
THE

House of Assembly Debates

(OFFICIAL REPORT)

SECOND SESSION OF 1981 – 86

HOUSE OF ASSEMBLY

Friday, October 25, 1985.

Pursuant to Standing Order 6(9), the House of Assembly met at 12.15 p.m.

PRESENT

His Honour C. L. Bolden, LL.B., (Speaker)
His Honour R. E. Brathwaite, (Deputy Speaker)
Rt. Hon. E. W. Barrow, Q.C., B.Sc., LL.D., (Leader of the Opposition)
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)
Mr. L. E. Sandiford, M.A., (Econ.), J.P.
Hon. Miss B. A. Miller, (Minister of Education and Culture)
Hon. L. B. Brathwaite, (Minister of Housing and Lands)
Mr. J. G. Odle, B.Sc., (Chairman of Committees)
Hon. V. L. Johnson, M.A., (Minister of Transport and Works)
Mr. B. M. Taitt, B.A., (Hons.), M.A., LL.B., (Hons.)
Hon. DeL. O. Bradshaw, (Minister of Labour and Community Development)
Hon. Dr. R. L. Cheltenham, M.A., M.Sc. (Econ.), (Minister of Agriculture and Natural Resources)
Dr. R. C. Haynes, Ch.B., F.R.C.P., (Edin.)
Dr. D. G. Blackman, M.A.
Mr. L. A. Weekes
Mr. M. A. King, Q.C., LL.B.
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 led by Rev. I. M. Harewood.

Mr. SPEAKER: The House is in session.

We do not have available the Minutes, so we will go on to the other matter, Order of Business for today.

ORDERS OF THE DAY

Hon. L. S. CRAIG: Sir, I beg to move that Government Business be the instant Order of the day.

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

Mr. SPEAKER: Government Business is now the instant Order 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, Sir.

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

The question that those several Standing Orders be suspended for the remainder of the day's sitting was put and resolved in the affirmative without division.

GOVERNMENT BUSINESS

Order No. 1 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.

Hon. L. S. CRAIG: I beg to move, Sir, that you do now leave the Chair and the House go into Committee of Supply. In so doing, however, Sir, we have given the appropriate notice in respect of summoning of this House. The matter which we have to deal with is one of paramount importance, and I hope Members on the other

side — although I had adjourned the House until November 5 — can appreciate the sudden recall to Parliament. I hope they will appreciate the importance of the nature of this business, Sir.

I beg to move that Your Honour do now leave the Chair and the House go into Committee, Sir.

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

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. 7
— \$1 787 561

HEAD 15 — CABINET OFFICE

Hon. H. B. St. JOHN (Christ Church East Central): Mr. Chairman, the sum of money that we are asking here to vote was necessitated partly by the need for Government to incur sums of expenditure in relation to a number of matters which were not envisaged at the beginning of this financial year, or if they were, inadequate provision was made for them. It is clear that the existing sum voted will not cover commitments which are projected on this vote.

Supplies and Materials — \$1 250 was provided. That has been proven to be insufficient, and it was estimated that another \$750 will be necessary for the current financial year.

Under Contingencies, a sum of \$100 000 was provided. Any miscellaneous expense that is not covered by an existing vote in any of the Ministries is usually covered by this vote. It really is not a contingency vote and it is under the control of Cabinet. This year we did not anticipate the State Funeral, nor did we anticipate the provision of some money for court costs which have arisen or are likely to arise in the current financial year. So although \$100 000 was provided, up to the end of June over \$70 000 had been spent and there were commitments of another \$80 000 there. It is therefore necessary for us to cover our existing commitments and to make provision for anything that is likely to arise in the next 6 months. One hundred thousand dollars is required here.

The Royal Visit was not confirmed at the time of the provision of the Estimates for the 1985-86 financial year. Arrangements are well on their way, and the planned programme for this visit has been carried in the

normal fashion — that is, a suggested programme from Barbados and approval by the authorities at Buckingham Palace and it is anticipated this will cost in the vicinity of \$221 000. It is usually \$220 750, and it is made up as follows: Garden Party at Ilaro Court — \$86 000, Luncheon for Parliamentarians — \$16 000, Youth Rally — \$76 000, Supplies and Press — \$15 000, Miscellaneous Expenditure, including the provision of special police services for the visit — \$10 000, Transportation — \$8 000. That makes a total provision in the vicinity of \$221 000.

The last item is an item of Government Hospitality. A sum of \$61 432 was provided. Honourable Members will recognize that where Ministries provide entertainment, it is provided for under Government Hospitality. It is fairly difficult to envisage this. It depends on the number of conferences that Barbados hosts, and things of that kind. The existing \$61 000 is not enough, and it is anticipated that, during the course of the balance of this financial year, we are likely to have a few State visits other than the Royal Visit, which is an extraordinary matter which is provided for separately. It is now known that the Prime Minister of Trinidad and Tobago has accepted an invitation that has been issued to him and he is likely to pay an Official Visit to Barbados, and some entertainment will be provided out of this vote.

12.25 p.m.

We are also having a number of requests for Ministries for Barbados to provide hospitality to other conferences which, while not even of a governmental nature, may be of sufficient importance to the island of Barbados that we may have to provide some Government hospitality. I do not want to detail these, because nobody knows when they will come. Ministries just put in requests for some Government hospitality during the course of the financial year, and it is most unusual for the Government not to provide the hospitality.

Those, Sir, are the explanations, and I beg to move that this Head stand part.

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

Rt. Hon. E. W. BARROW (St. John): Mr. Chairman, there are one or two observations which I should like to make, both on my own behalf and on behalf of all Members on this side.

If it is contended that approval for the visit of Her Majesty had not been forthcoming when the Estimates for 1985-86 had been presented, certainly it was being publicised in the media in this country long before the House went into this long adjournment, until November 5, that such an acceptance had been received. As a matter of fact, I think there were indications to various persons that they were going to be invited to certain events. I do not speak CBC English where I cannot say e-vents, I speak Barbadian

English and say *e-vents*. I heard that three times this morning on CBC — *e-vents*. In St. Lucia they say “*egasse*”, particularly in the cinema when blows are being exchanged, and it rises and rises and rises and then the whole audience collapses “*eee-gasse*”. Anyhow, we are dealing with *e-vents* or *e-vents*.

I wonder why we had to come back today, whether those mathematicians that are in the Ministry of Finance or in the Cabinet Office could not have worked out what the Americans describe as a ball park figure. In about two days they have worked out that two houses damaged somewhere in the country by the rains are going to cost \$2 million to rehabilitate.

Aside.

Rt. Hon. E. W. BARROW: A couple, using it in the Barbadian sense, which could be anything from 2 to 11.

That kind of detailed planning was not required by this House in dealing with the cost of the Royal Visit. This is not the first time that Her Majesty Queen Elizabeth II will be visiting Barbados. In our regime, she was here on at least two occasions. She was last here in February 1975, and, as far as I can remember, speaking subject to correction, she has been here during the past nine years as well. So this is about her third or fourth visit. We cannot be so derisory as to say it is no big thing, because to a lot of these ladies who have been flying up to North America it appears to be a big thing, but to us who have been seasoned parliamentarians, like the honourable Member for Christ Church East Central, who has eaten off the gold plate in Buckingham Palace, I believe, or was intended to, it is no big thing. I am sure that, with his current wardrobe, he is not going to go to Savile Row to buy any new suits just for a 30-hour visit.

Aside.

Rt. Hon. E. W. BARROW: No, he has already been outfitted.

As far as we are concerned, all right, the Queen is coming and we welcome her and that sort of thing, but I think that some preparation could have been done prior to bringing us out today. I will leave that one, Sir.

There are certain aspects of the visit to which I will advert. I wonder what there is so miraculous about a broken down cement plant, one that is not functioning, where the transmission has been burnt out due to the negligence of a person or persons unknown, where a watchman has disappeared, that the Queen has to go down there and say that is the spot that she was last seen? Is that what she is going there for? There are certain things. A Queen should be invited to a children's ward at a hospital.

(*Aside:* Hon. D. A. C. SIMMONS: Now we know the true author of the document. Talk a little more).

Rt. Hon. E. W. BARROW: I am dealing with facts. Don't mind him, man. Excuse me, Sir.

Mr. CHAIRMAN: Order, please.

Rt. Hon. E. W. BARROW: Why is the Queen going to a cement plant? It is not in keeping with the royal dignity that she should be shown a cement plant with burnt-out bearings. I wonder if the Government is instituting an enquiry into the burning out of those bearings at the cement plant. Since we have sold the Central Foundry, we had to bring up the gentleman from Trinidad to go down to the cement plant — I cannot remember the gentleman's name — to tell you that the bearings are burnt out. Bearings burn out when you do not put oil in them, and it is a little ironic that you are taking the Queen and Mr. Chambers to see a plant that is not functioning. That does not reflect well on the people of Barbados. It did not reflect well on the competence of our managerial people, our engineers, whether they are imported or whether they are local people, and I say again that if the Queen is to go to the north, St. Joseph's Hospital might be a good place to see some of the geriatric patients, who need some kind of succour and consolation. I do not think she has ever been, as far as I can remember, to the St. Joseph's Hospital in the north of the island. But a cement plant! If that is to be the excuse for getting her to the north of the island so that the parliamentarians may have the pleasure of her company at lunch, I think we should have looked for something which is more in keeping with the royal dignity and her royal interests, which are primarily in children, in the sick and the aged and matters of that kind.

I am not concerned about what the newspapers brought out today about \$7 000 an hour, because you can break it up into \$100 000 a day. Those kinds of statistics do not mean anything, as far as I am concerned. If the royal personage is visiting the island, you have to spend some kind of money, but I think you should have told us about it before, because I knew back in March. I understand from the honourable Member — the Prime Minister — for Christ Church East Central, that they had not got acceptance. And, of course, from the point of view of protocol, you cannot publish something as a fact which has not had the royal approval. But certainly before we adjourned for this long period of time the fact of acceptance was available, and it is only a question now of the competence of the people who have to deal with it, whether they can do arithmetic or whether they cannot do it.

From what I heard from the Auditor General on one occasion, and I think the honourable Member for St. Thomas (Hon. D. A. C. Simmons), was present, I am not surprised, because the Auditor General told me that in the whole Audit Office only two of his staff had Arithmetic. Of the staff of the Audit Office of about 36 people, only two had Arithmetic. So I am not surprised that the Cabinet Officers do not have any arithmetic at all.

12.35 p.m.

I wonder if there is a new Guy Fawkes plot, because the Honourable Leader of the House adjourned until November 5, when he knew that the Queen's visit was coming up, and he could have adjourned it until the following week and get the figures available.

Asides

Rt. Hon. E. W. BARROW: It is rather significant, the date — November 5. I am staying away. It was chosen. Why we did not come back on November 12, or October 29, I believe, which would have been more appropriate, but we adjourned until November 5. Well, a word to the wise. These dates are rather significant.

I am only saying that in gentle chastisement, that I think that the Public Service could serve us a little better and get these things together early. We had to come out here — some of us are busy in the law courts, some of us are busy otherwise, and we had to come out here today specially to deal with this, probably a long, drawn-out debate.

We are not opposing it, Sir, but you know, we have to get on the record to see where we stand on these matters.

Hon. L. S. CRAIG: Sir, from the gist of the Leader of the Opposition's contribution, it would appear that he has no objection to the Resolution which is before the Committee, but he objects, he says, to the *long* — emphasis on "long" — adjournment. He repeated that on two occasions — the House was adjourned long.

I think it was only one week ago..... *Where are you going? You do not have to leave in here. Tell him my Queen show is over. He is too late.....* that the contention on the other side was that the House should not have been adjourned that long. Well, I happen to be serving in here for 20 years, and I think long adjournments are something that the Leader of the Opposition should never make reference to. I would recall the many Tuesdays that we came here, sat down with no quorum and had the House adjourned for 2 and 3 months. And we went through with that, we did not complain about a week, so I do not take that very, very seriously.

The other aspect of it, Sir, is that the Leader of the Opposition apparently is complaining about the programme of Her Majesty and that the Cement Plant is broken down. People spend millions of dollars putting satellites into orbit and they collapse, they lose them, and a cement plant where — because I do not know, only hearing from the Leader of the Opposition saying that it was negligence — somebody did not put oil in something and the bearings burned out, this is the type of information which you can get from the Leader of the Opposition, because he is always into these things.

Then, he went on to say, Mr. Chairman, that you are going to show the Queen where the person disappeared. I do not know if any of us on this side know where that person disappeared. They know all about it. They know the persons involved, we do not know, and all of this is introduced into a simple Resolution that could have been given a safe passage in proper taste — and the programme and the House is delayed. I sometimes wonder. Sometimes I would like to be able to respect the Leader and feel that, because of his contribution over the years, I would be able to say I have some great respect for him. But the older he gets, rather than mellowing down, he becomes like the old blackbird — about to die and picking all the fruit! Every fruit in the orchard he is prepared to pick, he is not prepared to leave one. On this type of Resolution, Sir, dealing with Her Majesty's Visit, the Cabinet office has been criticized, the Auditor General told him that there is no person up there who knows anything about arithmetic, all of these things to simply say that he agrees with it.

I support the Resolution, Mr. Chairman, and beg to move that this Head stand part.

Mr. B. M. TAITT (St. Michael West): Mr. Chairman, I should not be very long on this, a very simple matter. The amount of money being asked for under this Head cannot be contested. We are not contesting that.

The letter which came out from the Clerk of Parliament read: "Pursuant to representation to His Honour the Speaker by the Acting Prime Minister, etc., under Standing Order 6(9), Mr. Speaker has directed that a meeting of the House be summoned for Friday 25th October, 1985, to commence at 12 o'clock noon."

Standing Order 6(9) says —

"If, during an adjournment of the House, it is represented to the Speaker by a Minister that the public interest requires that the House should meet on an earlier day than that to which the House stands adjourned, the Speaker, if he is satisfied that the public interest does so require, may give notice accordingly and the House shall meet at the time stated in such notice..." etc.

Mr. Chairman, Sir, no one can question Mr. Speaker's judgement in this matter, and, therefore, a Minister must have represented to him that there was a matter of great urgency which required us to meet today. The problem all of us over here have is that, when we examine what it is we are meeting to pass, I assume there is something else coming that is very urgent which they have not told us, because we are meeting today to pass a Supplementary on Friday to take account of the Queen's visit next week. Now, I defy any honourable Member over there to tell me that if we had passed this Supplementary on Tuesday next week, or Tuesday the following week, anything would be different from what is going to happen.

(Asides: Hon. D. A. C. SIMMONS: *We would be breaking the Financial Rules.*)

Mr. B. M. TAITT: I am being told that this was to avoid breaking the Financial Rules. I want to be certain, because then I am in a position to say simply that there is a high level of incompetence. I am in a position to say that there is a high level of incompetence because if they are saying that it is in order to avoid breaking the Financial Rules, I am saying that the general provision should have been dealt with the last time we met, at least that, and that is all we have to say.

There is no point anybody getting up and trying to justify it. If we were caught with our foot in front and the umpire gave us out l.b.w., we are out. We are saying that today's sitting has had to be called because somebody, somewhere, has been incompetent, and since the Government is responsible for the administration, we have to say that you are incompetent. It is for you to determine. That is the only point we have been making, and I think the Prime Minister understands these matters.

No one is going to question the amount of money, because that is a *fait accompli*, so long as we have the system we have. We have to spend that kind of money. We do not have any problems with that.

Mr. R. E. BRATHWAITE (St. Lucy): Mr. Chairman, I rise to support this Resolution.

It makes my heart glad to know that the Queen will be passing through the good parish of St. Lucy. As you know, Mr. Chairman, the Leader of the Opposition has said that she is going to visit a broken-down cement plant. I would like to inform him that she is not only coming to look at the cement plant, but she is coming to look at the nice, beautiful people of St. Lucy also, and I want the honourable Member to know that we, in the parish of St. Lucy, are very happy and proud of it.
12.45 p.m.

For the last 20 years we have had a lot of dignitaries coming to this country, including the same

Queen and Princess Margaret — and remember Sir Winston Churchill — and this is the first time in history that we will have a dignitary passing through the parish of St. Lucy. I would like to let the Leader of the Opposition know that there will be a lot more good things for the parish of St. Lucy that will really prove the importance of a Member of Parliament with a difference.

It was my wish when I came to this Parliament, and I told the late Prime Minister that if I come in here it would not be to sit down and be a seat warmer, I must have some of the action in the parish of St. Lucy too, so anything that is stirring in this island, I will make sure — even the visit of the Queen — that we have that privilege of having the children come out and have a look at the Queen, like those in the other parishes. I am glad to know that it is not a deserted parish anymore and that this is only the beginning of things as far as dignitaries and things like that are concerned in this island.

I believe that this Resolution is a very straightforward one. It is all outlined here in front of us and we can see what the money is for. I do not think that members of the Opposition would quarrel with the Resolution as is the rule, but we realise that the work of an Opposition is really to criticise.

Mr. Chairman, I would like to thank the Honourable Prime Minister and his colleagues for making it possible for the Queen to visit the parish of St. Lucy.

I thank you.

Hon. H. B. St. JOHN: Sir, I am just going to wind it up. It is obvious that there is no opposition to the vote.

(Dr. R. C. HAYNES: You can't wind up!)

Hon. H. B. St. JOHN: I introduced.

(Dr. R. C. HAYNES: I have not spoken.)

Hon. H. B. St. JOHN: You did not get up. I know that you want to speak on the next one.

Sir, I have heard the Honourable Leader of the Opposition, when he was sitting over here, on many occasions when we were sitting over there, say it is very difficult to understand the mysteries and how some things work at a different level from the political level. I have found that out, too. All I would say is this, it is true it was envisaged in a general kind of way that a visit would be paid by Her Majesty to this part of the world at the time when the Estimates were being prepared, but a number of matters occurred, and I do not want to go into details, but I think that the visit was tied to a large extent to the Heads of Government Conference taking

place in the Caribbean, and I think that even the Honourable Leader of the Opposition would recognise that at one period of time there was some cloud of uncertainty as to whether, in truth and in fact, that even would have occurred. That is all, so that there was perhaps a little justification for the preliminary and advanced planning that usually goes into these things to have proceeded at a slower pace than normally. When the Estimates' time came, therefore, no one could have said that it was going to occur. That is a fact.

Sir, after the programme was set up in the usual way, one had to await replies, and a number of suggestions were put forward as to the nature and the scope of the programme. Now although the responsibility for approval of the programme and a general idea of the amount of money to be spent is the responsibility of the political directorate, the actual expenditure of the money is very much in the hands of the various agencies that do that.

I want to say that the Director of Finance and Planning is the one who has been insisting, and I think quite rightly, that people get out of the habit of expending money on the basis of what they call "known commitments." That is the only reason that we are here. The only reason we are here is because there are circulars in existence going around in the Civil Service which say very clearly that even if you have a Head which has \$10 left in it for a particular item and it may cost \$12, you have to come back to Parliament. That is a fact of life. As a matter of fact, something that is becoming more and more into light is that if you have \$300 000 in one Head and you have a deficiency in the other Head, and they are closely related, you cannot take the money from one and switch it to the other. That is something that has bedevilled the peculiar accounting problems. We cannot get it changed. I am not coming to the House to change it. We tried to get it changed, and the Auditor General always raises the question that he would find it difficult to audit, and I do not intend to disturb tradition. It is not worth it, and Barbadians do not like to change.

I find it very easy, therefore, to say we have come here today and we regret very much the inconvenience that has been done to the other side. After all, the per hour remuneration is very popular now, and I know that all the honourable Members on the other side are at least four figure per hour people. So it is all right. Certainly the honourable Member for St. Michael South Central (Dr. R. C. Haynes) is, so we have to take that in conjunction with the rest of the Resolution.

As to the cement plant, Sir, we obviously had to have a function for the parliamentarians. All through the Caribbean where there is a period of a visit longer than a day, there is a function for the parliamentarians, Parliament is an integral part, although some people might not believe it, of the constitutional process — the

most important part — and, regrettably, we had anticipated that some of the remedial work that we are doing here now would have been completed, and we would have had the usual address to Parliament, but that could not take place, so we had to have a function, and the best place in my opinion for that function to have taken place was in the north of the island, for the simple reason that since the last visit of Her Majesty to Barbados, the greatest development that has taken place in Barbados has taken place in the north of the island. So we start off at the most northern part, we demonstrate the cement plant, and then we go and have lunch at Heywoods.

I am a little surprised that, even to this day, the Honourable Leader of the Opposition finds it uncomfortable to accept the fact that these are two show pieces of this Administration. We are not ashamed of them. We are definitely not ashamed of them, and, as the honourable Member for St. Lucy, (Mr. R. E. Brathwaite) has said, the Honourable Leader of the Opposition has good cause to regret his having neglected that area. St. Peter, St. Lucy, St. Andrew, St. Thomas, and St. James, too, in the not too distant future will tell us what they think about it.

Now, Sir, the cement plant. It is not correct to say, according to the information that I have, that the cement plant is not operating. I understand that the grinding mill is not operating, because the grinding mill is the finishing process of the clinker, and I understand — I heard it while I was in Nassau. The Director of Finance, the Chairman, told me while I was in Nassau — that due to the perception of one of the supervisors, a flaw which could only be attributed to metallurgical fatigue, for which there is responsibility, occurred in the grinding mill, and thank God, far from negligence, the supervisor decided to alert the production manager and they came to a halt to investigate what was obviously something that was wrong in the grinding mill. Immediately, the people who manufactured that part were alerted. They came to Barbados and inspection revealed that it was their responsibility. There is a difference in the hardness of the steel in relation to the mill. It is their responsibility. It is under guarantee, so you cannot blame the poor supervisor down there for the negligence of the manufacturing. Even today, with the X-ray technology that you use with steel, when you weld steel together or you mesh steel together, between the hard and the softer parts flaws are likely to develop. It is known that this is a usual phenomenon, and that is why suppliers have to give a warranty or a guarantee for a period of time.

12.55 p.m.

They have restarted the clinker. I do not think it is fair to say that it is negligence on the part of the Barbadians. I thought I would give that explanation.

The question that Head 15 stand part was put and resolved in the affirmative without division.

HEAD 36 – MINISTRY OF HEALTH AND SOCIAL SECURITY

Hon. H. B. St. JOHN (Christ Church East Central):
Mr. Chairman, Sir, nothing gives me greater pleasure than to move this Resolution.

The last time we debated this matter in here, I predicted then, as I will continue to predict, that there is a profound division of opinion among the medical profession as to the levels of co-operation they will give the Government in the implementation of the programme which, in my opinion, has a considerable degree of consensus as to its objective in Barbados. It is known that the Government had its own ideas, and still has its own ideas, as to the most ideal way of implementing a National Health Service in Barbados, at the point of delivery free, of health care of the highest order, at primary, secondary and at hospital level, to Barbadians. The Government has tried its best, and will continue to try its best, to reach a satisfactory agreement with the association known as BAMP. On the other hand, the Government believes that it can get the requisite number of doctors, and doctors with the various qualifications in the various specialties, to co-operate with it to be able, over a reasonable period of time, to accelerate the delivery of this health care.

The Government has expended in physical infrastructure considerable amounts of money. Some of it was started as long ago as the 1950s by this Administration, was continued by the Administration of the Opposition and enhanced by this Administration further in the form of clinics to provide certain aspects of this delivery. Having done that, and having become convinced that there was a corps of well-qualified people in the community who were willing to participate in working out of these health clinics, the Government decided that the time had come when it would integrate the District Medical Officers' services with the public health services and introduce, for the first time, a new method of delivering primary health care of the clinical type via the polyclinics. And that is all we have done.

I am pleased to say, very pleased to say, that we did it, and we did it in such a way as to integrate the Clinical Medical Officers' salary with the hospital doctors' salary from the lowest to the highest, as well as incorporate certain provisions of the general medical remuneration into that. So we have Clinical Medical Officers whose pay scales can range from a Senior House Officer to a Consultant. That is the position. We have now Clinical Medical Officers who are drawing the same pay as a Consultant and more, because we have given them the choice of the 30% in lieu of practice – if they

want – that the Medical Officers of Health get, to be added on. We have given them the 20% gratuity to be added on, if they want it. We have given them a fee for domiciliary visits outside of the normal periods of time when they should be operating at the polyclinics, and for that we have extracted from them, 40 hours a week. But there are some who may not want to work 40 hours a week, but we would like them to and we have given them 20 hours a week, and they get half the pay. So if you want to give me 20 hours a week, you can work with me. If you want to give me 40 hours a week, you can work with me. But what you cannot do is to draw 40 hours-a-week money, and then do private practice, if you get a thirty-hour week. Do not let us fool ourselves about that. Three or four have already been dealt with for that. That is the kind of – I am going to use very neutral words – difficulty one gets, whether you are in Barbados, in London, in Australia, in Canada or the United States. That is the kind of difficulty you get when you are dealing with some members of the medical profession. They want to have their cake and they want to eat it. They want to say they are full-time but they want to practise. They want to draw full-time pay and get part-time provisions. I must say, Sir, and I am going to repeat it, that we have found only a tiny, tiny minority, so far, who want to indulge in that type of activity. Of course, we have dealt with them. We have just fired them. That is the position. I think that this is a very fair method of dealing with this matter.

I am very pleased to say that in all of the areas – and I am going to tell honourable Members where they will be introduced – there has been universal public acceptance of the scheme. I have heard nothing but the highest commendation by the public of the quality of service that has been given. Now, I am satisfied with that. I am very satisfied with that.

The Government will go further. The Government will not only do what it is doing now, that is, catering to the over 65, the indigent, the traditional walk-in general practitioner clinic that took place at the Queen Elizabeth Hospital and those under 6. The Government will go further. As the demand increases, we will expand too. And we have also had very interesting discussions with that group of doctors in Barbados who are general practitioners when they are outside the Queen Elizabeth Hospital but specialists when they are inside the Queen Elizabeth Hospital, otherwise known as consultants. The Government has been talking with the consultants with a view to coming up with a level of remuneration for doctors who wish to work 40 hours a week as consultants. The existing pay scales are predicated on 21 hours, Sir. Now if you want to come to the Government and say that you want to work for 40 hours, the Government is willing to talk.

1.05 p.m.

Asides

Hon. H. B. St. JOHN: Well, you can work your hours. Your class of practice is such that can afford to pay your pay scales. The Government is not going to prohibit that. The Government recognizes that in every community in a democratic society that has introduced a National Health Service, there will always be the odd men and women out there who feel they wish to participate, of their own free will, in their own practice, and they are looking for a class of practise that can afford their pay scales. If you have that kind of class in a community, and you have those kinds of practitioners, the Government cannot stop that, this is a very democratic society.

Sir, we believe that we have acted very reasonably, and we believe that progress has been made with the consultants. We want to make it clear that if this group of consultants do not want to provide expertise for the practitioners' referrals, we will get others who will provide expertise. Simple! Because we are not running a second best service, and that is the position. We are happy to know that a substantial body of physicians and other clinicians who are now part-time consultants are willing to devote more of their hours to the care of people who will come to them by referrals in the hospital arising out of the contact that is made at the polyclinics.

So, we are happy that progress is being made. We even want, in some specialities, to bring the specialty services into the polyclinics, and they will be paid a consultant rate too. All of this we are going into. We are flexible, but we are not going to be bullied. We have done a tremendous amount of comparative work about how other people have tackled this problem.

We are also, Sir, well aware of the so-called ripple effect. That is one of the ripple effects, and there are others too, and we are working on that. It is clear to us that we will be able to provide not only for the over 65s, but also up to the age of 16 very easily with our existing polyclinics, as well as the walk-in clinics and as well as the services that you need for the indigent and people of that nature.

We envisage, Sir, that in the future, we will probably have two types of general practice in Barbados. There will be a marriage of the traditional general practice that is carried on at the private residences and there will be those practitioners who may want to work in what is called a health care organisation situation. They have these kinds of clinics in the U.S.A., they have them in England developing now, and there are others. They are owned by private enterprise. We have done studies on all of that.

Now, Sir, we will continue to negotiate. Of course, the Board will continue to negotiate with B.A.M.P. I hope that, by the time they conclude, they might not find themselves in a position in which there is nothing to negotiate about.

We will also, I can say, pay for this expenditure out of the National Health Levy Fund. We amended the law. That is how we can pay for the specialists, too. We amended the law in here to allow for second opinions. When the honourable Member said that we have structured the National Health Service not to take into account the specialists, that was not accurate. We had always thought that you would have to allow for second opinions. In law, you have second opinions; In Accounting, you have second opinions; in whatever field of activity, you have second opinions. So we have to structure this to have second opinions — and we are now in a position where we can get second opinions — at the polyclinics or at the hospital, depending on your specialty. We are not going to allow that, though, at the private practitioners' clinics. We are not going to do that — definitely not going to do that. It has got to be in a public institution.

That deals with one aspect. In addition to that, we are going to expand the diagnostic services, and that is why we feel that we may have to hire some more specialists in this area. We are happy to do that. And I will say this, we have received nothing but the greatest degree of co-operation and help from all those who are involved in that branch of medicine that deals with diagnostic services other than clinical things, those who deal with equipment and laboratories. Perfect co-operation! So we now seem to have another group, in addition to those who originally were in favour, who seem to be dancing to the same type of tune that we like to dance to, the tune of reasonableness.

Of course, there are some specialities where, even at the private practitioner level, like ophthalmology and a few others, the primary and secondary care, so to speak, are all mixed up, or another body deals with the client first. We have been working on that, too. We have to bring them in, too, to the polyclinics. They then will become real polyclinics.

(Asides)

Hon. H. B. ST. JOHN: I am not going to leave out the dispensary service. I see the honourable Member there. I keep telling the honourable Member that I welcome his participation. There is one thing that we got from the very outset; we always got the co-operation of the pharmacists. The pharmacists have always co-operated, and we are willing to give any kind of thing — an hourly rate, travelling.

So, Sir, in an attempt to bring finality to this matter, the Government has shown flexibility. It has shown a lack of intransigence. It has shown that it has a determination to bring this matter to a satisfactory conclusion. And we are continuing to work, and we will work so that everybody in Barbados will have access to the best medical care and not have to be burdened by the worry of not having the wherewithal at the time of delivery to pay for it.

I will just conclude by saying that, in this first year, we will be re-equipping the hospital, too, in some areas. We have said on the floor of the House of Assembly that we had an Inter-American Bank programme for the expansion of the hospital and the finalization of the polyclinic at the Glebe. I do not know how anybody could think that a Government which goes out of its way to try and negotiate these programmes would not at the same time have been thinking about providing some equipment in specialties where we have the competence to do the delivery here but we do not have the equipment. This year, out of the Health Levy Fund, we have already requested, from the Ministry of Finance's point of view, the Ministry of Health, in conjunction with doctors and in conjunction with others, to put up a list so that we can re-equip the hospital with some modern things, like things that make people go abroad.

1.15 p.m.

Cabinet took a decision before the honourable Member made his speech. I am very glad that he has been so perceptive as to be able to appreciate that, the Thursday before, Cabinet had already taken the decision. Sometimes some politicians think alike. Do not mind they are on opposite sides, sometimes they think alike. So that is no issue any more, it cannot be an issue, but we still have to have some checks and controls. The doctors must say whether, in their opinion, going abroad is worthwhile or not, not us. We cannot do that. You cannot expect an administrator to make that decision. We cannot do that. Neither, when the honourable Members on the other side were in power, did they do it, nor while we are in power will we take it upon ourselves to make those kinds of decisions. We cannot take that. That is not our function.

All in all, Sir, all I need to do now is to say that the only reason why all the former District Medical Officers of Health have not been terminated is because there were a few — I believe there are only three who have not been terminated — there were two who had reached, or will reach, the retiring age either this month, next month or the next month. You do not want to terminate people who are going to retire within two or three years, you let the old gentlemen continue and get their usual medical officers' medal or whatever it is they get when they retire.

Then there is one who was a bit of an anomaly. He neither came on under the new scheme, which was the one which was terminable by notice, like some of them were, nor the old scheme, which would carry you up to 65. That is an anomaly, but we will negotiate on that, that is easy. That is not for us to do, that is for another body to do. Therefore, we have no difficulty on this, but we have offered all of them, every one of them, an opportunity to work either full time, real full time, with the 30% and the rest, or to work the 20 hours. We wish to say this. We cannot allow people the 20 hours to work who feel that they will give us 20 hours in the afternoon. They have to give us 20 hours, part morning and part afternoon. There must be no special privileges for anyone. If you do not want to under those conditions, do like the honourable Member for St. Michael South Central and do not participate. The choice is yours. We are a democratic community.

I beg to move, Sir, that this Head do now stand part.

Hon. Miss B. A. MILLER: I beg to second that.

Mr. M. A. KING (Christ Church West Central): Mr. Chairman, this Resolution, as I understand it, seeks supplementary funds to meet the additional expenditure being incurred by the Ministry of Health in providing what it calls extended service. This service, as I understand it, is the provision of full time medical officers in the polyclinics, and in the Addendum to the Resolution it talks about service being available in a number of polyclinics — Ladymeade, Randall Phillips, Black Rock and Maurice Byer. These polyclinics remain open for some considerable length of time.

Mr. Chairman, I think this Government ought to be frank with the citizens of Barbados and tell us precisely what is happening in relation to the National Health Service. We are emphasising the work of the polyclinics, the four major polyclinics which have been mentioned in the Resolution here. What is the position? Has the work of the District Medical Officers been abandoned completely? What is the position in relation to the outpatients clinics which have been closed? Are they going to be reopened? Because in light of the fact that a lot of attention is now being concentrated on the work of the polyclinics, there are still a number of people who live in areas which are not directly serviced by the polyclinics, the old and the indigent in places not close to the polyclinics, who still have problems. Because the National Health Service has not come into full force yet, the visits are not being made to the senior citizens and the shut-ins who are not close to the polyclinics and they still have problems, problems which before this time had been addressed by the District Medical Officers.

The point I am making is this. Do not mind they may have had one day a week, your responsibility is to provide a proper, sufficient and efficient service to meet the needs of the people in the areas who are not closely proximate to the polyclinics. We have reason to concern ourselves about what is happening precisely in relation to the service, because there is a lot of conflict between yourselves and the doctors, between the Minister of Health and the doctors, and we do not know what is going on. He is abusing them left, right and centre, and they, in turn, are not particularly willing to co-operate with him. Until you deal quite bluntly with the problems of health care in this community and make the services available to people all over the country who need them, you are not providing a service to the people of this country which is needed and which is desired.

Now, Christ Church is reasonably well served with the polyclinic at Oistins, the Randall Phillips Polyclinic, but all over the country the people are not as fortunate as the people in Christ Church. Take, for instance, the outpatients clinic in Benthams, in the constituency of the honourable Member for St. Lucy. That was closed some months ago, and there are a number of senior citizens and shut-ins in the St. Lucy area who are having a difficult time in getting proper and effective treatment because of the difficulty of getting to the Maurice Byer Polyclinic. I am saying that a reasonable service ought to be provided in the parish of St. Lucy, for instance, and I am asking this Government to take some steps in reopening the Benthams Outpatients Clinic and upgrading it and providing the necessary medical and nursing services in that area so that the senior citizens and the shut-ins, in particular, in the parish of St. Lucy can derive the benefit which is so easily and freely available at the polyclinics in other areas.

What we want to see from this side at this time is an extension of the medical services in all those areas where there were outpatients clinics and which have been served by the District Medical Officers. Do not say that they only had one day a week. Your mission should be to upgrade them and to provide services seven days a week, if necessary, in those clinics for the people, until the time is ready when you have the National Health Service fully on stream. And you can provide that service, because in the meantime, the senior citizens and the shut-ins and the people who are not as able to move as freely and fully as they wish, and who do not get the benefit of visits from the doctors, the medical officers, their nurses and so forth, those people who have that kind of problem, you want to take the services to them so that they can more freely benefit from them.

1.25 p.m.

So the substance of my contribution on this Resolution is this. We are not quarrelling about funds being provided for the services, but we are saying that the

provision of those services should be extended as widely as possible to make them as freely available to all citizens of Barbados, particularly those who are senior citizens and who are the shut-ins in the areas where it is difficult to reach the existing polyclinics.

Thank you, Mr. Chairman.

Hon. H. B. St. JOHN: There is obviously a little misunderstanding. I do not know whether I did not express myself very clearly — I am not winding up — but the position is that I tried to explain, when I spoke, that we had expanded considerably on the existing service and that we have the polyclinics. I did not say that we had abolished the sub-clinics that were in existence. I never said that, because what we have done is to increase from the 11 or 13 to 23 clinical doctors, and we have opened the polyclinics for longer hours. We have attached the sub-clinics, where there is a demand, to the polyclinics, and we have backed up the doctors by a large number of nurses, plus dispensers, and other para-medicals, so I do not see how he is suggesting that the Government is not providing a better service than before.

Mr. B. M. TAITT (St. Michael West): Mr. Chairman, today is a very interesting day in the history of health in Barbados. I think that the Prime Minister elected in his opening remarks to do what the Government should do, tell the people of Barbados that you have abandoned the National Health Service. The National Health Service, which you promulgated to the people of Barbados, does not exist anymore, and the sooner the people of Barbados are told the truth about that, the better it would be for all concerned.

I go further. I have lived to see the day when the Barbados Labour Party announces, with glee, a policy that has been articulated clearly, completely and concisely in a manifesto of the Democratic Labour Party. On page 2 of the manifesto, Mr. Chairman, which is a document of this House, of 1976, page 2 of the section headed "Health Services" reads as follows:

- "2. utilize the multi-purpose Community Health Clinic as the main instrument for making health care accessible to the people in the communities where they actually live in providing ante and post-natal care, child health care, family planning, venereal disease control, care for diabetics and the aged, welfare and public health inspection services, psychiatric services, dental care, dispensing services, community nursing care, and general practitioner services. The Community Health Clinics, like the Casualty Department and other outpatients' clinics at the Queen Elizabeth Hospital now will be free of any charge."

The 1976 Manifesto of the Democratic Labour Party!

Asides

Mr. B. M. TAITT: Do not let us talk about "after 15 years." This is the policy which we promulgated, on the basis of the comparative studies which you are now paying attention to. We told the people of this country, in an effort, if I may say so, to lift the provision of health services away from the heat of the political arena, that it has to be recognized that there are certain services which can be delivered in this community free under certain circumstances, and the multi-purpose clinics, with which the honourable Member for the City (Hon. B. A. Miller) managed to confuse the people of Barbados were somehow different from the polyclinics — and that was the first obfuscation..... What are you getting up for?

Hon. B. A. MILLER: Mr. Chairman, Sir, I am rising on a point of order.

Mr. CHAIRMAN: A point of order.

Hon. B. A. MILLER: The honourable Member for St. Michael West is talking about something that never existed and he is thereby misleading this Honourable House. Multi-purpose clinics were only a figment of the imagination of the Democratic Labour Party. You never built one. It never existed. You tried to give the impression that you had something going. The Democratic Labour Party never did anything for health for 15 years.

Mr. B. M. TAITT: Do not allow the honourable Member to divert me from what I am saying, because the policy is written out here very clearly, and that is the kind of trick which lawyers would get up and use. This business of never having built one.....

Asides.

Mr. B. M. TAITT: The honourable Member just got up and said that we had not built one. What Warrens was?

(*Aside:* Hon. B. A. MILLER: A crematorium!)

Mr. B. M. TAITT: And why you did not bury all the members up there at a time? It was a crematorium?

Mr. CHAIRMAN: Order, please.

Mr. B. M. TAITT: In point, this Manifesto so clearly outlines the policy which we have heard articulated here today that I think the people of Barbados are now in a position to observe that the Barbados Labour Party has taken them on, perhaps, the longest and strangest road towards a position — well, to say expensive is a

whole new area. We do not want to touch the expense yet — they have taken them on a strange road to come to a position that has been articulated for them as early as 1976. The people in the country are millions of dollars poorer. The economy is millions of dollars poorer in terms of the amounts of money that have been lifted from the pockets of the poor people in pursuit of some elusive — I want to be very careful — Health Scheme which the Government, today, admits cannot be.

Mr. Chairman, in delivering the health services to the people of this country, the Barbados Labour Party has managed, especially in the last few years, using the Minister of Health who seems incapable of understanding ordinary communication between ordinary people, to bludgeon the population into thinking that there was a war between the doctors and the rest. It is fascinating to hear the Prime Minister today, all sweet reasonableness, about the doctors and the co-operation, when in this same Honourable House, the members of the medical profession were vilified because all they sought to do was to point out to the Government that the policies which they said they were embarking on were impossible of implementation.

Nearly every four weeks in this country we read about some new departure in the National Health Scheme. We heard about how the drug part of the scheme had taken off and then the other parts of the scheme were in the process of taking off. I well remember early in the 10-year span when honourable Members on that side used to boast about how they were going to be delivering a free health service. Now, today, the chickens have come home to roost, and a Democratic Labour Party policy, which, if it had been implemented in 1976, could have been improved upon and brought to a position where we would now be delivering the best health service for any community of this type anywhere in the world. Instead, we are now having a new beginning, 10 years later, after experimentation by a bunch of people who do not understand ordinary people, do not care about ordinary people and, therefore, cannot make policies for ordinary people, most of them.

1.35 p.m.

Mr. Chairman, even as they come to implement this policy, they have committed what can only be called sins of maladministration. It cannot be right, Sir, for any system of which the Prime Minister says "we are not running a second best service",.....and I agree with him. The people of Barbados deserve anything other than a second best service. How then, Sir, does he account for the fact that doctors in the present service were recruited on the telephone; that at least one doctor whose contract was not going to be renewed at the hospital because — I want to be gentle, Sir — it was generally agreed that he was not capable of maintaining the high standard to which the hospital had become accustomed, that doctor

was recruited for this service of which the Prime Minister says we will not be running a second best service. I am putting it to the Prime Minister that there is at least one other doctor who could not find a berth anywhere outside of Barbados who has found one within this system which you say will not be second best. I am inviting the honourable Member to examine the methodology that was used in the recruitment of the first wave of recruits.

(*Aside:* Hon. H. B. St. JOHN: We have more applicants than posts.)

Mr. B. M. TAITT: That may very well be so, and that is all the reason why, if you say you have more applicants than posts, you should have made sure that the political point would be subsumed by the point of principle. What the Government apparently intended to do was to make a political point, and in so doing, trampled on its own declared principles about policy.

(Hon. H. B. St. JOHN: You do not believe yourself.)

Mr. B. M. TAITT: I am asking the honourable Member questions that have been raised in my presence, questions that have been raised by people, and I am saying, in the context of his own declared position of not running a second best service, that he had an obligation to examine the methodology that has been used to be certain that what he proclaims as the policy of the Government is, in fact, the policy of the Government.

I go further. He has a responsibility to examine whether what he has told us here today is understood and practised by his own Minister. The honourable Member for Christ Church East Central articulated a position here today in terms of the political directorate deferring to the professional position of the people who are professionals. That is not the methodology, as I understand it, that is followed by his Minister.

Asides

Mr. B. M. TAITT: Now he is discussing his group of professional persons and my group of professionals, but he does not believe that. He does not believe that if he gets ill tomorrow, he wants only his group of professionals to touch him, and therefore that is a specious statement about my group of persons and his group of persons.

I am totally disinterested in any particular group of professionals, and I agree that, from time to time, especially in the medical profession, you will find people who believe that they are gods themselves, but that has

been from time immemorial the peculiar position of certain doctors. That does not deter us from recognising that in Barbados we have a substantial number of highly qualified and committed, dedicated persons, who have given some of the best services that a medical person can give in any community, and therefore it is wrong if at any time a Government, whether of the Democratic Labour Party or the Barbados Labour Party, could lead the population of this country to believe that somehow the doctors have turned against them. I hold no brief for the doctors, and, therefore, if I am taking a position of principle *vis-a-vis* the doctors, it cannot be said that I have any axe to grind. But I am saying that the Government on the other side should not, in order to make a political point, allow principle to be subsumed by politics.

Mr. Chairman, when you look at the way in which they got rid of the DMOs, in spite of what the Prime Minister said, the manner in which they got rid of the DMOs is unacceptable to this society in the last quarter of the 20th century. It is not good enough for any District Medical Officer, or anybody who is delivering that kind of service, to receive his notice of dismissal, as it were, either on the telephone or at very short notice. They were dismissed. It was not necessary for that to happen in the way it did. I am suggesting that even as that was done, as my colleague has indicated, there has been a hiatus in the delivery of certain of the services. There has been a hiatus as witness of a letter in the newspapers as recently as this week, where a man gave his name — it was not a pseudonym, he gave his name — and he vindicated levels of services which he had sought, or which had been sought by his family, and which were not being delivered. What I am saying, Sir, is that we are a community that is small enough that we can provide a high quality public service in the area of health. We have a good ratio of doctors to people. We have a high level of scholarship among the doctors, we have a high level of commitment among the doctors, and, therefore it behoves the Government, even when they are negotiating as a tough unit on behalf of the rest of the community, to recognise the need for us to maintain harmonious relationships in this community in so far as the delivery of health services is concerned.

I would not take this opportunity to comment on some of the propaganda which is put out about some of our institutions. It is not true, and this is part of the problem, that there has been a vast improvement in the position at the Casualty. Persons are not getting health education at the levels that they should be getting in this country, and, as a result, the services of the Casualty Department may indeed still be strained, because persons do not know where to go or where not to go, as the case may be. As a result, it is still possible, and it is happening every day, to go to the Casualty and remain for as long as 18 hours before you get attention. If, in

fact, we are delivering the kind of services which the multipurpose clinics, now called polyclinics, will be delivering, it is necessary that the people of the country become knowledgeable, it is necessary for them to know where the services are, when they can be got and how they can be got.

Now, Sir, in this memorandum that we have accompanying this Resolution, we are being told that the polyclinics are open 16 hours a day, 12 hours a day, or whatever it is. I do not wish to mislead the House. The Maurice Byer and others are open until 8 o'clock, from 8 o'clock until 8 o'clock, 12 hours. Now, Sir, if that is true, it should not be possible for a person suffering from an obvious cerebral deficiency who arrives at a hospital on a given day to have to wait ten hours before he is seen, and when subsequently he is seen, he is told to go back home. When that sort of thing occurs in a community where the people are told on a daily basis that the services are now being provided on a 12 hour basis, it means, Sir, that the administrators are misleading themselves, or they are deliberately misleading the community.

I do not claim to have all of the knowledge about the health services in this country, but I obviously talk to a number of people who benefit from and/or conversely suffer from the health services in this country. It is only reasonable, therefore, Sir, to ask the Government, when they are about to crow again for a policy which they did not have the good sense to implement, that before they put out further propaganda about how well they are doing, they investigate the facts. Let us have a list of the polyclinics, their staffing, the services that are being provided, and the doctors that are attached to them. Let us know that, if we indeed go to a polyclinic, we will not feel that some medical yardfowl has been superimposed on the particular polyclinic in order to satisfy some particular need.

1.45 p.m.

(Hon. H. B. St. JOHN: Yardfowl?)

Mr. B. M. TAITT: Yes. They have medical yardfowls too. Do you think yardfowls are only touts and louts, according to the honourable Member over there.

Aside.

(Hon. D. A. C. SIMMONS: Why did you point at Richie?)

Laughter.

Mr. B. M. TAITT: Mr. Chairman, I am sure you are with me, that there should be a clear public indication of the services and the quality of the services that are

being produced, that there are no political implications in the hiring and/or firing of people at the polyclinics, that what the Minister says about the 20 hours and the 40 hours is going to be applied across-the-board.....

(*Aside:* Hon. H. B. St. JOHN: If it is not, God help those who do not comply.)

Mr. B. M. TAITT..... and that his own Minister becomes aware of his policy. Now is not the time for me, Sir, since my time is running out, to deal with his Minister. His Minister will take a special page. I will merely say this, that I used to think that the honourable Member, my friend, was the worst Minister of Health there could be. But the present Minister of Health has come to demonstrate that there can never be anybody in the Ministry of Health who can be described as bad since he has been in.

(*Aside:* Hon. H. B. St. JOHN: He gets things done, though!)

Mr. B. M. TAITT: Even the Prime Minister can tell us that he has certain special difficulties.

Laughter.

Mr. B. M. TAITT: I take your point, Sir, that my time is out. I will stop here, lest I say the wrong thing, Sir.

Thank you, Sir.

Dr. R. C. HAYNES (St. Michael South Central): Mr. Chairman, I rise to make a few comments on this Resolution before the House. I think that the message should have gone forth to the people of Barbados today that the present Prime Minister has quite clearly abandoned not only the policy in relation to a National Health Service, as put forward by his predecessor, and the folly so often enunciated on the floor of this House by the Member for the City (Hon. B. A. Miller) when she was Minister of Health, and by the present holder of that post, who indeed has used such disgraceful language in abusing the medical profession that one begins to wonder whether that profession has ever been of service to this country in any way. But let it be said that the people of Barbados will not turn against the doctors of this country because of the propaganda by political mercenaries in the Barbados Labour Party. You can be quite sure about that one.

The question of health has been very much the subject of propaganda in this country over the past 10 years. Some time in 1985, a spokesman on this side of the House declared that a free National Health Service could be introduced in Barbados for the additional expenditure of \$3 000 000 or \$5 000 000. We all know now that that was nonsense. We all have seen the millions of dollars wasted in all kinds of studies by the honourable Member for the City when she was Minister of Health and the amount wasted since then. Way back in 1976, Sir, after giving the most thoughtful and mature consideration to the best means of improving the primary facilities of this country, the Democratic Labour Party felt that the expansion of the services in the polyclinics, at that time referred to as multi-purpose clinics, was the most appropriate route along which to go because of several factors: (1) cost control, (2) because it represented a happy marriage between existing secondary and primary care services in the public sector. In fact, Sir, it would merely have been an expansion of what primary public clinics did at that particular time. And what we are talking about here now is purely an expansion of the services offered in the primary clinics at that time.

The Honourable Prime Minister was quite wrong when he said that this introduces a new dimension in primary medical care in Barbados. He, himself, should know that, way back in the 1950s, not only public health medicine was practised but a substantial amount of clinical medicine was practised at Enmore. He should know that there were laboratory facilities at Enmore going back for over 30 years. He should know that there was a tuberculosis service at Enmore going back for over 40 years. He should know that there was a service for the control of venereal diseases at Enmore going back for over 40 years. So it is nonsense to say that this represents any new concept in the delivery of primary health care. What it does is that it provides for an expansion of the kind of clinical services and infrastructural services offered in the clinics around the country.

Sir, on two occasions, during Budget Replies, I have pointed out that the polyclinics in Barbados were considerably under-utilized — in many instances less than 25% under-utilized — and it was quite clear to me that our position, taken as a party in 1976, in our Manifesto of 1976, was the correct position. What you will find is this, that if you provide good clinical services for the over 65s for the under 6s and for any other group, any other selective group that you wish, chronic diseases or whatever group you wish, we are dealing with a population of only a quarter of a million people. Always remember that.

If you provide adequate services to make use of the capital expenditure already in place in respect of those polyclinics, you will find that several things are going to begin to happen: (1) you can get better control

of the persons whom you employ to deliver those services. That is the first advantage. The second advantage is this: That there are many persons who would prefer to attend a polyclinic, despite a lack, to some extent, of the personal touch that you might find in a doctor's private office because at a polyclinic, you would get your clinical services, your investigative services and you have a dispensary at the site, at the same time.

You would probably find that over three quarters of the over 65s, which you are trying to plan another service for and running into a whole lot of trouble, might well opt to go to the polyclinics. The same will apply to those with chronic diseases, because chronic diseases in Barbados, Sir, resolve essentially around malignant diseases, rheumatoid diseases, hypertension and diabetes. This is where the big bulk will come in, and these particular cases will probably prefer to be seen in a polyclinic where they can have all those services at the same time. So you might find, and in fact you would find, that if the polyclinics are properly expanded, then there will be a considerable drop in demand for a general practitioner-based delivery type of health service — if it is properly done — and the cost to Barbadians would be substantially less. But the honourable Member for the City took this country down the wrong street for five years. She has thrown away millions of dollars.

Certain remarks made at this stage by the honourable Member for St. Michael South Central were order by Mr. CHAIRMAN to be expunged from the Record.

1.55 p.m.

Dr. R. C. HAYNES: It is important that there should be a proper appointment process in respect of professional staff in the polyclinics. It has been drawn to my attention, Sir, that one person has been appointed as a doctor in the polyclinics. The doctor was brought here on compassionate grounds and was put in the Queen Elizabeth Hospital to work under supervision by his colleagues for two years. It was felt that he would be a danger to the public to be allowed to work on his own, and he was told that his contract would not be renewed. Next day, a telephone call was made to him and he was appointed, by the political process, to look after patients in this country.

Now that is wrong. I can assure you, Sir, that the appointment process for doctors in the Public Service in Barbados is one in which there can be no professional victimization, one in which the credentials of doctors are carefully examined, and one in which no doctor will find himself in a position where he can say that he has been put at a disadvantage by any of his colleagues. And when senior members, who have been practising in the public service for some 15 years, and some over 20 years, have sat down and have evaluated the work of an individual, and they have decided that it is dangerous for

him to work in the Public Service of Barbados, under supervision, and the next day he is let loose on the public of Barbados. I say that there is something fundamentally wrong about that. And I say this, that if you are really serious about developing the polyclinics in Barbados, there is no conflict whatsoever.

Hon. L. S. CRAIG: On a point of order: I believe it is really in the interest of this debate that if the Member for St. Michael South Central is treating one of his professional colleagues in the manner in which he is treating him — he said that he was let loose on the public of this country — it is one of his colleagues and he should know best, Sir, whom he is referring to. But we on this side are in no position to be able to ascertain who he is referring to. I would rather he would be more specific, if he gives me the information in writing, or if he tells the House, Sir, so that I can have this matter looked into. Because what is coming across, Sir, is that it is either some lunatic or some person who is not capable of carrying out the medical disciplines. He must have been condemned by the university he worked with, condemned by the country which he came from, all of these things. I would like to know, at least for him to call the name, be more specific, Sir. These innuendoes do not help us, Sir.

Dr. R. C. HAYNES: I do not propose to call any names. It is a matter that can be investigated. The Ministry should have the information. The hospital should have the information, and the senior hospital staff would have the information, the staff under whom he worked. That is a matter for you all to enquire. That is your business.

Sir, I am saying that there has never been any area of dispute between the doctors on the development of the polyclinic services in Barbados. There never was, and there never will be, because the Barbados Association of Medical Practitioners, all practitioners in Barbados, have always supported the expansion of that area of development of the primary care services in Barbados. What the professional service has been calling attention to is the indecent haste, for political purposes, with which it is being implemented, when it could have done gradually over the past 10 years, and this has resulted in, (1) an appointment structure for doctors which is not in the best interest of the country, or the service; and (2) in the dislocation of many patients from continuity in their medical care. In other words, their medical care was terminated at other out-patient clinics, they were shunted over to the polyclinics, and there has been a big gap in their medical care. That is a fact. These are the things that the association and the doctors are concerned about, the way in which the service is being expanded without proper care and proper thought for the health care of each and every person.

Sir, I want to make one or two remarks about the Casualty in relation to the polyclinics.

Mr. CHAIRMAN: Two minutes, please.

Dr. R. C. HAYNES: It is generally believed that because you provide a wider area for the catchment of patients for the primary health care, that they will automatically reduce the number of persons attending Casualty. That is not true, it is not true. The health systems do not work that way.

Let me give you an example, Sir. Many years ago it was thought that you could reduce the amount of time that persons working in Casualty had to wait by simply a massive expansion in staff. That was done. The waiting time dropped to half an hour, for a week or two.

Asides

Dr. R. C. HAYNES: In 1974, and it happened again. It happened once in your time, too. You were not in the Ministry then, when 10 or 12 doctors were put in Casualty. You drop the time for a week or two, until word gets around that you only have to wait half an hour, and then in a short period of time you are way back up there. What actually happened during that process is that you processed more patients through Casualty and then the queue started at the dispensary. So you find that there is an inter-relationship between all these services, and once you have increased accessibility to any aspect of the health services at the primary level, then you are going to get that offload phenomenon on your Casualty services and on your secondary services. Whereas, theoretically, it might appear to be sound thinking that if you set up alternative sites for people to come into contact with medical care, you will reduce the contact at another point, that is simply not so. Theoretically, yes, but in reality it does not work out that way.

My final point, Sir, is in relation to full time staff. I agree, I am one of those persons who have always said that people who are employed full time should do full time work. But they should be very well paid, and paid as professional people who have spent 12 years probably to obtain specialist education, and who have probably sacrificed a large slice of their lives, until they are about 32, before they earn a penny. You cannot expect them to work on the same salary scale as someone who joined the Public Service when he was 18 years old and put in 14 years of service. You cannot expect a doctor, who is a qualified specialist, to work for a lower salary than a Permanent Secretary. Full time, yes, but adequate payment.

I am all in favour, Sir, of the concept of full time consultant staff, and not only at the hospital; if you can get them at the polyclinics, fine. As a matter of fact, Sir, the polyclinics will offer an excellent example. In our time, we have trained a lot of young doctors who have obtained excellent post-graduate qualifications in North America, and who would be glad to work in the Public Service and practise their speciality full time, rather than try to go and make a living elsewhere. The combination of adequate facilities at the polyclinics and the hospital will offer them an adequate opportunity to earn in full time employment.

So we are all in favour of the expansion of the polyclinic service. It is fundamental to the policy of the Democratic Labour Party. It is a policy that we put forward since 1976, and now we can go further and tell you how it can be further implemented. We have gastroenterologists, we have all sorts of sub-specialists in Barbados, paediatricians, cardiologists, who must prefer to work full time. As a matter of fact, my final concern is that the economics of medicine are such now that, with the high overheads caused by this Government, many junior doctors might find that they are better off working full time in the Public Service for an adequate salary.

2.05 p.m.

Thank you very much.

Mr. CHAIRMAN: Will the honourable Member wind up the debate?

Hon. L. S. CRAIG: Sir, I could not think of winding up the debate, because the comments made by the Members on the other side must be answered in no uncertain terms.

I beg that you report progress and ask for leave to sit again.

Hon. V. L. JOHNSON: I beg to second that.

Mr. CHAIRMAN reported progress and asked for leave to sit again, and Mr. SPEAKER resumed the Chair and reported accordingly.

SUSPENSION OF SITTING

Hon. L. S. CRAIG: Sir, I beg to move that the sitting be suspended until 3.00 p.m.

Hon. V. L. JOHNSON: I beg to second that.

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

2.10 p.m.

ON RESUMPTION

Mr. SPEAKER: This sitting is resumed.

When the suspension was taken the House was in Committee of Supply. To that it now reverts.

Mr. SPEAKER left the Chair and the House resumed Committee of Supply, Mr. J. G. ODLE in the Chair.

COMMITTEE OF SUPPLY

Mr. CHAIRMAN: The House is in Committee.

The Honourable Member for the City of Bridgetown.

Hon. B. A. MILLER: Mr. Chairman, I wish to enter the debate on this Resolution which is asking for supplementary monies by the Ministry of Health and Social Security for the employing of full time medical officers for the polyclinics of this island. To put the debate in the best possible perspective, it is necessary for me to start off by articulating what is one of the major and the main differences between the administration of a Barbados Labour Party Government and the administration of a Democratic Labour Party Government. The Democratic Labour Party is wedded to the principle of highly centralised government. I am not speaking of centralised government as we have come to know it in eastern bloc countries and in the Soviet Union, although there is a body of opinion in this country which today wonders at the direction of the Democratic Labour Party on this very matter of centralised government, but I am rather speaking of centralised government as we came to know it in the early Seventies, and the principle of decentralisation as practised by the Barbados Labour Party prior to 1961 and subsequent to 1976. We believe, in the Barbados Labour Party, that particularly in the area of the social services, the social sectors of our economy services — I am not talking here now about schemes — people often mistakenly refer to the National Health Service as a National Health Scheme, but the Barbados Labour Party means it to be a service to the people of this country, and the Barbados Labour Party has always espoused the view that in the social services, in particular, the services must be taken into the community where the people are, rather than an overly centralised service to which people are expected to come — that is the basic premise of what I am about to say.

The Barbados Labour Party, prior to 1961, established the first network of health clinics in this country. The Democratic Labour Party, between 1961 and 1971 — in 1969 in particular — abolished Local Government as we used to know it and sought to centralise all services of Government. I never tire of saying in this House that

there are some services which cannot bear that kind of centralisation. The social services had to be decentralised back into the communities where they would be available to people, and that is what the Barbados Labour Party has pursued in its style of government and in its administration in health, in education, in housing and in transport. In any particular in which services should touch people, we have sought to put them in communities.

The Democratic Labour Party laughed at us when we talked about subtowns. I live today to hear the honourable Member for St. Michael South Central (Dr. R. C. Haynes) contradict himself. He has stood up in this Honourable Chamber on divers occasions, sometimes in Estimates Debates and in other debates, and I have heard him decry our policy in respect of the polyclinics. He stood up there on the other side and he said that the polyclinics were a waste of money. He has said that they would have taken unnecessary and great expense, and I have lived today to hear him say now that the system, the network of polyclinics that we have put down, has the possibility to be the saviour of the health service in this country. I live to hear him say today that they would actually save the taxpayers of this country money. 3.05 p.m.

No sooner he had said that, than he sought to heap abuse and curses upon my head. I was the one, and I am not too modest to say that, I was the one who designed, articulated and built the network of polyclinics.

It was always intended, Mr. Chairman, that the polyclinics had to be an integral part of the National Health Service of this country. It had to be moved away from a system where people in this country were expected, no matter how trivial their illness, to trek to the Queen Elizabeth Hospital in Bridgetown for medical care. The health clinics — as we left them in 1961, we found them in 1976. We started with the Maurice Byer Polyclinic and we followed with Black Rock. Now we have the clinic at Oistins, which is part of the urban renewal in Oistin Town, so that Oistins is no longer a village but a full-fledged town today. The same can be said for Speightstown. The revitalization of those two towns occurred between 1976 and the present date, all under the administration of the Barbados Labour Party, pursuing a basic policy of decentralization of services to the community.

Mr. Chairman, the polyclinics will have what I believe may be described as sub or satellite clinics, in due course. What we propose to offer Barbadians, children, the working community and the entire community in this country, is described, in modern parlance, as a holistic service. At the polyclinics we offer public health. We have the public health nurses, we have the public health doctors, and we have the public health inspectors all giving an integrated service out of the polyclinics. In

each polyclinic we have designed in a dispensary and dental care, and at Ladymeade and Oistins, X-ray units. Maternal and child health, which were the services which began the public health clinics in the first place, continue to play a very important and major role in the polyclinics. There are highly specialized clinics for the chronic diseases such as diabetes, cancer and hypertension. There are the special clinics to do with sexually transmitted diseases, to do with family planning and divers other services. Holistic service is what we want to offer.

It was always intended, Mr. Chairman, that in the National Health Service, some of the doctors would work out of the polyclinics and some would work out of their own premises. We had a care to think, when we were planning the National Health Service, that there would be young doctors coming fresh out of university who would have no premises of their own and who would need proper surgeries from which to work. We had a care to think that there would be doctors who were beginning to approach the age of retirement and thinking of shedding some of their load and some of their overhead of running a private practice. So it was always the intention that some of the National Health Service doctors would work out of the polyclinics, with all of the support services around them — and the choice was always going to be that of the doctors themselves — and some would work out of their own premises with easy and available access to the multiplicity of services which the polyclinics were designed to offer.

Mr. Chairman, all ages have always attended the public health clinics and the polyclinics, children, working people and retired people. It was always intended that the District Medical Officer Service would be terminated and overtaken by the National Health Service, and what we have seen in very recent weeks and months is that this has come into actuality, that is, the plan has come to fruition. The District Medical Officers always knew, from the very beginning of the Barbados Labour Party Administration, that, in due course, their services would come to an end, without prejudice; they would have been consulted and they would have been invited and would have had the very first choice and the first option of entering into the National Health Service, in the polyclinics, in particular. If they chose otherwise, we would have accommodated them otherwise, so none of this is new.

I hear honourable Members on the other side, from St. Michael West (Mr. B. M. Taitt) and St. Michael South Central (Dr. R. C. Haynes) talking about a health service as described in a manifesto. The honourable Member for St. George South (Hon. L. R. Tull), once said in here that you cannot land an airplane on an idea. He was talking about the Grantley Adams International Airport. You cannot offer health services to people out of any booklet,

Mr. Chairman, and, after 15 years, to come to tell you that they were then going to expand the health clinics into what they describe as multi-purpose clinics is neither here nor there with me. In less than 10 years, we have put a magnificent, modern network of polyclinics on the ground in this country, and, in the end, Mr. Chairman, the attendance pattern at the polyclinics will tell everybody on both sides of this Honourable Chamber about the success, or otherwise, of the polyclinics. Even now, Mr. Chairman, the attendance numbers at the polyclinics are rising on a weekly basis, and there is nothing that is going to stop it, because they are offering a highly improved, modern service.

The Democratic Labour Party found it very easy to talk about health services which they were going to deliver, in a booklet. But the first question that an electorate would have asked themselves in 1976 is where they were going to deliver the services from? Not the antiquated and out-of-date health clinics that we found in 1976, the same health clinics that we left in 1961? Not one cent was spent to upgrade them. Not one cent was spent to expand them. And that the honourable Member should look me in the face and ask me what it was that was built at Warrens? Everybody in this country knew that for years they were building a crematorium at Warrens — and we are yet to see the crematorium. When I was in the Ministry of Health and went to Warrens, I saw nothing but grass and cow itch on the ground. That is what I saw. They did nothing, absolutely nothing, and that has been the difficulty with the Democratic Labour Party since 1976. It has been very difficult for them to defend their record in health, because, perhaps, it is the most sorry record of all sectors that they left behind.

The services, Mr. Chairman, which the network of polyclinics are making available to the public of Barbados in their communities today are much improved services. We are now finding ourselves in a situation where the polyclinics are offering far longer hours than the old health clinics used to, far longer hours than the District Medical Officers ever offered to their patients — 12 hours, 5 days a week, and a half day on Saturday. I have no doubt that I will live to see when we will have a seven day, day and night service offered in this country. I have no doubt that I am going to live to see that. They are offering more doctors, more nurses, there are other health and allied health personnel and professionals, and that is what the Resolution is about, to put more people to man expanded services in the polyclinics and a greater variety of services as well.

3.15 p.m.

Honourable Members on the other side have really only raised, in my view, one point that can properly amount to a criticism. They have said that the people of this country are not yet fully aware of what the polyclinics have to offer. I hope that when the Ministry

of Information gets its information programme going on the Government Information Service, on a programme that I know is anathema to the Democratic Labour Party, a programme called *Civic File*, we are not going to hear honourable Members from the other side crying out against it, because I will agree that that is one thing that the Ministry of Health and the Ministry of Information must now embark upon in a serious way, informing and educating the public as to the myriad services which are now available to them in the polyclinics, as to the hours of the polyclinics, as to the importance and, this is perhaps the most important thing of all, the importance of people feeling comfortable in going to the polyclinics: I see all sorts and conditions of people going to the polyclinics: working class people, middle class people, upper class people, working people, non-working people, children, school children, infants, old age pensioners, all sorts and conditions of people, and this is how it was meant to be.

The only particular in which this Government can be said to have departed from its original blue-print for a National Health Service is, as we heard the Honourable Prime Minister state today, that now we are contemplating that even specialist services will be made available and that people will have access to such services in the polyclinics. And that is not a criticism; that is a plus, Sir, not a minus. It has to be for the betterment and well-being of people of this country that specialist services and consultants should now be open and available to them in the polyclinics of this country.

Do not let us fool ourselves, Mr. Chairman. There are very few countries, both in the developing and developed world, which have the quality and the spread of health service that we have in Barbados today. I have heard the British Minister say to me of their health service on more than one occasion that if they had to formulate their National Health Service again, they would design it and begin it and phase it in in the way that we are doing it in Barbados. In North America, where people can wait not days but weeks in an outpatients clinic and in a casualty department of a hospital, they keep telling us that we have a service superior to what they have in North America. In the Caribbean, Mr. Chairman, there is no health service that compares to ours. There are people now in developing countries, both inside the Caribbean and outside of the Caribbean, who, to my certain knowledge, are looking at the National Health Service that Barbados has designed with a view to implementing a similar service in their country. So do not let us stand up in here and cry it down for political advantage. There is no advantage in it.

There cannot be any partisanship when it comes to the health of the people of this country. That is why I have always felt that it behoves not only Members of this House on both sides, and particularly the Members who are also members of the medical profession as a whole in

this country — and when I say the medical profession I do not only mean the doctors, but the nurses and other allied professionals as well — to do everything in their power to assist the Government in bringing the National Health Service of Barbados to fruition.

It gives me the greatest possible pleasure to add my support to this Resolution.

Mr. L. A. WEEKES (St. Michael North West): Mr. Chairman, I did not intend to join the debate, but I somehow get the impression that the other side thinks there is some politics in this kind of Resolution. I thought it was all gone, because my impression was that the optimism, if there was any at all, in the general public had gone down to reasonably normal levels.

I think the honourable Member who just sat down would quite readily remember — and it always happens to be my luck, whether fortunately or unfortunately, to be in this position — that my temporary services, which I offered then to assist the health services in this country due to the fact that we were not able to produce any large number of pharmacists to serve the intended service, were terminated in 1977 under the then Minister. To say that the then Government did nothing in respect of trying to upgrade and improve the services is certainly not true, because I, for one, was very much instrumental in setting up the drug aspect of that service, and I am sure she will remember when she toured the place that there were a number of services in place. To say that only today people from all walks of life now attend the polyclinics, I can assure you that I have served managers who work in Bridgetown at the Warrens clinic attending what we had then, a cardiac clinic. That is what was going on. The only trouble was that we lost the election and clearly the services were left in your hands, and naturally you did not know what to do with the polyclinics.

I will go further and say that the Black Rock Polyclinic was also on stream under Dr. Caddle. He had already made plans for that, so what you inherited ought not to take you ten years to come back and agree with us on. You had everything in place, that within a year or two you could have settled it, and I am sure that by now you would have had a real health service as you really wanted it. But, naturally, politics of the day seemed to have clouded the real true position with these clinics. I am speaking purely in terms of what I would like to see as an efficient service.

I have no reason to believe that the old DMOs did not do a good job, but the 65-year-olds are going to be worse off under this one, and I will tell you why. They had a 24 hour service under the DMOs. In other words, an old lady could get up at one o'clock in the morning and get the services of any one of the DMOs. There

were doctors who came to me at all hours of the night and told me that they had been down alleys and could not even find the people.

(Hon. H. B. St. JOHN: What is to stop them from doing it now?)

Mr. L. A. WEEKES: I am saying that there is a 12 hour service. That is what you said, that there is going to be a 12 hour service.

Hon. H. B. St. JOHN: I am sorry to interrupt the honourable Member. On a point of elucidation: I read out when I stated the terms and conditions of the doctors, that there would be a travelling allowance at existing rates payable for domiciliary visits. A fee of \$30 for domiciliary visits is payable for visits made outside of normal working hours. I give the honourable Member the assurance that the contract contains a provision for the clinical medical officers to visit people at their homes when they cannot get to the polyclinics at any time and any hour, but they get paid separately when it is outside of the normal working hours.

3.25 p.m.

Mr. L. A. WEEKES: Mr. Chairman, I was not here when the Minister actually made that point, and speaking in the context that there was a 12 hour service in respect of the polyclinics, I took it to mean that those services were available as such. But under the old service, I knew that the older people had access at any hour, any time of the day, regardless of what happened. So even if we accept that that is true, we also would like to feel that the polyclinics, then, will service in such a way as we, under the Democratic Labour Party envisaged.

You said that doctors could work part-time or full-time, as the case may be, in the sense that you are not going to pay them for what they have not worked for. But at the same time, Sir, one has to recollect that the doctors whom you are employing, if they are not full time doctors, would also be involved in private practice, which, in a sense, will amount to a conflict with the hours of the day in which the doctors may be available for these clinics, which in a sense is no improvement to what they had before, because doctors used to come after 1.00 o'clock in the day time and people came on mornings and stayed until 1 o'clock. So the whole idea of even a half or part-time service, or a half paid service, may suggest to me that there is very little improvement, due to the fact that the doctor has the time to choose what time he wants to work. It is not really that I want to criticize the Government for not trying to do their best, but I certainly would like to feel in the few remarks I made, Sir, that the political considerations will be removed and that the Democratic Labour Party has always intended to give the best service in terms of

medical health. We have demonstrated it, we have provided the means whereby, and, most of all, it was at a reduced cost. And we have been saying all the time that the service you have been trying to provide had one disadvantage, and a very big disadvantage, the cost factor. But you have gone back now to the original, which, as I said, if 10 years ago you had accepted our own approach to it, you would not have this problem today and, perhaps, you would be better off in our health services.

Thank you, Mr. Chairman.

Dr. R. C. HAYNES: Just two minutes, Sir. I would not take more than two minutes.

Mr. CHAIRMAN: There is a time limit to this debate.

Dr. R. C. HAYNES: I would not throw you off.

When I concluded my last 15 minutes, I was dealing with the whole question of full-time/part-time employment. I said that I fully agreed with the principle that Government should be seeking to employ as many doctors as possible on a full time basis. I believe that the Honourable Prime Minister and Minister of Finance agrees with that. But he is mean, he is cheap, he does not want to pay the doctors a proper salary for full time work in the polyclinics.

(Hon. L. S. CRAIG: That is the whole problem. It is money, money.)

Dr. R. C. HAYNES: I make this point for this reason, Sir. It has been my observation.....

(Hon. L. S. CRAIG: All the time we were hearing it was Trotman. Now, it is money.)

Dr. R. C. HAYNES: over the years, Sir, that, perhaps, the best fillip that you can give to the future development of health services in Barbados is to have a solid corps of full time people in the Public Service in health care delivery. And if I can make a simple suggestion, the polyclinics would meet the objectives of the population better if you were able to provide high quality services that can compete effectively with those in the Queen Elizabeth Hospital.

(Hon. H. B. St. JOHN: That is what we say we are going to do.)

Dr. R. C. HAYNES: That is what you say you are going to do. But I am telling you, you have to do it. That means that if you have a Radiology Department, you have to have good equipment and you have to have a specialist radiologist on the site. That means if you have

surgical, medical, paediatric, ophthalmological, whatever consulting services, you have to have them on the spot. It means that if you have laboratory services – and the laboratory services are about the only ones at the moment which one can say are relatively comparable to those in the hospital – then you have those on the site.

There is no point talking about this and saying you have shelve operations. I am talking about functional situations, and I hope that Members on the other side would listen when someone who has so much experience in this area is talking, because if you are going to be able to deflect patients from the hospital to the polyclinics, then the patients themselves must be psychologically attuned and accept the idea that when they go to the polyclinics, the same quality of service is available to them. That is why I have been urging all along that you set up these infrastructural services within the polyclinics and ensure that you have top quality staff in the polyclinics, and at all times have a central corps of full time people, as far as possible, within those services.

I will tell you why. I recall the experience at Gall Hill Clinic not so many years ago, when the university staff at the Hospital started doing a voluntary surgical consulting service at Gall Hill. Now Members on the other side may be a little upset to hear that it was the Dean of the Medical Faculty who did this as a voluntary service, none other than the most distinguished Professor E. R. Walrond. But what it did for St. John was that most of the people requiring surgical consultations did not go to the hospital, they went to see him at the clinic in St. John.

The point I am making – and you just would not listen, you are so hard headed – is that if you really want to do the thing properly, there are two things you need: a large corps of full-time general practitioners and consultants, and, secondly, you need to get a total service of comparable quality with that existing at the Q.E.H.

With those few words, I will sit down. But all I am doing is that I am trying to give you advice as to how the system can work, because, as you know, I have always advocated on the floor of this House that the best way to go is down the polyclinic line, rather than try to set up that kind of service you were thinking of in doctors' offices. That is my position.

Hon. H. B. St. JOHN: Mr. Chairman.....

Mr. CHAIRMAN: The Prime Minister will wind up the debate?

Hon. H. B. St. JOHN: Yes, Sir. I am going to wind up.

It is very interesting that fate has given us this opportunity to demonstrate once again the superiority of the provisions for health delivery that the Barbados Labour Party has over the ones that the Democratic Labour Party has, and it is quite easy to demonstrate. The honourable Member, the spokesman for Health now — I believe that that is what the honourable Member for St. Michael North West is — as well as the honourable Member for St. Michael West, read out from the manifesto. Well, I heard it from the manifesto. First, the manifesto of the Democratic Labour Party contained the range of services that they intended to have. It did not contain ophthalmological services. It did not contain specialist services, paediatricians, radiologists and others. It said, specifically, the normal public health — venereal diseases, public health services, family planning, as well as general medical practitioner services.

Secondly, it did not deal with the question of referrals from the general medical services, and the integration of that with specialist services. That is a gap, a wide gap, because the acid test of equality of the service is whether the people who go to the polyclinics can get access to the best in Barbados without having to pull their pocket. You intended that they either went through the Casualty or they went into the private office of the Specialist and pull their pocket. That is not our intention. So that is a fundamental difference.

3.35 p.m.

We always envisaged that there would be a type of doctor who would come out of medical school today and would decide that he wanted to practise in a clinic organised to deal with all aspects of community medical services. As a matter of fact, when we were drawing our manifesto, we were well aware of the fact that that development in medical education was taking place. Emphasis was increasingly being placed on training medical practitioners to deliver health care in a community situation rather than in a highly specialized North American situation, including the most conservative of all medical education institutions, the University of the West Indies. That had seen the light. That is a fact. One of my best friends who taught me a lot when we were together learning about the delivery of services in the Southern District Council, was Professor Ken Standard. He was the Medical Officer of Health in the Southern District when I was the legal adviser. He is now Sir Kenneth, very deserving of Sir Kenneth, and he was the pioneer of the view point that you should train doctors to deliver not only public health medical services, like VD and TB and all of that, but also you should deliver the clinical medical services.

Now what would we have done with our scheme of things with all of the investment in the polyclinics? So it was always envisaged that it would be a core of practitioners who would prefer to work in those circumstances. The Government, very reasonably, tried

to have dialogue with BAMP, because we did not want to break up the existing health delivery system via the practitioners office; we wanted to combine that at the general practice level with the new group that was coming up. That is what we wanted to do. But they took up an attitude of hostility to us, and having taken up an attitude of hostility to us, they thought they had forced us to the position where we would not be able to deliver that which we promised.

Well, I want to know now who is delivering what? Because the way things are going, it seems to me that, the more we negotiate, the more they may come to realize that they are negotiating to perform work which is no longer needed. They may well come to that conclusion. Let them go ahead!

The Government is still very interested in getting into the whole gamut of delivery, the whole totality of delivery, an arrangement with those doctors who have their existing offices and who wish to participate, and who, for some reason or other, do not want to work at the polyclinics. The offer is still open, but, remember, the ball is in our court now. They cannot get more money than these boys, they cannot get more. That is the position.

I think a few figures may be useful. The total number of people seen at the GP clinics in week 1 was 1 012. In week 7, it was 2 629, as follows: Maurice Byer, 283; Ladymeade, 863; Randall Phillips, 442; Black Rock, 387; Six Roads, 144; Warrens, 257; Glebe, 90; Gall Hill, 163. I want to make it positively clear. There is nothing that the old District Medical Officer provided for the old people, the indigent, or for anybody at all, that is not being provided under this service, except that it is being provided in better conditions.

Secondly, I want to make it abundantly clear that while the emphasis is on the over 65 and up to age 5, the reality of the situation is that, so diverse have been the services, the whole population is making use of them. In fact, 48% of the attendances have been in the age group of 20 to 65, and the over 65 and under 6 account for 30%. So what are you telling me? All I am saying is this, it is the doctors who have missed out on the opportunity. They have missed out, not us. You are going to blame us for trying to devise a system to bring them in so as not to leave them out. Well, stay out. I hope when you stay out, you will have enough work.

Dr. R. C. HAYNES: On a point of order, Sir: We are not blaming the honourable Member for bringing in any system. We are now bringing to his attention that he is bringing in the system which we advocated since 1976.

Mr. CHAIRMAN: No point of order.

Hon. H. B. St. JOHN: That is easy to answer.

Now, Sir, the specialists! The honourable Member cannot have his cake and eat it. I believe it was I who first talked about a full time medical officer, a specialist, at the hospital. The honourable Member agreed with me from the very beginning, but he said then that they must not be paid more than a Permanent Secretary. He said they should be paid the same as the Permanent Secretary. Well, I will tell you this, if they are working in the Government Service, they cannot be paid more than that.

Dr. R. C. HAYNES: On a point of order, Sir. The honourable Member is deliberately misquoting what I said. I said that I agreed with the concept of full-time service. We are in agreement with that. But what I am saying is, you cannot base their salaries on normal Government scales. And I recall that I not only said that in relation to doctors, but I also took the opportunity to deal with the Legal Officers in the Attorney General's Department, where if you have a top class man whom you need in the Attorney General's Office, you have to pay a proper salary, which may well be in excess of what a Permanent Secretary might be paid.

Hon. H. B. St. JOHN: The honourable Member specifically said then that in his opinion, a young specialist would expect after 14 years to get a Permanent Secretary's salary, at least. I remember the words by heart. I will tell you, nobody is going to work, specialists or no specialists, in Barbados and get a salary that will distort the salary scales in this country. The choice is theirs.

We are willing to pay the specialists to take into account the years they have to study, the years of experience they have, and all of those things.

Asides.

Hon. H. B. St. JOHN: I am not going to tell the honourable Member. He must go and find out from BAMP if the specialists held back. I am not sure if they did, because I am not sure who is negotiating for whom now, and that is one of the problems. We do not know who is negotiating for whom now. The Director of Medical Services is the benchmark. He gets around the same as a European judge. I think it is something like that. We can weave around that and take into account experience and everything. But we want our 40 hours a week. And we are giving them the option of some other allowances, because if they want to work 200 hours a week, it is their business, it has nothing to do with me. But when they are working for us, they have to work properly, and people who go to them from the polyclinics, or I hope in the future.....

Asides.

Hon. H. B. St. JOHN: By the time we finish, we may need about 5 or 6 more general practitioners in the out areas, so to speak, not covered by the polyclinics.

Asides.

Hon. H. B. St. JOHN: Yes, 5 or 6 more. We have already decided that we are going to expand these services by the.....

Dr. R. C. HAYNES: On a point of elucidation: I wonder if honourable Members realize that the Prime Minister just said that the G.P. Service could probably be limited to 5 or 6 GPs.

Hon. H. B. St. JOHN: Where did you get that from? I said 5 or 6 more to help us carry on this. The position is — do not let us fool ourselves — that we have doctors out there who are asking to join this service. I will put this to you too, more and more of the graduates coming out of the University of the West Indies will have a choice of saying, 'I want to come into this service or I want to open my own practice.'

3.45 p.m.

There is still one polyclinic to come into operation, the one called the Edgar Cochrane Clinic, at Wildey. We are letting the university use that as a teaching unit, because the more the university teaches doctors that the best way to deliver medical services in the future is through the polyclinics, the more recruits we will get in the future. So let them go on digging their own graves.

The other point I want to make is this. I think that the honourable Member should not only mention the fact that university specialists are interested in providing work outside the university. I agree with that, but I dispute that they are interested in doing it without pay. There is no honorary work in having to be paid \$800 a month for doing work for the general public of Barbados. There is nothing honorary about that. The university lecturers and professors have to be paid by the Government of Barbados \$800 a month, so do not come telling me anything about it being honorary. That is a good piece of change.

(*Aside:* Dr. R. C. HAYNES: \$200 a week.)

Hon. H. B. St. JOHN: Two hundred dollars a week. The honorary consultants and the honorary lecturers, the full-time consultants of the Barbados Government or part-time, who have to lecture for the university only get \$200 a month, and that is part of the jealousy that is going along. We used to get the honourable Member's services when he used to lecture. They get the Government specialists, they only pay them \$200, but

when they are doing services for the public of Barbados, they want \$800. That is one of the anomalies that we have to straighten out. So we have a row among the specialists. That is what we have to deal with. We have a big row among the specialists, so do not come telling me about any honorary; \$800 a month is not honorary. If it is ten hours a week, and that is the maximum, that is \$80, if it is 10 hours a month or whatever it is.

The position is this. We want everybody to have access to this and we are working on it. I repeat, good progress is being made and we will continue still to offer this to any medical practitioner who wants to join up with the scheme, and we can reach agreement. We will deal with it, but it cannot hold us up now, we know how to sail now. The wind is in the sails; they are full and we know how to sail.

We also have specialists who are willing to provide their services in the polyclinics. I do not think the honourable Member has been into a polyclinic recently, none of the new ones, because he will be able to see they have X-ray machines and various things. I have not been in touch recently, but I believe part of the new education and the new type of community medicine education you are getting encourages doctors to be able to use diagnostic aids nowadays a little bit more than in the past. It tends to cut down on the specialisation. We have had people apply for jobs with us with M.R.C.P.s, young doctors, General Practitioners especially. We have some more of them, so do not decry it.

I believe the politics have run out of this now, Sir. They cannot make any capital out of this any more, this is over. All we are looking forward to is more people being served, and we have to bring in the hospital now. We have to look and see now if a person goes to a polyclinic and needs an operation, and it is an operation that cannot be performed at the polyclinic, to send them into the hospital. We want to integrate that, we want to integrate ophthalmology and a few other things, and we are working on it.

It is unfortunate that we had to mention the name of a particular doctor. It is a fact that there was a doctor who was working in the health services, to whom the Medical Council only gave a provisional registration. That provisional registration has expired. Of course, you cannot work as a doctor if you are not a doctor, so therefore he is not working, so it is not a question of firing. An essential precondition of being a Clinical Medical Officer is that you are registered, and if you are not registered, because your registration has expired, then you are not a Clinical Medical Officer. But a doctor who is a doctor in his country of origin, has offered to take an examination set by those people, and what we will see is that an examination is set, so you cannot fool us that way. No longer are we going to allow any narrow group

of professionals to dictate the quality of this aspect. They can be part of the examination, and we will have a referee too. In case the man feels that he did not get a fair break, we will bring in referees. We know how to do that now.

All over the world medical practitioners do not have a monopoly on anything. They cannot have a monopoly on medical ethics, they cannot have a monopoly on examinations and they are not to have a monopoly on medical education. Too important! They are entitled to have their views well represented, they are entitled to be total participants in the examining and all of that, but you have to have an appeal court. That is known now. Not only with doctors, lawyers too, accountants too, insurance agents too, all professions have lost their monopoly and that is for the good of everybody. Policemen and all; no longer will you get the policemen disciplined by policemen, because the question arises of who is policing the policeman. Human experience has indicated that clearly.

I can still call the doctor a doctor because he cannot be prosecuted for using the term "doctor", but he is a doctor in a state in India. You cannot stop him for that, but he could be prosecuted if he purported to act as a registered medical practitioner in Barbados. You get that worked out, so do not let us fool ourselves.

I remember the time when the most qualified doctor from California came to Barbados. He could not be registered. Everybody remembers those days, because you either had to have the British registration, or one approved by Britain or New York State, so do not worry about that. Dacca is a good medical school, I hear. If Dr. Caddle was in here, he would tell us that; he knows them by heart.

That is the position, Sir. I think that this Resolution commends itself to all of us. I only look forward now to reporting regularly on the increase not only in numbers, but in variety and in quality.

The question that Head 36 stand part was put and resolved in the affirmative without division.

On the motion of Hon. H. B. St. JOHN, seconded by Hon. D. A. C. SIMMONS, Mr. CHAIRMAN reported the passing of one money Resolution and Mr. SPEAKER resumed the Chair and reported accordingly.
3.55 p.m.

On separate motions of Hon. L. S. CRAIG, each seconded by Hon. L. B. BRATHWAITE, the Resolution was read a first and second time and was agreed to.

ADJOURNMENT

Hon. L. S. CRAIG: Sir, that brings us to the end of Government Business for today, and I would like to thank Members on both sides, the Clerks of the House and the Press for attending this meeting, although it has been constitutionally called.

I beg to move that the House do now stand adjourned until November 5, 1985 at 12 o'clock noon.

I can assure you, Sir, that there is no plot on this side. It is only planning.

Dr. R. C. HAYNES: Mr. Speaker, on the adjournment - I hope that after November 5, the House would meet with greater frequency.

Hon. L. S. CRAIG: In response to that, that is within the province of the Leader of the House. I would even go further; I think that if the honourable Member for St. Michael South Central would have paid more attention to CPA, he would recognize the fact that this is the busiest House in the entire Caribbean and, probably, in South America, for that matter, and we, as Barbadians, should be justly proud of it.

The question that the House now stand adjourned until Tuesday, November 5, 1985 at 12 o'clock noon, was put and resolved in the affirmative without division and Mr. SPEAKER adjourned the House accordingly. 4.00 p.m.

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