

**ADDRESS BY MR. TERRANCE DEYALSINGH, MINISTER OF HEALTH  
OF THE REPUBLIC OF TRINIDAD AND TOBAGO AT THE OPENING CEREMONY OF THE  
4<sup>TH</sup> ADI NON-LATIN CARIBBEAN REGIONAL CONFERENCE  
ON ALZHEIMER'S AND OTHER DEMENTIAS  
RADISSON HOTEL, TRINIDAD  
8<sup>TH</sup> JUNE, 2017**

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Good Evening Everyone. Your Excellency, President of the Republic of Trinidad and Tobago Anthony Carmona; Ms. Ann Smith, President of the Alzheimer's Association of Trinidad and Tobago; Ms Norma Inniss, Former colleague of mine, former President of the Alzheimer's Association of Trinidad and Tobago and the Conference Chair Person; Mr. Dale Goldhawk, Vice Chairman Alzheimer's Disease International, Mr. Mark Wortmann, outgoing Executive Director, Alzheimer's Disease International; Dr. Raymond Jessurun, Alzheimer's Disease International, Regional Representative to International Organisations, members of the CARICOM Alzheimer's Association Families, welcome to Trinidad and Tobago, specially invited guests, ladies and gentlemen. On behalf of the Prime Minister of the Republic of Trinidad and Tobago, Dr. The Honourable Keith Rowley, it is my pleasure to welcome you here and to Trinidad and Tobago and to thank you for inviting me to address this your 4<sup>th</sup> ADI non-Latin American Conference.

This syndrome called Dementia is an equal opportunity enemy. Every person, every group you can talk to anywhere of the world will tell you they are discriminated against in some form or fashion whether it's by colour, whether it's by religion, whether it's by race, whether it's by ethnicity, whether it's by gender, whether it's by age. Dementia does not discriminate. It does not discriminate, it is an equal opportunity enemy and the statistic that was quoted earlier, I know the one trillion dollars was meant to scare you. I know the fifty million figure was meant to scare you but you know what the most important statistic was? If everyone can count with me; Count with me, one two three, a new diagnosis of dementia. That hits home. The smaller number three hits home more to me than the one trillion dollar spend or the fifty million people or the nine million new cases per year. When you break it down to a number you can understand, "three", one two, three, a new person. For every minute that's what? Twenty new people around the world with Dementia or Alzheimer's. That's scary!

And what concerns me as a policy maker is the absolute dearth of data and information we have in Trinidad and Tobago. On becoming Minister of Health I was appalled at how little hard data you have, and how do you make a decision as a policy maker as to where to put resources. So, I am hoping that

the Alzheimer's Associations of the Caribbean that one of the things that we can grapple with and start to work towards is proper data collation so we can understand the size of the problem we have in our individual territories and as a Caribbean as a whole.

I want to throw out a challenge to you here today to partner with the Ministry of Health to develop the first Dementia plan for the Caribbean in Trinidad and Tobago, and the reason I say this is that for those one or two people who follow me in the public domain, (That was supposed to be a joke, you can laugh) the one or two people who follow what I say, the same advocacy that we have brought to alerting the country as to the epidemic of NCD's in Trinidad and we were one of the first countries in the Caribbean to launch a most ambitious NCD program, I think we can also do it with Dementia. The appetite for policy formulation at the political level at my level is there, that appetite is there, that advocacy is going to be there. The same building blocks that we spent a year and a half in developing to launch the NCD plan, I don't see why we can't translate it into using similar building blocks to come up with a national plan, a national response for dementia, but like the NCD plan where we had to take a loan from the IDB for 48 million USD, a multiyear plan, the UK is now spending I think 250 million pounds on a multi university research project. The point I am trying to make, it takes money to care. We are not going to get there without money and dementia is one of these diseases and one of these conditions unlike NCD's, unlike cardiovascular disease that has serious human rights issues, and for this I want to thank the person who will be moving the vote of thanks, Dr. Jessurun. I read one of his papers, 'Towards Full Realizational Protection of all Human Rights of Persons with Dementia' at the ADI Conference 2016 in Curacao I believe, and the Human Rights component of Mental Disease or Dementia is something I don't think we have paid much attention to as policy makers. I don't know if you agree with me, but we need to come to grips with that.

So, what is the Trinidad and Tobago response? We have been looking at drafting legislation as to how we manage our long-term care facilities for people with dementia. There is too much of variability in the quality of these long stay homes and the time has come for some sort of licensing backed by legislation. We have started the development of memory clinics and are to start to offer screening for patients to facilitate early detection and the University of the West Indies is also continuing their research into dementia, the same with the Ministry of Health via strong advocacy at the political level and the technical level was able to be seen now as a global leader in development and implementation of our NCD plan that is one war we are fighting on one front. We cannot develop the Dementia National

Response without partnership with yourselves .So I want to encourage you to knock on my door which is always open. So Ms. Ann Smith you and I need to become friends.

And in tackling the issue of Dementia, we must not forget the impact on not only the person with the disease but also the impact on the primary caregiver and their families. I think that burden, as someone who had to nurse together with my sister's two parents through NCD's, strokes, Diabetes and so on, that was traumatic for a couple of years but with mental disease and with Dementia, it's a much longer term investment and I can't begin to imagine what primary health caregivers go through having had my own experience. But research into the area of dementia is a troubling one. There are not enough volunteers worldwide to participate in drug trials far less for the Caribbean; our population is way too small.

And even with that limitation, there is still some excitement brewing in the research community via program called trial match which our esteemed colleagues will know about. What trial match is trying to do is trying to collate data on over 100 clinical trials throughout the world so that people who want to participate in clinical trials can find a way to do that. They could enter their primary data and they could be matched to a clinical trial. So, that is some good news there, some light at the end of the tunnel.

So, in closing, I offer congratulations, I offer my hand in partnership and I look forward to working with my new-found friend, Ms. Ann Smith as we attempt to develop the first National Response in the Caribbean. To our visitors again I say welcome. To the Conference Chair Mrs. Norma Inniss I wish you all the best for your conference. I thank you very much ladies and gentlemen.