
THE

House of Assembly Debates

(OFFICIAL REPORT)

SECOND SESSION 1981 – 86

HOUSE OF ASSEMBLY

Tuesday, July 9, 1985.

Pursuant to the adjournment, the House of Assembly met at 12.20 p.m. o'clock.

PRESENT

His Honour C. L. Bolden, LL.B., (Speaker)

His Honour R. E. Brathwaite, (Deputy Speaker)

Hon. L. S. Craig, (Minister of Information and Leader of the House)

Hon. H. B. St. John, Q.C., LL.B., (Prime Minister and Minister of Finance and Planning)

Hon. Miss B. A. Miller, (Minister of Education and Culture)

Hon. L. B. Brathwaite, (Minister of Housing and Lands)

Hon. V. L. Johnson, M. A., (Minister of Transport and Works)

Hon. L. R. Tull, Q.C., M.A., (Minister of Commerce, Industry and Consumer Affairs)

Hon. DeL. O. Bradshaw, (Minister of Labour and Community Development)

Dr. R. C. Haynes, Ch.B., F.R.C.P., (Edin.)

Hon. A. Truss, (Minister of Tourism and the Environment)

Mr. O. S. Arthur, M.Sc., (Econ.), (Parliamentary Secretary, Prime Minister's Office)

Hon. D. A. C. Simmons, Q.C., LL.M. (Attorney General and Minister of Legal Affairs)

Prayers were read by Rev. I. M. Harewood.

Hon. L. L. SISNETT entered the Chamber and took his seat.

Mr. SPEAKER: The House is in session.

MINUTES

Mr. SPEAKER: The Minutes of the meeting of Tuesday, June 18, 1985, together with the Minutes of the meeting of Tuesday, June 25, 1985.

Hon. L. S. CRAIG: The Minutes of June 18, were amended, Sir.

Mr. SPEAKER: The Minutes of the meeting of Tuesday, June 18, 1985 were sent back to be amended. If there are no objections or alterations to these Minutes, they will now be confirmed.

Hon. L. S. CRAIG: I beg to move that the Minutes, taken as read, be now confirmed.

Hon. H. B. St. JOHN: I beg to second that.

Mr. SPEAKER: Let those Minutes stand confirmed.

The Minutes of the meeting of Tuesday, June 25, 1985.

Hon. L. S. CRAIG: I beg to move, Sir, that the Minutes of Tuesday, June 25, 1985 be taken as read.

Mr. SPEAKER: If there are no objections or observations, let those Minutes stand confirmed.

ANNOUNCEMENTS BY HIS HONOUR

Mr. SPEAKER: I am to announce that I have received: Accounts and Statements for the month of April, 1985 as prepared by the Accountant General.

PAPERS LAID

Hon. L. L. SISNETT: Mr. Speaker, I am commanded to lay: The Agricultural Holdings (Option to Purchase) (Fees) Regulations, 1985.

Hon. D. A. C. SIMMONS: Mr. Speaker, I am commanded to lay the following:

The Report of the Fire Service for the year 1984.

The Report on the Registration Office and Supreme Court Registry for the year 1983.

GOVERNMENT NOTICES

Hon. L. S. CRAIG: Sir, I beg to give notice of the following:

Resolution to approve the compulsory acquisition of land at Oistins, Christ Church, for environmental purposes.

Resolution to approve the compulsory acquisition of land at Diamond Corner, St. Peter, for recreational purposes.

Resolution to grant the sum of \$1 306 139 from the Consolidated Fund and to place it at the disposal of the Government, to supplement the Estimates 1985-86, Part II - Capital, as shown in the Supplementary Estimates 1985-86, No. 4, which form the Schedule to the Resolution.

I may add at this point, Sir, that I propose to do all of these matters on the Notice Paper today, if possible. Copies of one of these Resolutions in particular are being prepared to be circulated to Members, and I hope, if there is no objection, to seek the leave of this Chamber to do these Resolutions in all their stages today.

FIRST READINGS OF BILLS

Hon. L. S. CRAIG: Sir, I beg to move that the Bill to amend the National Health Service Board Act, 1984-2 be now read a first time.

Hon. H. B. St. JOHN: I beg to second that.

The question was put and resolved in the affirmative without division.

ORDERS OF THE DAY

SUSPENSION OF STANDING ORDERS

Hon. L. S. CRAIG: I beg to move that Standing Orders 6, 16, 18, 20, 42(5), 43 and 44 be suspended for the remainder of today's sitting.

Hon. H. B. St. JOHN: I beg to second that.

The question was put and resolved in the affirmative without division.

GOVERNMENT BUSINESS

THE HEALTH SERVICES (AMENDMENT) (NO. 2) ACT, 1985

Order No. 1 was called - To move the Second Reading of a Bill to amend the Health Services (Amendment) Act.

Hon. H. B. St. JOHN (Christ Church East Central): Mr. Speaker, this Bill is a short Bill, and the object is to ensure that the Treasury recovers some part of the cost of placing in food producing establishments qualified meat and health inspectors, whose presence is required to ensure that the food manufacturer produces in accordance with regulations and standards set out by the Public Health Department.

In other countries, this, normally, would be a function which is provided by the quality control officers hired by the particular company. Here in Barbados, increasingly a number of food manufacturers are hiring their own quality control officers, particularly from among the science graduates, and also from among people who have gone through the Community College course. However, there are a number of establishments which because of their size, or because of their previous history, the Ministry of Health periodically finds it necessary to place people on a rather permanent basis in these establishments.

We wish to have the authority of the law very clear, and we also wish to change the fees in view of the different levels of remuneration which are now paid to the relevant officers.

I beg to move that this Bill be now read a second time.

Hon. L. S. CRAIG: I beg to second that.

Mr. M. A. KING entered the Chamber and took his seat.

Dr. R. C. HAYNES (St. Michael South Central): Mr. Speaker, we on this side support the general principles behind this Bill. However, I would just like to make one or two points.

Up to now, perhaps the main emphasis of having on site public health officers has been in the area of food processing and such industrial processes. However, as the country develops and more and more highly sophisticated industries, particularly involving chemicals, are brought into the country, it will become even more necessary to have this sort of provision. Whilst I do not wish in any way to be an alarmist, since I am never alarmist, one only has to reflect on the tragedies in India and elsewhere in the world to recognise the importance of continuous monitoring of the health hazard potential of several industrial processes outside of the meat manufacturing or food processing plants.

It is important that the Ministry of Health and the Ministry of the Environment should ensure that there is adequate training for inspectors to deal with this particular project, because as I understand it, one often requires considerable technical skill, engineering related skills,

public health skills, in order to be able to detect potential hazards in this area, and to ensure that in a small community such as ours where the population often lives on top of these plants, toxic wastes, for example, are disposed of adequately, that the various potentially harmful chemicals in the factories are properly stored, and that, of course, the inspectorate should be aware of the chemical processes which can result in the desired effect one way or in an undesired effect. I am not quite sure whether we have any public health officers who have been trained in these highly sophisticated areas. And what is important is, that the agencies of Government who seek to attract these industries should be quite familiar with the processes involved and at an early stage inform the Ministry of Health and the Environment of any potential damage so that appropriate training can be undertaken for the public health inspectors on site well in advance. 12.30 p.m.

I have tried to broaden the scope of the debate very slightly, but I think that, in the long run, this kind of area may pose a greater danger to the community if it is not well controlled than the processes mentioned by the Honourable Prime Minister.

Mr. M. A. KING (Christ Church West Central): Mr. Speaker, I agree on the principle of the power to be given to assigned public health inspectors and private businesses for the purposes as set out in the Bill, but what does concern me a little is whether the power to designate and to assign the public health inspectors should, in fact, be in the province of the Minister. Public health inspectors, I believe, should be designated and assigned, and this should properly be done by the appropriate commission or, perhaps, by the Chief Medical Officer who, in that regard, has direct responsibility for them. It would seem to me that to give the power of making the assignment and the designation to the Minister is involving the Minister in an area which is unnecessary.

I believe that the public health inspectors are public servants, and appropriately, it seems an impingement is being made on the functions of the Public Service Commission in regard to the assignment and designation of public servants. I would urge that greater caution be taken in this regard and that you should not give to the Minister a power in relation to the assignment and location of public servants in an area of this sort. What we are doing is, in fact, opening the way for encroachment on the scope and function of the Public Service Commission in so many other areas, because if you start with public health inspectors, the question is, where do you stop in this regard?

I suggest that this matter be reconsidered and that the power should not be given to the Minister but should be given, if it is to be given to anyone other than the Public Service Commission, perhaps to the Chief Medical Officer.

Hon. H. B. St. JOHN: Mr. Speaker, this is a short reply, because it is very necessary that I immediately contradict very clearly the mis-information as to the terms of this Bill which has just been given to this House by the honourable Member. It seems to me very clearly the honourable member has not done his homework and read his Bill.

The Bill specifically, in Section 7A. (3), says:

"The Minister may, by instrument in writing delegate the designation and assignment for the purposes of subsection (1) to the Chief Medical Officer or such other public officer as he determines."

It is very clear that the scheme of the Act clearly contemplates that, under a system of ministerial responsibility, you empower the Minister. And you specifically say this, because the lawyers have said that this is the proper way to do it, that you do not put powers in the hands of civil servants. Since we became independent, we put it in a Minister and give him an instrument of delegation. That is what we did, and yet we are going to hear the honourable Member say do not do it.

Secondly, for the honourable Member to say that this is another example of encroachment on the powers of the Public Service Commission is indicative of the fact that the honourable Member does not know what the powers of the Public Service Commission are. The Public Service Commission is very clear that they are dealing with the appointments, transfers, promotion and dismissals of public officers. They have nothing to do with the duties of public officers — that is a matter for Establishments.

All he wants to do is to catch the headlines, because he knows what is inside here, we all know what is inside here. I do not mind the honourable Member trying to catch the headlines but he must not mislead the House or give the public the impression that that is the case. He knows it is not true. He only wants to give the impression that the Government is encroaching on the Constitution of Barbados when, in truth and in fact, the Bill has nothing to do at all with any discipline or transfer of a public servant.

Mr. SPEAKER: The question is that.....

Rt. Hon. E. W. BARROW (St. John): Mr. Speaker, I think that.....

Mr. SPEAKER: The honourable Member should have taken the floor before the Minister who introduced the matter replied.

Rt. Hon. E. W. BARROW: I cannot take the floor if I am not on it.

Mr. SPEAKER: If you were not on it, you were not present at the time when the Minister started his reply.

Rt. Hon. E. W. BARROW: That is all right. I know how to handle it.

The question that the Bill be now read a second time was put and resolved in the affirmative without division.

Hon. L. S. CRAIG: Mr. Speaker, I beg to move that this Bill be postponed for further consideration. I hope to do it during the course of today's sitting.

Hon. L. B. BRATHWAITE: I beg to second that.

The question that further consideration of the Bill be postponed was put and resolved in the affirmative without division.

COMPULSORY ACQUISITION OF LAND AT WAVELL AVENUE, BLACK ROCK

Order No. 2 was called – To move the passing of a Resolution to approve the compulsory acquisition of land at Wavell Avenue, Black Rock, for providing recreational facilities.

Hon. L. B. BRATHWAITE (St. Andrew): This Resolution seeks to bring to a conclusion the negotiations which Government has entered into with respect to these areas of lands for recreational purposes.

I do not think I need to go into a long historical exposé of what is involved. The Black Rock area supports a very large population and the Government considered that it was an area right for the type of social amenities which this land was acquired to assist in providing for the inhabitants of that area.

I beg to move that the Resolution do now pass.
12.40 p.m.

Rt. Hon. E. W. BARROW (St. John): I wonder if the Minister would tell us what kind of price is being paid for the land which they are acquiring for this playing field.

First, I should disclose an interest. I have a client who was a public officer, who is now retired, whose family have lived in Black Rock for many, many years, probably 100 years, and the property in which he lives and in which his son-in-law carried on business is being acquired. It is over an acre of land. It used to encompass a small sugar factory at one time at Fairfield not very far from the land which the Minister is now seeking to acquire, and the purposes for which the land is being acquired are the purposes of housing. Black Rock is

already a very congested area. I agree that one house on an acre and a quarter of land is a density which perhaps is a bit too liberal for the environs of Bridgetown, but at the same time, if you go to put houses instead of putting these housing developments on the outskirts of Bridgetown, it seems to me that you are compounding a situation which is already overburdened.

This is at Fairfield, Black Rock, and it is Fairfield House that I am speaking about. I have disclosed an interest because I work for that family as an attorney. I have not got any fees; I do not expect to get any fees. As a matter of fact, in another negotiation not very far from there, so I will keep within the legitimate boundaries, when the property owner enquired from the Ministry when could she expect to be provided with alternative accommodation, or when the lady who rejoices in the same name that I have as a surname would expect to be given compensation so that she could buy another property, a gentleman who spent a long time in a solicitor's office, – I cannot say he was studying – and who has been recruited now into the inefficient ranks of that particular Ministry, wrote back to tell the lady that they cannot do anything about it because she has not produced her title deeds.

When we were in office, Sir, we only came by way of compulsory acquisition, (a), when a title was defective, (b), when the Government could not agree on the purchase price with the owners of the particular property, or (c), when the owners could not be found. But the very fact that you used the Compulsory Acquisition Act means that you do not have to worry about people's title deeds. If the Government does not have any money to pay people, they should not allow that particular person in the legal side of the Ministry of Housing and Lands to say they cannot pay you anything because you have not produced your title deeds. At least they should write to the people and ask them to bring in the title deeds so that they could see what the Government is acquiring, but you do not need title deeds when you come under the Act.

We have been inundated, particularly during the past 18 months, at nearly every meeting of the House with land acquisition orders. In many instances, all you need is some intelligent negotiation with the property owners, and if the property owners do not have a good and sufficient title, then you have recourse to the Land Acquisition Act. I do not think really, unless you are advertising that you are acquiring land for a playing field, and you could do that another way, by using GIS or Civic File or something like that, that you have to come to the House of Assembly to acquire land for a playing field, because you have a vote for that purpose. You are not coming for the money, and the procedure of the Land Acquisition Act only prevents people from getting their

monies sufficiently or in time so that they can get alternative accommodation.

I should just like to remind the Minister, because I went a little outside Black Rock, that I would like to know what kind of price is being paid, because we have never been told in these Resolutions what prices are being paid from time to time for land in the various districts.

Hon. V. L. JOHNSON (St. Michael West Central): The Resolution seeks to get parliamentary approval for the acquisition of properties in Belfield Housing Area or proximal to the Belfield Housing Area. If the honourable Member for St. John is saying that we could spend our time looking elsewhere other than Belfield because the area is already congested, I am grateful for his concern, but perhaps he should let me worry about the problems of St. Michael West Central since it is my responsibility to represent that constituency in here, and it was at my instigation that the lands in question are now being acquired.

The Chisholm land, the land belonging to Dan Springer, now deceased, and Miss Clarke's, three parcels of land which form the subject of this Resolution, have already been utilised for the purpose of extending the Belfield playing facilities. Members will recall that Belfield is one of the most heavily used recreational areas in the central St. Michael area, and it is the home of some of Barbados' most illustrious sons of sport. Vanburn Holder, a former West Indies test player, and Seymour Nurse, a former West Indies illustrious test player, both learnt to play cricket on the Belfield playing facility. The difference is that we have now significantly expanded the playing area so that we can have a full-fledged cricket field, football facilities, multipurpose hard courts, children's recreational area, a community centre and a pavilion.

In addition to that that particular physical infrastructure has also created the opportunity for general housing improvement, because houses that were badly accommodated on the periphery of the field have since been removed to better and more suitable locations on the land we are seeking to acquire here now, and they have been given additional facilities which they could not have enjoyed in the old locations. So I am grateful that the matter before the House is before the House.

Speaking about the Fairfield area, since the honourable Member for St. John mentioned it, I also took the Minister responsible for Housing down to that location to urge him to look at Fairfield House, because the owners of that property wrote to me several years ago indicating their interest in selling that property to the Government. The only difference that I could have foreseen at the time was the difference in so far as the price was concerned, because they were asking a price

that was well ahead of what the valuation of the land was, but that Fairfield Plantation has dwindled down to about a little more than an acre. All of the other lands formerly belonging to that plantation have now been sold for private residences, and I believe that it would be a forward step, notwithstanding the concern of the Leader of the Opposition about population density in the area, to acquire that for housing. I do not think that we have come anywhere near the population density that would be seen, say, in the city of Bridgetown or even in some areas of Bank Hall. In my view, it would be a great relief to the present housing shortage that we are experiencing in St. Michael West Central if this property can be acquired and used for the purpose of providing additional house spots for the residents of that community.
12.50 p.m.

Right next door to it, a new sites and services programme has been opened; roads have already been put in and now the Ministry of Housing is about to transfer those lots to private citizens. I would be happy indeed if all of the remaining Fairfield property can be added to the already existing housing stock so that one of the most serious, social problems that we are experiencing in this country can have some relief.

I am pleased to lend my support to this Resolution.

Hon. L. B. BRATHWAITE: The Right Honourable Member gives us an occasional visit — and for that we are all very grateful to have him — and when he considers that he should condescend to dwell among us, he invariably lectures us on the standards that we should adopt in this Parliament.

I am not here to be holier than thou or to attack anybody on the basis of their qualifications or what have you. There are some people who have been fortunate to pass exams and become known as professionals and others who have not been so fortunate, but certainly made better men than those who have passed exams. I do not know who the Honourable Member is referring to, but I want to take up the cudgels on behalf of those people who might have tried hard to succeed but who might not have. In life there are a number of people who have tried hard and have not succeeded, some have tried not so hard and have succeeded, and you have got to live with all people in this world.

The Right Honourable Member was completely off course and like a ship in the ocean without a rudder. The land he was referring to has nothing whatsoever to do with the Resolution before us. We were not dealing with Fairfield.

There are three people who are involved in this matter, and one of the persons involved agreed with the price offered, the negotiated price. The other two have not yet responded.

In respect of the person who, I believe, is working at the Ministry of Housing and Lands in the special unit which is set up for this purpose, I believe that any remark he would have made to some person with respect to a title deed has to do with the fact that there are many people who, because land is compulsorily acquired, feel that they can just walk in and say that it is their land you are acquiring and therefore you have to pay. It is not done like that. You have got to bring in some means of identification and I believe that that is what the person is trying to discover. You can enter into private treaty with a person or you would have to compulsorily acquire it. If there are difficulties in getting an agreement, they go through the process of compulsory acquisition. That is what the law is there for. The Democratic Labour Party used it in their time and we have got to use it. It is a useful tool, I have always said that. This has nothing whatsoever to do with money in the Treasury to pay anybody. If the people are unwilling or unable to give documentation to satisfy a critical lawyer or personnel within the Attorney General's Chambers so that they can be paid, they will not be paid. It is as simple as that. It is all well and good to come at every turn and attack the Government about not willing to pay and it does not have the money to pay. Why do you not say that the people do not have the ability to satisfy the criteria for payment. Many of them over there represent clients who they know cannot provide the rigid criteria for proving ownership.

This area of land is primarily to satisfy the provision of recreational facilities within the area. All lands that have been left over will be provided for the people who are in need of house spots. There is a big demand all over this country for house spots, and wherever we can get available land, we will provide house spots.

Fairfield House is a health hazard, I know that, but the owners of Fairfield House have a feeling that gold can be got for it. It is not our view that it can be. And much as I have heard the appeal made by the honourable Member who represents that area, I want to inform him that the Government has limited money for spending on certain areas. I think that he has been treated well in terms of acquisitions, and much as I would be willing to give him a sympathetic ear with respect to this matter, I do not know if I need to go overboard.

I assure the Right Honourable Member for St. John that he did not address the issue that he set out to address when he spoke on this matter.

The question that the Resolution do now pass was put and resolved in the affirmative without division.

COMPULSORY ACQUISITION OF LAND AT CHURCH STREET, SPEIGHTSTOWN, ST. PETER

Order No. 4 was called – To move the passing of a Resolution to approve the compulsory acquisition of land at Church Street, Speightstown, St. Peter, for environmental purposes and for future commercial development.

Hon. L. B. BRATHWAITE (St. Andrew): In moving this Resolution, I would just like to draw to the attention of this House that it was during the problems which took place with respect to the flooding and the rehabilitation of the people in this area of Speightstown during the period October to November, 1984, that a number of areas were identified in Church Street, Speightstown, which we considered to have been health hazards and which the Government thought that it was necessary to clean up and prepare for useful service. At that time, we spoke to the owners – there were only five of them involved – and those five persons were quite willing for Government to enter in and to clean up the areas and to make them look habitable and worthy of the eyes. The Government considered that we should not stop there, but that we should continue to acquire the lands on a permanent basis in our efforts to rehabilitate the whole area of Speightstown as stated in our Development Plan. 1.00 p.m.

I am happy to say that, of the five people involved, three of them have agreed on a price. We are hoping shortly to hear from the other two one way or the other. I said that because it is fashionable to feel that whenever there are problems, Government is responsible for the delay. But Government does not have a bottomless pit and, even if it is regarded as a village cow, it cannot give milk everyday of its life; there are limits to its ability to expand and expend.

We have decided to lay out this area in order to make it habitable and possibly for the future to have commercial projects.

I beg to move that this Resolution do now pass.

Mr. O. S. ARTHUR (St. Peter): I join this debate to support this Resolution and particularly to commend the Government for an additional step towards the rational development of the Speightstown area. The area in question which is affected by this Resolution has historically been one of the more depressed areas of the town, and any work to improve the environmental conditions of the area can only lead to the good.

Since we are dealing with that general area in the vicinity of Church Street, I want to urge the Ministry of

Housing and Lands to accelerate the work which I know is being undertaken towards the relocation of persons who were affected by the floods of October 1984. The fact of the situation at present is that those persons are being housed by the National Housing Corporation, and their properties are being kept at Spring Hall Plantation.

Mr. SPEAKER: How does that relate to land acquisition?

Mr. O. S. ARTHUR: It has to do with the general development of the Church Street area, about which this Resolution is concerned.

Mr. SPEAKER: We are not debating the development of the Church Street area. We are debating the acquisition of land, not the removal or resiting of persons.

Mr. O. S. ARTHUR: My general point is that this Resolution in seeking to provide for the rational development of Church Street is welcomed, to the extent that it will also allow the Ministry of Housing and Lands to accelerate the work which I know they are undertaking to resite the persons who were affected by the floods of October 1984. I am looking forward eagerly for that work to be concluded satisfactorily now that adequate provision has been made to acquire the land.

The question that the Resolution do now pass was put and resolved in the affirmative without division.

COMPULSORY ACQUISITION OF LAND AT DAYRELLS ROAD, CHRIST CHURCH

Order No. 5 was called – To move the passing of the Resolution to approve the compulsory acquisition of land at Dayrells Road, Christ Church for recreational purposes.

Hon. L. B. BRATHWAITE (St. Andrew): This Resolution is a very simple one. It has to do with recreational facilities for people in the Dayrells Road area. I understand the club that will be mainly involved is Senators Club, a powerful club, and I suppose we need to make sure that the Senators are taken care of.

I think it was in 1981 that a portion of land was offered by the estate of M.M.L. Bryden deceased, to the Government, but a condition was laid down that the Government would put in the roads and water to a tenantry which was owned by the same estate. The Government thought it was too costly, even though the land was a gift, to embark on such an expenditure to get the playing field. Within recent times an area of land was identified, the object of this Resolution, in order to make provision for the people who are involved in sports in that area.

I commend this Resolution to this Honourable Chamber.

Hon. DeL. O. BRADSHAW (St. Michael South East): Sir, I rise to second the Resolution, and I know that honourable Members in this Chamber would wish to hear of the plans for further recreational facilities.

First of all, let me say that the Minister responsible for Housing and Lands has rightly said that the area of land in question is an alternative site for the one that was suggested earlier, which posed a lot of problems to the Ministry and the Government. There are also plans to acquire another area of land at Harts Gap in order to accommodate the Springfield basketball team. In that area there are some very outstanding basketball players, both of Senators and Springfield, and I am aware that the provision of a hard court in upper Dayrells would be inadequate for the basketballers in that area.

Plans are also afoot to locate hard courts at Oistins in Christ Church.

Mr. SPEAKER: Are we acquiring land in Dayrells Road?

Hon. DeL. O. BRADSHAW: Mr. Speaker, the Resolution deals with the acquisition of land for recreational purposes at Dayrells Road.

Mr. SPEAKER: Thank you very much indeed.

Hon. DeL. O. BRADSHAW: Suffice it to say that the Government has a programme to provide recreational facilities not only at Dayrells Road but other areas as well.

Mr. SPEAKER: I know that the honourable Member might be interested in giving the Government's development plans, but you must be very careful how you do it. We are dealing with the acquisition of land at a particular place, and I am not going to allow the honourable Member to stroll up to Oistins and back down to St. James or St. Peter on an acquisition or Resolution which is specific. I would be grateful if the honourable Member would stick to the specific Resolution which is before the Chamber. There were other Resolutions which passed the Chamber when the honourable Member had golden opportunities. This particular Resolution deals with Dayrells Road.

Hon. DeL. O. BRADSHAW: Mr. Speaker, I do not wish to question your judgment, but I felt that the other Resolutions dealing with acquisition of land for recreational purposes as well.....

Mr. SPEAKER: I said that there were other opportunities. We are dealing with a specific Resolution for

a specific acquisition of land. We are not dealing with Government's recreational policies.

Hon. DeL. O. BRADSHAW: Mr. Speaker, I was just referring to other acquisitions of land by Government for recreational areas.
1.10 p.m.

Mr. J. G. ODLE entered the Chamber and took his seat.

Mr. SPEAKER: It is not before the Chamber.

Hon. DeL. O. BRADSHAW: Mr. Speaker, I second this Resolution.

The question that the Resolution do now pass was put and resolved in the affirmative without division.

Hon. L. S. CRAIG: Sir, earlier I had asked that a Bill be postponed. I did that because of the fact that the Chairman had a bit of discomfort getting here. Now he is here, I would like to revert to this particular item, Item No. 1.

HEALTH SERVICES (AMENDMENT) (NO. 2) ACT, 1985 - CONT'D.

On the motion of Hon. L. S. CRAIG, seconded by Hon. L. R. TULL, Mr. SPEAKER left the Chair and the House went into Committee on the Bill, Mr. J. G. ODLE in the Chair.

COMMITTEE

Mr. CHAIRMAN: The House is in Committee.

Clause 1 was called and passed.

Clause 2 was called.

Hon. L. S. CRAIG: Mr. Chairman, I beg to move that Clause 2 stand part.

Hon. L. R. TULL: I beg to second that.

Rt. Hon. E. W. BARROW (St. John): Mr. Chairman, in relation to Clause 2, which gives the Minister power to designate or assign public health inspectors, on a full time basis, to certain private businesses if he is satisfied that it is in the interest of the public health of Barbados so to do, or he is in receipt of a written request from a private business for such an assignment, what we would like to know on this side is, what are the circumstances under which a Minister may consider that it is in the interest to take a public officer from doing his duties and assign him to a private institution or business? If we go

back to the Act itself, I do not think that there is any definition in the principal Act of what a private business is for the purposes of public health in Barbados. I think that the general public and members on this side would like to know what inspired this. What kind of situation? Is it a hurricane, storm, public commotion or pestilence? What kind of situation or contemplated situation has inspired the Government to move this particular amendment?

I do not agree with the honourable Member for Christ Church East Central, the Honourable Prime Minister, that it is no business of the Public Service Commission, because this is not merely a question of seconding an officer to a statutory corporation. As Clause 2 reads, it is not a secondment, it is designating a public officer on a full time basis, and that may be until he reaches the age of retirement. What we are worried about is that is that public health officers who do not catch the eye of certain people may be relegated to somebody's private business where the Government may not have any control over his conditions of service, and he may be given the most unsavoury kind of employment.

The Sanitation Service Authority has control over the sewage system of Bridgetown. A private employer with his own business can set up his own sewage plant and take a decent, respectable, well-trained public health inspector and have him driving a septic tank, because it does not preclude the Minister from assigning that public health inspector to anything even unconnected with public health services in Barbados.

We are getting a bit too liberal here in moving people around in this country to areas which they themselves did not opt for when they joined the Public Service of Barbados. If it were a question of a secondment by an officer to a statutory authority where there is still some element of ministerial control, I would support the contention of the honourable Member for Christ Church East Central, the Honourable Prime Minister. But where you are sending some person out into the wilderness or the jungle of private enterprise, I cannot in any way support the idea that when public officers joined the Public Service they contemplated that they should be so relegated at any time during their tenure of office.

Mr. M. A. KING: Mr. Chairman, the honourable Member for Christ Church East Central said that.....

Mr. CHAIRMAN: The honourable Member has not spoken in Committee.

Mr. M. A. KING: But he has spoken in the Second Reading in relation to this because this particular clause is what is the substance of the Bill, and it talks about the Minister having the power to designate and assign Public Health Inspectors.

I made the point that the assignment of public officers is normally the function of the Public Service Commission, and the honourable Member for Christ Church East Central made the point that I did not understand the role of the Public Service Commission, which has to do with the appointment of public officers. Of course, the Public Service Commission is concerned with the appointment of public officers. It is also concerned with the assignment of public officers, except in those cases like the Foreign Service, where the assignment of public officers in the Foreign Service and Permanent Secretaries is placed in the hands of the Prime Minister.

What this particular bit of legislation is doing now is giving the Minister the right to assign — and if the honourable Member for Christ Church East Central has not seen the word “assign” in this, I am saying the word “assign” is there — public health inspectors on a full time basis to private businesses. So you are taking away from the Public Service Commission, I am suggesting, the power which it would have apart from this Bill, of assigning public health inspectors.

I do not think that this is a desirable movement away from what I consider acceptable practice. Nothing has been shown why it is necessary to vest this authority in the Minister, and the power given in subsection (3) of that section to the Minister to delegate the assignment to the Chief Medical Officer is only a power which the Minister may delegate if he so wishes.

The point I was making earlier was that if you want to remove the assignment of public health inspectors from the Public Service Commission, which I think is not desirable, then I see no need for vesting it in the Minister. If you want to give it to anybody else, give it to the Chief Medical Officer, but I think the proper course is to leave the power of assigning public officers to various departments in the Public Service Commission.

1.20 p.m.

Hon. H. B. St. JOHN: I must reply, because I have never seen such a small Bill raise so many imagined problems. At the present moment, part of the duties of the public health officer under the Food Hygiene Regulations, under the Dairy Regulations, under a multiplicity of regulations dealing with health and the inspection of health businesses, is to go and visit businesses which produce food.

What has happened is that the Chief Medical Officer in the past has found that some of the businesses will tell you that they are carrying out certain tests but do not, in fact, carry them out. So rather than allowing an outbreak to take place, an analysis is done of the staff of the particular establishment, and where the establishment is a food producer and it does not have a Quality Control Officer, you assign a public health inspector there to see that the

tests which should be carried out are, in fact, carried out. I do not want to mention names, but food manufacturing has caused a considerable amount of increase in vigilance on the part of the Ministry of Health.

The Ministry of Health, honourable Members would recall, came down here a couple of years ago and gave the Minister power to close establishments in the interest of public health. This is all we are doing. We are creating the machinery to make it abundantly clear that in two situations the Minister can assign a public health inspector. One way is by firm request, because nowadays, there are some firms which request the Ministry to send a public health inspector. Secondly, there are others which because of the methodology of the operation, in the interest of public health it is better that you keep them there all the time. It would be wrong for me to say where and what they are, but, believe you me, there is no great change in terms and conditions of public health inspectors. We have public health inspectors assigned to the Port every day. We have public health inspectors assigned to look at people's houses. Of course, nowadays they do not inspect people's houses as in the past, but that is part of the function of a public health person.

In other countries, as I said before, food regulations have a requirement that you have to have staff of a certain quality to the satisfaction of what they call County Analysts, or something like that, in the United Kingdom, before you can become a food manufacturing establishment. We are using our public health inspectors, at the present moment, in an area where, in other countries, you would have people who have done an OND in Industrial Chemistry, or HND, or the equivalent title. We are gradually building up that quality control as an integral part of food manufacturing. If we were to say that you could not be in food manufacturing without having them, you would hear a big outcry that the Government is preventing the small man from manufacturing. When we have now adapted the machinery in the interest of ensuring that the public does not catch certain diseases because of certain manufacturing processes, we are now hearing that we are taking away the powers of the Public Service Commission. You cannot win either way.

The point is that, in fact, at the present moment it is part of the function of the duty of the public health inspector to inspect factories. All we are saying here is that where a Minister is satisfied as a result of certain methodology of operation that it is in the interest of public health for them to have a person there permanently, he will do it and the firm will have to pay. It is a qualified discretion. It has to be in the interest of public health, and the only interest in public health you get is when you have a manufacturer whose manufacturing process is such that you feel that, if he is not properly inspected, something may happen.

As the Leader of the Opposition would recall, I distinctly recall as a younger man hearing the honourable Member in a speech in Fairchild Street saying that he once knew a certain manufacturer of soft drinks who used to walk around and pick up the soft drink tops and put them back on to the drinks. That is the kind of thing that we have to ensure does not occur anymore. I am not saying that anybody would do that, I think that that probably was a little figment of the honourable Member's imagination.

Aside

Hon. H. B. ST. JOHN: A famous ice-man that we had in Barbados.

What we want to know is that when we get complaints we can act. For instance, suppose an outbreak occurs and you wish to monitor the operations of the particular factory where you trace the outbreak to for a period of time. The best way of doing it is to assign a public health inspector part-time or full-time. It does not have to be all the time of a person's career. These are the difficulties we are dealing with.

We have a lot of food manufactures in Barbados and we really have to make sure that some mechanism is in existence to protect the public. That is the explanation to it. I can give honourable Members chapter and verse — I do not want to do it on the floor of the House — of the difficulties we have had with some manufacturers in the past, whom I will say have greatly improved the quality of their establishment.

We are also very guided in this by PAHO. PAHO has an office that does it all over the Caribbean. They help us in monitoring difficult situation, and that is why you have the new courses at the Community College, which are very broad-based now, I understand. They are training people now in public health inspection in such a manner that the breadth and scope of the course is wide. That is why they do not like going around and inspecting houses. They feel that they have higher training than that. That is what we are doing. I would like to see the firms hire them direct, but if they do not hire them, we have to hire them and then charge them back.

Hon. D. A. C. SIMMONS (St. Thomas): What I understand the Opposition to be concerned about in the amendment is the arrogation of powers to the Minister in derogation of the rights of the Public Service Commission. As I understand the thrust of the argument from the other side, it is somehow felt that the Minister is assuming powers that properly lie in the Public Service Commission. If that summarizes the concern of the Opposition, I think it is perhaps a mistake that nobody has read the parent legislation. This is an amending Bill.

The Health Services Act was first passed three years after we had a Public Service Commission, in 1969 by Act No. 38. Under the present laws, in Cap. 44, Section 3, these words appear:

"The Minister shall generally be responsible for the promotion and preservation of the health of the inhabitants of Barbados, and for this purpose may divide the island into such areas as he may determine, establish such health or sanitation districts within any such area and assign duties to such officers in relation thereto as he thinks necessary."

The Minister, in the parent Act, has the power to assign duties — the word "assign" is used in the parent legislation — to such public health officers as he thinks necessary. So what are you talking about? That was there since 1969 in the principal legislation. The Minister always had that function. Unless my friends are going to say on the other side that they have somehow with hindsight had a change of heart since the Act was first passed in 1969, when they were in power, I cannot see what they are talking about. It is they who created the situation in which the Minister, not the Public Service Commission, could assign duties to public health officers. So I think there has been much ado about nothing.

1.30 p.m.

The Opposition, let us be frank, has a role, if there appears to be an abrogation of proper constitutional function from established bodies such as the Public Service Commission, to be careful that there is not some gradual whittling away of functions. But I do not think that in this particular case there is much that could be said, since the new Section 7A, under Clause 2 of the amending Bill, seeks to use language that was already in the parent legislation, and reaffirms certain powers that originally were vested in the Minister.

Rt. Hon. E. W. BARROW: Mr. Chairman, I just wish to get the Record straight. The honourable Member for Christ Church East Central suggested that I had said at a public meeting that I saw a certain manufacturer of soft drinks going around picking up crown corks. I never said that. What I said was that a former Minister of Health, not immediately preceding this one, showed me a machine which he used for pressing out crown corks. I did not say that he collected crown corks himself; he recycled them, a different thing altogether. He proudly showed me his inventiveness by showing the machine that he used for pressing out the dents from the crown corks. I just want to get the Record straight. I would not make that accusation that he went around personally collecting them out of dust bins or anything else.

I should like to take up the honourable Member for St. Thomas. If the Health Services Act, according to

him, gives the Minister power to designate duties, why do we want this amendment?

Asides

Rt. Hon. E. W. BARROW: I will answer that right now. If you are concentrating on fees, I will tell you how to do it. The point is that you are designating people out of the Public Service of Barbados. That is what the amendment says — designating public health inspectors to private businesses.

Under the Constitution, the person who appoints is the Governor-General, acting upon the advice of the Public Service Commission, and the power of designating is vested in the Governor-General by Section 34, or somewhere around there, in the Constitution itself. The power of designating is not in the Minister. Designating duties is a different thing from designating people, because then you are removing people from one place and sending them to another place.

If in explanation of the need for this amending legislation the Honourable Prime Minister is telling us here that he wants to invigilate the operations of certain manufacturing enterprises, I suggest that he go and look at the Customs Act, because under the Customs Act the excise officers, without being designated to Mount Gay Distilleries, are sent down to the distilleries — I think there are only two left in the island. Their salaries have to be paid into the Treasury by the distillers, their transportation is arranged by the Government and is paid for by the distillers on a contractual basis.

Sometimes you will see notices coming out in the *Gazette* for the award of contracts to take excise officers down to Mount Gay and the other distillery or distilleries in the island, as the case may be, but at no time has any Government of Barbados told Mount Gay Distilleries that they are assigning an officer to them on a full time basis. Do you know why? The moment that you put a public officer under a particular manufacturer, who is he taking orders from? If he is *quis custodiet ipsos custodes*, who is going to give the instructions, who is going to report who to whom? If you assign a man to Mount Gay and tell Mount Gay to pay his salary, not to put his money into the Treasury, you lose control of that officer. He gets down there drinking up all the rum that spills over — I am not suggesting that any of the customs officers go in for that — he is down there regaling himself because there is not much to do but watch a couple of gauges and push a stick in and dip the alcohol now and then, and if any drops are left over you put them in a little glass. If you put him under the control, let us say, of the distiller, you cannot expect that he is going to report back to you that the distiller has not been maintaining standards.

It is essential, therefore, that the Minister or whoever is over that particular officer, the Comptroller of

Customs, and in this particular case the Chief Medical Officer, retains firm control over that officer, paying him his salary, so that there will be no doubt who he is working for and where he is getting his money from. His money must come out of the Treasury, which reimburses the Government for his salary. It is being done right now with the rum refiners. They reimburse the Treasury for the salaries which we pay these people. I suggest that the Minister look at this alternative rather than lose control over the people that he wants to invigilate these operations.

Hon. H. B. St. JOHN: I think there is a little confusion, but it is very clear. Once a person has been appointed a public health inspector by the Public Service Commission, he has certain duties to carry out. Nowadays part of the duties of public health inspectors, because of the industrial development that has taken place in Barbados, is the monitoring of food production establishments. Experience has shown that in some instances, this monitoring is required on a regular basis rather than periodically.

It has always been part of the function of a public health officer to monitor certain activities, including going to restaurants and things of that kind. All they are saying is that just as the customs law permits a person to be assigned to a particular manufacturing establishment, so too this power is being taken. The fact that the Leader of the Opposition tells us about Customs only illustrates that we have found in the context of today's Barbados that just as it was necessary to protect the revenue to have a customs officer in the productive process, to protect the health of the people, you have to have one in the productive process. That is all. And the money has to be paid into the Treasury. A public health inspector has to be paid in accordance with the Civil Establishment Act. There is nothing in law that says he is put there permanently or who is put there.

1.40 p.m.

The question that Clause 2 do now stand part was put and resolved in the affirmative without division.

Clause 3 was called and passed.

On the motion of Hon. L. S. CRAIG, seconded by Hon. L. R. TULL, Mr. CHAIRMAN reported the passing of one Bill in Committee and Mr. SPEAKER resumed the Chair and reported accordingly.

On the separate motions of Hon. H. B. St. JOHN, seconded by Hon. L. S. CRAIG, the bill was read a third time and passed.

NATIONAL HEALTH SERVICE BOARD (AMENDMENT) ACT, 1985

Order No. 7 was called – To move the Second Reading of a Bill to amend the National Health Service Board Act, 1984–22.

Hon. H. B. St. JOHN (Christ Church East Central): This Bill seeks to tidy up the law relating to the National Health Service Board Act, 1984–22, and to implement certain provisions which were set out in the Budget very clearly in order to ensure that the inter-relationship between surplus funds and the Consolidated Fund is made absolutely clear.

It is at this juncture that I would seek to remind honourable Members that Barbados is not unique in having legislation which provides for the raising of funds, and the same legislation providing for the disposition of those funds. Honourable Members would recall that the largest fund that we have ever had in Barbados or are ever likely to have in Barbados is the National Insurance Fund. That legislation was passed long ago before our time, and that legislation, the National Insurance Fund, contains provisions within it for the disposition of the fund and, indeed, is the model which the draftsmen used for setting out the powers of the Ministry of Finance to direct as to the disposition of the Fund. It is remarkable that some honourable Members forget that. It was the Leader of the Opposition who, when he was in power, empowered the then Minister of Finance to determine the investment of the National Insurance Fund.

The National Health Service Board is a creature of negotiations between the Government and the medical profession. I am going to surprise the honourable Member on the other side. I am not going to reply to anything that has been said by the doctors in a political vein. I leave the politics to them. Everywhere in the world, where a Government has tried to ensure that services are made available to the public on terms and conditions that the public can afford to pay, it has received the same reaction we have in Barbados from the medical profession. They are the most conservative people that one ever has to deal with, and their reaction is a typical overkill reaction that every other country in the world has had to face.

We have had eighteen meetings and a number of negotiating sessions. My understanding of the position is that there are but three matters which are outstanding. The Government has explained its position very clearly in respect of these three matters. And I hope that as a result of the statement today of the Government, they would take advice from people who would know better.

The doctors from the outset said that they did not want to be employees, they did not want to be paid

from the Consolidated Fund, they wanted their money secured by having the fund vested in a Board. They said that, in those circumstances, they would know where they would get their money from. From the very outset, they wanted to be contractors of services, just as you have builders, architects and other independent contractors. All of a sudden, they have now found themselves where they want both worlds. They want to be contractors of services, but they want pensions, gratuities and severance payment.

That is an utterly ridiculous and preposterous inconsistency. You cannot on the one hand put forward the proposition that you are not to be an employee and, on the other hand, put forward the proposition that you wish all of the incidents of employment, as if you are an employee. You cannot have your cake and eat it. That is their position, they have been hoisted by their own petard.

The Government's position is clear. If they wish to be employees, the Government will offer an alternate contract to those who want to be employees and let them then understand that they will be subject to the Public Service Commission. They will be subject to the rules of discipline. They will be subject to all of the incidents of employment in relation to employees.

1.50 p.m.

The second point I would like to deal with is the After-hours Service. It is amazing that people who have taken an oath to provide their services to people who are ill, in this day and age in which a tremendous amount of management material has been written and created about the delivery of health services, cannot understand that, under the terms of the arrangement, it is perfectly possible for doctors to enter into partnership, legal or non-legal arrangements whereby the after-hours service can be shared. I really am amazed sometimes how typical it appears that ordinary lay people have difficulty in communicating with these so-called highly educated people.

Every profession in the world today recognizes that you have to provide service of the kind necessary to deal with the period of time when the service is needed. We have an airport, we have a Fire Service – arrangements are made to provide services at all periods of the day and all periods of the night. There is nothing unusual in saying that the arrangements that we are having requires that, with the approval of the Health Service Board, they can take place. It does not mean that each individual has to do it. You can have an arrangement. I find it difficult again to understand why that could be a source of contention, because the Government recognizes that in today's world, you have to pay extra for it, and we have put in provisions to pay extra for it.

The third point I would like to raise relates to the doctors saying that they are going on strike. How can they go on strike? Against what? They are not members of the Health Service Board, so how are they going to go on strike? Are they going to strike against their own patients? I cannot understand this, that they are saying they are not joining and at the same time they are going on strike. Against whom? I do not know who they are striking against. They are striking against common sense, that is the conclusion I have come to. All of those who are working in the Government Service and who are employees and absent themselves from duty when there is no trade dispute will know what the consequences for them will be. They will not have to face us, they will have to face the Public Services Commission. I do not know how you are going to go on strike against the National Health Service Board when you say that you are not coming under the National Health Service Board's terms and conditions. Once again, it seems to me that they are in confusion.

The Government has made it clear that we wish to do everything that is reasonable to come to an agreement with the medical profession in Barbados to provide a level of service which our economy can provide and which is better than the level of service that we have now, and we have accepted many of the suggestions which have been put forward. But the fact that they have the power to threaten to withdraw their services does not mean that the Government can be dictated by them, that is an important point. The fact that doctors have prestige in many communities, and that they have a power because they feel they can withdraw their services, does not mean that anyone who has to deal with them has to be afraid. There was a time in small communities when, because of fear, people never put doctors in court for anything. If they did not pay them, they forgave the debt. If they were negligent, they did not bother to put them in court. Those days are over, and those days are over because of the fact that communities have tremendously increased the supply of doctors, and that is the position today. There is a sufficiency of doctors in the world, and the terms and conditions of service are sufficiently attractive in Barbados that there are many Barbadians overseas and other West Indians who are willing, and have indicated their willingness, to accept the terms and conditions.

The Government does not have to make any threats at all, but they must learn and understand that there is a limit to which they can push anyone in relation to the terms and pay of doctors at the hospital. The Government has made it abundantly clear since the Budget that we recognise that there is an inter-relationship between the services that the general practitioners offer and the specialized services at the hospital. The honourable Member for St. Michael South Central has constantly said that the model that was used

was not structured to include the specialists. Of course, we recognized that, but we have always replied that there was going to be a structure which would permit the specialists to continue to play his or her role in the overall delivery of health care. I am a strong advocate of that. We on this side were waiting up to the point for the conclusion of the negotiations to bring the law into existence to have the inter-relationship, and this is the amendment to the law. The amendment to the law by this Bill, permits a second opinion to be given, and permits diagnostic data to be given, and, what is more important, it says quite clearly that in respect of those incidents of costs, they are a legitimate charge on the fund, too. In short, no opportunity will now be given for some to believe erroneously that the only purpose for the fund is to pay the doctors. That is not the position.

These are the amendments which now provide the legal machinery for that inter-relationship. They call it a ripple effect. This law now deals with the ripple effect.

The Government is going to go further. The Government understands quite clearly that there are three medical professions in Barbados. Barbados is no different from any other part of the world. Everywhere in the world where you have a National Health Service, the profession ends up in three sections. One is the general practitioner and they usually have their own association. That will happen in Barbados, too, it is only a matter of time. Secondly, there are specialists, who usually seek to dominate the traditional medical association. They are the chief obstructionists to the introduction of the National Health Service. Thirdly, there are the junior doctors, who really have to do a lot of the work for the medical specialists when the medical specialists are doing private work. Those three views have emerged in Barbados, and that is the problem, and as the hierarchy of officers change in the medical association, various predominant views are reflected.

The Government understands that there is a danger in having a National Health Service and having only part time specialists. The Government is going to create a new type of specialists. The Government wants a full time specialist. You need a full time specialist to deal with the ripple effect, because remember, they would not be paid by the private sector. They will have a choice. Those who want to be full time in the Government service again will be given an opportunity. There will be remuneration, of course, and we will pay a reasonable rate in relationship to other professions.

2.00 p.m.

Their remuneration will bear a reasonable relationship to the hierarchy of pay in Barbados in the Public Service. Their remuneration will bear a reasonable relationship to other full time doctors in the Public

Service. Those who wish to have part time contracts will in future be allowed to have their part time contracts. What we cannot tolerate is the concept of being a hybrid, both full time and part time; no full time pay and part time duties. We cannot have that. That is again another illustration of trying to have your cake and eat it. Those are three areas which we believe are matters of grave misunderstanding. I put it no higher, because sometimes the simplest language, its meaning and effect, is not understood by people who have their minds consumed by the fact that change is occurring. That is all.

There are a number of other things which I would like to deal with in my Second Reading, because this is a very important point, but seeing the time I beg to move that further consideration of this matter be postponed, as the Leader of the House has intimated to me that he wishes to have the floor.

Hon. L. S. CRAIG: I beg to second that.

The question that further consideration of the Bill be postponed was put and resolved in the affirmative without division.

SUSPENSION OF SITTING

Hon. L. S. CRAIG: I beg to move that this sitting be suspended for one hour and fifteen minutes, which will bring us back here at 3.20 p.m. today.

Hon. D. A. C. SIMMONS: I beg to second that.

The question was put and resolved in the affirmative without division, and Mr. SPEAKER suspended the sitting accordingly.
2.05 p.m.

ON RESUMPTION

Mr. SPEAKER: This sitting is resumed.

When the suspension was taken the House was in Government Business. To that it now reverts.

GOVERNMENT BUSINESS (CONT'D.)

NATIONAL HEALTH SERVICE BOARD (AMENDMENT) ACT, 1985 (RESUMED)

Hon. H. B. St. JOHN: Mr. Speaker, as I said the Government does not regard the subsidiary legislation which has been approved by the Minister, having been

passed by the Board, as legislation which in a wording cannot be approved. Obviously if without changing the fundamental sense of the concepts behind the agreement of the Government after 18 meetings, six or seven negotiating sessions, there is scope for the improvement of the wording in one or two areas of the language of the terms of service or the regulations, Government would have no objections to hearing them, but what we objected to is the fact that the suggestion is being put abroad that the Government intends to use the reported language of a senior Member of the other side, to nationalise the doctors.

Barbados is a free country. I am surprised that a person holding a post of the level of the Deputy Leader of the Opposition, if he is reported accurately, could make such a statement, because implicit in that statement is the assumption that the Government has made it a criminal offence for a person to carry on the practice of medicine other than through the National Health Service Board. There is nowhere in the regulations that any such concept can be found. It is therefore nothing but mischief of a political nature for the honourable Member, if he is reported accurately, to seek to propagate such a viewpoint. Indeed, it has always been pointed out that the Government had agreed with the doctors that the relationship should not be that of master and servant, but of contractor and client.

I think I should say a few words on the polyclinics. The polyclinics are an integral part of the health service delivery in Barbados. Honourable Members will recall that both sides of this House subscribed to the concept of the polyclinics.

(Dr. R. C. HAYNES: We first).

Hon. H. B. St. JOHN: No, I beg your pardon. The first polyclinic or health centre was built in 1954 under the distinguished leadership in health services of Mr. Freddie Miller. Sir Maurice Byer, as he is now, was there. Then from there we moved to Oistins. It was called a polyclinic by the honourable Member, I believe, for St. Michael South, but all that "poly" means is a diverse set of services. But you always had your ante-natal, your post natal, the treatment of young children, the venereal disease clinics, your TB clinics, your dental clinics, all of those used to take place in the health centres. When I came back here in the 1950s, they were all in existence.

They can become an integral part, and perhaps the doctors have given us the answer now, because it is obvious that there are some doctors who want to work in the polyclinics full time. They want master and servant relationships, they wish to go from their internship out of the hospital, those who want to go on to be specialists can go through the Registrar grade, specialist qualification, Senior Registrar, then Consultant, or others may want to

swing to the right and go into the polyclinics and work full time and go and do their membership in the General Practitioners' Association. If they wish to do that and they wish now at this stage to turn around and suggest that to the Government, they should not feel ashamed to do that, because that, in essence, is what they seem to be doing. They seem now to be in a position in which there is a division of opinion among themselves, which division of opinion has now manifested itself in the elaboration of terms and conditions of service which appear to be more consistent with a master and servant relationship than with that of a contractor and client. We have no objection in those circumstances, if that is the proposition they want to come and articulate, because they would use the polyclinics, because they already have the physical buildings, so we would not have to reimburse them for expenses. We would already have nurses, so we would not have to reimburse them. We would already have all of the infrastructure which, under the terms of remuneration, we would have to reimburse the private medical practitioner for if as a contractor he provides the total service already in place.

Immediately as I saw that that point of view was emerging, I felt Cabinet could readily agree to the amendment to the law to allow the flexibility for that to take place. That is why we are here today. That is another one of the amendments. The object of this, however, is to provide a flexible situation so that we have those practitioners who have their own existing offices who want to provide the services and who want reimbursement. 3.25 p.m.

There appears to be another group emerging, those who are now young, doing their internship or emerging from their internship. They wish to become full time general practitioners and they do not want the burden with the real estate part of medicine or the employer/employee part of medicine where they have to hire medical records technicians, or nurses, or things of that kind. They do not want to have to pay severance pay. We will accommodate them, too, because we will put them in the polyclinics. They can go into the polyclinics tomorrow morning. We will fix remuneration and it will bear relationship, of course, to other pay in the Civil Service and other pay which the practitioners will get if they are solo and have all of those obligations. Again, the Government is willing to dance.

The Government is not in a position, though, where there is no time limit. That is another problem, because we have reached the stage where we know that every reasonable request has been answered.

I want to deal specifically with this concept that I see sometimes reported, that the Government is threatening to import doctors. An analysis of the number of medical practitioners in Barbados will disclose that some

50% come from abroad. It is not a question of importing doctors, it is a question of the gravy and the honey in Barbados being better than anywhere else. They come to us, we do not go for them. Barbados has always been a place where medical practitioners, particularly from other islands, find that they can attain living standards better than in their own countries. It is a fact of life. If you go through the medical practitioners list and look at the names, you will see that there are names which are names that one finds in other countries.

We will not be importing anybody. We will be advertising what we have to offer, and if, as in the past — and I have no reason to doubt so, too, as would be in the future — you would attract people, I am not afraid of that. I wish other people would look at the facts and see that in a country like Barbados, a large number of our practitioners and specialists have always come from abroad. So do not let us worry our heads over that, that is not an indication of the Government wielding any big stick. We do not have any big stick to wield and we do not want to wield any big stick. All we want to do is to see that a good service is provided at a price that the community can bear.

There is one last area that I think is important and should also bear in mind. All of the diagnostic aids are not necessarily provided by medical practitioners. This is an important point. We have in this country health service institutions which are not necessarily public sector-owned, not necessarily totally medically staffed. We have some diagnostic services which are provided by commercial people, and the Act is sufficiently flexible to permit that too, but, of course, it has to be a health institution which is approved by the Ministry of Health. That also takes into account part of the ripple effect that we hear so much about.

It is said that we must not broadcast any earnings of the doctors. That apparently gives some offence. I am not going to broadcast the earning of anybody. All I will say is that for 450 patients, a small number of patients, the Government envisages that approximately \$39 568 would be paid to a practitioner per annum for himself in fees and allowances, nothing to do with reimbursable expenditure, which would come to another \$12 270. We are offering \$25 per person per annum.

We are giving an After Hours Emergency Service Allowance. Perhaps the best way out of this After Hours Emergency Service is for us to have the polyclinics associated as an integral part of this delivery. I am positive that in this country you will find people who are willing, for a fee, to provide cover for practitioners who are willing to pool, just like the lawyers do. There are lawyers here who practice in an informal partnership arrangement, and if anyone is arrested on a Saturday or on a Sunday, you can find a lawyer in that pool to go

and do the preliminary things that need to be done. What makes doctors different from that?

They are saying it is the terms and conditions of their contract. If they feel that they can improve the wording of their contract without changing the sense of the obligation to provide the After Hour Service, we are willing to have a look at it. After all, we are supposed to be all agreed that it is desirable for the community to have a mechanism for after hours service. Everybody says that it is necessary.

I think that I have set out very clearly the Government's position. I have set out the amendments to the Bill, I have set out the reasons for the Bill, and I commend the Bill to the House.

I beg to move that the Bill be now read a second time.

Hon. L. S. CRAIG: I beg to second that and reserve my right to speak.

Dr. R. C. HAYNES (St. Michael South Central): This Bill has serious financial implications and therefore, attracts the attention of the Shadow Minister of Finance and Planning.

The Bill seeks to amend the National Health Services Act, and Act that, so far, has produced nothing, to empower the National Health Service Board to provide services that are ancillary to the general practice services under that Act — services that do not exist. The ancillary services were partially spelt out in the speech by the Honourable Prime Minister. The Bill also seeks to make supplementary provisions respecting the administration of the funds of the National Health Service Board.

3.35 p.m.

Let me say this first of all. I believe that the opportunity arises here to deal with a very wide range of matters under this amendment, as was clearly pointed out by the Honourable Prime Minister. I have no interest to declare, because I am a private physician looking forward to farming in retirement. But I do have an interest which I do not have to declare, that is, having spent a substantial part of my life in the health services of this country, one would wish to see it continue to improve.

There are certain fundamental assumptions that must be made. The first one is that we have a good health service in Barbados. When we look at all the international indices of health development in any country, Barbados is in the curious position where over the past ten to fifteen years it has enjoyed a position where it has a health indices structure of a developed country in a developing community. This is due not only to the direct inputs in terms of direct health care, but

also very predominantly by the social and economic development that has taken place in this country, and it is the marriage of these two concepts which will be of importance in the future as to whether we hold our own or not.

The present impasse between the doctors and the Government is one that is of tremendous concern to the medical profession. I have steered clear of this whole area. Even the former Minister of Finance has admitted on the floor of the House that neither directly nor indirectly have I sought to influence the position taken by the medical profession, and that is a fact. I have been an independent observer. What we have to do now is to look at the realities of the situation. The Government has established a Board to deliver a primary health care service through the general practitioners of this country. I have grave doubts about what it will do in terms of overall improvement of the health indices in this country. I think what we are talking here is more in terms of a possible qualitative improvement, the comfort factor, rather than any objective improvement in the service, and therefore the economic and financial implications of this must be taken clearly into consideration.

The fact is that the general practitioners in Barbados want to provide the service, but they want to provide the service on terms which are not in direct conflict with their professional obligations to their patients. It is not the money that has been the main area of conflict between the Government and the doctors. The fact is that it has been the conditions of service. I will deal with this later, but right up front, in order to make it absolutely clear, if it is public policy to pursue this line of development in the health services, I am suggesting to the Government that a lot of money has been wasted down through the years, millions and millions of dollars, and a whole bureaucratic nonsense has been set up when in fact that service could be delivered in another way without bothering about the foolishness of drugs and all that kind of nonsense.

The essential contract is between the Government and the people from whom they have taken the money to provide the services. How that is done thereafter is another matter. I would suggest to you that if you are going to provide the over Sixty-fives Service to start this phase of the National Health Service, and if you know that on average over sixty-fives visit doctors four times per year, if you assume that because of increased accessibility that figure will go up by about 50 per cent, you provide six consultations per year for any over sixty-fives for the general practitioner of their choice. Several things are met there. You have met the bottom line, and the bottom line is that you want patients over sixty-five to seek a doctor of their choice, as I understand it, in their offices. Secondly, you want to

have it delivered at a price which is within the resources of the country. Thirdly, you want to avoid the possibility of escalation of cost so inherent in health care delivery systems.

If in year one you were to fix the ceiling at six visits a year at a negotiated fee, whether it be \$14, \$20 \$25 or \$30 — that is an area of negotiation — if you assume that there are 18 000 people over 65 and all of them exhausted the six visits a year and you pay a fee of \$30 per visit, you end up spending some \$3.2 million. What happens in that situation? That is a contract that exists at the moment with every single insurance company in this country. The only difference between an insurance company is that you have the National Insurance Board holding the funds, whether it be British American or American Life. They have limitations on what services they are prepared to pay for, how much they are prepared to pay for and in what context. You can get rid of all the bureaucrats overnight. In fact, all you need to have is for a patient to present an ID card to a doctor, to produce a document which is signed by the patient and signed by the doctor showing the dates of the visits, and when the six visits are exhausted, then that is the patient's problem for the time being.

In year two you will discover some of them have used none, some have used two and therefore you may be able to give them twelve visits per doctor. It means that every single cent that you collect under the Health Levy can go to the purpose for which it is designed. It means we do not have to get into any contractual arrangement with any doctor, the contractual arrangement is between the doctor and the patient, and for a breach of those professional, contractual arrangements, whether it be in terms of failure to respond in an emergency, failure to respond in situations where a doctor has a duty to respond, the laws of Barbados exist to assign the appropriate penalties for such behaviour.

Left to me, I could implement this service within two weeks without spending one cent. I do not need a secretary, I do not need anybody. All I need is a telephone to talk to the doctors and try to negotiate a price. End of story. So what do you have? First of all, you have all the over sixty-fives being able to see a doctor in their office at their pleasure. What is the reason for all this rigmarole we have been going through over the years? What is the point behind it? What is the point spending all these millions of dollars on a whole heap of staff, to produce what? To produce nothing? I ask honourable Members on the other side to give serious consideration to what I have said based on the facts.

I am absolutely sure that the doctors in Barbados want to participate in a health service, provided it does not compromise their professional position. It is quite unfair, and I am serious about this, to be talking about the doctors earning all this big lot of money under the

present arrangement. The sums quoted by the Honourable Prime Minister are correct and they are not correct. 3.45 p.m.

I will make the contract sent out to the doctors, a document of the House. It is "The National Health Service Board Statement of Fees, Allowances and Expenses Paid to Participating Practitioners For Providing General Practice Services To Persons Sixty-five Years of Age and Over." If you look at what is offered, it works out to 6.8 cents per day per patient for a 365 day service. That is for a forty hour week. For the other 128 hours, that is at night and weekends, it works out to 3.7 cents per patient per day. In other words, they are earning half as much for the overtime, as they are earning for an ordinary day's work. That is a fact. They are getting 6.8 cents under the capitation fee for the forty hour week that will be mandatory, and after that it is 3.7 cents for the other 128 hours per week.

(Hon. B. A. MILLER: Talk about everything else they are getting too.)

Dr. R. C. HAYNES: Look at the allowances. An allowance as head of an After-Hours Service, 0.7 cents, a little more than a farthing per patient per day, per year. That is if you are head of the service. If you are a participant and not the head, you get nothing.

Group Practice Allowance, 1.7 cents per patient, per day, per year. For the doctors in Barbados to rearrange themselves into a physical arrangement to participate in a group practice, at today's cost, you are talking about asking young doctors to outlay probably \$1 million or more to establish an arrangement for four or five doctors.

Continuing Education Allowance, 0.76 cents per day, per patient, per year. All these are reimbursable by the way; everything after the After Hour Service is reimbursable.

(Hon. B. A. MILLER: What is the bottom line? Get into the dollars. Leave out the cents.)

Dr. R. C. HAYNES: Start Up Fee — about 1.34 cents per patient, per day, per year.

Then, they have graded the medical practitioners where they would earn between about 1.9 cents up to about 7.3 cents, according to seniority.

Mr. SPEAKER: Are these figures the figures calculated in the book....

Dr. R. C. HAYNES: They are calculated by me.

Mr. SPEAKER: or are these recalculations?

Dr. R. C. HAYNES: They are recalculations. You have the actual figures there. Divide by 450 and 365 is the answer. Four hundred and fifty.....

Mr. SPEAKER: The honourable Member said he is quoting from a document....

Dr. R. C. HAYNES: I said I would make it a document of the House.

Mr. SPEAKER: I am going on to say, which you say you intend to make a document of the House.

Dr. R. C. HAYNES: Of those parts I quote from.

Mr. SPEAKER: Please, give me a chance. You said you are quoting from a document which you intend to make a document of the House. I think you should inform the House that the document you are quoting from has figures and you have recalculated the figures.

Dr. R. C. HAYNES: Okay.

Mr. SPEAKER: I am here believing that those are the figures which are presented in the booklet. I think that, by now you know my ruling as regards this.

You are reading from a document; please read the document correctly so that when it is made a document of the House, it can coincide with what is recorded.

Dr. R. C. HAYNES: I believe that there is a slight misinterpretation here. What I did say is that I would look at it and make it a document of the House. I did not emphasize that I would quote from it. Anyhow, I take your point.

The point I am making here is that the figures quoted here are per annum figures for 450 patients, that is, 450 patients, 365 days a year. So each figure, you can divide by 450 and divide by 365.....

Mr. SPEAKER: We now know what is happening.

Dr. R. C. HAYNES: right. as has been dealt with in the actual contract. It is broken down here into contract, which gives the actual amount being paid. In the same document which the honourable Member for St. James North (Hon. L. S. Craig) has, he would see that is broken down in cents, in respect of the capitation fee.

Hon. L. S. CRAIG: On a point of order, Sir.

Mr. SPEAKER: On what does the honourable Member rise?

Hon. L. S. CRAIG: On a point of order, Sir.

Mr. SPEAKER: Point of order?

Hon. L. S. CRAIG: Yes, Sir.

Mr. SPEAKER: Would the Honourable Member....

Hon. L. S. CRAIG: Would the honourable Member be kind enough to tell the House if those are the figures which the doctors themselves have said they want? Are those the figures which the doctors have requested? Not what the Government has set about to offer them?

Mr. SPEAKER: That is not really a point of order. That is what I was trying to say to the honourable Member that if you are going to quote from these documents, let us know exactly what the quotations are, and then you can always say that you have broken them down to these various figures.

Dr. R. C. HAYNES: Yes. Okay. I am trying to be non-contentious. I have no idea whether it was agreed on or not. I am not part of the negotiations and I am not getting involved in them. I am not getting involved in that aspect, I told you that.

There is one point I wish to correct before I go on. I did refer to this red document, which I saw over the other side. In fact, in this document which I recited from before, the actual figure for the capitation fee is actually spelt out as 0.0685 dollars per person. That is 6.8 cents per person, per day. It is actually spelt out here in this one, not in the red one over there, which the honourable Member for St. Thomas is holding in his hand. It is in this one.

The situation is that there is no big lot of money involved in it, and the fact that the doctors have entered into negotiation with this kind of fee structure should be a sure signal to the community that it is not money that the doctors are after. Let us face it. You are talking about cents per patient, per year and you are talking about only 450 patients. My God, what do you expect the doctors to do? So money cannot be a matter of contention between the doctors and the Government.

Hon. B. A. MILLER: Mr. Speaker, Sir, on a point of order.

Mr. SPEAKER: Point of order.

Hon. B. A. MILLER: The Standing Orders of this House require honourable Members not to mislead the House. It is very cheap and easy to get up and read some figures and not other figures. Perhaps, the honourable Member would want to put the House right by quoting dollars. We want to know what the negotiations suggest

that the doctors would earn monthly or annually. I do not want to hear how many cents per patient, per day. Let him tell us that.

Dr. R. C. HAYNES: Mr. Speaker, I have read out the list of fees in the document sent to the doctors.

Mr. SPEAKER: I think it might be better when quoting from documents, as I have often said, that if you are going to use a document and quote from it, quote from it in its entirety and accurately. That is why I said to the honourable Member just now that if he has made recalculations, do inform the House that he has made recalculations, because the Record of the House will show something which will not correlate with the actual document when it is produced.

We do not want to mislead the House in any respect, and I want to know as well.

Dr. R. C. HAYNES: That is right.

Mr. SPEAKER: I want to know.

Dr. R. C. HAYNES: I can certainly go through the list of fees, allowances and reimbursable expenses for you.

The capitation fee, \$25.00 per person, per year or 6.85 cents per person, per day. That is in the document. The After Hour Services, \$6,240 per annum or, and this is my interpretation, my arithmetic, 3.7 cents per day, per person. These are the only two components that actually represent salary for the doctors. The allowance as head of an after-hour service, you get only if you are the head of an after-hour service, and that is \$1 200 a year or 0.7 cents per person, per day. A group practice allowance is \$2 800 per year, which is in the document. You get that only if you are part of a group practice, and that amounts to approximately 1.7 cents per person, per day. A start up fee of \$2 250, that you will get only if you are starting up. A seniority allowance, a Grade 1 medical practitioner, is \$3 648 a year, which is approximately 1.9 cents per person per day. A Grade 2 medical practitioner, \$2 268, which is approximately 1.3 cents per person per day. A Grade 3 medical practitioner, \$1 356 a year, which is approximately 0.8 to 0.9 cents per person per day. You are talking about cents per person per day. Then there are operating expenses of \$12 120 per year, these are expenses that you will get back if you incur them on staff, and then there are other reimbursable costs like for rents and supporting costs. But when you get to the bottom line, all these things you can get only if you incur certain expenses. The other things you get, as a base line amounts to about 6.8 cents per day per person and 3.7 cents per day per person for the after-hour service. That is what it is, that is a fact — you cannot escape that — so the doctors could

not be seriously negotiating this in terms of financial reward.

3.55 p.m.

Let me tell you what are the problems in getting this amendment through, or making it make sense. I have a document here called, "The Barbados Association of Medical Practitioners, Commentary on the Regulations, Terms of Service and Statement of Fees and Allowances under the National Health Service, June 1985." This was sent to me and it is a public document, it is nothing to worry about. I am going to show you the kinds of problems which have arisen in these negotiations.

The doctors have claimed that things were put into the agreement which they did not negotiate. First, there is the question of a retiring age for a doctor. Because make no mistake, what is going to happen once the market conditions for medical practitioners change in Barbados with the intervention of Government, is that more and more people will join the health service, and eventually they are going to be faced with the question, whether it is a legal entity or not, of retirement and gratuity. They object to the fact that the Minister is the final arbiter of which practitioners will be allowed to join the service. They object to the fact that was an attempt to get medical practitioners to take legal responsibility for minors. They object to the fact that the regulations clearly state that patients may be assigned to the practitioner without any consultation with the practitioner. They object to the fact that the maximum panel size will be determined by the Minister after consultation and not by an agreement with the Barbados Association of Medical Practitioners. They object to the terms of service which clearly state that the doctors will be legally responsible for the patients 24 hours a day, everyday of the year.

I want to stress this a bit. They quote Regulation 91. There is nothing to hide. I am trying to give as honest a presentation as I can to this Honourable Chamber, because it is an important matter when you have a noble and dignified profession out there that has done tremendous service in this country, make no mistake about that, and you have a shift in the public policy which could be of some importance in determining whether health in this country goes forward or backward.

They are objecting to the fact that they have to provide, legally, a service 24 hours a day, and I will tell you what is the basis of the objection. As I said, under the normal professional arrangements, once a patient is under your care it is assumed that you have a continuing responsibility for that patient. When you depart from that responsibility, there are legal instruments in Barbados that can be brought into force, as in the case of the legal profession, or as in the case of any profession, for breach

of professional responsibility. Once you sign a contract with a third party to provide a service 24 hours a day, seven days a week, 52 weeks a year, you are asking the doctors to create special problems for themselves. The reason is that this means that whether you are called or not, you are on duty; whether you are sick or not, you are on duty. It means that if you go out for dinner, you are on duty, unless you can find a doctor to replace you.

In the United Kingdom, there is a system of locums; that is doctors who stand in for general practitioners, and the fact is that in cities you often have 400 000 to 500 000 doctors sometimes. In New York alone you will find 400 000 to 500 000 who are junior hospital staff, doctors doing post-graduate work, doctors looking for a job, who can supply that service, what they usually call moonlighting. When I wanted a few dollars, I used to moonlight. All I had to do when I wanted to do some work on a weekend was to call up an agency; the agency would check your qualifications, they would tell you to come at 8 o'clock, they gave you a car with a radio device and they put you on the street, they directed you to which house to go until 8 o'clock the following morning, they gave you your check, and you went home. We do not have that pool of doctors in Barbados, so really what you are talking about is that you are asking the same doctors, who are all bound by the same contract, to produce that service every day of the year to share among themselves the same service.

Look at this one. The Board itself, this is interesting, which should be assuming the responsibility for the after-hours service, is asking the doctors to sign the contract and is not going to assume any responsibility to provide that service. They are collecting the money, they are handling the money, but they are not going to assume the responsibility to provide the service — they say the doctors must provide the service at the cost which I have just related to this House.

Mr. SPEAKER: What document is that?

Dr. R. C. HAYNES: I actually detailed it when I first began.

Mr. SPEAKER: I heard you say that it was a public document.

Dr. R. C. HAYNES: I did say, "The Barbados Association of Medical Practitioners, Commentary on the Regulations, Terms of Service, and Statement of Fees and Allowances Under the National Health Service, June 1985."

Listen to this. If a general practitioner falls ill, he must make arrangements for his own relief and pay for it out of those cents. In other words, if a man joins the

service and he becomes delirious, becomes unconscious, gets a stroke or heart attack, he is legally responsible unless he can provide or find someone to provide that service for him. That is what that contract in Clause 21(1) says. When the medical practitioner finds a doctor to stand in for him, he must pay the person who is standing in for him. When the doctor goes on holiday, he has to find somebody who is going to be prepared to work for 6.8 cents per person per day and 3.7 cents per person for 128 hours a week.
4.05 p.m.

Mr. SPEAKER: Please let me see that document on the Table. This is what I said just now about the transposition of figures. I looked at the document and it really and truly does not say that. The document says on the capitation fees \$25 per person p.a. — which obviously means per annum — (\$0.685 per person per day) for persons 65 years and over on the panel of the participating medical practitioners.

Dr. R. C. HAYNES: That is what I am talking about.

Mr. SPEAKER: That is why I said quote the whole document, because that to me gives a different reflection of what you are saying.

Dr. R. C. HAYNES: No, I am talking about the contract. That is not the contract. I am saying what the contract provides for.

Mr. SPEAKER: The term "on the panel of the participating medical practitioners" gives a completely different light from what I have been hearing. That is why I said it is best to quote the documents in their entirety, and then you can say how you want to interpret them. It is for the benefit of the House, Hansard and the public that we know exactly what the document is saying. I do not mind how you interpret it afterwards, but my duty is to make sure that the House is fully apprised of the accuracy of the documents. That is all I am interested in.

Dr. R. C. HAYNES: I do not quite get the point you are making, Sir. They are the terms of service. What I am talking about is the contract, which is a different document, which I am not making a document of the House, and these are comments on the contract. That is a document for information. The contract, I think is the red document, which I have not quoted from. I am extracting a different document here.

Mr. SPEAKER: Then that makes it even more misleading. You are not going to produce the contract but you are quoting a commentary on the contract, so the House would never know where the truth lies.

Dr. R. C. HAYNES: I can make the contract a document of the House, I am not going to read from it.

Mr. SPEAKER: That is why I say the House would be at a loss.

Dr. R. C. HAYNES: I am not going to read from it because I do not want to get into that area.

What I am saying is that practitioners have to find their own replacements and pay them, and the arrangements have to be approved by the Board before the practitioner can go on holiday. They have to pay them out of the 6.8 cents per day per person that they get for the 450 people on their panel and the approximately 3.7 cents per person per day that they get for providing a 128 hour per week after-hour service. That is the point I am trying to make, and I do not know what doctor they are going to find to work for that kind of money.

I am saying that it is the responsibility of the Board and not the responsibility of the doctors to provide for emergency services if a doctor falls ill, or to provide for a replacement if a doctor goes on holiday. It is an impossible burden that they are asking the doctors to carry. It is a contract which cannot be enforced in law, even if the doctors were to sign the contract, because the terms would be totally unreasonable, and this could be contested before any court in the light of the kind of industrial understandings that we have had in this country. The contract would be unenforceable in any court in this country. It is a straightforward, foolish contract. It is as simple and straightforward as that.

Hon. B. A. MILLER: Mr. Speaker.....

Mr. SPEAKER: On what.....

Hon. B. A. MILLER: On a point of order, Sir.

Mr. SPEAKER: Point of order.

Hon. B. A. MILLER: Standing Orders require honourable Members not to mislead the House. The honourable Member for St. Michael South Central has just described to us, reading from a document, which document I have in my hand as well, that G.P.s would be required to pay from their own pockets for locums.

Dr. R. C. HAYNES: On a point of order, Sir.

Hon. Miss B. A. MILLER: You cannot have a point of order on a point of order.

Mr. SPEAKER: There cannot be a point of order on a point of order.

Hon. B. A. MILLER: He is giving the impression, as is the wont of the honourable Member for St. Michael South Central, that the G.P.s in the proposed National Health Service would not be reimbursed for locums which they have to find, or for costs which they incur when they have to employ locums either when they are going on vacation or for any other reason. This document makes it very clear to me that as part of the remuneration of doctors' fees and allowances, among other expenses that are covered are allowances which include insurance and the cost of locums, \$12 120.

Dr. R. C. HAYNES: This is exactly the point I am making. The Honourable Prime Minister included that figure in the global figure which he mentioned to this House. What I am saying is that they are reimbursable expenses and not part of their basic payment for the health service.

The fact is that the doctor would have to pay the locum out of his reimbursable expenses which he would have received under the contract. The moment he falls sick and has to hire a locum, or goes on holiday and hires a locum, he has to pay the doctor that amount, if the doctor would work for that, and if the doctor would not work for that, he has to pay the doctor the market cost. That is the point. In other words, if we provide \$12 000 inside here as reimbursable expenses and a doctor falls sick for six months and he is under contract, and he cannot get a doctor to stand in for him for less than \$4 000 a month, he is under contractual obligation to provide a doctor at \$4 000 a month, that is \$24 000 as reimbursable expenses, or less than \$12 000, because the \$12 000 represents a composite of other expenses. What guarantee do you have that when a doctor goes to the market in order to find a locum, that locum is bound by any fee arrangement made between him and a National Health Service Board? None whatsoever!

The Honourable Prime Minister who is now Minister of Finance, who himself knows perfectly well that the Barbados Labour Party never really planned to introduce any free health service in this country, knows perfectly well the problems of deterioration in health services and the problems of escalation of cost. That is why I tell you get rid of the people who are advising you. That is the first thing you have to do. You do exactly what I am suggesting to you and you would get it off the ground in two weeks' time. Every single person over 65 will be able to see a doctor in Barbados six times a year, the cost would not be more than \$3.2 million, you will probably find that patients out there would find it a lot more acceptable and you would not be faced with the mounting administrative costs for this kind of nonsense that people are trying to advise the Government on.

You have a responsibility for spending the taxes collected in this country as efficiently as possible. I also

have a responsibility not only as a Member of this Parliament but as shadow Minister of Finance where I think savings can be made and efficiency improved to make those suggestions. Do not go copying foolishness which countries have found very expensive over the years, and indeed in the long run all the wastage and the padding involved in it.

Asides

Dr. R. C. HAYNES: Padding by the doctors, padding by the administrators, padding by all delivery of health services. Let us face it. We have a joint responsibility on both sides of this House to look and see how taxpayers' money will be spent, and when I hear the kind of interventions by the Member for the City, who clearly does not even understand and who had been in Health for five years, left there and learnt nothing whatsoever about the health services of this country, ask the honourable Member for the City to account for the millions of dollars that she spent when she was in Health, and what did she deliver at the end of the day after five years? Look and see how much money has been spent trying to generate a health service in Barbados, and up to today all you have is a Drug Service.

Aside

Dr. R. C. HAYNES: You hold on, I will deal with that later on, because that is part of these amendments too.

You get these kinds of interventions that just do not simply make sense, when the matter can be done very simply and very straightforward tomorrow. If you think you can get political gain out of it, I will tell you how to get political gain out of it. You can accept my advice or not, I have been in health service delivery in this country for a long time. I know what is going on.

(Hon. B. A. MILLER: They do not want to hear you.)

Dr. R. C. HAYNES: That is the trouble. You do not want to hear from anybody. That is why you did the foolishness you did when you were in the Ministry of Health.
4.15 p.m.

I want to look at the Health Levy because I am concerned about certain aspects of what is going on here. This Bill makes supplementary provision respecting the administration of funds of the National Health Service Board. As justification, the Minister of Finance, who clearly does not understand the details and intricacies of public expenditure, gets up and quotes a situation where money is collected under the National Insurance

Board and the Minister has the authority to state how those funds may be invested. The Minister has no authority to say how those funds may be spent, how they may be invested, and he seeks to equate this with a situation where money is being collected under the Health Levy and money is being spent by a Health Levy Board. There is a basic difference between the responsibility of a Minister in respect of the National Insurance funds and in respect of the National Health Service Board, a fundamental difference.

The honourable Member talks very vaguely about the disposition of funds collected. In this amendment, it gives the Minister of Finance power to direct the Board, to pay into the Consolidated Fund part or all of any surplus funds in respect of any year after the Board has met all its obligations for that year, and the Board shall give effect to the directions of the Minister of Finance. The Barbados Labour Party misled this country terribly when they said that they were putting on a Health Levy for the purpose of a National Health Service. The facts are that from the Estimates of Revenue and Expenditure, the actuals, I see no transfers to the Treasury for the year 1981-82, and the Fund started being collected in October of that year, so there is some six months of funds - I do not know what happened to them. In 1982-83, according to the Estimates, actual transfers were \$9.3 million. In 1983-84, transferred to the Consolidated Fund were \$30.3 million. As Shadow Minister of Finance, I can say that I have identified \$22.6 million of the Health Levy as being transferred to the Consolidated Fund. What has happened to the rest, I do not know. My judgement is that on an average of about \$12 million a year - we have been collecting money for almost four years now - about \$42 million to \$43 million has been collected. It is just a few months less than four years, three years nine months.

I say it is about \$44 million, I cannot give the actual figure, because nowhere it appears. All of a sudden the money was being put into the Consolidated Fund and used as general revenue in the years 1982, 1983 and 1984, and all of a sudden there is a disappearance from the Consolidated Fund with no Health Levy Board in place. Now, with a Health Levy Board in place, we are told that, as from April 1 this year, the money will be paid into the Board and the surplus into the Treasury. What has happened to the gap? I want to know where the money for 1981-82 is. I want to know what has happened to the money for 1984-85.

Asides

Dr. R. C. HAYNES: It is not in the Estimates. If you look under Health in the Estimates, you will see that there is a blank in that year. The only two years you will find transferred to the Estimates are 1982-83 and 1983-84.

Aside.

Dr. R. C. HAYNES: The honourable Member says that I am talking foolishness. He does not even know what he has in his own Budget, because it is my suspicion that it is the proceeds from that year 1984-85, and probably a bit of hang-over from 1981-82 which relates to the \$15.7 million, which he says is going to be reimbursed in the Consolidated Fund and projected excesses from this year. He can ask the honourable Member for St. Peter where he got the figure from? He will tell you that I suspect that is where he got the figure from. Where did you get the \$15.7 million from to reimburse? You cannot get it back in one year because you are not yielding \$15 million in one year, so it has to relate to the year 1984-85, 1985-86 and some other money from some other year.

Barbadians are the most tolerant people on this earth. Over \$40 million has been collected for health services and, to date, they have delivered nothing. They cannot say it is due to the Drug Service, because the Drug Service pre-existed the imposition of the levy. The Drug Service was put in place before the last elections. The levy was put on in October 1981, so they cannot say it was for the Drug Service. They have collected the money and they have delivered absolutely nothing to the people of Barbados.

I am calling on the Minister of Finance to return the money to the people that they took from them under the Health Levy or deliver a service to them immediately and not try to put the blame on the doctors, because all they are trying to do at this stage is to try to put the blame on the doctors. The Honourable Minister of Finance deep down inside must know that those responsible for Health over the past ten years have grouped up in the whole arrangement and the entire matter could have been solved long ago in the interest of his party, in the interest of the people connected with it, in the interest of everybody and in the interest of proper administration of the finances of this country.

This amendment now also provides for the Drug Service to be paid for out of the Health Levy. This is interesting. Let me tell you something. There was always a Drug Service in this country, make no mistake about it. What used to happen in the past is that the drugs were paid for out of the Consolidated Fund and the drugs were brought in by the Central Purchasing Department, which had a specialized department located in the Queen Elizabeth Hospital, and distributed to all the public dispensaries in this country. All drugs dispensed from public dispensaries in Barbados were free, they were the best quality drugs in Barbados or anywhere in the world, the cost was somewhere in the region of about \$3 million - \$5 million for every single person who required those drugs, you could get access to them so long as you had a

prescription, irrespective of your age, once you presented that to a Government dispensary, and certainly there was no prescription fee or any charge which any person had to pay in respect of those drugs.

They have substituted that free service for a service that you have to contribute to the cost of. Each patient has to contribute to the cost of the Drug Service and, as I warned them repeatedly on the floor of this House, you are going to find a situation where the drugs in Barbados, brought in under the Drug Service, will turn out to be more expensive than the name drugs. I have a list of twenty drugs sold to the Government of Barbados more expensively than people can buy them in prescription over the shelves in St. Vincent, Trinidad and Grenada. I knew it was going to happen. I knew that they were going to corner the market and then they were going to whip you, because you are dealing with two factors: You are dealing with a distortion of a domestic market and the interfacing of that market with one of the most ruthless markets that you can think about, that is, the international job market. What has happened is that you have seen a tremendous escalation in the cost to Government of these drugs over the past four years, rising from some \$3.5 million to over \$5 million now, with administrative costs running at about \$350 000 a year, when, in fact, you used to pay one man a salary to do the same job. The net effect is that throughout Barbados today, within Government and outside of Government, you are getting the most appalling shortage of drugs, and, in many instances, a lot of bad drugs in this country. I have to deal with it every day, so do not tell me.

4.25 p.m.

Asides.

Dr. R. C. HAYNES: What evidence? The evidence is simple. When an old lady gets a drug and she goes home and she is vomiting all night, and the following morning you have to prescribe the same drug but in a different form, that is the evidence. I need no more, because you can wait for evidence and cause a whole lot of problems for people.

What we are talking about here is increasing the quality of health care delivery, because basically that is what you are doing. You are not going to change the health indices in Barbados, no matter how much money you spend, and what I am saying is that, at least in one area, you have altered the quality for the worse, that is, in the area of generic drugs in Barbados at tremendous cost to yourself.

(Hon. B. A. MILLER: I have heard private doctors say otherwise.)

Dr. R. C. HAYNES: That is your business. I only hope one of these days you have to take some.

Asides.

Dr. R. C. HAYNES: I would not take any, you can be assured about that. I can always get good proprietary drugs if I need them.

I am calling on them, since they are providing nothing for the country for the money they have deducted, to give back the money or go and tell the people that you have misled them, you have imposed a tax, you have put some \$22 million that can be easily recognised into the Consolidated Fund and spent it for general purposes, that you now intend to allocate another \$15.7 million for general purposes, that all they have so far is a Drug Service, and now you are out on a limb. Go and crawl to the doctors and get them to agree with you, because you have to justify at the next election why you took the money from the people and why you have produced no service. That is the timing element that the honourable Member is talking about. His timing element is that he has to get something called a National Health Service in place to justify the money that has been taken, and for political reasons. The doctors have a different timing schedule. Their timing schedule is to get a service in place that would be of benefit to the people of Barbados which would not interfere with their professional integrity. That is where the big divide is between the medical profession and the Government of Barbados.

I do not often speak on health matters and I specifically try to avoid speaking over the years on the National Health Service. I have my views. I know deep down inside that with the health indices we have in Barbados it is in the area of social and economic development that should be improved. I know it is in housing, I know it is in jobs, I know it is in recreational facilities and in education, because I know what you have to spend in order to improve what you have in dollar terms.

I want to respond to one or two other statements made by the Honourable Prime Minister in relation to one or two other aspects, and I am dealing now with the ancillary aspects of this amendment. The doctors have again and again pointed out that, once you have a health service, you are going to have a ripple effect, and it is important to spell out what the ripple effect means. The ripple effect means that when a patient goes to a doctor, the doctor diagnoses what is wrong, the doctor writes a prescription, if he thinks that is all that is necessary, and the patient goes and gets the drug. The Drug Service, to some extent, takes over that ripple effect, but there are a series of other things that flow from that consultation that are often far more expensive than the consultation. Often they need X-rays. You need a radiological infrastructure to cope with this. You need a radiologist and, let me tell you something, it took us about 20 years to get two Barbadian radiologists to

stay here. A lot of people do not know the problems that we have had in trying to get secondary and tertiary services in this country, and you should be very careful how you interfere with these things.

As you will know, it took us almost 50 years to get a proper ophthalmologist in this country, your own brother. The only reason why you are against the doctors is because he had all the brains and you did not have any. My good friend was a triple FRCS. That is a fact, so do not say no. He was a FRCS Surgery, he was FRCS ENT and a FRCS Ophthalmology. That is a fact, and you are jealous of him, and that is why you are against the doctors. He was a triple FRCS, a most unusual achievement.

I want to get on to the consultants. The ancillary services, as I understand it today, will provide for consulting services by consultants. These are clinical services, I presume, and services by radiologists, pathologists and such others which should be paid for, second opinions and also investigative services. I presume this to be the case.

I have no difficulty in saying I fully support the concept of full time consultants in the Queen Elizabeth Hospital. I have argued that for years, and that is why before I retired from the Public Service I had made strong recommendations that jobs should be provided for all those young people that we had sent out to do gastroenterology, cardiology, paediatric cardiology, orthopaedic surgery, the whole lot, as full time consultants, not with salaries less than a Permanent Secretary, but as people who had spent 15 years in training, and look at the market price, because I know that in the long run it is that secondary and tertiary up-pull of the health services that is going to make the difference.

I also have my reservations about how you deal with the question of part time consultants in the health services. I am not afraid to say so. Just as I am prepared to support the profession where I think they are right, I am prepared to say where I have reservations, and when the Government is dealing with part time consultants, they should exercise great caution in how they structure any arrangements. I was a part time consultant; I did two or three jobs in the hospital and used to do my part time consultancy at 6 o'clock in the morning, at midday and at night. With the present economic situation prevailing in Barbados, it is very difficult if any doctor opens an office not to find that to cover the expenses he has to spend a lot of time in his office. It is only the older ones that can probably survive with some difficulty, so the question of incorporation of consultants in an overall health care plan is no problem with me, but I want to see full time consultants. The accent in the future must be on full time consultants. Those of us who participated in the exercise of attracting the university consultants to Barbados in the mid-1960s would know only too well the kind

of contribution which their very presence in the hospital has made over the years. You have to think of health in a very sensitive, intelligent manner and listen to people who know what they are talking about.

I listen to you when you are talking about law, although often when I check the law, you are wrong. I listened to you last week when you told me that "assignment" was not a word, and I went home and checked an old conveyance and checked Webster's Dictionary and found that assignment equals assignment, which is the same word.

Asides.

Dr. R. C. HAYNES: That is one way, but it also means a legal document. It was in an old conveyance that was hand written.
4.35 p.m.

(Hon. H. B. St. JOHN: I have always heard about that in relation to a man and a woman.)

Dr. R. C. HAYNES: That is one way, but it also means a legal transfer, a legal document. It was in an old conveyance that was hand-written. I knew I had seen it there.

(Hon. B. A. MILLER: What does that have to do with this?)

Dr. R. C. HAYNES: The honourable Member for St. Thomas and another honourable Member said that it was not a word, and I foolishly withdrew the word and used the word, "assignment."

Aside.

Dr. R. C. HAYNES: But "assignment" is a word, though. It means the transfer of deed of title, and it is in the old conveyances of Barbados.

We come to the polyclinics, and this is where the Government has been very foolish. I have pointed out to them again and again that they have made massive investments in polyclinics in Barbados. But there is hardly a polyclinic in Barbados that runs at about 20 per cent capacity.

(Hon. B. A. MILLER: No, no, no!)

Dr. R. C. HAYNES: Hardly one. I am telling you.

Hon. B. A. MILLER: On a point of order: The honourable Member for St. Michael South Central is deliberately misleading this House. I cannot say in here he is telling a lie. I can only say he is deliberately misleading the House with that statement. Let him quote the figures.

It is all right to throw out a statement. This is a responsible place.

Dr. R. C. HAYNES: There are doctors' offices in Barbados where two or three doctors are practising that see more people per day than those who go into a multi-million dollar polyclinic.

(Hon. B. A. MILLER: Let us hear the figures!)

Dr. R. C. HAYNES: Do you see how things haunt you, even when you left office? The lady cannot sit down quietly in her place. Do you know how much public money you have wasted. Do you know you did nothing for five years in Health, and did less in Education for five years now?

Aside.

Dr. R. C. HAYNES: That is not true? That is correct. You agree with me. Thank you very much. The lady does agree with me.

(Hon. B. A. MILLER: That is your opinion. You can hector your wife like that, not me, man.)

Dr. R. C. HAYNES: If the Government had concentrated the first stage of its development and tied it to the capital investment that it made, it would be in a position then to go to the market. I would say that if our assumption of 18 000 over sixty-five is correct — I have been trying to get a copy of the demographic status of Barbados last year from the Chief Medical Officer's Report, and one is not available you would find that probably one-third of the primary care in Barbados could be delivered from those polyclinics. You are already spending the money there, and with minimal additional expenditure you can go within one-third with the polyclinics throughout this country. Then, you will be in a position now to talk about additional quality, because your primary patients have a choice between partial institution and delicacy of private care.

On this business now of importing doctors, I am telling the doctors of Barbados to ignore any threats whatsoever that any doctors will be imported into Barbados to do work for 6.8 cents per day, 365 days a year, per patient. They have brought one in. Poor young lady, not even registered, no job, no office, no nothing at all and stranded out there now! And word has spread throughout North America and throughout the United Kingdom what they have done to that poor lady whom they brought in here.

(Hon. B. A. MILLER: Throughout North America?)

Dr. R. C. HAYNES: That is right. Throughout North America. Doctors from Boston have called me.

and asked me what has happened to such and such a person who came inside here.

(Hon. B. A. MILLER: You mean one fellow called you.)

Dr. R. C. HAYNES: Not one, more than one.

When a doctor comes into Barbados to work at the hospital, he has a job, he has a house prepared for him, he has his immigration status cleared. The whole lot is sorted out for him — He just walks into a house, gets registered and starts work the next day.

Bring in a doctor, and then he goes and sets up general practice. You have to be a very wealthy doctor to come into Barbados, so the doctors can forget the foolish threat. Do not let one single night be disturbed about any nonsense about bringing in doctors. If they brought them in from Korea, from Pakistan, from India, from Cuba, the doctors still are not going to have anywhere to work, if they have to work in a general practice setting.

Also, the doctors in Barbados can be quite sure that 99 per cent of Barbadians would go to the doctors from whom they trust. They will take medicines from the doctors whom they trust, just as they would go to a lawyer whom they trust, no matter how busy he is. If they have to wait a year to get the services, they would go to a lawyer whom they trust, not to anybody else. So the doctors do not have to worry about that foolishness.

I think the Government has got itself in a whole lot of trouble. There is a contract that does not make sense. I am doubtful that it can be enforceable anyhow, because the provisions are so hard and would be a conflict of any general understanding in respect of industrial relations or working conditions of anybody in Barbados. No one in his right mind would ask anybody to sign that contract, so you can forget that. You have a system of delivery that is irrelevant and unnecessary. You do not need to go through all that structure. Just accept my suggestion, I tell you it will work.

(Hon. H. B. St. JOHN: So that one group will get all and the other group will get none.)

Dr. R. C. HAYNES: That is not the point. There is a marketplace out there. People will go where they get the better services. It is no duty of yours to allocate patients to bad doctors, who the patients do not want to go to. All they are going to do is go and get the prescription and then go and pay and see another doctor and ask the doctor whom they trust whether to take the medicine or not. If a doctor cannot make it in the marketplace out there, he is not going to make it under

the protective umbrella of a Government, you better believe that.

What I am suggesting to the Government is a scheme that would meet every single legitimate objective of their policies: (1) a ceiling of expenditure; (2) access by all over sixty-five to the doctors of their choice; (3) a flexible enough mechanism to allow it to work without all this foolishness that is leading to threats of strikes and so on.

(Hon. H. B. St. JOHN: What strikes are you talking about?)

Dr. R. C. HAYNES: I hope that the point has been taken as to how it can be done. There is a very simple way of doing it. I have set it out and I am going to just check these figures.

If you have 18 000, 18 000.....

Hon. H. B. St. JOHN: On a point of order, Sir: There are 27 000, not 18 000.

Dr. R. C. HAYNES: Okay, we drop the amount to \$20 — we have room for negotiating. Twenty-seven thousand times six is 162 000 — let us say \$20 a visit — times 20 and you are talking about the same \$3.24 million. It comes back to the same amount for that \$20, if you have 27 000, and your problems are solved overnight. You can implement the service within fourteen days, because the contract is where it properly should be, between you and the people who you are taking the money from — you and the patient.

The doctor has no problem. He is guided in his relationship between himself and the patient and the whole law relating to professional activity bears not on him in respect of any professional negligence. And there are all sorts of checks; all you have to do is to call any insurance company and they will tell you how you can avoid fraud. It is a simple matter. There are ways and means of avoiding that.

Asides

Dr. R. C. HAYNES: That is not the problem with the doctors. Anyhow, if you want to make political foolishness, that is your problem.

On the question of pensions, I have pointed out that, quite clearly, it is a valid point to say that if you have a contractual arrangement with an authority, probably you cannot claim pension on the basis of that. Probably, I do not say that this is absolutely so, because it will be different from the usual structure. On the other

hand, what is usually done in those cases is that the rates of remuneration are paid to allow the person to insure himself for his retirement age. In other words, if your substantive appointment does not provide for retirement, you get a large enough amount of money from that source in order to allocate a proportion to provide for retirement and that is usually part of the contract. This must be understood.

4.45 p.m.

If you ask doctors to work in this system up to age 65, what are they going to go home on? That is an important point to make. What happens in the United Kingdom is that the relative authority actually provides a pension scheme for the general practitioners whom they employ under the National Health Service in the United Kingdom. There are several regional authorities, and each authority would have its own pension scheme. The whole business of independent contracting status has nothing, basically, to do with pensions or otherwise. It has to do with an important professional point that has often escaped notice in the colonies and those countries that became independent after the colonial days, that is, historical in the United Kingdom only doctors who were employed as Public Health Officers and otherwise were the only people subject to the Civil Orders. All the others had a contractual arrangement with Government, because it was always felt by the British Medical Association and by the British Medical Council that it was unethical for a doctor to be involved in health care delivery and be subject to the Civil Orders of a country, since a time may come when you may have to speak out or take action and find that he is in breach of the Civil Establishment Orders, when, in fact, his commitment to the Hippocratic Oath should take priority. That is why that has been the case, and that is why you will find in Britain that only doctors in the administrative stream who do not deal with patients are those who are part of the Civil Establishment, and when the National Health Service was introduced in the United Kingdom, then the doctors were employed on a contractual basis with various boards that were formed.

But the boards themselves provided for pensions for the doctors since it would be a life-long contract. It is not like a contract for someone building a building. You are talking about a life-long contract that you are making with the doctors and, therefore, they have a right and obligation to enquire as to what is going to happen to them when they reach the time of retirement. These are the things that you have to face, and not just dismiss it and say that the doctors are foolish to talk about pensions in the context of an independent contractor relationship. It is an independent contractor relationship, yes, but of a different nature from the usual independent contractor relationship that you have. Therefore, it is the duty of the statutory authority to provide some mechanism for pensions.

I would like to see the day come when all health care services in this country, perhaps with the exception of what is usually designated as the Public Health Services, come under a statutory authority. I believe that this can be done, and I think that in the long run it will lead to better integration of the total services and would lead to better management, stop the bottlenecks and have greater reflexivity in the delivery of health care.

I have been bitterly critical of the Government, because they bungled the whole thing, and they are faced with a situation where you have a group of honest, professional and dedicated people out there wanting to participate in a service and you cannot find a mechanism for them to do so. Instead, you find people like the honourable Member for the City, who must be taken seriously.....

Asides

Dr. R. C. HAYNES: I do not take the Prime Minister seriously when he attacks the doctors. That is just political bluff, because he agrees with everything that I have said. I know that. But someone of a lesser intellectual capacity you would find getting up on the floor of the House and trying to telescope to the nation that the doctors are trying to frustrate the efforts of the Government. What doctors? Do you believe that?

Let me tell you something. In my experience, a doctor, one year in practice, will probably attend about one per cent of his patients over 65 free. By the time you reach ten years that goes up to about five to eight per cent. By the time they get about 20 years, it is about 20 per cent. By the time you age with your business and you get into the sixties, you are carrying a 30 per cent to 40 per cent load already free. That is what is going on in Barbados now, that is the reality. That is why I am saying that you cannot say that it is money that is stopping the doctors from going in.

I can call names, if the Speaker would allow me. I can speak of people like Dr. Harold Skeete, people like old Dr. Manning, who is retired, people like Dr. Graham and Dr. Ashby. These are people that I know, and when they reached that age, they carried a good 30 per cent also. That is the kind of relationship doctors have had with their patients down the years, and that is why I want you all to attack the doctors, because I know if we have 200 canvassers out against you, what will happen in the next election. You mark my words. Keep attacking the doctors!

It cannot be money that is the barrier to any settlement because the doctors already provide a substantial service. What I would suggest the doctors do is to demonstrate their goodwill; if the Government does not show any greater sensitivity in their relationship, then what BAMP should advise their members to do is to start

free National Health Service on their own for the over sixty-fives and provide free consultations all the year for all over sixty-fives. The doctors in Barbados, I am sure, will be able to demonstrate to the public that they are interested in the over sixty-fives, but they are against political control by political nit-wits in the Barbados Labour Party.

Asides.

Dr. R. C. HAYNES: Read the contract. Bree, man, you used to be a lawyer. Read it!

Asides.

Dr. R. C. HAYNES: Yes, they are contracted to a board but they have pension arrangements. Yes, they have pensions paid in, and what the Honourable Prime Minister is saying is that you cannot have a contractual arrangement and have pensionable arrangements. That is not correct.

Hon. H. B. St. JOHN: On a point of order: The honourable Member is attributing words to me which I did not use. I said that you cannot have a contractual arrangement where the contract provides for a contract for services as opposed to a contract of service. If you want to have one of a contract of service, you can have the pensions and everything you want. If you want a contract for services, you cannot have that. That is what I said.

Dr. R. C. HAYNES: I hope that the doctors will hear that the Honourable Prime Minister is backing down on that point now. You are backing down now. Make a contract change, and let them have the pensions. We have got some movement out of the debate.

It has been a great pleasure in addressing the House on this matter.

Hon. B. A. MILLER (City of Bridgetown): All that bluff, playing to the gallery in here — the honourable Member for St. Michael South Central! I thought he was getting cured of the impressionism, but there was a terrible dose let loose in here today.

I am going to use your words. The honourable Member for St. Michael South Central said that the doctors will determine whether the health service in this country will go forwards or backwards. Private doctors in this country have never been in a position to determine whether the health service of Barbados should go backwards or forwards. Traditionally, it has never been so. The public health doctors, those doctors who were paid from the Consolidated Fund and who made tremendous financial sacrifice over all the years in this country, they are the ones who in Barbados have determined whether health services should go forwards or backwards.

Barbados today exhibits, as we have heard, many features of developed countries, and particularly in the Social Services, which the honourable Member for St. Michael South Central is always crying about. Our health system and our education system cannot be matched anywhere else in the world, I do not care what you tell me, I do not care what figures you quote. And I do not want to hear anything about the Democratic Labour Party did it either. The Barbados Labour Party in the 1950s built the first health centres in the country. The Barbados Labour Party in the early 1960s built the Queen Elizabeth Hospital.
4.55 p.m.

Certain remarks made by Dr. R. C. HAYNES at this stage were ordered to be expunged from the Record by the SPEAKER.

Hon. B. A. MILLER: The Barbados Labour Party in the early sixties built the Queen Elizabeth Hospital. After 15 years of Democratic Labour Party Government, the Barbados Labour Party came back to Government in 1976 and built six polyclinics and is about to build the seventh now. There is a network of polyclinics across this country which is going to have to carry the National Health Service, apparently what they were designed for.

The health profile in Barbados today is one of which we are proud and one which the honourable Member for St. Michael South Central boasts about in Boston and when he goes abroad and gives his talks, he has a lot to say that is perfect and good about it. People come here and have nothing but praise for our health service and our social services generally, and it is a great pity that in Barbados the honourable Member for St. Michael South Central will spend a lot of time crying down this service. But people in this country are sophisticated, are educated and intelligent and can judge for themselves. They watch CNN News in the morning and they know that we have good social services.

The health profile of Barbados today largely reflects a lot of dedicated hard work put in by public health doctors over the years in this country. I am talking about the Maurice Byers of this world, the Edgar Cochranes of this world, the Vaughn Wells, the Leonore Harneys and the Lois Douglasses. Even though married to "Sleepy" Smith, he could not contaminate her. Those are the public health people who were paid from the public purse and who made great financial sacrifice.

Traditionally in Barbados, we have never been able to persuade Barbadian doctors to go into public health. The Ken Standards of this world are few and far between. We have trained them and they have come back and succumbed to the almighty great dollar and we have lost them to private service. Even today in Barbados, if you look in the public health service you will see the number

of non-Barbadians, and their contributions have been great. These were the doctors who eradicated tuberculosis in this country.

Aside

Hon. B. A. MILLER: All the Edgar Cochranes of this world, before your time. These were the doctors who eradicated rickets in this country. These were the doctors who are responsible for the health indices that he talks about and that he takes for granted today. These were the doctors who went into the field with the public health inspectors, all the Maurice Byers of this world, went down in the mud and the germs with them, and taught them how we should keep our environment clean. All of this happened before we were born, before the honourable Member for St. Michael South Central was born. That is our inheritance from men and women of that calibre, but traditionally we have never been able to persuade Barbadian doctors to go into public health, and what we are seeing today is a latter day experience, a latter day exercise of the same sort. The Barbados Labour Party is dedicated to bringing in a National Health Service and we are seeing again that we are having difficulty persuading Barbadian doctors, many of them educated by taxes of Barbadians, through Barbados Scholarships, like the honourable Member for St. Michael South Central, many of them educated at the University of the West Indies and a lot of them can be found in BAMP today, who we cannot persuade to come into the Public Service. Not that that is what we put to them, because we knew the people we were dealing with.

They started out by saying that they wanted to be independent contractors, they did not want to be civil servants. That could only mean that they wanted a contract for service. They were not interested in any contract of service. What has happened, do not mind the honourable Member for St. Michael South Central that they are not interested in the money, is that money is at the bottom of it, because the doctors are now asking for the best of both worlds. They not only want a contract for service, but they want some of the perks of a contract of service. They want a contract for service which will give you a fixed sum of money and a gratuity at the end of it, and then you renew your contract, and you go on and on. This is nothing new. There are many people working in the Government Service today who work under that kind of contract, and at the end of every two or three years they get a big fat gratuity, 20 per cent of their salary, in their hand, and they start a new contract the next day, and it goes on and on and on. People like that are not entitled to pensions. That is what the gratuity is all about, but these people want everything. They want that contract with all the freedom that it gives them, they want a gratuity, and they want a pension on top of that.

Mr. Speaker, I have to speak fast because of the time and I have a lot to say.

Mr. SPEAKER: You only have half an hour.

Hon B. A. MILLER: Yes, that is all I have.

The honourable Member for St. Michael South Central had a lot to say in here about money is no big thing, it is no lot of money. I have the figures in front of me. Everybody in here is trying to pretend that you must not call out the figures, you must not deal with the figures because these are the doctors. The doctors are no more special than anybody else in this community. The work that the sanitation worker does, as Dr. Maurice Byer will tell you, is as important as the work that the honourable Member for St. Michael South Central does. That is what public health is all about.

The kind of money that I see here in this document is not big money when it is being negotiated for doctors, but when this kind of money is being negotiated for Ministers of Government, suddenly it is very big money indeed. In the Government's offer to general practitioners, we are talking about a capitation fee in excess of \$11 000, together with the after hours emergency service fee that the honourable Member made so much about, over \$6 000; group practice allowance of nearly \$6 000, a continuing education allowance. There is nobody else in the Government Service that gets that. They are getting terms and conditions that their counterparts abroad cannot even dream of asking for, furthermore getting.

A continuing education allowance? Not even teachers get that. Continuing education allowance, Mr. Speaker, means that they have to go back and do refresher courses from time to time, they have to keep up to date with new techniques, new services, new micro surgery and all the new technology that is coming into medicine, and the taxpayers are to pay for that, \$1 260 a year. That is more than anybody else gets, because nobody else gets it. If anybody needs a continuing education allowance in this country, it would be the teachers, and they do not get it.

Aside

Mr. SPEAKER: Please. The honourable Member must not shout across the Chamber. I made sure that you were not interrupted in your speech and I am not going to let you do that to other honourable Members. You had time *ad infinitum* and you used it. Please allow the Minister to make her speech. Please be fair.

Hon. B. A. MILLER: That has nothing to do with what is available in Government training anyhow for those doctors who already work in the Government Service.

There is a start up fee in excess of \$2 000, seniority allowance — and there are three different grades of doctors — in excess of \$3 500, and then operating expenses which will cover utilities, that is, water, electricity,

gas, telephone, travelling, depreciation of equipment, insurance and the cost of the locums, over \$12 000.

The bottom figure the Government is offering is \$39 500 and I see under the other column what BAMP is proposing is \$48 000 minimum. There is not a lot of distance between the two, but we are talking about salaries in that order, we are not talking about any small salaries. They are only small when doctors are earning them, but when Ministers are earning them they are big salaries, so I want to explode that myth that they are any small dollars.

Let us come to the reimbursement expenses. What it means, for the benefit of the man in the street, is that rental, support staff in the form of maid, nurse, records clerk, plus 50 per cent of the registration fee as paid back to the Government, is reimbursed to the doctor. That must be clear, so a lot of the overheads are absorbed by the Government in this offer.

This is a better offer than was made to doctors who work in the National Health Service in the United Kingdom. The honourable Member for St. Michael South Central knows that, but he will dare not make that kind of comparative analysis on the floor of this Honourable House, but he will use a lot of figures talking about how many cents a year. That is what add up to nearly \$40 000. Even if you think that a lot of overhead expenses are coming out of that, we are telling you that the doctors are going to be reimbursed for the rent they pay, for what they pay the nurse, for what they pay the records clerk, for what they pay their maid, and that half of the registration fee they pay the Government they will get back. No other professional has that privilege. When I practised at the Bar, I paid my registration fee and not a cent came back to me, and we are offering them 50 per cent back. That is a broad outline of the kind of offer. 5.05 p.m.

We must not be afraid that we cannot talk about the kind of money which is being discussed. It is not that we are negotiating in public. Doctors are no different or more professional than anybody else. We respect them in our community like we respect any other law-abiding, God-fearing worker, be he a professional, a tradesman or a labourer. We have to get away from this idea that doctors live and have their being in some separate ivory tower and that the whole of the society must genuflect to them. Those days are gone. The days when the doctors used to live in a huge mansion with a drive-in that you could not even see the house from the road and 10 000 big dogs would howl at you, those days are gone.

In Russia, doctors earn the same thing as motor car mechanics. In Russia, he is seen as a body mechanic. We do not have this worship of certain professions, they come down to earth like everybody else.

The Attorney General has reminded me that on top of all this, they will get a National Insurance pension as a self-employed person. All of that is coming to them.

So, as I have pointed out, money does in fact play a big role in the negotiations going on between the doctors and the Government. Goodness gracious we are negotiating about salaries and terms and conditions of service!

Another thing that plays a large role in these negotiations is a very longstanding and traditional rivalry and competition between the general practitioners and specialists. There is nothing new in that. The general practitioners for years have complained that the specialists do their general practice and their specialist practice thereby taking away out of the market some of the general practice that GPs would ordinarily have coming to them. That is part of the quarrel, not between the doctors and the Government, as you well know, but between the doctors and the doctors, and do not be under any illusion that there is not a terrible split in the ranks of the doctors. The stance and the speech of the honourable Member for St. Michael South Central today made that perfectly clear. His problem, of course, is that he is on the side of neither. He is saying that he is so almighty and so all-knowing that he could solve the whole problem, that within 14 days everything will be fixed if only they would listen to him!

It is passing strange that the honourable Member for St. Michael South Central could persuade hundreds of people in St. Michael South Central to vote for him and less than 200 of his own colleagues, he cannot even persuade to listen to him. We have not forgotten the dark days of 1973 and 1974 when a man called Rameses Caddle called for an enquiry into the Queen Elizabeth Hospital. What in fact and in effect he was calling for was an enquiry into the dealings of the honourable Member for St. Michael South Central, somebody called Dr. Richie Haynes at the time when Caddle was a Minister of Health. It was said at the time that there was a fellow called Richie Haynes who was the second most important man in Barbados. That was in the days when all roads led to a man called Barrow, and the behaviour that we saw within BAMP, which, in effect, is the trade union of the doctors, their own association, that quarrel and that division, a deep and significant division, goes back to all these things, and in it is distrust and fear of a fellow called Dr. Richie Haynes. That old-time traditional quarrel between the general practitioners and the specialists encroach on the territory and on the clientele of the general practitioners, and that is a quarrel that is going on within the doctors and within BAMP, which has nothing to do at all with the Government or the Ministry of Health.

The honourable Member for St. Michael South Central called out a lot of figures and how many cents

per capita, per year, per day and all of those things. I am saying in dollars what we are talking about. We are talking about ministerial type salaries. But he says that is no big money.

The doctors are not only arguing about money, but they are also arguing about terms and conditions of service. Of course, money plays a big role in that. We have the Government's offer, and we have the doctor's offer, and from what I can see here looking at these money figures, there is not a lot of distance between them.

The honourable Member for St. Michael South Central talked about an after-hours emergency service. This is the night service, but you hear how it is described — After-hours Emergency Service. This is not for somebody who stumps his toe at 1 o'clock in the morning and calls the doctor. It has to be a genuine emergency.

The honourable Member for St. Michael South Central would have done this Honourable House a great service if he had described what obtains today, and what obtained yesterday, last year and ten years ago. What happens when a night call is made? What is all this talk about the Government is asking doctors to work 24 hours, for 365 days in a year. There can obviously be no truth in that. Doctors are expected to have their vacation. We are giving them a continuing education allowance showing they must have leave to continue education. They are going to have leave like everybody else. Nobody in the Government Service or any other service allied to the Government works without proper vacation and proper terms and conditions for leave and illness. He would have been far more useful in his contribution if he had described what obtains today, what obtained last year and 20 years ago when you called a doctor at night. It is not much difference from what the Government is proposing.

Many doctors, as is happening not only among doctors but among most professionals — it happens among architects, among lawyers, among engineers — are moving into group practices where they can share services, where they can share technology, where they can share expenses. That is always an overriding consideration, that they can help to share expenses, share staff. In a group practice, they rotate it so that in any one month a doctor may not do more than twelve hours of night duty, if he does any at all. In a group practice, if there is a woman in that practice and she has a family and she says she does not want to do night duty, it is arranged so that that is so, and that is reflected in her pay as part of the practice or part of the group or part of the partnership. Doctors who are GPs in this country who work solo through all the years, if they are going to be away on holiday — and do not worry to think that doctors do not

take holiday; it is only politicians who do not take holiday, Mr. Speaker, and doctor politicians take holiday too.....

5.15 p.m.

Aside

Hon. B. A. MILLER: "Going off next week, too" says the honourable Member for St. Michael South Central. You are wise, you will live long.

A GP who is in a solo practice, if he has to go off on holiday or if he falls ill, traditionally has always made an arrangement with another GP to carry his practice. We are behaving as though doctors in Barbados do not traditionally go on holiday or become ill. This document with the red cover that has been bandied about here so much this afternoon is really the National Health Service Board Regulations and Terms of Service, and at page 27 it has three clauses headed up "Absence of Medical Practitioner on Grounds of Illness". It sets out very clearly what the proposals are if a GP becomes ill. The honourable Member for St. Michael South Central was careful in his contribution not to point out what happens now, or what happened ten years ago, when a doctor is ill for six months or more. He used to share out his practice as best he could. All of a sudden now, because it is the National Health Service, we have to pay him maybe three times his salary because he would have to employ somebody, that is according to the doctors, to carry on for him. I have to assume that doctors, like any other professionals, will have taken out insurance to cover that kind of eventuality.

Dr. R. C. HAYNES: I wonder if the honourable Member.....

Mr. SPEAKER: There are two honourable Members on their feet.

Dr. R. C. HAYNES: On a point of explanation: I think the honourable Member has not taken the point that I made, that whilst, of course, you are covered now, when a doctor enters into a contract with a third party, namely, the National Health Board, that becomes a contractual obligation between the doctor and the Board which is enforceable, his dismissal, and in a contracting market can virtually mean in a place like Barbados no prospect of further employment. There is a difference between the two, if you would accept my submission.

Hon. B. A. MILLER: That is only your opinion. It is a simple matter of opinion.

The honourable Member for St. Michael South Central had a great deal to say about ancillary services. The general practitioners of Barbados and some of the specialists who work in Barbados doing not only specialist

work but general practice as well cannot point to you and show you any array of facilities or ancillary services that were available to them. You went into a doctor's office and he had a cabinet, mostly with drug samples that were given to him by drug salesmen, he may have had a kidney dish or two, a few spatulas and tongue depressors in a glass jar, alcohol in a bottle and some cotton wool, and a bench usually covered with vinyl, and sometimes a sheet, but not always a sheet, and you may or may not have a little wash hand-basin in the same room with the doctor, and often you used to find linoleum on the floor. Those days have gone. If you do not want to believe me, any Barbadian only has to walk into any of the six polyclinics in Barbados today and see the kind of facilities and amenities that this Barbados Labour Party Government over the past eight to nine years have prepared for general practitioners who will work in the National Health Service. The best and the latest at Oistins, at Ladymeade an X-ray unit. All of that is to help to take some of the load off the Queen Elizabeth Hospital. So all this talk that we are hearing coming from the doctors about the great overload that is going to be thrown on the Queen Elizabeth Hospital has already been planned and accounted for by the National Health Service from the beginning. I know whereof I speak. That is the work I was doing for four and a half years.

We have a huge X-ray unit. When I took the President of the Inter-American Bank a few weeks ago to visit that, the man was overwhelmed. He said that equipment of that calibre and quality could not be found in some hospitals in certain parts of South America and Central America, and the honourable Member for St. Michael South Central knows that. Every single one of those six polyclinics has what is described as a mini-laboratory, and this again is to take away from the main lab at the Queen Elizabeth Hospital what we call simple procedures. I am speaking in plain language that people can understand, I am not using any long, Latin-stemmed words that the doctors use. There will be simple procedures where you take blood or you take urine, that sort of thing. You should not have to send sputum, which is spit, down to the Queen Elizabeth Hospital to test it. These kinds of simple procedures will be done at the polyclinics, so that the doctors can offer what they like to call now holistic services.

Literally, a GP can offer holistic service out of the polyclinics, and the polyclinics have been so designed that a small group practice can operate out of the polyclinics. This was done deliberately because we are mindful of two things: there are a lot of young doctors, and the point was made by the Honourable Prime Minister, I think today, that there are young practitioners fresh out of university who have no money to set themselves up in practice and who are willing to go into a polyclinic where everything is laid on for them, especially if they are working in a group and can share and rotate not only

the night duty and the after-hours emergency service, but a whole lot of other tasks as well in the polyclinics among themselves. We knew that we had to cater to that kind of doctor. We also know that in the community of doctors in Barbados there are a number who are beginning to approach old age. They are in middle age. The honourable Member for St. Michael South Central has made the point that the older a doctor gets, the smaller his practice gets, because a man's physical capacity to handle a panel of 100 cannot be the same when he is 40 as when he is 66, and so in the polyclinics we bore in mind, when we designed that sector of the polyclinics, the fact that there would be aging doctors who would want smaller practices and who would no longer want to be burdened with the business of overhead expense and so on and so forth.

Mr. SPEAKER: That point brought the honourable Member to the end of the allotted time.

Hon. B. A. MILLER: I think it is only fair that I should be able to say that I wholeheartedly wish to support the amendment to the National Health Service Board which lies before this House. I wish it well and I have no doubt that, under the management of the Barbados Labour Party Government and the Ministry of Health, and with the co-operation of the doctors, with or without the advice of the honourable Member for St. Michael South Central, it shall become a reality in this country.

Hon. L. B. BRATHWAITE (St. Andrew): I was not aware that a simple amendment to a Bill such as this would have evoked so much discussion. I want to compliment the honourable Member for Bridgetown for a very brilliant defence of the Government's policy with respect to the National Health Service. I am not surprised that she has taken this line, since one can fairly say that she has babied the National Health Service.

The Barbados Labour Party in 1976 and much before that time put forward to the people of Barbados the concept of a National Health Service. The people in their wisdom, and I am sure no democrat would say lack of wisdom, returned the Barbados Labour Party to power in 1976 on the basis of the pledges contained in that manifesto, and reaffirmed its commitment to the party in 1981 and again in two by-elections. It is therefore clear and fair to expect that the fact that the people have so endorsed the mandate of the party, or the party has so enjoyed the confidence of the people, no group, no matter how highly placed, should seek to thwart the wishes of the electorate.

I had a brief sojourn at the Ministry of Health after the 1981 elections and tried in my way to step into the shoes of the then formidable predecessor of mine, the Minister of Education at this point in time, and culture

as well. I can say, from all that I have experienced, that she had done a very good job up to that time. During my period in that Ministry for eighteen months, I believed that the doctors were quite ready and perched for a settlement within the Health Service. What has surprised me, and what continues to worry me, is how greed, if I am to put it as strongly as that, has so stepped in that every time you hear that there is a further need for more money. Let nobody deny that the harsh reality of this whole situation and the bottom line of the difficulties is the issue of finance. This matter is not one that the doctors do not understand because the people understand that this is a commitment that was made by the party in 1976, which was re-affirmed in 1981.

5.25 p.m.

Only a few days ago, some very startling news came into my possession, and it was to do with a little boy from Hillaby, St. Andrew. It was only the day before that the teachers of the school which he attended in St. Andrew, Hillaby Mixed School, called on me to give some assistance. I did not know it was so urgent, it was the day before; and they did not speak to me directly, they spoke to me through my secretary who conveyed the information to me. Before I could make contact with the school, news came through that the child had died at six years old.

What came out of that was that the mother had taken the child to some doctor who was not able to diagnose the cause of the child's illness. The mother eventually took the child to another doctor, who said that the child must have immediate surgery. What I am trying to get through is that there was a saying in the past, and to me it still holds true, that "if life was a thing that money could buy, the rich would live and the poor would die." It is certainly out of a situation like this that the Barbados Labour Party came to the conclusion that the health of a person should not be based upon the ability of the person to pay to be diagnosed. If the parent of that six year-old child were in a position to go to a doctor, a GP, and that GP was then in a position to refer the child to a specialist, and the facilities were made available to that mother for that child, that child, for all we know, might very well be living today, because that child has been ill for a long time.

The mother says she was not able to take it to the doctor. I think she was wrong. Probably she was ill-advised, because we still have polyclinics around. There are still general practitioners within the districts in the country, St. Andrew has one, and there are facilities in St. Peter, in St. Thomas and all over the place. But sometimes parents are not aware, they get the feeling that doctors are hard-hearted people and that you can only go to them with money. I know that this is not always true. There are quite a number of doctors out there who are very compassionate and they seek, wherever possible, to

assist the poor. I have been fortunate in my constituency, St. Andrew, over the years to have very good doctors, from the late Dr. Tappin right up to the present day. You may, at times, get a delinquent one, but they are very few and far between.

I am amazed to discover that after very long and delicate negotiations that we continue to have the types of jealousies which exist, the quarrels among the doctors, because somebody is getting more money than somebody else, because they feel the Director should not get what he is getting, although he is responsible for the total service, what pension they should get, what gratuity they should get. To me, these are undignified squabbles for such professional men. If you have these problems, discuss them in a quiet way, bring them out in your discussions. But, for God in Heaven sake, do not let it be felt out there that because you are not getting your pound of flesh and your drop of blood as well that you are talking about a strike. We in Barbados have the resilience. The Barbadian public has the courage and the determination not only to resist doctors, but to resist politicians, lawyers, all manner of people, if, in their view, they are not doing what is right.

The Barbados Labour Party is committed to a National Health Service. We hope to bring it into operation with the over sixty-five. Then hopefully, we will go on to the children, and then we will look in more in-depth form at the total population, after seeing how the grouping model works. I feel that it should be in the interest of all concerned, of all Barbadians, of all people whom we have opened our doors to in this country, to come out in the open and declare themselves in favour of such a progressive policy, as introduced by this Government.

The emoluments offered by us are not the total emoluments for the doctors, full stop. The doctors are still allowed to do their private practice, but they have a number of people to look after in a certain age group. The Government does not stop them from working hard and making \$200 000 per annum, if they want to do so, separate and distinct from what they earn from the Government. But the Government is not a Government with a bottomless pit or a bottomless purse of money, the Government has limited resources. The cake is a small cake and it has to be divided between the total community.

The honourable Member for the City mentioned the speech that was made by the honourable Member for St. Michael South Central in defence of the doctors. We are sometimes shattered when we hear the behaviour on the other side when salaries are to be increased for politicians, hard working people, and Ministers of Government. Only recently on the floor of this House, I heard an honourable Member in here talking about

expenditure on Ilaro Court, as though you are expending money on somebody's house. Ilaro Court is owned by the people. Do you want it to fall down? I would not respect anybody who allows this. That is the type of thinking you get in this community — small-minded people, people who cannot rise to the occasion, people who cannot think big. We in the Barbados Labour Party have come to office with high ideals, high and broad visions for the future of this country, and we cannot allow small-minded people to deter us from fulfilling our obligations and commitment to groups which we think are worthy and dear to our heart.

5.35p.m.

These amendments are important if we are to move forward. Nit-picking is not going to help, nor will attempts to sabotage from this floor of the House, or from anywhere in the country for that matter, will not stop this train from moving forward. The Barbados Labour Party is accustomed to problems, it is accustomed to battles; as a matter of fact, it is at its best when in problems. The Opposition is always in disarray in problems and will always be. We are steadfast and determined when confronted with problems such as these. We do not even consider them to be problems. We consider them to be passing phases in our march forward towards orderly progress.

It is my contention and the contention of the Barbados Labour Party that no group of people, no matter how highly placed, can throw the will of the people as expressed in a democratic form in an election, and that is what they have done. They have said "yes" to our manifesto. When we put it to them, they said that our total package is a good package, it is one that we can live with, it is one that has seen the light, it is one that has brought the dawn of a new age, when we compare that dawn with what existed between 1961 and 1976. We have seen light and a new hope, and I challenge any person, no matter who, to say that it is not a forward step in the right direction.

We cannot tell a man that he has to give labour for money, it is for him to decide. We will not tell the doctors what the former Prime Minister and the Honourable Member for St. Philip told the agricultural workers in this country in 1964, that you have the right to work or, incidentally, starve. That is what he told them. We will never do that. We are too humble, we are too understanding of the democratic processes of this country to say that to the doctors. We say to them that we implore you to come over to Macedonia. We implore you to do what is right. We implore you to see the light and the wisdom, and not to allow certain professors from the university to contaminate your spirit.

Medicine is not an area for people to play politics with — lives are involved. We saw a lot of noise with the St. George's Medical School. We saw a lot of noise on the

National Health Service and its coming into being, and we see a lot of noise even to this day. It is doing the country no good, it is doing the body politic no good, and if we continue at this rate, we are going to undermine the total fabric of our society.

We are free to engage the services of people, doctors among them, but we do not feel that we can ride roughshod over people. We have never attempted to do it. I recall during my brief period in the Ministry of Health that I was at pains to point out that I was willing to do anything that was possible to bring to a successful conclusion any matter relating to the National Health Service, and it was virtually at that point in time that I met and gave in to the doctors on most of the points which they had raised. I was the most amazed person on discovering that the doctors are up to now dissatisfied. I would honestly like to know what we really can do to bring peace and contentment to their mind. The one thing that I hope and look forward to is that the doctors will try not to see themselves, but to see the total community of Barbados, a community that largely gave them their education, a community that largely gave them an opportunity to serve them, a community that gives them a democratic and peaceful society in which to work and practice their professions. I implore them to see not only their self-interest, but the total interest of this beautiful country of ours.

SUSPENSION OF SITTING

Hon. H. B. St. JOHN: Sir, I beg to move that this sitting be now suspended until 6 o'clock.

Hon. L. S. CRAIG: I beg to second that.

The question that the sitting be suspended until 6 o'clock was put and resolved in the affirmative without division, and Mr. SPEAKER suspended the sitting accordingly.

5.45 p.m.

ON RESUMPTION

Mr. SPEAKER: This sitting is resumed.

When the suspension was taken, the Honourable Prime Minister was about to speak. He may now continue if he so wishes.

Hon. H. B. St. JOHN: I think that in that shed of the emotionalism which a debate of this nature is bound to generate from the honourable Member for St. Michael South Central, the naked fact remains that what we are arguing about here is money. That is all we are arguing about; money.

I understand the proposition put forward by the honourable Member that the best thing to do would be to take the amount of the levy collected, divide it by the 27 000 and pay the general medical community in Barbados via the 27 000 upon the basis of six visits a year at \$20, some three to four million dollars, and get rid of all the administrative costs and the humbug of a machinery to monitor this National Health Service. It is interesting that the honourable Member should put forward that proposition, but we have heard it before. Many countries are proposing such a proposition, but there are some drawbacks which are as follows: there is nothing to stop any individual doctor from charging an old person for the first visit the \$120, and what happens after that? What happens after a doctor has exhausted the annual capitation fee without any corresponding obligation....

Dr. R. C. HAYNES: On a point of explanation, if the honourable Member will give way: The system I am thinking of fixes a fee at a negotiated level. Only so much can be charged for consultation. The over-65 knows that he does not have to pay, and when that is submitted that is what the Government pays. What the doctor signs for, and what the patient signs for, and whatever the negotiated fee, it is that, and it would be unlawful to charge more under those circumstances.

Hon. H. B. St. JOHN: What happens after the sixth visit? What happens to that proportion of people who are not attended to at that time? What happens when the level of service — and this is the important point — the quality of the service is not monitored? What is the complaint procedure that you are going to establish? It is very difficult not to have some bureaucracy if you are interested in providing a level of service of a particular quality.

It is anticipated that the cost of the bureaucratic machinery, according to the honourable Member, and the remuneration package that we have will work out at \$150 a year. The extra \$30 a year that we speak of under this scheme we feel is well worth it to ensure that there is a fair distribution of the burden of attention, a fair determination of the quality of service, so we are not talking too much difference here.

We want to get out of the way the issue of the after-hours service. The point is that there is a difference. I have read and reread this contract, and it does appear to me from the contract, taking the clauses together, that it is quite possible for a doctor to opt out of this. It says so very clearly. It also makes provision for group practice and it makes provision for polyclinic practice. So it is difficult for us to accept the contention that the Government by these two clauses is trying to enslave the medical practitioners in Barbados.

Section 9(1) sets out very clearly that it is subject to subparagraph (2), and subparagraph (2) provides the exception. I hope that the doctors will have another look, with their lawyers, at the essential sense of paragraphs 9, 10 and 11, because for those doctors who do not wish to be obligated under paragraph 9(1), there is a provision under 9(2), under 10 and under 11 for alternate arrangements to be made, so that I find it difficult to understand the validity of the charge that we are trying to enslave people. The essence of slavery is the absence of choice, and there is a choice here, so how can you legitimately charge the Government with slavery?

I also feel that there has been some advance now on the approach by the honourable Member. I hope that he will seek to use his powers of persuasion among that group of practitioners who are loyal to him. Let them become full time polyclinic doctors. There is no difficulty about that.

Asides

Hon. H. B. St. JOHN: The honourable Member has agreed to participate in this, do not let us fool ourselves. The honourable Member is not going to vote against the amendment which introduced these ancillary services, because, for the first time, the honourable Member sees a guiding light to access to the National Health Service Board funds.

Dr. R. C. HAYNES: On a point of order: Sir, the honourable Member is accusing me of conflict of interest, and failure to declare such conflict of interest. I would not vote against it for other reasons. I want to make that clear.

Mr. SPEAKER: No point of order.

Hon. H. B. St. JOHN: Specialists and second opinion, that is the second opinion device, but the honourable Member will have to join a polyclinic or he will have to join a Government institution. Let us get that clear, because we cannot have these second opinions being given, except in circumstances where beforehand you know what the costs are. We cannot provide scope for collusion between the G.P. and the specialist, so we are quite clear in our minds as to what that is for.

I think it can be conceded that this issue of the ripple effect that a doctor, or I think it is the General Secretary of the BMA, described in the newspaper has been catered for, so we reject any contention that we have not catered for that. It is important, because the honourable Member spoke as shadow Minister of Finance, and as usual the honourable Member says that he cannot account for large sums of money. That is a very serious thing to say, and I have to invite the honourable Mem-

bers's party once again to let the Leader of the Opposition do his duty. He is the Chairman of the Public Accounts Committee. The Auditor General is very up to date on all the public accounts of Barbados. Let him come to the House and tell the House what he has found in relation to the Health Levy funds for the year 1981-82. You must not criticise the Leader of the Opposition, because when you make a statement on the floor of this House that you cannot account for it, it is not in the Estimates, you are directly criticising the guardian and the protector of public accounts, that is the Leader of the Opposition. He does not have any excuse today, like we used to have in the past, that there is no quorum.

I want to draw honourable Members' attention to a document on the floor of this House, the Barbados Economic Report 1984. It was laid this year, and it sets out at page 102 that prior to April 1984, the Health Levy receipts were paid into the Consolidated Fund. Subsequent to this report, on the floor of the House I made a statement that the Accountant General, after being advised by the Solicitor General, had ruled that the money from the Health Levy Fund could not go to the Health Services Board after the passage of the Health Services Board Act until the Health Services Board Act had been proclaimed, and the proclamation of that Act I believe, was either the 1st of April or the 1st of May, 1985.

6.15 p.m.

The amount collected between April 1984 and 31 March, which was \$20 million, was also in the Consolidated Fund. That is perfectly correct. I want to make it clear, I am repeating it. The Accountant General, as a result of advice from the Solicitor General, stated that although the Health Services Board Act was passed, it was not proclaimed, so, therefore, all of the Health Levy which was collected between the passage of the Act and its proclamation had to go into the Consolidated Fund. It is now not in the Consolidated Fund because the Act has been proclaimed, and to get it out of the Health Services Board into the Consolidated Fund we have to do the amendments that we are doing now, so do not let us go around and tell the newspapers that you cannot account for \$20 million. You know where it is.

Dr. R. C. HAYNES: If the honourable Member would give way: I think it is important to distinguish between statements made to get information and imputation of questions asked for political purposes.

The point I was trying to get across is that if you were to look at the Estimates, you will see that only in two years, 1982-83 and 1983-84 was there an actual amount mentioned as having been transferred to the Consolidated Fund. In 1981-82 there was no provision for that. In 1984-85 there was no provision. It was taken out just like the water thing was taken out when the

Water Authority was formed. What I said I think was taking place was that probably what you had in mind was being done and it was not put in the Estimates, but do not accuse me of implying that that money disappeared. All I was asking was, where was it? I am entitled to ask a question.

Hon. H. B. St. JOHN: I understand the honourable Member. The impression is more important than the truth, so he says he cannot account for it and throw his arms in the air, in the presence of those who report in the media. If you cannot account for it, and you are the Shadow Minister of Finance and it is not in the Estimates, it could only have gone somewhere that you do not understand. But that is not the impression that is created; at least, the impression that has been created on me is that somethings is improper. Thank God we have the documentation here.

We set it out very clearly that up to 1984, it used to be paid into the Consolidated Fund. At the time of the writing of this report, it was \$20 million. It was not paid into the Consolidated Fund at that time. It was subsequently paid into the Consolidated Fund before the end of the financial year, because the Accountant General got an opinion from the Solicitor General that it had to be in the Consolidated Fund upon the date of the proclamation, and that was the 12/2/85. Let us get that straight. It will be reflected in the Estimates.

(Dr. R. C. HAYNES: Next year).

Hon. H. B. St. JOHN: No. Next year's Estimates would not have it in.

We are down to this position. The doctors say that they want to start the National Health Service. The Government wants to start it, too. There are three different areas that they are arguing about. They say they must settle the conditions of service of all doctors in Barbados. We say that that is unreasonable, that we know that the terms and conditions of the doctors at the hospital will be subject to a normal regrading exercise as we have done with the teachers and everybody else. We have said so and it will be done. We are prepared, and I say so openly, to offer a new type of contract providing for full time specialist services at the hospital. We also say that in respect of the per capita fee, there cannot be any change on our side, so we are sorry. We are left with the After-hours Service and the gratuity.

The honourable Member says very simply change "of" to "for" and he believes the doctors would agree. We can have "of" if you decide you are going to come and work full time for the Government for a stipulated fee, around the Permanent Secretary or possibly a little better, I do not know, but definitely not more than a judge. If we can get people to come and work in the

polyclinics full time, provided that you understand that that full time is going to mean that you will have to provide 40 or 42 hours a week over a seven day period, that is all right with me. We will treat you just like we have at the airport. You will be handsomely remunerated. I do not see any difficulty there, so we are left with the After-hours Service.

If you can improve the choice of 9, 10 and 11, let your lawyers put forward a draft between 9, 10 and 11. Our understanding of it is very clear, that you are not bound to do it. You can opt out, and if you opt out, provision has to be made in a group of some kind. If you can improve that, you can improve that. We have no objection to that, so we are back here to the position of what their position is.

I think I am under an obligation to let the public know very clearly that the impact of a sessional fee on a voluntary basis would cost \$863 400, if you had ten doctors providing cover for after hours services, less the \$249 600 which is built in in the allowance for after-hours service. The net cost of ten doctors is \$613 800 if you accept BAMP's proposals of having a team of ten doctors being paid on a sessional basis for the after hour period. Secondly, if you have 12 doctors, the net cost is \$736 460. If you have a panel of 15 doctors, under BAMP's proposals, and this is their ideal proposal, it would cost \$920 700. I ask the honourable Member for St. Michael South Central to be consistent. Go and tell your colleagues that you cannot encourage anyone, including your colleagues, to seek to increase the cost of what you have already described as too expensive. Tell them withdraw that foolishness and let us get along. We cannot agree to it. We cannot agree to a proposal which would result in another \$1 million approximately, so we have to come with an alternative draft to what we have put forward. Maybe getting more practitioners full time in the polyclinics may be the answer. We do not know, we are willing to try.

I do not think that we should not let the public understand that the level of remuneration that we are offering the doctors in Barbados is not insignificant. It is better than the remuneration being offered in the United Kingdom. It is better than Jamaica, it is better than anywhere. It is better than what the average practitioner is earning in Barbados, that is a fact, it is better than the average earnings of the practitioners in Barbados.

6.25 p.m.

Asides.

Hon. H. B. St. JOHN: It is five times as good as what the doctors disclosed to the Income Tax Commissioner. Since you ask for it, I will tell you that. It is much better than that.

Again I repeat, at the Queen Elizabeth Hospital, there are 78 Barbadian doctors and 50 non-Barbadian doctors. At the other areas of employment by the doctors, that is, at the Geriatric Hospital, the Psychiatric Hospital, the District Medical Officers and Medical Officers of Health, 23 of the 30 doctors are non-Barbadian and only 7 are Barbadian. So if you took the doctors at the Queen Elizabeth Hospital and you took the other Ministry of Health doctors, as I said before, it is roughly fifty-fifty. The Government also has, as is usual, a list of some 30 doctors who, without advertisement, have asked us, so we are not making any idle threat. The reality of the situation is that in Government medical services well over 50 per cent of the people happen to be non-Barbadian, and that is the position not only here. I am sure that under the National Health Service in the United Kingdom, you would find that at least one-third of the doctors are from the rest of the Commonwealth or from outside, so I trust that it will not come to that. If they want to strike, let them strike. I do not know whom they will be striking against, but the Government is going to continue to try and persuade the sensible and the reasonable to come around to this point of view. This is a saviour for a large number of people out there who go in their offices every day and do not have any patients to see. There are a number of them out there who do not have many to see.

The district medical services must be terminated. You cannot have a District Medical Officer looking after over sixty-fives when you have this. That must go, and that will be going at the earliest possible time, because we have offered a reasonable alternative. At least we will start with them, so don't worry your head.

The question that the Bill be now read a second time was put and resolved in the affirmative without division.

On the motion of Hon. L. S. CRAIG, seconded by Hon. H. B. St. JOHN, Mr. SPEAKER left the Chair and the House went into Committee, Mr. J. G. ODLE in the Chair.

COMMITTEE

Mr. CHAIRMAN: The House is in Committee.

Clause 1 was called and passed.

Clause 2 as amended was called and passed.

Clauses 3 and 4 were called and passed.

Clause 5 was called.

Hon. L. S. CRAIG: Mr. Chairman, I beg to move that Clause 5 stand part.

Hon. L. B. BRATHWAITE: I beg to second that.

Dr. R. C. HAYNES: I wish to know from the Honourable Prime Minister whether or not this transfer of the entire cost of the Drug Service with effect from 1st April will mean that the Health Levy will have to bear the full burden of the cost not only of the primary health care but also of institutions in Barbados.

Hon. H. B. St. JOHN: Yes Sir.

Dr. R. C. HAYNES: In that case, I would not like to accuse the honourable Member of trying to trick me or trick the public. What I would say is that it is only a component of the drug cost which relates to primary care services that properly come out of the Health Levy Fund. The remainder should come out of the Consolidated Fund, because if you are going to spend \$10 million of the Health Levy on drugs, you realize that you are left with very little to spare.

Hon. H. B. St. JOHN: I do not think that \$15 million is very little.

Dr. R. C. HAYNES: This is the problem that you have here. My understanding is that the average yield for the Drug Service up to 1983-84 was \$13 million a year. I cannot see how it can be \$20 million, because 2 per cent of insurable earnings of about \$800 million puts it near a maximum of \$16 million. If it is going to be \$20 million, my concern is that what this clause does is to transfer the cost of the total Drug Service to the Health Levy Fund whilst the Health Levy has been raised for primary services only. What I am saying is that there should be a distribution of cost. I make this point because I thought that the yield from the Health Levy only was about \$13 million, and now I am told it is \$20 million.

Mr. CHAIRMAN: Section 5 is not involved in that.

Hon. H. B. St. JOHN: I can confirm that it is \$20 million, but the original Act, in answer to the honourable Member, always contemplated that the drug bill would come under the Health Levy. You cannot have your cake and eat it. You cannot say on the one hand that we are collecting the people's money and giving them nothing. What we are doing is providing a service for the money we have collected, so you cannot brag one way and criticise me for one thing and when I try to rectify it you then criticise me too. Do you mean I must not win at all? That is the position. Again, they are like the doctors. They have been hoisted by their own petard, not by me.

The question that Clause 5 stand part was put and resolved in the affirmative without division.

On the motion of Hon. L. S. CRAIG, seconded by Hon. H. B. St. JOHN, Mr. CHAIRMAN reported the passing of one Bill with amendment in Committee, and Mr. SPEAKER resumed the Chair and reported accordingly.

On separate motions of Hon. H. B. St. JOHN seconded by Hon. L. S. CRAIG, the Bill was read a third time and passed.
6.35 p.m.

**GUARANTEE OF THE REPAYMENT OF THE SUM
OF \$8 000 000 AND INTEREST THEREON
BORROWED BY THE BARBADOS PORT
AUTHORITY FROM THE EUROPEAN
INVESTMENT BANK**

Order No. 3 was called – To move the passing of a Resolution to approve the guarantee by the Minister of Finance of the repayment of the sum of \$8 000 000 and interest thereon borrowed by the Barbados Port Authority from the European Investment Bank for the purchase of one container handling wide gauge for Gantry Crane.

Hon. H. B. St. JOHN (Christ Church East Central): For a very long period of time, since the Port has been expanded, there have been arguments as to the need for equipping the Port with a Gantry Crane to allow the Port to be able to handle containers which are being handled at an increasing rate because of the modern trend in the movement of cargo by container as opposed to break bulk. A lot of argument went to and fro as to whether the Port was originally designed for a Gantry Crane, as to whether a Gantry Crane was the correct crane. After nine years of argument and after a number of feasibility studies, the European Investment Bank in looking at projects in Barbados which were submitted to them did an examination of the Port requirements, did their own studies, required engineering confirmatory evidence as to the Port design and tests had to be established to their satisfaction. They came to the conclusion that this was a project which the Government should go forward with, and we accepted their advice, which advice was in accordance with the views of the Port management nine years previously.

We have been able to secure on very favourable terms a loan for the Port with the European Investment Bank. This is under the LOME Convention. The loan is for \$8 000 000. The interest on the loan is 6.55 per cent. I am positive that the honourable Member for St. Michael South Central would appreciate that that is a very reasonable rate of interest. The term of the loan is for fifteen years. I do not think that that is bad either.

This is part and parcel of the Government's programme for re-equipping the Port to make it up to date. The loan is for a fifteen year period. It has a grace period of three years;

6.55 per cent payable semi-annually. I am convinced that we could not do better.

The Government has no qualms about guaranteeing the loan, especially in view of the fact that the Port Authority has always been able, on the average, to meet the parameters of its loan requests in relation to the return of assets required.

I beg to move, Sir, that this Resolution do now pass.

Hon. L. S. CRAIG: I beg to second that, Sir.

The question was put and resolved in the affirmative without division.

Hon. L. S. CRAIG: Earlier in the day, Mr. Speaker, I gave notice of a Resolution, and I propose to do it in all of its stages. This is the Resolution for \$1.3 million.

Order No. 10 was called – To move that the House resolve itself into Committee of Supply to consider the grant of sums of money for the service of this island.

On the motion of Hon. L. S. CRAIG, seconded by Hon. L. B. BRATHWAITE Mr. SPEAKER left the Chair and the House went into Committee of Supply, Mr. J. G. ODLE in the Chair.

COMMITTEE OF SUPPLY

Mr. CHAIRMAN: The House is in Committee of Supply.

SUPPLEMENTARY ESTIMATES 1985–86 NO. 4

HEAD 74 – MINISTRY OF AGRICULTURE AND NATURAL RESOURCES – \$1 306 139

SUBHEAD 5 – AGRICULTURAL DIVERSIFICATION

Hon. L. L. SISNETT (St. Michael North East): In 1983, the Government of Barbados contracted the Agricultural Development International Limited of Israel, AGRIDEL, to provide consultancy services to the Government relating to the Agricultural Diversification Programme, which is financed under a World Bank Scheme. The consultancy costs are met by the Government in the first instance, but are reimbursable by the World Bank. The funds provided in the current Estimates for the programme did not include an amount to meet the cost of professional services to the end of the current financial year, which ended in June. This Resolution is seeking the provision of a vote for \$783 528 for this purpose, as well as a vote for \$522 611 in respect of an extension of provision of consultancy services from July of 1985 to 1986.

The programme has developed a lot of interesting objectives in the diversification of the agricultural sector, it has also identified agro-technical improvements in the production of certain crops which farmers today are seeing the benefits of already. They are dealing with the improvement of crops such as tomatoes, cucumbers, cabbage, peanuts, cotton and sugar cane.
6.45 p.m.

There is not much more that could be said on this, but if any honourable Member wants clarification on any points, I will be willing to supply the information.

I beg to move that this Head stands part.

Hon. H. B. St. JOHN (Christ Church East Central): I second the Resolution. The Minister of Agriculture and a team visited Israel quite recently in connection with the re-negotiation of the second loan with the World Bank. We have had some success in our diversification programme. The Israeli team has been retained in certain areas while we re-negotiate with the World Bank for a second loan for an expanded programme.

The most successful area has been the drip irrigation. If you go to places like Bath, you will see what they have done with wasted water; they produce I understand something like 40 000 pounds of sweet pepper on one acre of land. It is an integral part of our diversification programme and the export of winter vegetables. The Israelis are masters at the export of vegetables for the European market at a period of time when the European market is between winter and summer. We are the winter programme.

There is a programme going on to help us in marketing in Europe. Success have been achieved year by year. The Bath project did not come on until after the season. This is a programme that starts in November, and by the end of March you have to be out of the market, because Israel, Egypt, Spain and other people start coming in.

We are also working very hard on cotton, not only our own sea island cotton but also other variety of cottons which have a higher production per acre but of a lesser value.

We have also been doing something on integration of livestock, which in the old days used to be done by some of the old farmers, like creating silage. It used to be done with molasses. Further work is being done on that.

This money gives us the technical expertise to back up our programme of diversification. It is the only way we can go. The Sugar Producers of Barbados at long last

seem to understand that the Government is dead serious when it says that we should all be converted into farmers, not necessarily sugar farmers but into farmers, to use the land for such crops as the land has capability, bearing in mind the markets. Every ounce that we have, we cannot afford to waste. We are now going to move from the crops that we know, which are proven, into some other crops. The Minister of Agriculture and others are working on them.

A number of the Agricultural Department people have gone to Israel. It is not correct to say that we are running down the advisory team at the Ministry of Agriculture. We are redeploying them. We are sending them all around the world to see the best methods. It may be different from the old days, but remember that we either have them employed at the statutory corporation, the A.D.C., or we have them employed by way of secondment to the Rural Integrated Development Scheme, or they are working with the Israelis. But if you have got the total number of people that were employed at the Ministry of Agriculture and you look at the employment in these two areas, it would not have been reduced. What has happened is that instead of being bare civil servants working 8 to 4 p.m., they are trying to convert them into activists and working with these other projects. You have the Israeli project, you have the Rural Development Project, and you have the Sugar Producers Projects, and the three of those will cover the totality of land ownership in Barbados.

I hope that arising out of this new consultancy we will even see the emergence of some specialists in helping us with tenure. We want to create a new type of land holding, starting with some Government lands, directed at the farmer who is going to farm it from the time he gets about 20 years to work until he gets to about 65 years, and then he is going to retire and goes out. We want a professional farmer who is going to work, and that is what we have to get specialist advice in and that also is an integral part of the diversification programme. It may sound like you are paying a lot of money for consultants, but you are dealing with people who have taken a desert and made it into a productive area. If they are costly, well they are costly, we cannot do anything about that.

I am confident that a number of our young graduates, whether from the Polytechnic in agriculture or from the diploma schools, or from the university, now understand that, in many countries in the world, to be a farmer you have to do a lot of things yourselves. These people are hands-on approach people, despite some of them having doctorates. That is the object of the exercise. We have to put forward the money first and negotiate with the World Bank after.

Mr. W. O. FRANKLIN: The Honourable Prime Minister spoke about cotton, but there seems to be a snag in payment for cotton. A lot of the people who grew cotton last year are complaining that they have not got payment yet and they have to clear their fields and pay again, and they still have not got their payment for cotton. I wonder if you would let me know what to tell the farmers in cotton. What is the problem with the cotton payment?

Hon. H. B. St. JOHN: I am informed by a cotton grower no less a person than the honourable Member for St. Lucy (Mr. R. E. Brathwaite) that he has received notification yesterday that tomorrow is the day.

That cotton has been baled and ginned — the Sugar Producers look after that now and it is just a question of shipping availability. The Letter of Credit that the Japanese opened is against shipping documents and you know the Japanese are not going to send money. I think it was somewhere between 89 or 90 bales this year.

I believe the honourable Member has gone home to collect some receipts for tomorrow. He told me today, with a smile on his face, that he has been notified that he has to bring things tomorrow. The processing will start tomorrow. They may be doing it by parishes, I do not know, but I am sure that it is around.

The Japanese are coming here in another week or two and we are looking at mechanisms in the future to see how we can integrate their reimbursement scheme into a normal scheme, as with sugar. Remember that we have a contract with the European Economic Community and it says exactly how the payments should be made. If we could negotiate the same thing with the private sea-island cotton buyers, we will be able to allow the Central Bank to advance to the National Bank to advance to the farmers and then wait for the reimbursement. But that has to be worked out.

The question that Head 74 stand part was put and resolved in the affirmative without division.

On the motion of Hon. L. S. CRAIG, seconded by Hon. L. R. TULL, Mr. CHAIRMAN reported the passing of one money Resolution in Committee, and Mr. SPEAKER resumed the Chair and reported accordingly.

On separate motions of Hon. L. S. CRAIG, seconded by Hon. L. R. TULL, the Resolution was read a first and second time, and passed.
6.55 p.m.

**BORROWING OF THE SUM OF U.S. \$25 000 000 FROM
A CONSORTIUM OF BANKS FOR THE PURPOSE
OF ASSISTING IN THE IMPLEMENTATION
OF THE 1983-88 DEVELOPMENT PLAN**

Order No. 6 was called – To move the passing of the Resolution that Parliament approves the borrowing of the sum of U.S.\$25 000 000 from a consortium of banks for the purpose of assisting in the implementation of the 1983-88 Development Plan.

Hon. H. B. St. JOHN (Christ Church East Central): This Resolution seeks the authority of Parliament to borrow this sum of \$25 million on the Eurodollar loan, and the terms of the loan are for a period of seven years. It will bear one and one third above the London Inter-Bank rate; that is LIBOR, and thereafter it will be one and three eighths. It will have a grace period for the loan. The object of the loan is to support the projects of the Government under the Development Plan, as well as to ensure that, in the event of any call on the reserves of Government, there will be sufficient foreign exchange availability to handle that situation. As honourable Members know, the Government has a Development Plan which has a number of projects in it which will have to have counterpart funding by the Government. These projects are of a productive nature, capable of enhancing productivity in Barbados.

I have absolutely no doubt that, as is usual, we are going to be treated to a declamation of the magnitude of the public debt of Barbados. I wish to state very clearly that the public debt, calculated in the manner in which the Central Bank calculates it, is \$145.8 billion, but that includes the private debt of the Telephone Company and the Electric Company, which is guaranteed. That also includes the ways and means of Government which the Ministry of Finance does not include in its calculation. The reason for that is that the ways and means fluctuates. If you look at the Ways and Means at the 31st March this year, you would think it was virtually nil. If you look at it in October/November, you will see that it is not an inconsiderable sum, and that is because Government taxes come out in two great tranches, March and October / November, when the corporation taxes come in.

The important point is that Barbados' credit rating despite the honourable Member's projections of bankruptcy – I do not think he actually projects Barbados as bankrupt – has improved, really. We have not only been able to tap the Eurodollar market, we have been able to tap the yen market, and we have done this because we have export capacity and because we are wise spenders. I have no doubt that this money will be raised. As a matter of fact, only today we received a cable saying that we should really take advantage up to another \$5 million, \$30 million, that the market is that good and they

can raise it. The Eurodollar rate, according to the Financial Times – and I give you that because I specifically asked for it in anticipation of questions from the other side – of June 28 – that is as near as we have – the U.S. Euro dollar rate, three months is 7 11/16 to 7 13/16 and six months 7 7/8 to 8 per cent so that the interest rates are down in the world. Barbados is doing like many other countries. You are borrowing at a longer period to pay off debt that you had before and to get a net addition.

It is useful also for us to deal with any matter that the honourable Members on the other side would like to raise in this connection. We have disclosed to the hilt, even the ways and means which fluctuates, for the benefit of the honourable Member. We have nothing to hide. A large part of our debt is domestic debt. We have a reasonably small amount in relation to the total debt in foreign debt.

The Telephone Company and the Light and Power are two public utilities, and you are not going to expect people to lend them without the Government's support, although the Telephone Company was fortunate in the past in being able to get its principal shareholder to guarantee the debt. That may not go on in the future, but the point is that they are two essential utilities. According to the honourable Member, one is making too much profit. If it is making too much profit, so much the better. That means that the Government's guarantee is not likely to be called. The honourable Member cannot have his cake and eat it. He cannot quarrel and say it is a utility that is making too much profit for one debate and then come back in another debate and say that it is a risk.

I beg to move that this Resolution do now pass.

Hon. L. S. CRAIG: I beg to second that.

Dr. R. C. HAYNES (St. Michael South Central): I find that the Honourable Prime Minister is usually much better defending after he has heard what has been said on this side, but it would appear that he got up and started off defending the position up front.

About three weeks ago an organisation with which I have some connection contacted me and asked me if I knew anything about County Bank Limited's efforts to raise a \$25 million loan for the Barbados Government on the Eurodollar market, and whether or not the purpose of that loan was strictly to provide finance for its 1983-88 Development Plan, and whether or not there was any specific urgency why the Government would want to have it signed by the end of July of this year, since the request sent out by County Bank to participating banks requesting small amounts in the region of U.S. \$3 million to \$5 million all communicated this urgency

that they would like to have this matter signed, sealed and delivered by the end of July. I subsequently expressed the hope that the Government would not do what it did in request of the Orion Bank loan, that is, sign the agreement and then come to Parliament and say it is okay to do it because all the contracts say, "subject to parliamentary approval." They were the words of the Honourable Prime Minister when he was Deputy Prime Minister in defence of that infelicity. However, on further investigation I discovered that it was in fact true, and there were one or two other interesting things.

The interest rates being suggested seem to be a little different from those quoted. Those being asked by County Bank in respect of the loan were 1 ¼ per cent above LIBOR for the first three years, one to three years. This is what County Bank is sending out to the participating banks that is all I am telling you and 1 3/8 per cent above LIBOR for four to seven years. 7.05 p.m.

There is a hidden thing, the MLA cost. These things fascinate me. I cannot quote directly from this document, since I do not wish to make it a document of the House, but I would say the MLA is commonly known as the mandatory liquid asset cost of the loan, which would, of course, represent the cost of the loan to the bank in respect of the mandatory liquid assets which they would have to hold, the cost to them of that money which they on-lend. When I saw this, I thought this was a very odd stipulation, because for a Government that boasts that it can go to the market and obtain lending at prime rates, it would seem to me to be a rather difficult stipulation being put into a loan, that, on top of the interest, the MLA cost should be borne by the borrower. This led me, of course, into further investigations over the past few weeks and I discovered.....

Hon. L. S. CRAIG: I rise, Sir.....

Mr. SPEAKER: On what?

Hon. L. S. CRAIG: On a point of order.

Mr. SPEAKER: Point of order.

Hon. L. S. CRAIG: The honourable Member for St. Michael South Central has made reference to the MLA cost, mandatory liquid assets cost, and he said he is not going to make it a document of the House. Have you ever heard of that type of scandal sheet, which he is so well known for bringing in here, by a bunch of mad communist economists who always pull down, destroy and never put up? I would be grateful, when you are finished with it, if, as a true parliamentarian, you can send it across here. Let us see if the economists on this side can describe it as a reputable organization that you

are quoting from. As a matter of fact, pass it to Mr. Speaker.

Mr. SPEAKER: No point of order.

Hon. L. S. CRAIG: Sir, it was a fairly good speech.

Mr. SPEAKER: The honourable Member has not yet taken the floor to make his speech.

Dr. R. C. HAYNES: When the telex of one of the international banks that has always formed part of the consortium banks that have loaned money to Barbados is being described as a scandal sheet, you can only imagine that you are dealing with someone who needs a medical examination. The people who you have appointed as the arranger of the loan, the County Bank, are the people who are trying to put together the consortium banks on your behalf, and you are accusing them of sending out scandal sheets? I am going to send a telex to them tomorrow on what you said about them on the floor of the House.

Asides

Mr. SPEAKER: Order. Two honourable Members are on their feet.

Dr. R. C. HAYNES: I was surprised that the mandatory liquid assets cost of the loan was also included on top of the interest rate, which is, of course, a commitment fee not mentioned by the honourable Member. I do not wish to quote the exact amount, but I think it is somewhere like half per cent of the commitment fee. That is one important dimension of the loan.

The other dimension — which worries me a bit — is that in putting together the \$25 million I was surprised that they were seeking packages down to U.S. \$2 million from international institutions. This means that people are concerned about the risks, despite what the honourable Member should say. Whether it is a general concern about lending the Third World countries, or a specific concern, I cannot say it on the floor of the House. All I can say is that from the distribution of the risks that I see involved here and from the number of participants involved in a small loan on the Euro-dollar market, it does concern me a bit.

Some very interesting things have happened this evening. At long last we have had the admission that the public debt is over \$1.1 billion, exclusive of Government's overdrafts. I am very pleased to hear this on the floor of the House.

Hon. H. B. St. JOHN: On a point of order: I have explained in my speech that the public guaranteed debt and the Government's ways and means are included in

the figure that is quoted, and I said that was the difference between the Central Bank quotation and the Ministry of Finance. Do not try twisting it. I have nothing to hide. The projects are out there for all to see.

Dr. R. C. HAYNES: The point is that we are getting nearer to the situation — I trust that you have included the Central Bank's borrowing in that amount as well — and that my figure of \$1.2 billion and the \$1.14 billion we just got means that we have got pretty close in the past two months. I can accept that that is possible, because there were some repayments, of course, during that period. If I were to disclose that I knew exactly what the external position was at the end of every month, that would, of course, leave the honourable Member for St. Peter to imagine that I have access to information that I do not have access to, so I have to say I do not know what the turnover would be in terms of new loans and repayments between March and now. But we are agreed that I was telling the truth all along on the National Debt, and I believe that the Honourable Minister of Finance is now telling the truth and the public now know that the debt is over \$1.14 billion.

Asides.

Dr. R. C. HAYNES: Let us look forward to getting this issue settled. Once we get this settled we can move on from here.

What are my concerns? I do not intend to make a long speech tonight. I am not going through the whole area of the purpose for lending, the possibility of the money being used for projects to generate foreign exchange in the short term, as our external position would probably dictate. I am concerned that last year we ended up with a balance of payment deficit because our capital inflows were heavily eroded by debt and principal repayments.

I believe that we are now beginning to reap the harvest of the seed sown way back in 1981. I believe that the Orion Bank loan comes up this year. It was a four year moratorium. I believe you have to start paying back some money to the IMF this year. Therefore, we are in a position now where we are borrowing to repay debt, even though, looking at the interest provision, the debt burden might be reduced, provided the MLA component is not added to the interest rate. That is a fact.

7.05 p.m.

Check the contract and you will see that there is a MLA provision. If you borrow money in Barbados with an MLA provision, that is about 27 per cent on to the interest rates, because that would be the reserve amount you have to pay the Central Bank. The MLA would be the liquid asset requirement by the Bank of England or any bank in relation to that, and that is part of it. Do

you hear what I tell you. Make no mistake about that. It is true that in England it would be relatively small, but it is there. It is in the contract even though it may be restricted to borrowings in sterling, not necessarily in US dollars.

Asides.

Dr. R. C. HAYNES: I did not say so, but they have gone and included it in the contracts being offered to the banks.

I think we are all genuinely concerned that our external position is such that we could have absorbed \$40 million already this year which we borrowed on the Japanese market, and our external position is so precarious that, to avoid serious difficulties in the months of August and September, the Government has to go back to the international market for another \$50 million. Bear in mind that we are talking of an external debt position that is somewhere in the region, including the public guaranteed debt, of about \$618 million without the \$40 million Japanese loan, without this \$50 million loan, which brings it to about \$700 million. I would not include the earlier loan guaranteed in relation to CBC, because I suspect there would have been some earlier repayments, but the fact is that we have borrowed now about \$100 million externally since the end of December last year, and the honourable Member is telling us that all is well, that we can continue to borrow at this rate and not get ourselves into serious trouble. It just cannot happen. Do you realise that the public external debt of Barbados has gone up by 1400 per cent since you took office in 1976?

Asides.

Dr. R. C. HAYNES: However, you are reaping the harvest now. You have building projects to show, but you have a lot of joblessness to show for it as well; a lot of unemployment. The ruination of the private sector you have to show for it, and the destruction of the economic lives of all our citizens by excessive taxation. You have all that to show for it.

Asides.

Dr. R. C. HAYNES: Not me. Things are getting tight out there, you hear. The market is getting tight.

Asides.

Dr. R. C. HAYNES: Not from that point of view. It is not the income, it is at the expenditure end where things are getting tight.

I believe the Governor of the Central Bank was quite correct when he issued a word of caution that our foreign debt has reached the point where they must be of

grave concern to any Government, because I would hate to think that all we are doing now is ducking the IMF until after the election. I notice certain aspects of these loans and I have matched them against the IMF agreement, and what they would expect to be the borrowing performance of a country in the year after they have completed an agreement, and they do not seem quite to tally. I am fully aware of what is going on. I know the external position is not good. I know that you are borrowing up front; I know that you have allowed a significant amount of money to find its way into the system, the Japanese money. I have been looking very carefully at the treasury bills holdings of the Central Bank, I am looking right down there. They are very small, and I know exactly what you are planning to do, because I know what is going to be the lag in November or between turning on the pump in that area, having provided the foreign currency up front. I understand what is going on, you cannot fool me. You are not going to do what you did in 1981; you are going to do it the other way around, get the foreign loans in first, get the treasury bills down and then let go the money at the last minute.

Asides.

Dr. R. C. HAYNES: That is what you are doing. I understand very carefully what you are doing. We should really think about this country in the future. The honourable Member for St. Peter is not fooling anybody on this side. I understand clearly what is going on, but we will look to June next year. We know what will happen.

Asides.

Dr. R. C. HAYNES: I hope to God we get a good tourist season, because I want to see tourism booming, I want to see manufacturing booming, I want to see us get our money out of the CARICOM Multi-lateral Clearing Facility.

(Hon. H. B. St. JOHN: That money has been fully acknowledged.)

Dr. R. C. HAYNES: It has been fully acknowledged in the Facility, but you have refused to tell the people of Barbados who was responsible for that debt. I know who was, and I am going to tell everybody that you are responsible; as the then Minister of Trade, unless you say who is responsible. You have a choice. I will not be telling a lie, because as Minister of Trade, of course the honourable Member was responsible for CARICOM trade.

(Hon. H. B. St. JOHN: All were responsible.)

Dr. R. C. HAYNES: I believe the honourable Member knows that I know, and I know that he knows who is responsible, but that \$120 million would come in very handy now. I notice that President Burnham has promised

us to pay us the interest in rice, poles and sugar. I wonder whether or not you should not take over half of Guyana, because it would seem to me that President Burnham is in an awkward situation. If he owes \$500 million to one person and \$100 million to Barbados, which he does not legally owe, but to the CMCF which is not really a legal entity, it is like a man who has \$50 in his pocket, he goes to the doctor, he owes the doctor \$50 but is feeling better, he also owes the shopkeeper \$50, but he has no proof. I have no doubt in my mind that he is going to buy food, and if you think that Guyana is going to take up scarce foreign exchange and satisfy a \$120 million debt in Barbados, or even the interest thereon, when they are scrambling to get foreign exchange to buy essentials, you have got to be mistaken. It is a bad debt and it is going to be a long time before you could even scratch the surface of that. I believe that the accumulated interest payments due must be about \$10 million to \$14 million on that \$120 million, so the essential point is that we are apprised of the loan.

We hope that that MLA factor

Asides.

Dr. R. C. HAYNES: The mandatory liquid asset cost of the loan to be added to the interest rate. That is part of what you are signing.

Asides.

Dr. R. C. HAYNES: It could be. It depends on what the bank rate is in England, I do not know, and the spread of their deposits with the Bank of England. I can call tomorrow and find out what it is. I cannot tell you tonight, but it could be significant.

The final point I am trying to make is that I think we are all concerned by now with the foreign debt of Barbados. I think it is foolish to continue to talk about it as being only a percentage of our exports or the service of it as being a percentage of our exports, because we all see now what can happen to the export position of Barbados overnight. We have all seen it, and it is foolish to continue to contract debts using that as a sole or main indicator of your further capacity to borrow. I believe that the message has gone across to the Government now that they have to stop this indiscriminate borrowing, because whether you form the Administration next time or whether this side forms the Administration next time, this foreign debt is going to be your biggest constraint on the pace at which you can move this country forward socially and economically.

7.25 p.m.

That \$90 million that we have had to borrow is for balance of payments purposes. Let us face it, let us call a spade a spade; all this business of financing capital projects with counterpart funds and all this type of thing is

primarily for balance of payments problems and to meet interest and capital repayments factors of previously contracted debt. It is true that there is a pool of foreign exchange and you can use some for this and some for that, but I am talking about the commanding factors that would lead you to go out to the market for these two major highways. They are balance of payments support, avoiding a crisis in your foreign reserves later in the year, being able to sustain some kind of capital programme in Barbados and meeting your interest and capital repayments on previously contracted debt. These are the factors that would have led you to this position.

Asides.

Dr. R. C. HAYNES: In this economy, to have to borrow \$90 million externally in a short period of time is a serious matter.

Aside.

(Hon. H. B. St. JOHN: Nothing like Jamaica!)

Aside.

Dr. R. C. HAYNES: The Honourable Member thinks this is a serious matter. I have heard this debate in Jamaica, Guyana and Ghana. I have seen the same kind of devices. I warn once again, now that you have publicly admitted what the public debt is,....

(Hon. H. B. St. JOHN: That includes the private debt.)

Dr. R. C. HAYNES: which is very near to what the honest Member of the Opposition, the spokesman on Finance and Planning, has always been saying it is, we could perhaps move forward and try to structure our financial argument, based on the admissions we have heard in Parliament tonight.

Hon. H. B. St. JOHN: There has been no admission in Parliament. We have always said that there is a difference between the Central Bank and the Ministry of Finance in their method of presentation not only of debt, but of a number of statistics. The Central Bank operates on a year of January 1 to December 31. If you look at the Revenue and Expenditure, it would be different from the Ministry of Finance, because we operate on a April 1 to March 31 year. So, too, in the presentation of the public debt, we never, in the Ministry of Finance, include Ways and Means.

(Dr. R. C. HAYNES: Public guarantee debt.)

Hon. H. B. St. JOHN: Nor do they normally include the public guarantee debt.

Aside.

Hon. H. B. St. JOHN: The Central Bank debt is the debt that the Government has with the Central Bank.

One of the parameters, in addition to the parameters of a percentage of amortization and interest of the export earnings, is a percentage of your GNP that you have in debt. Barbados has not reached anything near 50 per cent. Check it out yourself. You are dealing with a \$2 billion economy, \$2.6 billion economy. If you look at a country like Canada, it has 58 per cent of the GNP in public debt, and that is excluding Local Government. That is the point that the honourable Member never makes, that in Barbados, when you are dealing with debt, you are dealing with the totality of the governmental debt. In many countries, you have Local Government. We do not have Local Government. So when we borrow for a scavenging truck, even if we get seven years, that is counted as debt, too. When you borrow for the Transport Board, that is debt, too. When you borrow for anything at all in Barbados, because the public sector is one omnibus body, it has to be included in the public debt. We have to take all of these factors into account.

The other thing you have to take into account is that you have commercial assets which are realizable under a privatization plan which can be done at any time. We can do it. We have assets we can sell. We can sell the Barbados National Oil Company tomorrow morning. And it is now known.....

(Dr. R. C. HAYNES: For how much?)

Hon. H. B. St. JOHN: For far more than the \$6 a barrel which we paid for it..... It is now known that there is oil in the Eastern Caribbean. Trinidad is not the only country that has oil. There are other countries in the Caribbean that have oil, exportable in commercial quantities. The beginnings of what oil they have around the Caribbean is now becoming known. So do not let us fool ourselves.

We have been offered money, up to last week, for Heywoods as a going concern.

(Dr. R. C. HAYNES: For how much?)

Hon. H. B. St. JOHN: More than the US\$30 million that it cost us. Seven million? More than the US\$30 million that it cost us! What are you talking about?

There is the cement plant. The Government has land and it can sell. I mean, if we really want to sell, we can start selling, but we do not need to do that at the present moment.

The first point that he must understand is that Barbados' position is complicated by the fact that we only have a Central Government. Secondly, one thing the honourable Member cannot accuse us of is incurring debt and not having a traceable project for which the debt was incurred. You might not agree that the project is worth the value that was paid for it, but, at least, you must admit that while we have incurred debt, we have added greatly to the assets of the Government of Barbados. So much so that we have taken the honourable Member's advice over there before he advised us. We anticipated him. We now have a whole division in the Ministry of Housing and Lands dealing with the assets of Government, and we have a parallel division in the Ministry of Finance.

The Budget has addressed the problems of statutory corporations and other corporations and their debt requirement. I cannot promise you that we will not incur further debt. Of course, we will incur further debt. But the Government recognizes, very clearly, that you are not to incur debt at a faster rate than your foreign exchange capacity to repay, particularly the foreign component of the debt.

There is a great article — I will never forget it, I read it somewhere in 1976 — written by a Miss Zephirin

of the Central Bank on the question of debt. She put it in the proper perspective: "Debt is only a problem if it is incurred for projects which have no capacity to contribute to its repayment." You try and single out the projects for me that we have incurred that do not have that. When you can point out to us that the foreign debt of Barbados is being put in projects that have no capacity to earn the foreign exchange, I will be worried.

The question that the Resolution do now pass was put and resolved in the affirmative without division.

ADJOURNMENT

Hon. L. S. CRAIG: Sir, this brings us to the end of Government Business for the evening.

I beg to move, that this House do now stand adjourned until June 16, 1985 at 12.00 noon.

Hon. H. B. St. JOHN: I beg to second that, Sir.

The question was put and resolved in the affirmative without division and Mr. SPEAKER adjourned the House accordingly.

7.35 p.m.

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