to work with our intelligence allies. Mr. Speaker, to confirm the fact that our intelligence agencies are actually doing what it is that the Member of Parliament for Diego Martin North/East said that they are not doing, I can refer to just two quick matters. On October 10, 2013 a French naval vessel was intercepted, and this was based on joint intelligence between our intelligence agencies and the French customs where they seized 210 kilograms of cocaine, at a street value of US \$100 million.

**9.25 p.m.**

This was the same intelligence agency that the Member of Parliament for Diego Martin North/East was trying to criticize.

I can then move on, Mr. Speaker. On September 02, 2013, based on intelligence-gathering and working with our allies, they were able to seize 800 kilograms of cocaine at a street value in excess of US \$300 million. This is a fact, and this had to do with the SSA and the Transnational Organized Crime Unit. Our intelligence agencies continue to work with our intelligence agency allies, and this is what they would do in this investigation.

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Mr. Speaker, and again, it shows the difference with what we have been doing recently, where we see that it is important for us to work with our allies, likewise with Colombia and Venezuela. There were security agreements in 2005 and 2008 that were dormant. We have now re-energized them and we are working together; we are sharing information, and that is what we need to protect our borders. So when the Member for Diego Martin North/East continues to speak about OPVs, we continue to speak about intelligence, and his own was a lack of intelligence.

Mr. Speaker, before I close, again, I just want to voice my concern where it seems that some people—they seem to be very concerned about the fact that this bust took place. But the fact is that we have said for so long—everyone claims that Trinidad and Tobago is a trans-shipment point; everyone claims that we are being used as a target for drugs to go in and out of our country, so if it is a fact, what should happen for us to stop this is to seize these drugs, and this is what we are doing now. Three hundred kilograms of cocaine seized, working with our allies, with the United Kingdom, the Spanish forces; 800 kilograms of cocaine seized with our Spanish allies, and that is what we are doing.

So this bust should be seen as nothing but value to us because in any business, if you are a criminal and you realize every time you come to Trinidad and Tobago now, 300 kilograms of cocaine seized because of our intelligence agencies, followed by 800 kilograms of cocaine seized at a cost of US \$300 million, and now \$600 million of cocaine seized, it means that Trinidad and Tobago is no longer an easy target. It is becoming a hard target, and my job as the Minister of National Security is to firstly deflect crime.

You know, people will say that we should be looking after the region. I agree, because Trinidad and Tobago is lead for security for Caricom, but charity begins at home. Mayor Rudy Giuliani said the same thing in New York City when the murder rate went down by 53 per cent, and other cities started saying, “But yes, but you are just sending away the criminals”, and he said, “Tough luck” because his priority was to deal within—with New York city. My priority is to deal with the Republic of Trinidad and Tobago. [*Desk thumping*]

So what we are doing now is the more hits we make like this, this should be seen as something that people should be pleased with. The only people that should be upset are the criminals themselves. The only people that should be upset would be those persons who are afraid that we are finally cracking the drug trade in this country. The only people who should be upset are those politicians for their selfish agenda that they do not want this to happen. But we are making it happen, Mr. Speaker. We are actually going ahead, cracking the drug trade, piece by

piece, and causing the deflection of drugs from this country. And there will be more seizures; there will be more hits, and that is because we continue to work with our intelligence agencies and our international allies as never before, and we will continue to do so.

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

**Mr. Speaker:** The hon. Member for Chaguanas West.

**Warrior Spirit  
(Poor Functioning of)**

**Mr. Jack Warner:** Thank you, Mr. Speaker. Mr. Speaker, my second Motion concerns the poor functioning of the vessel, *Warrior Spirit*, which services the domestic bridge between Trinidad and Tobago, and the adverse effects this is having on the travelling public and businesses in Tobago.

Mr. Speaker, two weeks ago, as Leader of the ILP, we were holding a meeting at Mason Hall Secondary School and some businessmen came there, with our coordinator, Mr. Lionel Coker, and they asked me to intervene to make representation on their behalf, as far as this cargo vessel is concerned.

The *Warrior Spirit* is the main cargo vessel between Trinidad and Tobago, and yet for the last two and a half months this vessel has been operating on one engine only. On December 07, 2013, this vessel developed problems with its starboard engine, and due to this fact—that the main engine is broken—it means that a one-way trip which would have taken some five to six hours, now takes 12 hours. As such, there has been a severe increase in the level of hardship for the transport contractors who ply their trade using, primarily, this vessel.

There is a massive pile up of goods for Tobago that is sitting on the port in Port of Spain and has been there for several weeks, and these Tobago owners are unsure when these goods shall be received in the island. Some businessmen are complaining about spoilage and also about losses through theft and, as such, because of this, you have now a spike in the cost of some goods because it means that consumers now have to pay more for these goods and services. As I speak, Mr. Speaker, many shelves in the supermarkets in Tobago are bare or empty and, as such, commercial activity in Tobago is being ground to a halt.

I am advised that for the last two and a half months where this vessel is operating on one engine, attempts were made to get parts to repair the 34 year-old vessel, and that these parts have not arrived in the country as yet. I am also advised that the dry docking of this vessel is long overdue. So with no parts

*Warrior Spirit (Poor Functioning of)*  
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coming in, with one engine dysfunctional, with a boat that needs to be dry docked, one has to ask the question: What have the people in Tobago—what have they done to deserve this crisis which is looming, Mr. Speaker, as it were? Because the *Warrior Spirit*, we can say, is like the umbilical cord to Tobago, as far as commercial activity is concerned.

Mr. Speaker, let me hasten to add that this *Warrior Spirit* has had a checkered history. So in some ways this is something which, I admit, the PP Government has inherited. My concern, however, is that they have not become proactive enough so as to get, first of all, the boat repaired—two engines—and also to get a second boat because, in any event, if even this is repaired, and repaired well, it will not be adequate for the task.

This vessel, at one time, was called the *Malta Express* and was built in 1980. It was introduced to the sea bridge between Tobago and Trinidad somewhere around the last 20/25 years, but from the very first day, Mr. Speaker, when that boat went on the sea bridge, there were problems. In October 2006, after that vessel was leased, it broke down on the very first day, and for 18 hours passengers were stranded. On January 27, 2011, again the boat broke down and 25 passengers and staff spent six hours in the Gulf of Paria. On June 15, 2011, again the boat stalled, and stalled with 75 passengers who boarded the boat at 1.00 p.m. on Sunday and spent five hours at sea, because of a broken generator.

We can go on and on, Mr. Speaker. The *Trinidad Express*, on April 17, 2013, headline: “Engine problems delay ‘Warrior Spirit’”, and said four hours later, because of mechanical malfunction, the boat could not reach Tobago.

*Tobago News*, December 22, 2013: “Warrior Spirit to limp into the New Year.” And it said that the boat will now sail every other day because of the malfunctioning engine. Mr. Speaker, last Thursday, the boat docked in Scarborough and more than four hours later the boat could not empty its cargo because, again, of the malfunctioning of the engine. You have the Chairman of the Tobago Chamber of Commerce, Ms. Hadad, who has been complaining bitterly about the lack of service from the boat and, moreover, the average time for the boat to make its journey now is about 10 hours when, normally, it is a five-hour trip.

Tobago is angry, and it is in that context they have come to the ILP, and to me, to talk on their behalf. Ms. Hadad, the Chairman of the Chamber of Commerce, has labelled this matter as a “crisis for the private sector”.

Mr. Speaker, the *Guardian* quoted the Minister of Transport at a post-Cabinet press conference saying—I quote the Minister from the *Guardian*:

“‘It had been running’”—and this is the boat—“‘on one engine over the past weeks, causing the service to deteriorate...The sailings were taking as many as 12 hours and the daily schedule had been reduced as a consequence.’”

The Minister continued, Mr. Speaker:

“‘That puts us into a major problem’, Cadiz said, adding that the vessel takes ‘not only general cargo but heavy cargo, like steel beams, gravel, sand and heavy materials’.”

Mr. Speaker, the question I ask today: What plans does the Minister have for Tobago? How can he give them a sense of hope?

*Tobago News*, on January 26, again complained, and they add that the boat will be going to dry dock in January. If this is the case, Mr. Speaker, what will Tobago do? And they made the point again, if the engine is fixed—and that seems to be a remote possibility, but if it is fixed, one boat is not enough. I ask the question of the Minister, tell us here: What is being put in place to alleviate the situation? The vessel is running on one engine. What, of course, is being done, as it were, to ease the burden of the business community in Tobago and, particularly, the consumers who have to pay high prices for goods and services?

Mr. Speaker, I thank you.

**Mr. Speaker:** The hon. Minister of Transport. [*Desk thumping*]

**The Minister of Transport (Hon. Stephen Cadiz):** Mr. Speaker, everything that the Member for Chaguanas West has said is true. This *Warrior Spirit* was contracted by the Government of Trinidad and Tobago on May 01, 2006. The boat, as of now, is in fact 34 years old, which means that the boat has, actually, maybe 14 years over its natural life because a boat similar to the *Warrior Spirit* would normally last maybe 20 years, maximum 25 years, after which time the boat should be taken out of service and probably scuttled—

**Mr. Roberts:** And the PNM put it in service after.

**Hon. S. Cadiz:** But this is something, again, that we have inherited. We have inherited a vessel that has been contracted. This is not something that we bought. The Trinidad and Tobago Government does not own the *Warrior Spirit*. The vessel is contracted through a company out of Miami, called Achiever Shipping Limited, and they are the ones who are responsible for the mechanical operation,

*Warrior Spirit (Poor Functioning of)*  
[HON. S. CADIZ]

*Friday, February 14, 2014*

for the running of the boat. They crew the boat; they fix the boat; they spend the money on the boat.

When the engine went down on December 08—the starboard engine—we were told, week after week, that the engine would be repaired; that they had crews coming in; they had parts coming in to repair the engine, and then, of course, after, maybe what, three weeks coming into Christmas, we realized that what they were telling us was not totally correct. Either they misjudged the extent of the repairs of the engine, and therefore, they could not fix the engine—to date the engine has not been fixed and the sailing time, yes—the sailing time has been increased from approximately five to six hours, to 12 hours. So we do find ourselves in a bit of a problem as far as that goes.

So that being said, what do we do? The first thing is that we have the fast ferries that have taken up some of the slack. There are two days—I think Tuesdays and Wednesdays—of every week where the fast ferry does not have the kind of loadings that they would normally have on weekends, and closer down to the weekends—the Thursday and the Friday—and therefore we have made space for lighter vehicles—up to five-tonne vehicles. Typically, the cargo vehicles would be three to five-tonne trucks. They are being accommodated on the fast ferry for two days of the week, in addition to other types of cargo.

We have been able to get the *Warrior Spirit* to increase its sailings from three to six sailings. So right now we are back on a six-sailing schedule per week, which would greatly assist Tobago in moving a lot of the freight. However it is taking 12 hours. So it takes roughly 12 hours to go up, but considering that the load coming back down from Scarborough to Port of Spain is a lot lighter than what went up, the sail time between Scarborough and Trinidad is roughly about 10 hours. So they can actually do it. They can do a sailing per day as a result of that.

**9.40 p.m.**

We have taken the necessary steps to deal with the persons owning the *Warrior Spirit* as far as the contract is concerned, and we are putting things in place, whereby we will be getting a new vessel coming on to the route, and I would say that would take us roughly four weeks. The Port Authority is about to award a tender for a vessel that is going to be less than 10 years old, very suitable for the run, a lot larger than what the *Warrior Spirit* is. So it is going to be able to get a lot more cargo and, therefore, that is being done. [*Desk thumping*] I want to assure Tobago, that by no means has this Government sat down and just said,



“Well, forget Tobago”, which is the impression the Member for Chaguanas West has given and that is not correct at all.

We have met with all the stakeholders in Tobago. We met with the Chamber of Commerce, we met with the THA, we have met with the Truckers and Traders Association. These are the people who do the transport between Port of Spain and Tobago, and we have kept them abreast of every single move that we have made. But again, where we are tied in with a particular contract, it is something that we have to be very careful that the Government does not then go and find actions being taken against the Government for cancelling the contract. So that is being done as we speak.

But a couple other things that we have also looked at, there have been endless complaints, for instance, at the ferry terminal in Port of Spain about the congestion. Sometimes those of us who might come down Wrightson Road or Beetham Highway on a morning, we would see that there is big congestion right around the terminal with the freight trucks trying to get into the terminal. That ferry would take approximately 70 trucks and articulated trailers and, therefore, all of these trucks and trailers are parked up outside by the lighthouse there, creating traffic jams there.

So, just a simple visit to the ferry terminal and what we have done is being able to utilize part of the Caricom jetty, which is totally underutilized other than two days for the week, and even so it is still a fairly large expanse of area that we can use. So we have reorganized the way in which the ferry is loaded, so that would ease up many of the truckers that would use the service. So instead of them coming there three and four hours ahead of the sailing, they can basically arrive in real time to get the sailing. So that is going to have a huge improvement.

A couple other things, the Tobago Terminal. The ferry terminal in Tobago, the passenger ferry terminal, has been completely redone. We are able to now house—where we originally were able to seat 300 people, we are now seating 600 people in air conditioned comfort. [*Desk thumping*] So that is being done. The loading ramp on the Port of Spain port, and the loading ramp and the jetty that is used to moor the *Warrior Spirit*, the contract has been issued for that where we are completely redoing the loading ramp itself. Again, truckers have complained, and quite rightly so, that over years the loading ramp area has deteriorated. So that is being done as we speak.

The break bulk area in Port of Spain, also not just the trucks but the area that some of the consignees use to load their goods—again, we are in the process of reorganizing all of that. That place is, I would use the term “a mess”. It has been allowed to be like that for a very, very long time; for decades in fact. We are cleaning up the entire area, making a much bigger and larger car parking space.

*Warrior Spirit (Poor Functioning of)*  
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So, you are going to see very, very soon, Mr. Speaker, that going to Tobago, either on the freight ferry or on the passenger ferry, will be a very different experience and we expect that to happen within the next couple weeks.

The new vessel, we hope to have that new vessel on stream. We are in the middle of February now. I would say that by the middle of March the new ferry would be here. That ferry where the *Warrior Spirit* was running at approximately 16 knots—that was the speed taking five hours—the new vessel we hope that would be running at about 24 to 26 knots. So, we are going to greatly improve the transit time between Trinidad and Tobago.

So, we have listened, we have visited Tobago, we have had them visit us in Port of Spain, we understand the problems. The history of vessels between Trinidad and Tobago has not been a very good history, and what we are doing in this particular case, we are sitting down with all the stakeholders to determine exactly what is their requirement. So when we go out for a permanent vessel—because this vessel that would be coming will be on a short-term rental until we could actually determine what really and truly is the right mix for Tobago.

Tobago at one time had two cargo boats going, then they went to one, then they went to a larger one. I mean, they have been all over the place with this thing. So when we finally settle on—which would maybe in about a month, two months' time—what the correct vessel is, I think Tobago is going to be very well and efficiently serviced as far as freight is concerned.

I guess that is basically what we are going to be looking at. There is only one other area of mention, I would say, which is the crewing of these ferries. Right now, the crewing is made up of a mix of both foreign and local crews and I hope that within the next couple months we will have an all Trinidad and Tobago crew running our boats. [*Desk thumping*] I do not see the necessity in having any foreigners run our boats. We are quite capable. We have the expertise here in Trinidad and Tobago and I really and truly hope that we can get that done.

So, to the Member for Chaguanas West, the whole issue of Tobago is very much on our minds. We understand the problems and we are working every day to fix these problems, and Tobago quite rightly deserves the very best service just as Trinidad does.

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

*Question put and agreed to.*

*House adjourned accordingly.*

*Adjourned at 9.47 p.m.*