

THE

House of Assembly Debates

(OFFICIAL REPORT)

FIRST SESSION 1986 - 91

HOUSE OF ASSEMBLY

Tuesday, April 18.1989.

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

PRESENT

His Honour L. A. WEEKES, J.P., (Speaker);
His Honour J. J. PAYNE, (Deputy Speaker);
Rt. Hon. L. E. SANDIFORD, B.A., M.A., (Econ.), J.P., (Prime Minister and Minister of Finance and Economic Affairs);

Hon. H. deB. FORDE, Q.C., M.A., LL.B.;

Hon. B. M. TAITT, B.A., (Hons.), M.P.A., LL.B. (Hons.), (Minister of Health);

Hon. P. M. GREAVES, Q.C., B.A., (Deputy Prime Minister and Minister of International Transport, Telecommunications and Immigration and Leader of the House);

Hon. E. E. GREAVES, B.A., Ed.M., (Minister of Trade, Industry and Commerce);

Dr. R. C. HAYNES, M.B., Ch.B., F.R.C.P., (Edin.), (Leader of the Opposition);

Hon. Dr. D. G. BLACKMAN, B.A., M.A., (Minister¹ of Transport and Works);

Hon. M. A. KING, Q.C., LL.B., (Attorney General, Minister of Legal Affairs and Minister of Foreign Affairs);

Hon. W. O. FRANKLIN, A.I.C., M.I.A.S., J.P., (Minister of Agriculture, Food and Fisheries);

Hon. N. K. SIMMONS, (Minister of Employment, Labour Relations and Community Development);

Hon. H. A. BLACKMAN, B.Sc., (Econ.), (Minister of Housing and Lands);

D. A. C. SIMMONS, Esq., Q.C., LL.M.;

O. S. ARTHUR, Esq., M.Sc., (Econ.);

Mrs. M. BARKER-WELCH, (Parliamentary Secretary, Ministry of Education and Culture);

Hon. C. V. WALKER, (Minister of Education and Culture);

L. L. BRATHWAITE, Esq., J.P., (Chairman of Committees);

E. BOURNE, Esq.;

Dr. E. A. SIMMONS, M.D.;

Hon. W. W. HALL, G.C.M., H.B.M., (Minister of Tourism and Sports);

C. A. NEBLETT, Esq., B.A., (Parliamentary Secretary, Ministry of the Civil Service);

C. L. TROTMAN, Esq., M.A.

R. L. MORRIS, Esq., B.A., Cert. Ed. R.

P. BYER, Esq., LL.B., L.E.C.

D. J. H. THOMPSON, Esq., LL.B.

Prayers were led by Rev. Fr. Ivan Harewood.

MINUTES

Mr. SPEAKER: The Minutes of the meeting of Tuesday, April 11, 1989.

Hon. P. M. GREAVES: Mr. Speaker, I move that the Minutes of the proceedings of this Honourable Chamber of the Meeting which was held on Tuesday, April 11, 1989 be taken as read and confirmed, Sir.

Hon. M. A. KING: I beg to second that, Sir.

Mr. SPEAKER: If there are no observations or corrections, let these Minutes stand confirmed.

ANNOUNCEMENTS BY HIS HONOUR

Mr. SPEAKER: I am to announce that I am in receipt of the Accounts and Statements for the month of February, 1989 as prepared by the Accountant-General.

MESSAGES FROM HIS EXCELLENCY
THE GOVERNOR-GENERAL

MESSAGE NO. 3/1989

HIS EXCELLENCY THE GOVERNOR-GENERAL
TO THE HONOURABLE THE
HOUSE OF ASSEMBLY

His Excellency the Governor-General has the honour to inform The Honourable The House of Assembly that he will be absent from the country during the periods 15th to 30th April, 1989 and 5th to 12th May, 1989 on private visits to the United Kingdom and to Jamaica, respectively.

Under the provisions of section 29(1) (b) of the Constitution, the Chief Justice, The Honourable Sir Denys Williams, GCM will perform the functions of the office of Governor-General during the periods of His Excellency's absence.

PAPERS

Rt. Hon. L. E. SANDIFORD: Mr. Speaker, I am commanded to lay:

The Economic Report, 1988.1 am also commanded to lay:

The Annual Report of the Central Bank of Barbados for the year 1988.

FIRST READINGS OF BILLS

Hon. P. M. GREAVES: Mr. Speaker, I move, Sir, that the Bill to grant the sum of money out of the Consolidated Fund and to appropriate the same for the purposes of this Island for the Financial Year ending 31st March, 1989 be read a first time.

Hon. B. M. TAITT: I beg to second that, Sir.

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

Hon. P. M. GREAVES: I move, Mr. Speaker, that a Bill to amend the Mental Health Act, Cap. 45, be read a first time.

Hon. B. M. TAITT: I beg to second that, Sir.

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

ORAL REPLIES TO QUESTIONS

Mr. SPEAKER: The Honourable Minister of Transport and Works.

Hon. Dr. D. G. BLACKMAN: Mr. Speaker, I beg to give notice that the Reply to Question No. 88 is ready.

ORDERS OF THE DAY

Mr. SPEAKER: Government Business is the instant Order of the Day.

SUSPENSION OF STANDING ORDERS

Hon. P. M. GREAVES: Mr. Speaker, I am moving that the following Standing Orders Nos. 6, 16, 18, 20 42(5), 43 and 44 be suspended for the remainder of the day's ** sitting.

Hon. B. M. TAITT: I beg to second that, Sir.

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

Mr. SPEAKER: Order No. 1.

Order No. 1 was called - To move the Second Reading of a Bill to grant the sum of money out of the Consolidated Fund and to appropriate the same for the service of this Island for the Financial Year ending 31st March, 1989.

Rt. Hon. L. E. SANDIFORD: Mr. Speaker, the Financial Year to which this particular measure applies commenced on the 1st April, 1988 and ended on the 31st March, 1989.

The original Appropriation Bill was approved in this Honourable Chamber on the 18th March, 1988 and it was for a sum of \$568 015 105 making provision for the goods and services relating to our country. During that Financial Year, it became necessary to supplement the Estimates, to supplement that original grant by the sum of \$161 290 084 and that is set out in the Schedule to this particular Appropriation Bill.

Those particular supplementary provisions have been ** the subject of due process through this Honourable Chamber and I do not propose to go into the details of them, because, as I have said, Sir, they have already been duly dealt with in this Honourable Chamber.

The Financial Administration and Audit Act, at Section 109, subsection 5 states, among other things that the Minister responsible for Finance may, at any time, before the end of the Financial Year introduce into the House of Assembly a supplementary Appropriation Bill ** containing under appropriate Heads, the aggregate sums so

voted and shall, as soon as possible after the end of each Financial Year, introduce into the House of Assembly a Final Appropriation Bill containing such sums which have not yet been included in any Appropriation Bill. 12.30p.m.

Sir, I am seeking to follow this particular provision as closely as possible and I believe that this is perhaps the earliest time in which the Final Appropriation Bill has been introduced in this Honourable Chamber. My researchers indicate that for the year 1983-84 the Final Appropriation Bill was passed in this Honourable Chamber on September 7th, for 1984-85 on October 18, 1985, for 1985-86 on December 16th, 1986, and for 1986-87 on July 27, 1987, and for 1987-88 on July 5th.

I will be seeking to bring this Final Appropriation Bill even earlier and perhaps do away with the practice of bringing it after the end of the financial year so that all of these matters relating to a financial year might very well be done during that financial year. I have that under contemplation. I have not taken any final decision on it, but I have it under contemplation. The Standing Orders make provision for that particular step and I just indicate that that is one possibility. That is certainly one possibility. It is not customary, Sir, to have a debate on the Final Appropriation Bill. It is not in accordance

Asides.

Rt. Hon. L. E. SANDIFORD: We are not having one now. It is not in accordance with - it would certainly be unhistoric and certainly not in accordance with the normal trend in relation to these debates and I, therefore, beg to move that this Bill be now read a second time.

Hon. B. M. TAITT: I beg to second that, Sir, and reserve my right to speak.

Dr. R. C. HAYNES: Mr. Speaker, really the Final Appropriation Bill is a constitutional requirement and to the best of my knowledge it has never been the subject of any form of debate in this Honourable House except on one occasion when there may have been an omission and it came to the House late.

The truth of the matter is, Sir, that the Final Appropriation Bill really represents the Supplementaries that have been passed since the Appropriation Bill has passed -and what it does is that it takes all the Supplementaries that have been passed during the year and puts them in one. The Final Appropriation Bill, in point of fact, all it does is that it puts in a Schedule attached to this the Supplementary Resolutions that have been passed during the year. We have an Appropriation Bill at the beginning of the year which is discussed at the time of the Estimates and, if there are Supplementaries during the year, they are all put together and it is called the Final

Appropriation Bill. It is purely a tidying up process 'and a constitutional requirement which the Constitution places on the Minister of Finance to bring before the House. In fact, everything in this would have been debated already. So I really do not intend to be drawn into a situation where you are discussing a Final Appropriation Bill.

Thank you.

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

On the motion of Hon. P. M. GREAVES, seconded by Hon. B. M. TAITT, Mr. SPEAKER left the Chair and the House went into Committee on the Bill, Mr. L. L. BRATHWAITE in the Chair.

COMMITTEE

Mr. CHAIRMAN: The House is in Committee.

Clauses 1-4 inclusive were called and passed.

The Schedule was called and passed.

On the motion of Rt. Hon. L. E. SANDIFORD, seconded by Hon. B. M. TAITT, Mr. CHAIRMAN reported the passing of one Bill in Committee, and Mr. SPEAKER resumed the Chair and reported accordingly.

On separate motions of Rt. Hon. L. E. SANDIFORD, seconded by Hon. P. M. GREAVES, the Bill was read a third time and passed. 12.40 p.m.

Mr. SPEAKER: Order No. 2. THE MENTAL

HEALTH (AMENDMENT) BILL, 1989

Hon. B. M. TAITT: Mr. Speaker, Sir, on the face of it, the matter before the House is a simple Bill requiring an amendment to the Mental Health Act, Cap. 45 of the Laws of Barbados. However, Sir, before proceeding specifically to the few amendments which we are seeking, I propose to review for the benefit of Honourable Members Cap. 45 of the Laws of Barbados, because, although this matter was promulgated only last month, the fact is that it has been on the Statute Book since 1980 and therefore it is not a matter which Honourable Members would have dealt with relatively recently.

As a matter of fact, Mr. Speaker, the last time I dealt with this matter was at a meeting of the Other Place on the 10th June, 1976. On the 10th June, 1976 the matter was introduced in the Other Place as the Mental Health Bill, 1976, and during that time a full, and I would say comprehensive, debate took place and arising out of some very sound points made by the then Senator H. B. St. John,

who raised some legal questions concerning an aspect of the Bill, the Government of the day - at the time I had the honour to be part of that Government - determined that we would take the points that had been made by that Senator and other Honourable Senators, and the then leader of the Senate, Senator the Honourable G. C. R. Moe, ended by saying, and I quote from page 1138 of Senate Debates:

"I must admit that Senator St. John also made some pertinent points in relation to the machinery established under this legislation and a very sound point in relation to the definition of medical officer in charge, and as already intimated these are points that I will give careful consideration and see to what extent the legislation may be improved if it is so desired. I have listened carefully to all that Senators have been saying and feel that further consideration should be given to the various provisions contained in the Bill, and I think that even at this stage before it passes this Chamber I could give further consideration to the points on the machinery and definition made by Senator St. John."

The Honourable gentleman that went on to move that further consideration of the Bill be postponed, and that progress be reported.

That was June 1976 and the point that was being made has to do with a matter which was resolved subsequently in Cap. 45. It was the question of what level of police officer would be given the authority to take certain action under the Act, and the question raised and settled was that it should not be below the level of Sergeant in the Police Force.

Now, Sir, I think in order to put all of this in perspective it is necessary therefore to review Cap. 45, because between 1976 when we demitted office and 1980 something happened which I cannot account for, and the Bill did not in fact come back to the House, and so in 1980 a Bill was introduced and passed in both Houses of Parliament.

It is very interesting, Sir, that in 1977 a then member of the National Assistance Board wrote to the Minister of Labour, Welfare, Youth Affairs and Sports at Marine House, and I quote in part from the letter. She said:

"As a member of the National Assistance Board I have come across a number of problem cases which I should like to draw to your attention and which unless they are given urgent consideration will be a source of embarrassment to our Government.

There are many elderly people who are nearing the end of their days and are unable to think for themselves or to keep themselves in a proper condition. Many of them have no relatives and it is regrettable to say that even some who have relatives

are neglected because the younger people are only interested in what they can get from them now or in what they hope to get from them when their older folk die."

She went on to say:

"I feel strongly that something should be done to protect those unfortunate people. I know that the Government is interested in them and for this reason I am asking that steps be taken urgently to pass the necessary legislation to enable the Government and the Welfare Department to have such persons compulsorily removed to clean homes with better health conditions."

Then she went on to ask for early passage of the outstanding Mental Health Bill. That was July 1977.

Sir, a lot of activity went on, and in a sense not much activity, but suffice it to say that a Bill came to the House in 1980 and the Mental Health Act, 1980 was passed. It was then No. 1980-57. Provision was made for it to come into operation by proclamation. That was 1980, Sir. If you examine the Laws of Barbados, Cap. 46 was already on the Statute Books and between 1980 and last month or the month before Cap. 46 continued to be the law under which mental health was administered in Barbados. In between 1980 and the present, first there was some contention and discussion about the rules. Under the Mental Health Act provision is made for rules to be made by the Judicial Advisory Council. There was some question about them and eventually those rules were made by the Judicial Advisory Council under the chairmanship of the then Chief Justice, Sir William Douglas. 12.50p.m.

These rules have to be approved by the Minister of Finance. The Rules were made, and the Minister of Finance, I think he was acting in his capacity as Minister responsible for the Judiciary, the then Prime Minister, Mr. Adams, signed those Rules, Sir. All of this was happening with this single Act. Then within the Act there is provision for regulations to be made by the Minister.

Section 33 (1) says that the Minister may make regulations and it sets out a number of things for which the Minister may make regulations, and somewhere in the movement of the file backward and forward and discussion of the issue, a problem apparently developed, a misunderstanding and or a mistake concerning rules and regulations, and so the Act stayed a fairly long time, a few years waiting for the regulations to be made, because it was felt that the regulations and the promulgation should occur at the same time.

When I became Minister of Health, recognising that there were certain problems which we have in the

society for which there did not seem to be any law to deal with those problems, when I asked about them, why the Mental Health Act was not promulgated, it was determined that we were having problems with the regulations and rules, that we were waiting for precedent and other examples from other Commonwealth countries including Trinidad and Tobago.

Sir, you will recall that, some time ago, there was a picture of a man on Black Rock who was naked, and there was a middle page picture with the Fire Brigade with hoses hosing down this man. Mr. Speaker, that picture remained with me because there is nothing more dehumanising than the necessity for that kind of treatment, and it seemed to me that we had to find a way, and so I took it upon myself to examine what the problem was from top to bottom and realised that it was nothing more than a simple difficulty, a simple error which had occurred, a misunderstanding of rules and regulations, the difference between rules which had in fact been made and which rules will now form part of the Act rules from as early as 1981 and the regulations. We then set about getting the Act promulgated.

The spirit of this Act, Mr. Speaker, is informed as I said by the picture of persons like the one who was on Black Rock, persons who are obviously disturbed. We are all familiar in this society with various and sundry persons who on the face of it appear to be disturbed. But under the Mental Health Act, Cap. 46, those persons could not be touched unless they were arrested by the police, taken to court and remanded to the Psychiatric Hospital.

Mr. Speaker, that in itself is another matter which can be discussed at length. As I said to my colleagues last night, I do not know why the Vagrancy Act is still on the Statute Book. I know that when I used to be involved more intimately in expressions of the law on an almost daily basis, we spent a lot of time discussing why the Vagrancy Act should not be on the Statute Books, and I recall, Sir, that for as long as I have been in public life there has been almost agreement on all sides of the political spectrum that the Vagrancy Act should not be on the Statute Books, but like Ole Man River the Vagrancy Act keeps rolling on. I am sure that the former Attorney General and the present Attorney General have views on the Vagrancy Act, but I suspect that from time to time it plays some important part. I do not know what the part is, but I believe that all Honourable Members in this House would like to see the Vagrancy Act removed, because that is the Act by which a number of things have been done in the past, certainly in the early days of life in this country, and can be done, but I do not wish to debate, and I am sure Your Honour would not allow me to debate the Vagrancy Act *per se*. There are a number of issues arising out of the Vagrancy Act, but that is the Act to which the law has had to revert in order to deal with some of the problems emanating from mental illness in the community, and so we were able to bring the Mental Health Act on stream by having it promulgated, by making

some regulations, the rules had already been made, and so the Act went into operation in March of this year.

Mr. Speaker, the general spirit and intention of the new Mental Health Act is to ease both the admission and discharge procedures of patients to and from the hospital, and by so doing to alleviate some of the problems now facing the police, the courts and the medical profession. At the same time we hope that a speedier and easier access to effective psychiatric assessment and care will mitigate the real hardship endured by many families of psychiatric patients in Barbados who refuse treatment, that is, the patients refuse treatment, and where sick and dangerous patients are involved, and our history in Barbados is replete with sick and dangerous persons functioning in the society.

I am not going to move off the plane, no matter what my friend and colleague from St. Peter suggest that I do. We feel, Sir, that for those patients who are sick but more particularly those who are dangerous, by promulgating this 'Act we might avoid some of the tragic occurrences of murder, suicide and other related incidences.

The new Act also seeks to uphold and endorse the rights of patients. This is a very important aspect of any Government activity. The Government is responsible first and foremost to uphold the rights of the individual and even or especially when the individual is unable to think for himself, the obligation of the Government is even higher.

Mr. Speaker, I will say in parenthesis as I see Honourable Members reaching for the Act that I had hoped to bring in enough copies of the Act even though it is not before the House to distribute among Members, but we were unable to do that. I wanted to bring in some copies, but I am afraid Honourable Members will have to revert to the bound copy. But I am saying, Sir, that we have to try to avoid some of the tragic occurrences which we have had in this society, and which are likely if we are not able to deal with these matters to continue. We had evidence of yet another one only yesterday. I cannot comment on that in any great detail because (a) one does not know enough about it and (b) it is a matter that is *sub judice*. We have to find ways to avoid these kinds of problems.

Since proclamation, as we anticipated, and during the implementation of the Act, there will be a period of what we might call teething problems, some soft spots will become evident, and there will be direct consultation between the Ministry, the Psychiatric Hospital which incidentally ought to form part of an amendment to have its name properly changed. In law it is still the Mental Hospital. Ever since, I think it was Miss Billie Miller who was Minister of Health, they changed the name to Psychiatric Hospital, but it was not changed in law. 1.00p.m.

The Estimates say "Psychiatric Hospital" but the legal position is "The Mental Hospital" so that is a matter which we will have to address in the not too distant future.

Indeed, it is because of a certain urgency of these amendments that the Attorney General decided not to deal with that aspect of the amendments now. I wanted to have these amendments as a matter of urgency but, in due course, there will be some additional amendments coming which will include the naming of the hospital properly because as it stands now, we all know it is the Psychiatric Hospital but, in law, it is still the Mental Hospital.

The Act itself differs from Cap. 46 in many ways. First of all, the definition clauses have been broadened. Even though they were broadened in 1980, you can see from the amendments which we have before the House that they were some of them which had not been included.

Part 2 of the Act deals with admission to a mental hospital and Section 3 is not new. It deals with the senior consultant psychiatrist of a mental hospital being able to admit a person or transfer a patient under a section 8 and subject to section 7(2) to discharge any patient. That is not new.

Section 4 - a person may be admitted to a mental hospital as a voluntary patient - that is basically the same as another section in the old Act.

Section 5 is where the voluntary patients can come and they are having basically, the same approach as obtains at the moment to voluntary patients.

Section 6 has been changed. This is a very important part of the change that we have made, I think. This used to deal with temporary treatment under the old Act. It is dealing with what we call now the medically recommended patients.

Under 6 (1) (b) which is where the change occurs *- "the senior consultant psychiatrist of a mental hospital may admit a patient to that hospital on receipt of

(a) an application signed by a parent or guardian of that patient; and

(b) a medical certificate in a form approved by the Minister signed by 2 other medical practitioners, 1 of whom may be employed at that hospital."

Aside.

Hon. B. M. TAITT: I am going through Cap. 45 because I indicated at the beginning that there are some Honourable Members who have asked me if I would be kind enough to review Cap. 45 for them, especially the non-legal members of the House would not have seen this Act at

all. The amendments that we are asking - this Act was passed in 1980 and we promulgated it last month so Honourable Members of this House have not had an opportunity to examine these matters and some of them have asked if I would go through and explain the Act without in any way attempting to suggest that they cannot read the Act for themselves.

I am saying of Section 6 (1) (b) that where the medical ~ certificate could be signed by 2 other medical practitioners, the difference here is that whereas under the old Act those 2 medical practitioners had to be persons working outside of the Psychiatric Hospital now 1 of those persons can be a person working inside the Psychiatric Hospital. That is a significant change, the import of which will be seen later.

There is another change which was made in section 7. We now call them "hospital order patients". These used to * be the old remand patients. Section 7:

(1) Where, in the opinion of a court, an accused person charged before, it is, or appears to be suffering from mental disorder, the court may order that person to be admitted to a mental hospital for a period not exceeding 8 weeks.

(2) A person admitted to a mental hospital under subsection (1) may be discharged only after the ** approval of the court that ordered his admission and the court may specify conditions as to his discharge."

Now, the next 2 subsections are important and they are new.

(3) A person who, by reason of his general appearance or by his conduct in conversation, causes a member of the Police Force who has been so notified by a mental health officer, reasonably to believe that "*" such person is suffering from mental disorder may be taken into custody without warrant by a member of the Police Force not below the rank of sergeant or by a member of the Police Force of lower rank acting under the authority of a sergeant or officer of higher rank and conveyed directly to a mental hospital."

Now, this is different. What it means is that the person must be seen by a mental health officer. A police sergeant *m* cannot look at an Honourable Member walking down the street or look at any other individual and say, well, he is acting strangely or he is talking funny and decide that he is mad and arrest him without warrant.

The individual who would be taken into custody without warrant must have been examined by a mental health officer. He must be seen in these circumstances by a mental health officer and that is the difference. This is a point at which we had stuck and now, I think, we have -* agreement.

Section 7(4) is a continuation of this -

"Where a member of the Police Force is informed by a mental health officer that a person suspected of being of unsound mind is. in any building or on any premises, whether private or not, that member of the Police Force may, if necessary, obtain a warrant and enter such building or premises and take that person into custody."

Now, Mr. Speaker, that is the taking into custody part. Obviously, you have to now provide the safeguards part because, even though we are discussing taking somebody into custody who has been observed by a mental health officer and who is deemed to be a person who can be taken into custody, we then have to have the second part of that, if you will, to complete it so section 7(5) says:-

"A member of the Police Force who takes a person into custody under subsection 3 or 4 may elect not to prefer a charge against him;..."

Now, under the Vagrancy Act when they have arrested a man, when they have taken somebody into custody, they have to charge the person. In this case, a police officer may elect not to prefer a charge -

..."but may instead convey him directly to a mental hospital..."

And this is the important part now, Sir: ..."and shall, in any case, do so within 24 hours from the time of the taking of him into custody and as soon as possible thereafter

(a) inform the relatives and next-of-kin of the person taken into custody of the fact of his having been taken into custody and the reasons therefor; and

(b) make arrangements for the relatives and next-of-kin to communicate with him."

In other words, Sir, within 24 hours of the person having been taken into the custody, the police officer "shall" not "may" not, perhaps, if he feels like. In law in Barbados "shall" is mandatory and, therefore, within 24 hours of the person having been taken into custody, the police officer shall inform the relatives and next-of-kin of the person who has been taken into custody of the fact of his having been taken into custody and the reasons therefor, and make arrangement for the relatives and next of kin to communicate with that person. 1.10p.m.

Under Section 6, there is a maximum time which such a person can be kept in the mental hospital without more:

"A person conveyed to a mental hospital may be examined and admitted to that hospital for a period not exceeding 72 hours unless on examination he is found to be in need of further treatment in which case the senior consultant psychiatrist may authorize the change of his status to that of a medically recommended patient."

In other words, if a person is taken into custody, let us say one of the groups of people or a person who has been found wandering somewhere on the street, and in the opinion of the mental health officer, that person is a person who should be taken into custody, that person can only be held for 72 hours, unless the senior psychiatrist decides that this person is sufficiently ill that he or she can be converted into a medically recommended patient, under the terms of Section 6(1) (b).

We also provide protection for the person who has been taken into custody:

Immunity is given to the extent that the law in Barbados allows immunity. Section 7(7) says:

"No liability attached to any person for any act done pursuant to this section if such act is done in good faith and on reasonable grounds."

Obviously, that will be an objective test on good faith and reasonable grounds. It would have to be an objective test. Such a person would be deemed to be a hospital order patient.

Then Section 8(1). There is no change. This is the transfer of patients from one hospital to another.

Section 9, special leave granted to patients to go out of the hospital for short periods. That obtains now. There is no change.

Section 10 deals with a patient leaving hospital without permission. What this does is:

"A patient admitted to a mental hospital under Section 6 or 7 who leaves that hospital without the permission required by this Act or the Regulations may at any time or place be apprehended without a warrant by a person authorized by the senior consultant psychiatrist of the hospital in writing in precise form, or by a member of the Police Force and returned to the hospital."

That is the requirement now. Anyone who leaves the hospital without permission, they send for them and they bring them back. But a policeman also can arrest that person once the senior consultant psychiatrist has put it in writing.

There is a new thing that has been added. This was part of the discussion in 1975 between Senator St. John,

Senator Moe and myself in the Senate at that time, the constitution of the Board. Section 11(1) says:

"There is constituted a Board to be known as the Mental Health Review Board, for the purpose of dealing with applications by and in respect of patients under this section."

In the Schedule, which I shall touch later, there is a provision for the constitution of that Board. The section which I think is important, the new part of this section is this:

"A person acting on behalf of a patient detained under section 5, 6 or 7 who believes that such detention is unreasonable may apply in writing to the Board for its review of the matter."

Now, Sir, notwithstanding all the provisions I have made reference to and all of the provisions which are made, even after all of that and some Honourable Member or some member of the public feels that a person is being held at the Psychiatric Hospital in a manner against his will obviously, a person who is acting on behalf of that person detained under the section, if that person believes that such detention, Mr. Speaker, is unreasonable, may apply in writing to the Review Board for its review of the matter:

"The Board shall, within 28 days of the receipt of the application

have the patient brought before it to be questioned."

Then, there is a long list of things which should be done. Even at that, if a person is aggrieved, under Section 11(7):

"A person who is aggrieved by a decision of the Board may appeal against such decision to the High Court."

There is provision for hospital administration. That is new, Sir.

"There must be appointed a Director for every mental hospital to be known as a Hospital Director."

They all operate under the Chief Medical Officer. The Chief Medical Officer has jurisdiction in all mental hospitals in Barbados. The Hospital Director and all the other officers, et cetera will operate under, as I said, the Chief Medical Officer.

The management of property of patients is dealt with from Section 17 all the way through to most of the rest of the Bill, up to Section 25. What we have done there is made this clearer. It is basically what obtains now. If a person is in the mental hospital and he has property obviously, as he

is non compos mentis, the management of his affairs has been very carefully spelt out in the law under this Act, Sir.

Section 25 is new:

"For the purposes of investigating matters relating to the capacity of any patient to manage and administer his property and affairs or otherwise relating to the exercise in relation, of the functions of the court under this Part, the court may appoint

a medical practitioner

an attorney-at-law of not less than 7 years standing to be a legal visitor

a visitor appointed under subsection (1) shall visit a patient in accordance with the directions of the court"

and make a report, et cetera. That is new, Sir.

The rest of the Act deals with the constitution of the Board.

There is one section which may be of interest to Honourable Members, Section 32(1):

"Any person who, being a person in charge, of a mental hospital or. an approved home or being a person otherwise employed in any such hospital or home, has carnal connection with another person who is, for the time being receiving treatment at that hospital or home (whether or not as a patient detained therein and whether the carnal connection takes place within or outside the premises of which that hospital or home forms a part) is guilty of an offence and liable on conviction to imprisonment for a term of 2 years."

There is no fine, Sir, prison. Any carnal connection with patients in any approved home or any mental hospital, once it is proven before the court, will result in some kind of imprisonment up to 2 years. For a person who does not know, has no reason to suspect that the other person is a patient, there is no liability. You have to know that the person was a patient.

Then there are provisions for the Regulations and these Regulations cover the full gamut of matters relating to persons:

"providing for care, treatment, maintenance, conduct, discipline, custody, transfer, leave, release, discharge and supervision of patients during their detention in or after discharge from mental hospital." 1.20p.m.

Sir, finally the Mental Health Review Board, Sir, consists of a number of persons chosen from the legal profession, a number of persons chosen from the medical profession and a number of persons appointed by the Minister in his own right. All of these are chosen by the Minister to constitute a Mental Health Review Board. The Board is the one I referred to earlier to which application can be made about persons who are in the hospital and the members who are to constitute the Board must be selected so that the Chairman and Deputy Chairman must be lawyers. That is what the law says, Sir. Provision is made for them to be paid.

Mr. Speaker, that constitutes a very brief review of the Mental Health Act, Chapter 45, Sir. When we came to implement the Act, we discovered that Mental Health Officer had not been defined in the Act and, as you know from this, the Mental Health Officer is going to be pivotal in the implementation of this legislation. So when advice was sought it was suggested that we should employ some Mental Health Officers. Because the definition of a Mental Health Officer in the Act read: "Mental Health Officer means a person employed as such at a mental hospital."

Clearly Mr. Speaker, this presented some difficulty and we sought consultation with the Attorney General who decided as a matter of urgency to have these Amendments come down to the House. The Attorney General, as he is wont to do in these matters of great importance, took the opportunity to offer a couple of additional Amendments which would make the Act and its implementation more efficacious.

I think it is, proper, Mr. Speaker, to give some indication of how we intend to carry out this Act. We intend to appoint no one other than - in fact, do not worry - we are not going to appoint anyone who is less than a psychiatric social worker so that the public will have some idea of what we are talking about when we talk about a Mental Health Officer. We are talking about the Consultant Psychiatrist and there are 3 of them at the hospital. We are talking about the Community Consultant Psychiatrist and then the Registrars and the Senior House Officer. These are all doctors. In the nursing component we will have the Principal Nursing Officer and the 2 Deputy Principal Nursing Officers, the Senior Sister and the Senior Nursing Officers. There are 5 of those. There are 9 Community Psychiatric Nurses, and then the Social Worker and the Mental Health Worker. In other words, Sir, all of the persons who will be named as Mental Health Officers will be highly qualified and practice in the field. It is not proposed to designate any persons below those ranks. That should give us a large enough quantity. These are persons who work in the community now. These are persons who work at the hospital now doing essentially this and this will give us a large enough cadre of persons with the qualification for being a Mental Health Officer.

Mr. Speaker, the whole question of mental health in Barbados and, indeed, in the Caribbean, if not most of the world, is something which has been very slowly evolving. If one, for example, looks at what has occurred in acute care and primary health care in the systems up to now, if one just did a comparative analysis between, say, the Queen Elizabeth Hospital and the Psychiatric Hospital, one sees a very interesting imprint on the growth of these two institutions. The Psychiatric Hospital is designed to have 627 beds, Sir. There are 627 beds. The Queen Elizabeth Hospital is now being upgraded to 500 beds. The Queen Elizabeth Hospital is an acute care institution and has at its disposal 46 Consultants. The Psychiatric Hospital has at its disposal 4. Forty-six Consultants are at Queen Elizabeth Hospital - 4 at the Psychiatric Hospital. Now that is merely a statement of fact. One is only showing, Sir, the general attitude which informed even the thinkers and the planners for the development of health care. Indeed, one of the tilings which we have is that the Queen Elizabeth Hospital does not have a psychiatric ward. It is very unusual for an acute care hospital of that size to be without a psychiatric ward and it is one of the things which will have to happen sooner or later. Because, Sir, as the Honourable Member for St. Michael South East will be able to attest and the Honourable Member and Leader of the Opposition with much more authority and perhaps even more clarity than I, a substantial number of illnesses which people appear to have when they present to a health institution are founded in mental illness. Let me put that another way.

There was a study at the Oistins Polyclinic - the Randall Phillips Polyclinic - which indicated that 67 per cent of the persons presenting in the time span of the study who obviously had come with headaches, stomachaches, backaches, all manner of symptoms, 67% of them had in fact some illness that was either stress induced or had mental illness or some mental health problem. It is in that context, indeed, that we sought to have the services of a Consultant Psychiatrist in the Polyclinic Services with the 11 Community Health Nurses who work, who are the unsung heroes of mental health in this country because they have been working assiduously over a fairly long period of time out there in the community. Almost every patient who is an out-patient at the hospital or every person who presents in a manner that suggest he may have a mental illness of whom they become aware is in their programme. Now we have a Consultant within the programme, indeed, mental health is going to form or is forming a substantial plank of our primary health care where we are doing preventive medicine as opposed to curative medicine. What we are hoping to do in that approach is to prevent them from coming to the Psychiatric Hospital. As I have said before, Sir, of the 627 beds in the Psychiatric Hospital, there may be 590 there at the moment, but more than 200 of those persons are really geriatrics. They are psycho-geriatrics but they are not mentally ill anymore. They are just old and half homeless and without anybody in the

world and we could return them to their homes if they had homes to go to.

In the mental health project which we have formulated in the Ministry and which we will debate in due course when the time comes, we are anticipating that the new Psychiatric Hospital, whenever it is built will cater to no more than 300 persons who are ill and who require hospitalisation for their mental illness. We wish to treat all of the other persons in the community prior to their reaching the stage where they have to become hospitalised.

Mr. Speaker, it is a fascinating experience to delve further and further into this whole area of mental illness. 1.30p.m.

By itself and without more it is fascinating, but when it is coupled with the new information which is becoming available, which is becoming apparent with the misuse of illegal drugs, the whole question of the mental health of this community, as in many other communities around the world, is the question that is going to bedevil Governments into the 21st century. How to deal with the mental health of a community that is beset with illegal drugs, with misuse of toxic materials which literally drive people out of their minds?

Mr. Speaker, for some considerable time at the Psychiatric Hospital they have been carrying on a rehabilitation programme. One of the things which we know is that because of the stigma attached to going to the Psychiatric Hospital the programme has not always had the success it could in terms of numbers, but I would like on the floor of the House to pay a tribute to all of the persons who are working at that hospital, especially the ones who are working in this rehabilitation programme, because under very difficult circumstances they have done extremely well, all things considered.

What we have been able to do, Mr. Speaker, is to send out a large cadre of persons to be trained in the Virgin Islands in mental health rehabilitative care for drug abuser. One of the things which we will do at the St. Joseph Hospital is to divide the Villa Maria into two sections, one of which will be devoted exclusively to the rehabilitation of alcohol and other drug abusers. That is one of the areas in which we are going to be concentrating under the Mental Hospital and the rest of the hospital will be administered as a single unit, but a section - because it is a very large property - will be made available. Details of that I will give at an appropriate time. I think the House deserves to have a fuller set of information on that, and this amendment is not the time, but I am just trying to point out that the whole question of mental health is exercising the Government and exercising the Ministry of Health in a very fundamental way, because we recognise that this has become one of the areas of concern and one of the places where we will have to put a substantial part of our human and other resources if

we are to maintain the quality of life which we have had in Barbados and which we believe every single Barbadian is entitled to.

We will have to do a lot of education, and in this respect the newspapers have been doing a good job. The newspapers have been doing a good job in assisting in educating on mental health. There is one particular Editor who spends a lot of time in this area, because he has good + knowledge about rehabilitation, and from time to time some of the better articles written in this country can be found in our local newspapers dealing with this whole question.

The point, Sir, is that we as a people are going to have to spend much more time and much more energy dealing with this question of mental illness. It is not a matter to be taken lightly. When one looks at the crack and the cocaine crazed person in the United States and one sees what is beginning to happen in the Caribbean with the crack and cocaine crazed person, one knows that one is coming face to face with perhaps an epidemic more dangerous and more frightening, if anyone can think of such an epidemic, than AIDS.

Mr. Speaker, there are days when the Ministry of Health spends a lot of time concerning itself with which of these myriad difficulties it is going to be able to deal in its entirety today. Having to consider AIDS and drugs for ** young people I must tell you, Mr. Speaker, that, those persons who are over 40. years are probably luckier than the ones who are to come. Can you imagine what kind of world a young person has to look forward to when on the one hand there is the drug culture, the drug problem, and on the other hand there is the problem of AIDS? All of these tilings combine to produce tremendous pressure on the mental health of the young people of this country, and the mental health of all of us.

Mr. Speaker, what I hope for is that the day will come when it will be recognised that, in the same way a person gets bursitis, in the same way a person gets a headache, that a person becomes ill mentally as well and that in the same way you can take medicines and you can go to the Queen Elizabeth Hospital or you can go to your doctor and be cured, that you can in fact be cured of the mental illness, whatever it was, and that you can return to the society and that you should be treated when you so return as you would treat a person who is having an appendix removed.

Mr. Speaker, it is remarkable. The Honourable Member for Christ Church West recently had a small discomfort, and when he came back out no one crowded around him and said "let me see." No one checked him. If a person has a belly hurt, no one says "open your shirt let me see," but if a person has stress - and who would not have stress in these days, Sir? Not having stress is the unusual. If you do not have stress you are really mad, but if a person ^ suffers from some stress illness, when that person returns to

his work place he is shunned. That is why we do not get persons coming forward for treatment. That is why we are not getting persons coming forward at a certain level of the community.

Mr. Speaker, it is being signalled to me, and I can feel it myself, that there is something obviously wrong with the system, the air conditioning is not working, or if it is working, it is not working in here. I am told it is working nowhere, so in those circumstances I think it is only proper that I should - well, I will not use that as an excuse, let me say that the persons from certain classes of the society are not...

Aside.

Hon. B. M. TAITT: Do you want to stop? Okay. The Honourable Member is suggesting that we cannot continue in these circumstances and I think that is a feeling we all have. I think I will just wind up, I am almost completed and after I have finished we can get out of here.

The last point I am making is this. There is a certain level of person who has not been coming forward for mental illness treatment because of the attitude of the society as a whole. We hope that by making access to the other place in St. Peter at the level of private enterprise, what we are saying is that most of the people who go to that place will be able to pay and will be able to have the, if you will, anonymity and certainly they will be removed from the stigma of going to the place at Black Rock. We are hoping that in this way and by education and by expansion of our programme for mental health, that we will change the pattern of mental health acceptance, the pattern of mental health appreciation in the society. 1.40p.m.

That is the only way that we can see that we are going to have the kind of balance in our health situation in this community.

Mr. Speaker, it is in that context that these amendments come before this Honourable House. The amendments themselves are not noteworthy because all they do is to tidy up the methodology by which the Minister will be able to designate both the Mental Health Officer, the Mental Hospital and the approved home. This will allow for the private sector to play its part in the provision of mental health care as well.

Mr. Speaker, I commend these amendments to this Honourable House and beg to move that this Bill be read a second time.

Hon. P. M. GREAVES: Mr. Speaker, I second the motion and reserve my right to speak.

SUSPENSION OF SITTING

Hon. P. M. GREAVES: Mr. Speaker, because of the discomfort that Honourable Members are suffering because of problems relating to the air conditioning, I am going to move that we take an early lunch in the hope that in the interim the problem will be solved. I believe it is already being worked on.

I therefore beg to move that this sitting be suspended until 2.45 p.m. o'clock today.

Hon. B. M. TAITT: I beg to second that.

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

ON RESUMPTION Mr.

SPEAKER: This sitting is resumed.

Dr. R. C. HAYNES: Mr. Speaker, on this Bill to amend the Mental Health Act, Cap. 45 in order to provide for the designation of approved homes, mental hospitals and mental health officers, the Minister spent a long time. I am not sure exactly what he was doing. As I understood it, he indicated that in the absence of circulated copies of the existing Act he would undertake to go through the Act clause by clause, seriatim, for the benefit of the House, and then he proceeded to wind up with some general observations on the status of health care in Barbados.

I do not propose, Sir, to go through a debate on those aspects of the Mental Health Act which have been debated in this Honourable House in previous sessions. However, I would like to address one or two things. Whilst it might be socially desirable to facilitate the admission of potentially dangerous persons who are mentally disturbed who constitute either a danger to themselves or to others in the society to a facility where they can have adequate care, it is very important that the back drop to all this must be very careful consideration of the freedoms of the people of Barbados.

The present situation, Sir, is one which on the one hand gives a considerable amount of security to people that they could not just be descended on and taken down to the Mental Hospital and be deemed to be crazy and admitted there. In essence, it is either a voluntary form of admission or admission on medical recommendation. It is necessary to have appropriate certification by more than one physician, one of whom should be of a given number of years standing in the medical profession; in other words, one of whom should be an experienced person.

Now fortunately for us in Barbados the psychiatrists seem to have a wider definition of normal than other

persons, even other medical practitioners, and it is important to recognise that eccentricity does not necessarily constitute madness. It is also important to recognise that because one is a nuisance either in the family or in the community or otherwise, that is not a good and sufficient reason to deprive that person of his freedom. I say this, Sir, because on numerous occasions one is confronted professionally with requests to have persons admitted to the Mental Hospital and one has to be very careful to exercise a very clear judgment as to whether that person would benefit from such an admission, whether the person would wish such an admission, whether the person is in fact a danger to those in his immediate environs.

It is important that a severe judgment be made and against that there should be always the background that one is entitled to one's freedom on the one hand and secondly that the range of normality may be a lot wider than what those who immediately complain consider it to be. In other words, there are a lot of people whom others may call mad who do not interfere with anybody and who certainly should not be descended upon and taken to the Mental Hospital.

You know, I have had a very interesting intellectual argument on the floor of this House some years ago over the question as to whether it is better to make a mistake and send someone to prison or to send them to the Mental Hospital. At that time I was of the view that if you had to make an error, then make the error in favour of the Mental Hospital; but I have given a lot of thought to that; the opponent in that debate, the former Prime Minister Tom Adams felt very strongly that if one had to make an error that he would prefer that he be sent to prison rather than be sent to the Mental Hospital, and I tend to agree with that in a way, because after you have gone to prison by error and that error has been expunged from your record, then you can walk around freely in society. If you go into the Mental Hospital and even if the error is detected at a later stage and even if the Legislature should move successfully to correct the damage done to you, then it remains a permanent scar on you in many ways, and I know what I am talking about.

I say this for this reason why we must be very careful. I have practised medicine in this society for some 22 years and I have never known a case of indiscretion on the part of the medical profession which has resulted in anyone being admitted to the Mental Hospital and having to come to the Legislature to compensate that person. But I do know of a case, Sir, where an individual, no matter who disagrees with him, says "you are mad: you have to be mad." I do know of a case of judicial indiscretion which has resulted in the sending of a professional person in this society to the Mental Hospital, and fortunately, Sir, unlike what would happen in Russia, as evidence that we are a free and democratic society, the Government of Barbados responded to the situation by coming to this Parliament and seeking a considerable sum of money in order to, in some way repair

the damage done to that individual, damage which I am sure would be permanent. 2.55 p.m.

That was done by no other person than the Honourable Member for St. James South and it is a fact a case in which the Honourable Member for St. George South appeared.

Hon. B. M. TAITT: On a point of order, Sir.

I think that the Honourable Member himself would be aware that if he wants to put that kind of thing in the record he cannot say that it was done by the Honourable Member for St. James South. The Honourable Member for St. James South cannot send anybody anywhere.

Aside.

Dr. R. C. HAYNES: Magistrates may do this all the time but what I am saying is usually when Magistrates exercise that judicial authority, they do so in the interest of the person whom they order to be admitted to the Mental Hospital for medical care in order to give them a better assessment. It is not a matter of misdiagnosis.

The point I am trying to make is we all know that there are societies in which a common form of political persecution is to admit persons to mental hospitals. We all know that. We all know that is essential when we are dealing with legislation of this nature to make sure that we err at all times in favour of the question of the liberty of the subject and this is the point I am addressing at the very beginning.

I am satisfied that as the substantive legislation now stands and as the definitions as explained in the amended version, that they would not be any significant threat to the liberty of Barbadians but, I think, there must be a very liberal interpretation by all those who are responsible for administering this Act.

Sir, one has an abundance of experience where, for one reason or another, people are not actually mad, they are misbehaving themselves, there may be marital problems, there may be all kinds of problems and one is asked •*** whether you cannot do anything to help this person to be admitted to the Mental Hospital for treatment for a short period of time.

We must not make that process easier. As it stands now, a doctor has to think twice because he not only has to sign it but he also has to get somebody else to sign it and then he has to persuade the psychiatric superintendent that this is a reasonable thing to do so it cannot be done just like that.

I can assure you that there is a considerable demand from time to time in this society to have people temporarily admitted to mental hospitals and, in my judgment, in many cases, it is not in the interest of the person whom they seek to admit to the hospital so that I can say that the medical profession has a pretty clean record in this area. I know of no cases where there has been any breach of the professional position in these matters.

As a matter of fact, the laws are even more stringent. You cannot even sign that form if you are in any way related to the individual so strict is the law and it is not by chance. It is important that the general public should understand.

Let me give you an example that because a man goes up in a tree at night and throws rocks on the house of somebody that is not a just cause to put him in the mental hospital. That is a different kind of offence. In other words, the Police have to try and catch him and charge him for what he is doing and only if he is shown to be mentally ill, then he should be taken to the Mental Hospital so I hope that this point is clear.

I think that in all these matters we must ensure that the democratic liberty of all Barbadians are preserved and given a higher priority than other considerations in respect of the incarceration or the admission of persons to mental hospitals.

Sir, in a small society like ours, it is important to remember that such an act of admission to a mental hospital, particularly in the glare of publicity, can easily affect a person's professional progress for the rest of their lives. Their clients develop a view of them. Make no mistake about that. Their students develop a view about them and it is a terrible thing to happen to any particular individual. No amount of money, no amount of apologies on the part of the state can compensate anybody having that kind of thing inflicted upon them.

What do you think would happen, Sir, if any member of this Honourable House found themselves by judicial order and by error being admitted to the Mental Hospital? How is he going to face his constituents thereafter even if he was proved to be totally sane?

Aside.

Dr. R. C. HAYNES: The man has lost two feet? If it is an error then he should be duly compensated. To err is human. To be malicious is inhuman. That is the point I am trying to make. Now, Sir, that is the main caution that I would like to exercise in that area and I think it is a very important area of caution.

Now, having said that, Sir, I want to make it clear that I share the concerns of people in this society where you

have a very grey area now where people who are potentially violent, but have committed no act of violence and who are fairly mentally disturbed, and who are very likely with the slightest incitement to perform some serious violence against other individuals in this society, as the law stands now, one is a bit constrained in being able to deal with those people and I hope that these amendments will go some distance in addressing that area, that is, in addressing the area where it is quite clear that persons are potentially harmful either to themselves or to others, and are also mentally disturbed. Then, in those circumstances, I think that the facilitation of an admission to a mental institution would be of benefit to the individual because of his mental illness and of benefit to, probably, the family and the wider community because of the two situations.

If this is what the amendments address as they purport to address, then I have no difficulty with that and it is important to recognize that that is a very real situation. In other words, you can have a situation where a guy has 'drunk a lot of alcohol, or alternatively, has been on drugs. He has no history of madness. He develops an acute psychosis. 3:05 p.m.

The police are not in a position. He has not harmed anybody as yet. But there is clear evidence that he is likely to become dangerous. The doctors are not in a position to certify him or he may not allow himself to be brought to a doctor, as is often the case, nor can the police arrest him. The community has to live with that period of terror. I think this Act would facilitate this kind of thing. I think that, whatever guidelines are established at the various institutions, it should be clearly driven home to one and all that when they are dealing with this particular matter, there should be balancing at all times, bearing in mind the rights of the individual to freedom in a democratic society. That should only be reduced in any way for very good and sound reasons.

The Honourable Minister also touched on other areas of mental health in Barbados. To tell you the honest truth, I am a bit fed up with hearing about the need to upgrade the standards of mental health care in Barbados at all levels. I have been hearing it again and again and nothing has happened. I have been hearing of the need for a new mental hospital or a new Psychiatric Hospital. I have seen millions probably billions of dollars spent during the period that people were talking of a new Psychiatric Hospital, and nothing has been done. How long can we go on? Do you not think that some of the \$25 million being spent on an Examination Centre would be better spent in starting building a new Psychiatric Hospital? Put your case, Sir. I am putting it for you.

Laughter.

Asides.

Dr. R. C. HAYNES: Do you not think so? You cannot at the same time come here and talk about legislation in order to provide a framework for improving medical care and do nothing about improving the infrastructure. It is ridiculous, Sir, that you should have 4 Psychiatrists looking after 627 patients in a mental hospital. All that happens is, Sir, that modern psychiatry is not practised. It cannot be practised. An adequate psychiatric consultation probably takes an hour or hour and a half or something like that. When you are dealing with 627 people you have to resort to drug therapy as a major anchor in psychiatric therapy, when in fact other forms of therapy which would be time consuming and which probably now will represent a substantial amount of the work of a psychiatrist cannot even be embarked on, purely because of the constraints of time. So let us be realistic. If we are going to be serious about looking after the mentally ill in Barbados, if we perceive this is going to be a problem because of the social and economic circumstances in our society, that will get worse over time, whether it be drugs, tensions and whatever you have in the society, let us begin to plan for it, and plan for it efficiently. If we say that we have a problem with physical accommodation, let us do something about it.

I believe some time ago the Honourable Member for St. Michael East paid a visit to the Psychiatric Hospital and rightly so. Because I am quite sure.....

Aside.

Laughter.

Dr. R. C. HAYNES: I believe that he was shocked with what he saw. You only have to go down to the Psychiatric Hospital and see what passes for Pay Wards, for example. Then imagine what the rest of the accommodation is like.

Aside.

Dr. R. C. HAYNES: As bad as that? The conditions down there certainly are not fit for persons in this century, at this stage of the century.

You cannot have a situation where people are going to feel free to submit themselves to voluntary psychiatric care, if the physical environment is such that it literally abhors them when they have to think about where they are going to. I believe there were pictures in the *Advocate* or the *Nation* newspaper the following day following the visit by the former Minister of Health to the Psychiatric Hospital. These things have to be addressed. We cannot continue talking about them.

I am satisfied that we have been spending enough money not only in health, but elsewhere over the years, and that if we were serious about these people some priority could have been given towards, at least, bringing the

process of building a new psychiatric institution. But, Sir, it is not only in the area of physical environment in which these people should be treated. There are other dimensions to mental health care which I feel need to be addressed.

To start with, a substantial proportion of those 627 people in the Psychiatric Hospital are predominantly social problems requiring minimal care. Surely that can be addressed. You are talking now about a low cost institution requiring minimal care. They could be largely serviced by nurses or para medical personnel who are trained at a given level in the treatment of psychiatric patients.

To begin with, if you are going to deal with that problem, build a new hospital and upgrade that facility at Black Rock in order that that can be a facility to deal with long stay persons who do not need intensive psychiatric care but principally are either social problems or maybe have been so sawn off over time that they cannot return to the community. That is step one. Some improvement could take place immediately in that area.

Acute psychiatric care. There are two groups of people, some obviously would need, for their own safety and for the safety of those around them, to be admitted to a psychiatric hospital which would have adequate levels of security and would have a system inside there to protect the patient from himself and protect patients and protect staff, because they will be paying to deal with those matters. I am talking of patients who are acutely ill psychiatrically and who constitute a danger to other people. They will always have to be admitted to an acute psychiatric facility.

But there is a whole host of other persons with acute illnesses who do not need to go into that kind of institution. Years ago, and I am going back now to about 1974, I am talking about 15 years ago, provision was made at the Queen Elizabeth Hospital, I think it was on Ward C4 for the establishment of an acute care psychiatric unit for those persons who do not need to be admitted to a mental hospital, who are not a danger to anybody, but who require acute treatment under supervision, you know, acute depressants, people with innocent hallucinations, persons who are suicidal, but not dangerous, but need appropriate supervision and so on. But I do not know what has happened. 3:15 p.m.

As far as I know, I think that there is a Psychiatric Out-Patient Clinic at the QEH which again was important, because it means that somebody can leave home and go to the QEH and you do not know whether he is going to have a hernia looked at or if he is going to have his head looked at. So the person felt a lot more comfortable going to an Out-Patient Clinic at the QEH. I know that private patients who are primarily psychiatric patients are admitted to the private wards of the QEH. Certainly when I was there as a Consultant Physician I had no difficulty in making beds in

the public wards available to those psychiatrists who wished to have persons admitted and that still obtains to some extent. But there can be no doubt that the establishment of a Psychiatric Unit in the QEH will be a major advance in terms of psychiatric care in Barbados. I thought the thing was established as far as I know. Certainly, the facilities or at least provision was made for it. These things take time. Fifteen years is a short time.

Asides

Dr. R. C. HAYNES: Do you understand what will happen if we only had 6 beds, just 6 beds. You do not need a full ward to deal with acute people and the acute turnover. So that, Sir, a lot can be done and I do not see enough progress being made in this area, a lot of talk, a lot of legislation, but when we have passed this legislation today there is the same number of mad people in Barbados tomorrow and the same level of care for them. Unless this is followed up by appropriate action in areas that hardly need any significant expenditure, you can get started in those areas.

Mr. Speaker, you know if you have an appropriate sense of compassion with some degree of people orientation one would recognize that there is so much that can be done particularly in the area of health with so little dollar bill input. Do you think, Sir, that we should seriously have planned to spend the kind of money we have spent on the QEH without making some provision for even a small Psychiatric Unit? Do you think, Sir, that in a day when we recognize that the young people of this country face an ever increasing danger of exposure to drug abuse, that we should not begin to set things in trend to deal with these problems? I will say, Mr. Speaker, that unless we take this seriously, we will find 15 years from now we will come here with new legislation again to amend previous legislation. The hospital will be the same, the problems will be larger, and nothing will be done.

Asides.

Dr. R. C. HAYNES: Somebody threatened to chase you away. I am going to do my best to stop that. I promise you.

So Sir, there is an interesting dimension to this legislation. I have tried to approach it not as a professional because there are other areas. I mentioned earlier, for example, the question of quick psychiatry by drug administration and the question of psychiatry using the other more important skills that psychiatrists have. The one has to be resorted to if you ever see 40 people in the morning then quite clearly you make up in your mind this guy has an anxiety state, he is suffering from depression, he has a psychosis, he has that and you go down the line. There is the other area. If you have 3 or 4 people to treat where you can sit down and really go through the whole

range of things with that particular person. You will find that that relationship between yourself and the psychiatrist, either does not make it necessary to prescribe or alternatively may well constitute 75% of the whole encounter between a psychiatrist and their patient.

Whereas it is obvious that we are going to need more psychiatrists and more trained persons in the field of psychiatric care down the road, I think the immediate problem is to establish that kind of physical arrangement whereby you can have an environment for those who do not need that acute care and who are chronic cases, thereby relieving the burden of the psychiatrist in relation to acute psychiatric care.

There is also the question, Sir, and this is why I was somewhat interested in the section which dealt with designating any places. Is that right?..... "An institution or place to be used for the care of persons suffering from any form of mental disorder as an approved home." When I first read this thing, I wondered what the Minister was coming down to the House with. Was he coming to the House with legislation similar to that of the 1950's to make every home in Barbados a prison? But then as I looked through it, it was not quite like that.

Asides.

Dr. R. C. HAYNES: He told me so. The lawyers told me so.

Laughter.

Dr. R. C. HAYNES: Anyhow, there has been an allegation. I can put it no higher than that. There was an allegation. I was not in the island at the time. There was an allegation that there was legislation that can be interpreted as such. I was wondering whether or not if this particular Clause would allow for such liberal interpretation as well. But looking at it further in conjunction with the Act, I recognize that that is not the case. It does give the opportunity. We have a lot of people who want work in Barbados. A lot of people - you know that. A lot of resources cannot continue to go in bricks and mortar. I hope that is understood. You see there are a lot of places in Barbados not involving millions of dollars in expenditure, maybe a quarter million dollars, or half million dollars that can easily house 20 or 30 people to be looked after by a family of 3 or 4 people at minimal cost, persons who have no serious disturbance who really need minimal nursing care and can be dotted around the country in such a way. You will probably find that you can probably deal with a couple of hundred or maybe 200 or 300 of the people in the Psychiatric Hospital. You can probably deal with those in that way. But the immediate reaction is that we want a \$50 million building. We have to go to the World Bank, IDB, and we have to go here and all this kind of thing like that. You do not have to go down that line because we are

talking here of the essential elements of looking after those chronic patients requiring mental health care. It is a people to people relationship where they are housed, where it should be nice, comfortable, and it should really facilitate the people to people component of the care and that is the essence of the thing. Everything should revolve around that and the building should only be seen as facilitating that crucial component of care.

One can see a situation where some of those large houses around the country can be acquired by Government, houses with grounds and so on. Probably 20 to 25 persons can easily be accommodated in some of those places. 3:25 p.m.

Again, some employment will be generated and the cost to Government would be substantially reduced. There are some of them that could probably be accommodated in a special home help programme. That is a possibility. We need to look at this thing in a modern and innovative way. We cannot continue to look at health care in the old tradition style.

I think in the United Kingdom there was a time, up to about a few years ago, where a new hospital was not built for a hundred years, but nevertheless if you look and see what has happened to the standard of health care delivery in the United Kingdom since the turn of the century, you will see that one has to be careful how you allocate expenditures. Spending money and building is not necessarily health care, but I think the Mental Hospital is so bad that it is quite clear that is one institution that would probably need to be replaced or very substantially upgraded.

The upgrading part I think can be started, but bear in mind the possibility of using section 3A of the amending legislation to look at the question and see whether or not it might not be desirable to have people in smaller units around the country adequately supervised, people who are not dangerous, people who are chronically ill and requiring minimal mental health care. I think that will go a long way in solving the problems. Indeed, Sir, the partial de-institutionalisation of such persons might well be an important factor in their general well-being over time.

If you are in a mental hospital, I would imagine, and all the people you are seeing are mad people, after a while you have a problem. If you take those people out now - I am talking about other patients, so that, in a new environment, some fresh air and so on, I think that can be a major advantage in that area.

So, Mr. Speaker, in summary I would just like in one minute to point out that in my presentation I stressed the importance of putting the liberty of the subject ahead of any facilitation for admission to mental institutions, for balance and responsibility in the administration of the new powers

being granted, for adequate training of all those who would administer this new authority, to recognise that Barbados has a very sound tradition in respect of the medical profession, partially because of built-in legal constraints, partially because of the law itself and partially because of the sense of responsibility demonstrated by the profession over the years. It has had a record of restraint by the legal profession and there is only one recorded case of a lapse into malicious conduct in that area.

In the second half of my presentation, Sir I stressed the question of the need seriously to address the mental health care problems of Barbados within the resources available, and I have made suggestions to point out that you do not need large amounts of money in terms of Capital Expenditure in order to begin to get the ball rolling. Above all, I do not think we can continue decade after decade in this Honourable House paying lip service to mental health care and doing nothing, and if this legislation serves to highlight the need to begin the process of improving the status of the mentally unfortunate among us, then I think that the time spent in this Honourable House today would have been worthwhile.

I thank you, Sir.

Dr. E. A. SIMMONS: Mr. Speaker, I rise to support this piece of legislation which I think is a very important step in the advancement of taking care of mentally ill people in Barbados, especially the acute mentally ill. I think that is not different from what the Honourable Leader of the Opposition has just done. He has supported the Bill and I do not think he has added anything to the content of the Bill. I was very surprised, however, about some of the comments that he made and I was wondering whether what he was saying is not a reflection of our inability in our communities to understand the concept of mental illness.

Those of us who are medically trained, I think, come to accept the fact that mental illness is only another part of illness, and we would not like the general public to believe that the mind is separate from the body and therefore when you are mentally ill you are some sort of pariah where people pass you by on the other side. I gather from what the Honourable Member said, the physician, that he would prefer to err on the side of going to prison rather than going to a hospital. I find that a very strange statement coming from a physician, because a prison is where you put people who commit a crime.

Dr. R. C. HAYNES: Mr. Speaker, the Honourable Member throughout his stay in this House displays a peculiar difficulty in understanding what others say. This is a constant thing that goes on in here week after week. What I did say was that if anyone was going to err maliciously or otherwise and confine me either to prison or to a mental hospital, I would prefer him to err and put me in prison, because when it has been demonstrated that he made the

error, then I would be fully vindicated. I would not be fully vindicated if I went to the mental hospital.

Mr. SPEAKER: You have made your point.

Dr. E. A. SIMMONS: Mr. Speaker, I still say that I find it very difficult, coming from the mouth of a physician, to say that anybody under any circumstance should prefer to go into a prison rather than into a hospital. It is a fundamental and philosophically very deep point, especially coming from a physician, because those of us who are taught the art of medicine and cannot understand that a mental institution is just a hospital for an individual whose mind is not functioning properly. Just as in developed countries you have hospitals for sick children, adults do not go there, you have hospitals for special neurological diseases, and if you do not have a neurological disease you do not go there, I just cannot understand therefore.... 3:35 p.m.

You even have a hospital for animals and people don't go there; so I find it difficult how we can stretch the imagination to say that you are mixing up criminality with illness. I find it a very difficult concept to understand.

Mr. Speaker, there are some of us who forget very easily, because I remember, and the Honourable Member has gone back 15 years or so, that there was a time when the Honourable Member held in this country a position of high honour, of great power, where he was in a position to implement some of the things he talked about in terms of revolutionary care for the mentally ill and the physically ill in this country.

Dr. R. C. HAYNES: On a point of order, I have never been in any position in this country to take any decision whatsoever in relation to any mental institution in Barbados.

Dr. E. A. SIMMONS: Mr. Speaker, what I am saying is that, if I recall correctly, there was a time when the Minister of Health himself said that the Honourable Member was the second most powerful man in the country, and therefore in that position could have implemented anything he wanted to implement. So I find it very difficult to hear about all these revolutionary changes. The Honourable Member comes in here Tuesday after Tuesday and talks about run away expenditure. Now he gets up and says "build a new hospital". He says that a new hospital should be built, but then he comes back in a very illogical way and says that England has not built a new Mental Hospital for 100 years. I don't know which one he wants. Does he want a new hospital? Does he want to renovate the one we have? You have to be clear about what you are saying. All I am saying is that if you are coming with proposals, don't get mixed up. If you are mixed up, don't try to mix anybody up; you are not mixing me up, so you have to be very clear.

My reason for being here is that I think this legislation is very important. Barbados, like all the countries in the world, is facing some very serious problems, some of the problems that the Honourable Member alluded to, the problem of acute toxic changes from potent drugs that are being used in our society. Those of us who practise medicine know that, almost on a daily basis, we meet parents tearing their hair out because a son or daughter, after the intake of some toxic drug, has come home and gone berserk, destroying the home. They cannot call the police. Very often the doctor is afraid to go there because somebody has got a knife or he is threatening the family. I think this piece of legislation addresses that problem which is a serious problem in this society.

Sir, there are calls every day for stiffer penalties against drug pushers and that should be done, but we cannot only look at the drug pushers. If we are humane, we have to look at that mass of people who are the recipients of drugs, whom we as a society have to look at and try to rehabilitate. 'The first step to rehabilitation starts when you get that individual into a place where the medical profession can take care of him. Before this piece of legislation it was very difficult when you had a youngster or an adult for that matter who become psychotic immediately because of the ingestion of drugs to get that person into a facility because as we in the profession know that the first thing a madman tells you is that he is not mad; so that individual is not going to represent himself or herself to the doctor or to a hospital for treatment.

More than that, we have an even more serious problem. We have a problem where people under the influence of drugs commit crimes and the magistrate, not knowing, may commit that person to the prison, and the Wardens or whatever you call them, not trained to take care of people with acute psychosis, when those people end up in the prison and cause commotion and all kinds of problems, it disrupts the normal life and every sort of thing for the running of the prison. We have to be alert to these kinds of problems. I see that every day there is a call for more security. I think that we miss the boat when we do not understand that putting 100 security guards at a school or at an institution does not solve the fundamental problem of the individual who has become acutely psychotic because of the ingestion of a drug.

Sir, we have classic examples. President Reagan, President of the United States, surrounded by all the mass of security that he had, was shot dead on. Luckily he lived. A few years before that President Kennedy was shot and he died. The point is that if you have a society in which you have people's brains being acutely addled by the ingestion of toxic drugs that are going around, you have to set in motion systems that will handle that kind of problem, and this piece of legislation is a very, very important piece of legislation to take care of that particular problem.

I agree with the Leader of the Opposition that we must always be conscious of the freedoms of the individual, that under the existing legislation there is the possibility that there can be a concoction between two or three persons to get somebody into the Mental Hospital, but I don't mind what legislation you have, that possibility exists because once you have a world of evil people, evil people will come up with evil plans, but within this legislation it is said that if that person is picked up and carried to the Psychiatric Hospital, then the psychiatrist at the hospital will within 48 or 72 hours make a decision as to whether that individual will have to stay or will be set free.

Furthermore there is legislation within the Bill that the individual can appeal to a higher body. So I do not think we need to be concerned about that. What I think is important is that we understand the problems that exist in our society and the fact that this present Government is doing something about it. This problem is not a problem that is peculiar to Barbados; this is a worldwide problem. Yesterday I was watching CNN and there was the same kind of problem of homelessness and the authorities are saying in the United States that the United States Government does not have the will and the political will-power to deal with such a problem, to take care of those homeless people, many of whom are mentally ill, sleeping on the railway stations in snow and in panels and that sort of thing; and the point they were making is that there is not enough political will to get these people out of that environment, because statistics have shown that of the number of people that they have picked up as being homeless and put back into rehabilitation programme, a very high percentage of these people are doing very well.

I want to say something else about the concept of mental illness, and here I may take issue with the Leader of the Opposition. Way back when I was a medical student in the United States, statistics showed that over 30 per cent of the people admitted to the medical wards were on the basis of mental illness. That was before the advent of the toxic drugs that we see today. As our medicine in Barbados has advanced, as life has become more complex, we see a similar sort of admission to the medical wards and added to that are the acute psychoses caused not only from cocaine and marijuana but from the traditional drugs like alcohol that are socially accepted. So we are faced with a serious problem.

Moreover we are faced with the problem of an aging population where we will see more and more senile psychoses and this is a problem we cannot wish away. As our population gets older, we will have to face the problem of senile psychosis, the aging of the brain so to speak. This is a problem we have to address. 3:45 p.m.

Aside.

Dr. E. A. SIMMONS: Alzheimer's disease is a progressive form of senile psychosis growing very, very rapidly and usually starting very, very early with the subtle changes where the changes where the mother in the house forgets the purse and accuses somebody of stealing it and the people around not understanding think that the old lady is vicious, that she is wicked because she can tell you all the details that happened when she was 12 years old but she cannot remember what she had for breakfast this morning.

These are problems that we have to come face to face with and, therefore, the crux of what we should be doing at this time is education, very, very fundamental. We need to get on the radio programmes, on the T.V. programmes and educate a community that is faced with drugs that affect the brain, primarily, and illness that affect the brain and ages that affect the brain. We need to have a massive education programme.

I want, in conclusion, to compliment the Government for bringing this piece of legislation to Parliament today because it deals with the humane part of a problem that we are faced with. There is always the call for stiffer penalties. As I said before, We should have them but we should also be taking care of the people who are faced with medical problems because of drugs, etc.

Mr. Speaker, I thank you very much.

Mr. D. A. C. SIMMONS: Mr. Speaker, Sir, do not let us get into too broad a base. This sounds so childish. I think the Minister said that earlier on in his introduction and this is not a long issue.

It was first conceptualized in 1975 or thereabouts, and in 1980 the then Government saw the need further to amend and change the legislation and update it and that is what is in the blue books now, the Act of 1980, Chap. 45 and it appears that in the succeeding years there has been some difficulty in getting the Act implemented, I believe, because the regulations which are provided for in the last section of the Bill have never been drafted and, I think, that the Minister of Health, before he recommends the proclamation of this Act, must make sure that the regulations..

Aside.

Mr. D. A. C. SIMMONS: They are ready? Oh, I did not hear that. I think the Minister has said that the regulations are ready. I had missed that part of his speech because that will provide the mechanical framework for the operation of the Act.

The difficulties that the Courts had to be provided for in the Act of 1980 and the principal difficulty, as I recall it, was that Magistrates found themselves prevented from remanding to the Mental Hospital in the absence of conviction and that was a loophole in the law which

hamstrung, particularly the Magistrates, but now that is covered and catered for in the Act.

I understand the concerns of the two medical practitioners who have spoken and I am sure all of us in here are concerned about protecting the rights and freedom of individuals and we do not want to see a situation where people can go arbitrarily and scramble up a man just because he might be walking down the road singing to himself but that is provided for in Section 7 of the principal Act. It says -

"A person who, by reason of his general appearance or by his conduct in conversation, causes a member of the Police Force who has been so notified by a mental health officer..."

The amending Act today tells us about the mental health officer. He was not formerly provided for.

"...reasonably to believe that such person is suffering from mental disorder may be taken into custody without a warrant by a member of the Police Force not below the rank of sergeant or by a member of the Police Force of Lower rank acting under the authority of a sergeant or officer of higher rank and conveyed directly to a mental hospital."

What that section provides is that even if a person by his outward and visible signs and conduct is giving reasonable cause to believe that he is mentally ill, the policeman cannot just go and take him up. He has to do it after, as it were, a recommendation from the mental health officer so I think the Act builds safeguards and, no doubt, the regulations will, perhaps, expand on the bare bones of the parent Act.

I agree, Sir, that in our society it is a stigma, and still is, to be considered mentally ill but these kinds of stigma will persist in small societies where everybody knows everybody else or in some way is related. If one of our relatives is sent to the mental hospital, everybody will hear it. It will get distorted within two weeks to the point where one of us who has not been will be alleged to have gone there so these are the problems of small societies. I am not too worried about that.

The essential feature, I think, must be that the regime in the hospital must be such as to lend confidence among members of the general public that the treatment offered in the mental hospital is the best. There must be procedures for rehabilitation. Nothing would beat the stigma other than a programme of constant education through the various media. People will gradually be more understanding that mental illness, as the Honourable Member for St. Michael South East says, is just another form of illness. You have bad cough, whatever, or something that does not necessarily lead to the ostracism of the person from the larger society.

I have no problem with the three or four amendments that were brought to provide for loopholes in the parent Act. I look forward to the proclamation and the implementation of the law in due course. 3:55 p.m.

I want to turn, Sir, to other matters of concern. Some time ago in here I highlighted the fact that there were too many young people in the mental hospital for illnesses perhaps induced by their adherence to narcotic drugs. I should like to hear from the Minister of Health, if he has statistical information which would tell us what are the numbers of these young people, and indeed if they are young people, and what is the age range of those persons who are affected. I would hazard a guess, Sir, that perhaps the biggest catchment area would be the 18 to 24 age group. But that is only a guess. I would prefer to have some specific, accurate information from the Minister. It is a worrying problem, to tell us that a proportion, even if it is 200, 300 of our young people is being negatively affected to such an extent that they may not be able to make their contribution to the society in the long run. It is all well and good to talk about the economic problems in drugs, the potential damage of drugs, the money laundering and so on. I want to hear about the social effect of drugs in Barbados. I want to hear to what extent we really have a serious problem. To what extent we will need to provide different rehabilitative measures to try and save these young people.

I believe that both Governments, the former Government and the present Government, agreed that the St. Joseph Hospital might be an ideal site for dealing with the rehabilitation of drug addicts. That may be overtaken now.

Hon. B. M. TAITT: If the Honourable Member would give way, Sir. He may have been outside when I said that half of the Villa Maria will be used for drug rehabilitation.

Mr. D. A. C. SIMMONS: It is very important, because in 1986, Sir, when the St. Joseph Hospital was debated in here in February or March, I did say in that debate that the Government was being forced at the time to buy it. I said we were looking at its future use as a rehabilitation centre. I am glad that the decision has been taken, Sir.

I do not necessarily accept the submission of the Honourable Member for St. Michael South East that criminality must not be confused with mental illness. I think he will agree that much criminality is the product of mental illness in the area of the psychotics, to some extent over the psychopathies. He may not have meant that. I wrote it down. He was answering the Honourable Member for St. Michael South Central. But I think what he said is that we must not confuse criminality with mental illness, without saying that there can be a correlation between the two.

Dr. E. A. SIMMONS: On a point of elucidation, Sir. The point I was making in response to the Honourable Leader of the Opposition was that from a medical point of view a psychiatric hospital is for mental illness. Doctors cannot confuse mental illness with a criminal act. One is sick and the other has committed a crime.

Mr. D. A. C. SIMMONS: I understand. I was trying to point out that, even though the Honourable Member makes that clearly, he must allow for the fact that the one may conduce to the other area...

Aside.

Mr. D. A. C. SIMMONS: ...especially in the area of the psychotics and the psychopaths.

Sir, the Honourable Minister spoke until we had to break at a quarter to two. I am not saying that he sent anybody to sleep. I will say that it was the most boring speech he has ever made. Trying to keep on his feet until the suspension, he told us, Sir, that there were only 4 consultants down at the Psychiatric Hospital and there are so many more at the QEH.

What he has not told us and we want to know, is whether those 4 at the Psychiatric Hospital have their gloves recycled too. I want to hear about the gloves, Sir. Four hours and we have not heard about the gloves.

The Minister, two weeks ago ...

Hon. B. M. TAITT: On a point of order, Sir. The Queen Elizabeth Hospital is holding a press conference today at 2.30 to explain to the entire country, including the Honourable Member about the gloves. They are more competent to discuss the gloves than I am. They know about the gloves just like the Honourable Member and this Honourable Member know about the gloves in Barbados from time immemorial.

You did not go to the press conference but the same people who misinformed you from Mr. Ezra Alleyne, right down through until today will all be enlightened.

Laughter.

Mr. D. A. C. SIMMONS: The only person who misinformed me was the Minister of Health two weeks ago. He, of his own motive and volition, not with any prompting, volunteered the information that the gloves were being recycled.

Aside.

Hon. B. M. TAITT: On a point of order, Sir.

Mr. D. A. C. SIMMONS: Misinformed me.

Hon. B. M. TAITT: On a point of order, Sir.

Mr. D. A. C. SIMMONS: You can tell me if you misinformed me or not.

Hon. B. M. TAITT: The Rules assume that each Honourable Member in here is not only sane but sensible. Therefore when he says that I misinformed him, by inference he is saying I misinformed everybody. Therefore, Sir, I have to clear the record.

Aside.

Hon. B. M. TAITT: On a point of order, Sir. What I said the last time I spoke in here was information supplied by the Queen Elizabeth Hospital which I gave to this House, as my duty. I stick by the information because it was dealing with a purported closing down of the sterilization Department involving action by nurses and I gave information. The gloves were only incidental to that information.

Mr. SPEAKER: I am sure the Honourable Member knows I will always give him room in developing a point. I will not allow him to develop any debate on the Mental Health Act on this occasion.

I wish the Honourable Member would continue.

Mr. D. A. C. SIMMONS: Yes, Sir. I will try and keep within the four walls of the Bill. I might get a little hot in here now. He might be a little tired sitting there all the time.

You did not hear when I said I want the Minister to explain whether the four consultants at the Psychiatric Hospital have to use gloves and if these gloves are recycled, put into the machine and steam dried. Because that steam process will kill bacteria but will not kill viruses. 4.05 p.m.

Mr. SPEAKER: I think the Honourable Member will agree that is the reason why I gave a little latitude in discussing it. All I was saying was that I did not want him to take another.

Mr. D. A. C. SIMMONS: No, Sir. When I was making the last point, Sir, you were about to talk to me, Sir. So I did not hear quite clearly. If I could just so that Hansard will look fairly logical about what I have said - if I could just make the point, Sir, and I promise you, Sir, that I will make the point...

Asides.

Mr. D. A. C. SIMMONS: I just want to have it right, Sir, I am saying, Sir, that the system or the cleaning as I have been instructed is steamed process which will destroy

most bacteria but not all viruses and that you have to use a system like gamma radiation to kill the viruses.

Asides.

Mr. D. A. C. SIMMONS: Only a few of us know Greek in here as the former Prime Minister Barrow used to say. But presumably if the Medical Practitioners Association or the hospital, or whoever, is having a Press Conference, the Minister himself would be in possession of the facts and seised of what the position of the practitioners is. I hope that for those of us who have not heard the Press Conference the Minister can give us the bare bones. There are other people who have to speak.

Sir, since this is only an amending Bill filling in a couple of lacunas in the substantive Chapter 45, the Minister can be assured that we on this side of the Opposition will be supporting the Bill, especially in view of the fact that the Minister has said that the regulations are in place and the regulations which seem to have been the problem with prior implementation are now ready. We look forward to smooth functioning of the Act, Sir, and I think that when it is passed finally the Magistrates in particular will be a lot happier and won't have the problem that may have given rise to the matter to which the Honourable Member for St. Michael South Central alluded and will in fact have the power and jurisdiction to send to the mental because of the appearance of the person or the conduct of the person.

I understand the Honourable Leader of the Opposition's concern with that aberration on the part of a former Magistrate who now sits in here, Sir. Even though it was a travesty of justice at the time, let us be fair, Sir. We all make mistakes. None of us is perfect. The thing that causes me to wonder when the Honourable Leader of the Opposition was speaking was how he could attribute the venom of his language to the now Minister of Labour and imply that there were certain thought processes that inspired that decision when the Honourable Leader of the Opposition himself had earlier said that that person has no brain. I understand the little thing between the two of them, Sir, because one wanted to get the other one out of the Democratic Labour Party ...

Mr. SPEAKER: I would not like you to join it either.

Mk D. A. C. SIMMONS: To join the Dems, Sir?

Mr. SPEAKER: No, you are talking about the two of them and you would only make it a third. So let us keep the third person out.

Mr. D. A. C. SIMMONS: Yes, Sir.

Asides.

Mr. D. A. C. SIMMONS: Mr. Speaker, Sir, I would like to hear from the Minister finally, in relation to the St. Joseph Hospital, if he has a date for the opening of that hospital. You know every year we are being told, soon, later on in the financial year. But is any work going on down there now?

Hon. H. deB. FORDE: None. No work is going on.

Mr. D. A. C. SIMMONS: If the Minister answered it in the Estimates, Sir, it has slipped me. I certainly did not hear it. He was so concerned with defending himself on the chicken business. The Minister may be accident prone, Sir, running into trouble every other week, but he will learn, Sir. That is why he spoke in such measured and solemn tones today. He will learn not to talk so much in the future, Sir.

Sir, we have agreed that there is need for a new mental hospital, indeed, before the Labour Party went out of Government, a feasibility study was being done, which the Honourable Minister had the benefit of, that we had commissioned before we went out of Government. The Minister of Health had the benefit of that study and we know that a new hospital is to come so long as funds allow. But in view of what we have said today, that it is intended to make rehabilitative use of the St. Joseph's Hospital - yes partially so I think that, having regard to the history of the St. Joseph's Hospital and the Democratic Labour Party, one is left only to conclude that the planning in the Ministry of Health for the operation of St. Joseph's, if not haphazard is non-existent. It is for 2 years now at least, Sir, that we have not had any positive statement so that the public can hang on to something, as expectations can be firmed up, as to when this hospital is going to get off the ground and provide all the fire and sea services that the Minister has in mind for it. I mean, we do not want to be hearing next year this time or at Estimates time hearing again that the St. Joseph's Hospital will come in to use sometime in 1990.

Asides.

Mr. D. A. C. SIMMONS: No Sir, I am saying that this Minister of Health last year had promised that the hospital will get off the ground last year and then we were promised that it will get off the ground this year.

Hon. B. M. TAITT: On a point of order, Sir. The Honourable Member is misrepresenting and misleading the House on this question. I never promised that last year any hospital would get off the ground. I never promised him in this House.

Asides.

Hon. B. M. TAITT: Yes, I do not wish you to put anything in the public domain that is not true.

Mr. D. A. C. SIMMONS: I accept that, Sir, without asking him to withdraw anything about being not true, Sir. I understand what he is saying. I do not squib and pick at those things, Sir. I wish to repeat, Sir, that my memory tells me, Sir, that in the year 1988....

Asides.

Mr. D. A. C. SIMMONS: The Minister of Health promised the reopening of the St. Joseph's Hospital in the fiscal year 1988/89. This year we are told that the opening will come in this fiscal year Sir.

Asides.

Mr. D. A. C. SIMMONS: I am not talking about the operation of the Act, Sir. I am talking about the reopening of the St. Joseph's Hospital.

Asides.

Mr. D. A. C. SIMMONS: Oh, you are running from it now. Well, since the Minister is denying it, Sir, I will find his words and come back in here next week or whenever we are coming back and deal with it, Sir. Much obliged to you. Sir. 4.15 p.m.

Mr. D. J. H. THOMPSON: Mr. Speaker, over the past few weeks we have had extensive debate on matters relating to health in all sectors. I am not as competent as others to deal with aspects of health, but I wish only to raise one concern, which relates substantially to the question of freedom of the subject, which is not something that you can isolate to any particular area of life. It is a constitutional guarantee, and those of us who are familiar with first principles of law would be familiar with the concept of liberty of the person being paramount, and the fact that in Barbados this is one of the things that we seek to enforce through various mechanisms, the *habeas corpus*, all kinds of varying procedures under varying kinds of legislation to ensure that the liberty of the subject is paramount.

It is okay, Sir, to have legislation in place, whether it is legislation relating to persons who have mental problems or whether it is legislation relating to persons who are charged with offences. But in my view we are having tremendous difficulties in our society with the persons who are charged with the responsibility of effecting the principles of the legislation. What I mean by that, Sir, is, for example, I still believe that in many cases before the law courts in Barbados first offenders and others are being put on remand, having to go to Glendairy Prison, mix with hardened criminals and persons who have been repeat offenders.

Sir, I believe that the prosecutors and the police in this country have been using various forms of legislation, most

of it antiquated, to pick up people on the streets and bring them before the courts for all kinds of ludicrous offences, particularly those which relate to the Vagrancy Act, legislation that from the time I was at Cave Hill I have heard repeated promises from politicians, including I believe the Honourable Member for Christ Church West, his successors, everybody has promised that the Vagrancy Act would be taken off the Statute Book, and it is still there. Sir, I believe, even if it is true we had promised, it is a pernicious piece of legislation.

It is surprising that, if there is so much unanimity on the fact that the Vagrancy Act needs to be removed from the Statute Book, that it is still in place and that it is still used as a means of bringing young people, even those who obviously have mental disorders and other kinds of problems, before the courts and remanding them at Glendairy for the sake of getting them off the street or whatever.

Sir, there are what one would call traditional vagrants around Bridgetown, who very often are brought before the courts for loitering in strange places. For example, loitering in a bus stand. Now what foolishness can that be in a civilised country? How can you loiter in a bus stand? Loitering on a highway, in this day and age, and if we leave this legislation on the Statute Book there will come a time when conservative elements in this country will make demands for the police, as I have seen in the newspaper recently, to arrest people merely for being in an area. We have to be very careful about that, because a silly policeman or one who has no discretion could easily pick up anybody just for being in a district, Appleby or Golf Club Road.

Aside.

Mr. D. J. H. THOMPSON: I used to live in Appleby. Nobody loiters in Bath. They do not go into working class areas, they go into the Heights and the Parks, West Terrace, Stanmore Terrace, places like that. A politician may feel he can pick up the phone a morning and call the police and say somebody is on the street outside here by me, I am frightened, and he can pick him up and charge him under the Vagrancy Act and have him deemed a rogue and a vagabond and sent to Glendairy. Equally, under this legislation, and I have serious reservations about the power granted to a magistrate to send anybody to the Mental Hospital. I believe that rather than do it this way, where the legislation gives him power to send him there for a minimum, I think, of eight weeks, that before he exercises any power, somebody should come to the law courts, or there should be somebody attached there who can carry out an assessment to determine whether the person should be sent to the Psychiatric Hospital.

If it is true, as the Honourable Member for St. Michael South Central said, that there is some stigma in entering

through the gates of the Psychiatric Hospital, well then rather than send the person down there, perhaps it would be better to have them come to the law courts and assess the persons there and then determine whether they have to be remanded at the Mental Hospital for a period of time, or up the road to Glendairy, or back to their home, or whatever. Let the assessment take place at the court rather than let even the slightest stigma attach to their reputation, or the slightest error by a magistrate, who may not have the ability and who may err.

There may not be anything worse than that. There are people who come into court who just are not saying anything and there are a lot of foolish magistrates in this country who would look at somebody who is not saying a word in a dock and remand them to the Psychiatric Hospital, and then you as an attorney cannot say a word, and if you get up to say something they are shouting contempt and so on.

I would like some people to come to the courts in Barbados and see the foolishness that obtains with people who come into the courts and do not know where they are, and the manner in which the Magistracy, the Police Department and the audience in the court, who seem to think that it is some kind of 12.30 Globe, as a former magistrate used to say years ago when the persons in the court used to laugh, they act as though it is the 12.30 Globe and laugh when the person does not respond.

These are serious issues that we have to raise in here. I am not afraid to challenge any public institution, because even though I may have to appear before them in another capacity I have a duty in here which supersedes all others, except those that may relate to the service of my God or whatever other spiritual needs.

Aside.

Mr. D. J. H. THOMPSON: Yes, that is a spiritual need, a wife and family. Too often we come in here and feel that as attorneys we should be circumspect, and I agree, but I still believe that there is too much foolishness going on down at the courts. I go to other parts of the world and admire the tenacity with which members of the Bar are able to prosecute their cases and question things that go on, but yet in this country in the law courts the lawyers are very often more frightened than the persons who are in the dock, because of the ineptitude of some of the legal officers and the Prosecution, whoever they may be. There is a lot of ineptitude, I have no fear about saying that, at that level. There is a lot of complacency. It is true that, as I say, some of the professions may contribute to it, but in large measure it is indifference, it is to go out there and do a half day's work for a whole day's pay and to be callous about the problems of the person who is brought before the courts, whether they may have other kinds of social problems that need to be addressed.

So rather than a magistrate having this power "carte blanche to look at somebody and to say he looks strange, send him down to the Psychiatric Hospital for six weeks observation, it should be required in some way that the psychiatrist, or some official or person who is capable of assessing the behaviour of an individual, come to the court and determine what is wrong with the particular individual, if that is possible, or say I am not sure it is wrong, I feel he should be sent to the Psychiatric Hospital, or there is nothing wrong with the man, send him up to Glendairy for remand. 4.25 p.m.

Now all I am really saying is that it is okay to have the legislation, it is okay to have this, but if the police in this country know that it is easier to bring and charge a mad man under the Vagrancy Act and send him up to Glendairy, they are going to do it. They are not going to mind this pretty business about mental health and going before a Board and 48 hours and summoning anybody. They don't operate like that. As soon as they see a man come in and he is looking a bit strange on Broad Street or some manager of some store in town calls them and says a man is out on my sidewalk, down hands in him, straight into CID, charge him under the Vagrancy Act and get him up to Glendairy for a week and, perhaps, even more because of the complacency and indifference of the system under which we operate.

Asides.

Mr. D. J. H. THOMPSON: Judicial officers and lawyers because there are parts of the world where as soon as a lawyer sees this kind of thing he feels duty bound, *amicus curae*, to intervene and say this is madness; you cannot send this man up to prison for this, something is wrong with him; but here in Barbados we sit down at the Bar table completely indifferent and it grieves me because I have to go in court and where we sit at the Bar table we have to face basically toe to toe with all those young people who have been completely devastated by the use of drugs. So don't fool yourselves; as long as the Vagrancy Act is there, this piece of legislation, The Mental Health Act, Cap. 45 will only have 20 per cent of its value, the other 80 per cent will be worthlessness under the Vagrancy Act by persons who are entitled in this country to exercise authority, and I want to make that position clear. So if we don't get the Vagrancy Act off the Statute Book and people are sent up to Glendairy who have problems that are not of a criminal nature, then we are only wasting time here today with legislation such as this.

As a student at University, in Trinidad they had vagrants all over the city, most of them they say as a result of drugs. Waiting for the bus one day in Port-of Spain bus stand I saw a vagrant take a pregnant woman - well we couldn't get behind the barriers - and beat her. The police couldn't do anything because everybody was talking about human rights and Ramish Maharaj and this body you had to

deal with as soon as you picked up a vagrant. You have to balance these things very carefully. There are a lot of people walking around on the streets here who should be permanently in some psychiatric institution. That is one set of people; but there are a lot of young people who have left home, who, if they were locked away for a year, they may have left home because of some drug problem, they may have dropped out, and if they were locked away for a year nobody would ask for them.

That is the tragedy of our times, that there are parents and persons in *loco parentis*, in whatever as guardians, grandparents and so on who expect the state, the taxpayers of this country to intervene where their responsibility lies to rehabilitate their children, to give them the comfort that they might have denied them, to give them the difference in response to the indifference that they may have shown earlier. They would expect us as representatives of the people to sanction the expenditure of taxpayers money in rehabilitating these young people without even calling at the psychiatric hospital or the prison to find out where they are.

There are some who walk around Bridgetown who, I am certain, have never seen their parents for years. We have to be a more caring society. We have to look at ways and means of preventing the incidence of this.

It is all right in here when the scourge of drugs starts to affect the children of those in prominent positions, we can somehow deal with it, they can be sent off to Canada or they can be dealt with in all kinds of ways. I know what it feels like to have to deal with those situations, and more of us should become aware that there are elderly people in this country who raise children who don't even know what drugs are. They just know the child is on something. They don't know how to respond. They don't know how to communicate. They come to you and say "he is on to this thing you call drugs and every night at home he is licking up the furniture and taking the clock off the wall to carry it down Bridgetown to sell to get something in the prominent areas and so on."

Sir, the thing is affecting our society in a very serious way. I do not think that the previous statement that it is not as serious a problem as it appears is correct. It is a very serious problem which, as I said, when it affects you personally, very often you become helpless because you simply do not know what to do. The state therefore has to intervene and this is where these particular provisions come into place.

This kind of legislation must not be used as a means of punishment, as a means of subjecting people to deprivation of their liberty and so on, and that is my major concern. I am saying to you that, left to the state apparatus as it exists, all of this legislation is a means of repression and a means of carrying out a subtle reign of terror in this

country. We have to take a stand, in my view, on the kinds of legislation that we have on our Statute Book because people will view us as a society from the kinds of legislation that we have in place and the manner in which we seek to enforce it.

Those really, Sir, are the major concerns that I have, but I will only go now further to say that I support whatever efforts are made by the Ministry of Health to set in train the drug rehabilitation programme. I can only say that it disappoints me to discuss the question of drugs with fellow politicians because there is always a question of hearing if you know somebody involved, or diplomatic dope and all kinds of side issues, red herrings across the trail. Meanwhile thousands of young people are being exposed to the use of serious drugs in schools, some in their districts and so on and it is having a tremendous impact on the society. While we may have to set up Commissions of Enquiry to satisfy those who think that their probity is greater than anybody else's, whether it is Opposition or people out on the street, there is also a need for us to have a serious analysis of the drug problem as a whole and its effect on the society, and to address it not simply as a political issue or throwing barbs at each other, but as a matter which will have tremendous impact on our young people, and therefore on the future of our nation.

That it is possible for me to open the newspaper today and see a colleague of mine who at school reached "A" levels and did well telling - not today's paper because I am not referring to any individual, but it did happen recently - telling a judge he would like to go up to Glendairy for a few weeks to get his life back together, shocked me. He sat next to me in Combermere Sixth Form. He had many jobs. You know the boy. He was bright. He comes from an outstanding family as far as I am concerned in terms of their achievement; a father who saw and gave his children everything, but he got into wrong company. He did a little farming and then somebody told him if you farm you have got to wear locks because it helps the plants grow or something so, and he starts to wear locks. There are people who believe that young people should not farm unless they have locks. The only young farmers in Barbados are Rastas, so they must wear locks and talk to the plants, and that helps them grow, and he probably followed their foolish advice, but today he does not have anybody to turn to.

Fortunately I stepped into the court on many occasions and saw him and I didn't know what to say myself. I represented him some time ago. I believe all of us have had a little session with him, but the crunch came eventually and this was it. There are other situations like this where you pick up the newspaper and you see somebody being locked up, a person who has a perfectly good mind, could not be mad, but because of the influence of drugs on their life has come to naught all of a sudden. These are the things that we have to address. We will get the other issues out of the way, we will root out corruption in high places and I

suppose we have to point fingers at each other from time to time. That is the nature of politics. But at the ground level it is necessary for us to look at the question of the effects of the use of these drugs in a serious way. I hope that the Ministry of Health and the Attorney General are going to carry out the necessary investigation, and as a result, reform that will be required to assist in this way.

With those words, Sir, I support this particular legislation. Thank you.

Mr. R. P. BYER: Sir, I want to make just a couple of remarks. I will not be very long because most of the points and issues have been addressed by previous speakers in very eloquent fashion, but this topic of mental health does attract me in some considerable way because my maternal grandmother, previous to her demise, did not enjoy many lucid intervals and her brother, my great-uncle, was similarly afflicted so that the family as a whole was always faced with great periods of trauma when they went on their wanderings and could not be found. We had to collectively go and seek them out so the problems of discussions of mental health do, because of my experiences in that family setting, concern me in some way. This is why I would be happy if all that has been said in here today about upgrading the mental health facilities and tackling the problems as envisaged by the amendment in setting up small enclaves of private mental health institutions and, also, improving the physical amenities at the Psychiatric Hospital and in other nursing care homes, could bear fruit. 4.35 p.m.

I would be very glad if those things came to pass but our society still has to come face to face with the trauma that can result from mental health. We still have to come face to face in dealing with problems of euthanasia, mercy killing that is, Sir. How will we, as a community, react or respond when one of our elderly citizens commits an act of mercy killing if his wife, or other relative, or friend is suffering from the degenerate condition of Alzheimer's Disease, or dementia, for that matter, how would we deal with this problem?

Large societies, for example, the United States of America have already been faced with the problem and they have dealt with it. I remember the NDC did a film about the problems presented by mercy killing, a mental health situation. This is an actual event that occurred in Florida and I did a tape of the programme and could not help but to be concerned and touched by the difficulties and personal problems that that family was faced with when the husband involved killed his wife because she was suffering from an incurable disease.

These are things that Barbados, as a small society, still is faced with. We have not come face to face with that kind of experience and one wonders, I, certainly wonder, Sir, how we would deal with it if we came face to face with

that. This is why when I hear the Minister say that there are only four consultants to treat the entire patient community at the Psychiatric Hospital I was alarmed because, as the Leader of the Opposition said, it means that no extensive effort is made to treat persons in the way they ought to be treated, that the only treatment that is given, Sir, is drug treatment and not counselling or other forms of treatment.

I am of the view that many persons who are in the Mental Hospital should not be there because if we had enough psychiatrists to treat those persons, then I am certain they would be able to live a normal life.

There are many persons in our community who are written off as being mad who are not really mad in the strict sense of the word but, certainly, being exposed to good treatment, those persons would be able to lead a very useful life.

Now, Sir, I am very happy with the Mental Health A'ct, Cap. 45 because at one stage you had two Acts on the Statute Books that dealt with mental health but one was not proclaimed, that is the one that we are now looking at this afternoon, and I remember I had a problem dealing with a mental health person in terms of the estate of that person, or, indeed, the property of that person because, when we speak of an estate, we think in terms that that person is dead.

This is a case where there was a lot of rambling amongst that person's siblings as to who should look after his property because he suffered from a disease of the mind, dementia, and he could not look after his affairs. The problem was referred to me and I started to look at Cap. 45 but then when I read through it I saw that the Act would come into force by proclamation so when I checked I realized that it had not been proclaimed so I had to read Cap. 46 and then it struck me that Cap. 45 offered the easiest solution to the problem that I was faced with but I had to use the Cap. 46 legislation because it was still the one that was on the Statute Books because Cap. 45 had not come into force. I am very glad that we now have Cap. 45 on the Statute Books because the problems that would confront members of the legal profession when dealing with property of the mentally handicapped persons would now be properly treated under Cap. 45 of the Laws of Barbados.

For example, Sir, if we may go a little further. I do not see that problem that reference was made to before when one of the teaching fraternity at the University of the West Indies was committed to the Mental Hospital by a person whom we now know. I do not see that problem arising now... 4.45 p.m.

I can see other problems arising under the present Act that we have. This is why I totally endorse what the Honourable Member for St. John said before. I just want to

see it happen. But I doubt that members of the Police Force will use Cap. 45 in their approach to these kinds of problems that can result. They would rather use the Vagrancy Act.

We had a very recent example of this yesterday when a person who is known to have a mental history attacked a teacher at the Hindsbury Senior School. If I am to go by what was reported in today's newspapers, in both the newspapers, it would appear that the procedures under Cap. 45 were not being followed.

Aside.

Mr. R. P. BYER: Yes, that they were not being followed. Now, in particular, Sir, if you look at Section 7 (4) of the Act, Sir, if I may crave your indulgence. I would like to refer to that Section. It says that:

"Where a member of the Police Force is informed by a mental health officer that a person suspected of being of unsound mind is in any building or on any premises, whether private or not, that member of the Police Force may, if necessary, obtain a warrant and enter such building or premises and take that person into custody."

Then subsection (5) gives him a discretion in terms of whether or - and the Honourable Minister of Health did advert to this earlier - as to whether a charge ought to be preferred against him or not, and that they ought to convey him to a mental hospital within 24 hours from the time of taking him into custody.

The only excuse that members of the Police Force have is if they say that they were not informed by a mental health officer and that they were not after that person yesterday, not being so informed. I am certain that, given the knowledge that police officers have in Barbados, they probably knew that person was a mental health person, and they ought to have followed the procedure under the Act and obtained a warrant to subdue that person.

Now this brings us back, Sir to the issue of freedom of the citizen. As the Member for St. John said, he made the point that liberty of the subject was paramount in this society and that we have got to observe very carefully the problems that can result under this Act because the freedom of the citizen, as was referred to by the Honourable Leader of the Opposition, is not looked after very carefully in this situation. Nor I do not know if there are clauses in this Act to absolve from blame any person who might be an officer of Government who might have contravened it. I know that in some Acts....

Aside.

Mr. R. P. BYER: - They are. Okay. - they absolve

them. So that you might not be able to pursue issues of human rights and fundamental freedoms, the abuse of them,.....

Aside.

Mr. R. P. BYER: freedoms under this Act. If you look at Section 7 (7):

"No liability attaches to any person for any act done pursuant to this section if such act is done in good faith and on reasonable grounds."

So that any person who is abused, Sir, can only establish a claim for damages or some other remedy, if he is able to show that the act done under this legislation was not done in good faith or on reasonable grounds. We have to be very careful, Sir, when we are pursuing the procedures under this present Mental Health Act, in subduing persons who are suspected of being afflicted with some mental illness.

Now, Sir, this brings me on to another point that was debated extensively in this Chamber this afternoon. It has to do with the problem with the Vagrancy Act. I am sure that, given the researches that I notice the Attorney-General was doing, he will make some response to this later on. I am putting you on the spot.

Laughter.

Mr. R. P. BYER: But, Sir, if I may be given a little leeway, the Vagrancy Act is used in Barbados to deal with mental health problems.

Now the Vagrancy Act was passed in England in the Seventeenth Century to deal with the activities of highwaymen. I remember reading that a judge, an English judge, a very eloquent judge, a good judge dealt with the history surrounding the Vagrancy Act, and he made that point. This Act was introduced into Barbados in 1897, just coming on to the end of the century, to deal with the containment of the black element in this community.

I think it is about time, if you are going to be a serious Legislature, that those pieces of legislation that have the taint of racial prejudice about them should be removed from the Statute Book. I do not think it is enough for Opposition Parties to point the hand at Government and say that successive Governments have promised to do something about the Vagrancy Act and have done nothing about it. I believe it is the duty of any Opposition Party to bring a Bill if they are not satisfied with any legislation on the Statute Book.

Aside.

Mr. R. P. BYER: We cannot continue to say that it is the responsibility of Government to have a legislative

programme to deal with all of these problems that we foresee, to deal with all of these problems that we might even perceive down the road, Sir.

I think any serious Opposition Party, Sir, has that added dimension to its responsibility. I would urge the Party that I now belong to to do something about those pieces of legislation on the Statute Book which it finds offensive and against decent taste. The Vagrancy Act, Sir, is one of these, for the very reason that it was introduced into Barbados to contain and to regulate the activities of black persons in Barbados. There are some things on this that, I mean, boggle the mind. If you had to pursue for example, I think it is Section 2 (c), the one that deals with if a person is not employed - or 2 (b) - or gainfully employed, something like that. It is under 2 (b)?

Aside.

Mr. R. P. BYER: If he has not got any labour.

Aside.

Mr. R. P. BYER: He is a vagrant. He cannot support his children, Sir. He is a vagrant. Sir, with this high degree of unemployment now and we had to pursue that section, Sir, Glendairy would be overflowing.

Aside.

Mr. R. P. BYER: Then it deems you a rogue and a vagabond because you cannot find a job.

Aside.

Laughter.

Mr. R. P. BYER: I do not want to say the same thing about certain unemployed Ministers of Government, Sir.

Aside.

Mr. R. P. BYER: Underemployed?

Aside.

Laughter.

Mr. R. P. BYER: That is just by the way, Sir.

Laughter.

Mr. R. P. BYER: They might very well be deemed rogues and vagabonds, Sir.

So, it is important, Sir, that something be done about that Vagrancy Act. Not only because in my opinion, Sir, and in the opinion of the Member for St. John, I am certain

he would agree with me that it is being abused. Most lawyers agree that the Act itself is abused in a manner not even contemplated when it was passed in 1897. Something ought to be done about it because it has outlived, I do not even want to say, its usefulness. I think it is offensive even to say its usefulness for the reason that I earlier alluded to, because it was brought and it was passed as law in Barbados to contain the activities of people who were not considered persons in that day, Sir, and it ought to be moved from the Statute Book. 4.55 p.m.

Now Sir, I want to advert to one other thing, the problem of drugs and drug abuse in our community. I do not think that the problem of drugs should be used as a political quarrel but at the same time, Sir, I must say that I think it is wrong for any Government or for any person to say that there is no drug problem in Barbados. I believe it was said, or the reason for saying that there was no drug problem in Barbados was because we are not in the wider sense of the term a drug producing country, that we are only a community of consumers and since you only have a problem with one limb of the whole drug trade, one limb being the consumption of drugs, Sir, and the other being the producing of drugs that there was no problem with drugs in Barbados. It is wrong to say that, apart from the fact, of course, that we are used as a major transshipment point. I think it is about time that we must come up with some comprehensive plan to deal with this scourge that is presently afflicting our society, Sir. I am certain that in time we will come up with such a programme.

We, as an Opposition Party, the National Democratic Party, have our own views. You see, Sir, the whole thing about loitering, Sir, is that I remember a statement by the late and revered last Prime Minister of this country about loitering on the steps of the Colonial Office, Sir. The Honourable Minister of Health will understand what I am getting at, Sir.

Yes, Sir, I am certain that, if the present Government does not come up with a programme for dealing with the drug problem in Barbados, this country will be the poorer for that. We in the National Democratic Party have our own views about the way in which the drug problem ought to be tackled. I am one of those persons, Sir, who believe, and this has nothing to do with NDP policy, Sir, but I am one of those persons who believe that the same approach that is taken by Iran in the treatment of drug smugglers and by Mauritius, Sir, ought to be used in Barbados, Sir. Any person who is caught smuggling drugs should be killed - shot. I realize, Sir, the seriousness of making a statement like that because I have now put myself, Sir, in the firing line to be shot as well, because they are very reckless persons. Those persons do not make sport. I know that.

Asides.

Mr. R. P. B YER: Yes, of course, and I did not think a .45 will be coming in my direction. I mean a verbal broadside as it were, Sir, will be coming at me, Sir. But people who deal in drugs are very serious people. They do not make sport at all, Sir. They are very desperate people, if I may borrow the word of the Minister of Housing and Lands. There are very desperate people, Sir, and anything or any person that stands in the way of people dealing in drugs - we see the example of Colombia, Sir, we see the example in Italy where judicial officers are cut in broad daylight, killed; Chile is another example of that. But at the same time, Sir, we got to realize that there is a lot of politics in drugs. For example, it is politics being paid for in Panama and we have got to question seriously whether the large countries of this world are not using the whole question of drugs in a political way. We have got to look at that very carefully, Sir.

I am concerned about the abuse of drugs in our community and I believe, Sir, that, as a serious Parliament, we have got to put our political differences aside and deal with this issue of drugs. It is a very important thing. If not, a whole generation if it has not been lost, will be lost, Sir

Mr. SPEAKER: in the mental hospital.

Mr. R. P. BYER: Well, we may lose them to the mental hospital, Sir. Of course, Sir, that is what I am thinking about, Sir.

Mr. SPEAKER: That is the point. I was just trying to suggest to you that the extensive debate on drugs at this point may not be totally relevant but only relevant in the sense of the mental hospital....

Mr. R. P. BYER: Yes, I agree with that, Sir.

Mr. SPEAKER: in respect of the Bill.

Mr. R. P. BYER: Yes, I am thinking, Sir, that Your Honour understood me to be dealing with the whole problem of drugs within the context of the Mental Health Act in a similar manner that the Member for St. John dealt with it, Sir. We know that some mental illnesses are drug induced. But Sir, having said that, I would like to conclude by urging this House and all parties concerned on either side of the divide to let us get together and work towards a comprehensive programme for dealing with this problem of drugs in Barbados.

Mr. J. J. PAYNE: Mr. Speaker, I would like to join the debate on this Bill. I think that I agree with much of what the previous speakers have said. But if we should look closely at the whole question of the mental health situation in Barbados and how the law relating to mental health is going to be amended by this Bill, I think we will all agree that the proposals which we are making here this afternoon will provide easier access for treatment for those persons

who are regarded as mentally disturbed or as mental patients. I feel that it is necessary to join the debate at this point, Mr. Speaker, because I feel the whole question of mentally disturbed individuals in this country is not discussed sufficiently widely in our community. I think the question of people who have mental disorders or are mentally disturbed persons is something that we should give much more serious consideration to in view of the kinds of laws that govern these individuals in our community.

The Minister, in introducing the amendments to this legislation, has given an overview of the law relating to mental health and mental health patients. It becomes clear to everyone who takes a look at the legislation that society has to be protected against people who cannot protect themselves and who are a danger to society. He has mentioned that there are a lot of people out there who need to have access to medical treatment, but the present state of the law does not provide the opportunity for them to get the kind of treatment which is important and which is helpful to them in these kinds of situations. The point which I want to make most forcibly, Mr. Speaker, is that every single law which affects mental health patients must be applied with caution and must be applied with care. As a matter of fact, I will go further and say that any law which affects the liberty of subjects of this country should be applied with caution and should be applied with care. Many speakers have touched on that point and I want to raise that as the first point in my contribution. Because I, too, feel that persons who are mentally ill, people who are mentally disturbed are stripped of many of their legal rights. We have to accept that as a fact. They are not equal before the law. We talk in our society about equality before the law. But people who are mentally disturbed face the courts with a disadvantage in that they are in a situation where they can't think for themselves. The mind is not in a state where they are regarded as being able to look after themselves and therefore the courts, the state and the laws assume that responsibility of making important decisions that touch and affect the lives of these people. 5:05 p.m.

As one of our previous speakers mentioned, these are persons who are reduced in status in our society by virtue of the condition in which they find themselves and they are looked down upon by people in our society.

Any person who goes to that institution in Black Rock will have a stain on them for life, a permanent stain. Therefore, we have to look at the law and apply it with caution and with extreme care.

In my view, Mr. Speaker, what is very significant about the amendments which we are proposing today is that they provide the opportunity for treatment. I think that is perhaps one of the most significant aspects of the law as we look at it today. I believe that the primary consideration in

present day mental health legislation should be to provide treatment for these people rather than to provide punishment or detention as we have seen being the trend in the past. I think that the legislation which is being proposed will provide that opportunity for these persons to get access to treatment and access to the kind of care that is needed, which is very important.

One of the things I believe is not given enough attention is the treatment and the care of these persons after they leave these institutions. I believe we must go further than provide treatment for these persons when they are in the institutions. Many people leave these institutions and go back out into the community and enough effort is not made to ensure that they continue to receive that care and attention after they move away from the institution. I believe that we have to look at systems which will ensure that, after people move away from these institutions, they continue to receive their treatment. In many cases we find that, even though they may be taking a particular form of medication, after a time it seems to me that the medication does not have the effect on them because of constant use, and I think we should have a system where they should come up for constant review to ensure that they are able to respond to the treatment which is being given to them, and to ensure that the quality of life for these persons is improved.

I believe also, Mr. Speaker, that one of the greatest areas of assistance that these persons will need is the opportunity to be exposed in the communities in which they live. I believe that the families of these persons should assume a greater responsibility for their care. We see, in Barbados, that many people who have families go to these institutions and many of these families do not go to see them, do not pay attention to their needs. It is my view that, if someone is not prepared to look after their brother or their sister or their mother, their blood relatives, it will be difficult for that person to look after a stranger or a neighbour for that matter. I think we have to start by impressing on the relatives and families of these individuals the important part which they have to play in ensuring that these persons are brought back into the mainstream of society and ensuring that they make a speedy recovery from the efforts which are made by these institutions to bring them back into the mainstream of life.

We also have certain institutions in this country that play a very significant role in assisting these persons, institutions like Alcoholics Anonymous, which is very helpful to persons who are alcoholic, and the Salvation Army.

I believe that institutions of this kind should be given more assistance, because I believe that these private institutions are perhaps better able, because of the voluntary assistance that they get, both professionally and financially, to help. I believe that if we as a people can move towards

assisting these voluntary institutions, many persons in the communities will be able to get help in a greater way and I believe that many of these persons would prefer to be seen treated in that sort of environment than going to a Government institution like the Psychiatric Hospital where a stain remains on their lives. I want to make this point most forcefully, that these private institutions and voluntary organisations should be helped to make an effort to contribute towards improving the opportunities for treatment which these people should get in our communities.

The Minister, in introducing the amendments to the legislation, spoke of the contribution which the private sector will be called upon to play in this regard. I think that this is also very important. We cannot expect that Government can manage this responsibility by itself. I believe that many of us in Barbados see Government as being almighty, that it can solve each and every problem in our society. We have to recognise that the responsibility has to be spread out to a very large extent among the different organisations and the different entities in this country if we are to be able to solve many of these particular problems.

In speaking about that, Mr. Speaker, I want also to emphasise the question of communities. We find that in various communities there are many people who are known to have certain problems, whether it is a problem with alcohol or whatever, but sometimes you will go into a rum shop and see people encouraging some of these persons to drink when they know very well that these persons cannot cope with the drink. I believe that our people should try where necessary to help these individuals and see that they go on the right path rather than to put them on the path to destruction. All these are areas, Mr. Speaker, which one would like to highlight most forcefully.

One of our previous speakers also mentioned the point that there are many people in these institutions who can be brought out into the community. I also want to agree most forcefully with that, because there is a popular saying in Barbados that there are more people on the outside who should be in than those on the inside who should be out. Mr. Speaker, you are, I believe, familiar with this story of the man who was a mental patient, looking through the rails down Black Rock, and a guy came down in his motor car and he got a flat tyre. He took the nuts off the wheel and left them in the road and ran to the gas station, and by the time he came back he noticed that the four nuts were gone. So he looked at the patient standing behind the rail and said, "Man, I have a problem." The patient said to him: "You do not have a problem, just take off the three nuts from the other wheels, put on the wheel, go down the road and buy four nuts and you are covered." 5:15 p.m.

We get many of these kinds of situations which can dramatise the point which is being made in these

circumstances, that there are many persons inside these institutions who are only in need of minor treatment and who can be brought out into the communities, but because of the system which we have, they are confined to these institutions and it creates a drain not only on those persons but on our society as a whole. Those are the kinds of things that should be highlighted in any contributions on this particular piece of legislation.

The Minister also dealt with the question, Mr. Speaker, of the qualifications of persons who will deal with these patients. This is another very critical and important area, because I feel that, where we have an institution like the Psychiatric Hospital with something in the region of 627 beds, four or five professionals dealing with that number of patients is completely inadequate. What is important is that, if we are going to expand the scope, we have to ensure that those persons who will be dealing with these cases are sufficiently qualified to handle these matters. It is important that he has highlighted the minimum qualifications which are required, and has stated most emphatically that people who are below the rank of psychiatric social worker will not qualify for the post of mental health officers. I believe that we need to ensure that more psychiatrists are involved in dealing with this problem. I believe that there is, perhaps, a need for more communication between the different professions involved in dealing with mental patients. I believe, for example, that the legal profession can play a great role in dealing with this particular problem. If we can have communication and dialogue between the medical profession and the legal profession, I believe that we will go a long way towards finding solutions to these problems.

It is true, Mr. Speaker, that mental disorders are so wide and varied that they baffle many of society's greatest thinkers. I believe that with dialogue and with communication this will go a long way towards improving the solutions that we can probably find in dealing with these particular problems.

In making my contribution, Mr. Speaker, I just want to state most forcefully that the legislation which we are proposing today, even though it will affect the rights of those people involved, I believe will achieve the objective, if properly implemented, of ensuring that they get access to treatment. I think that we have to strike a balance, as a Government, between the role of Government to protect its citizens and to give itself the licence to control and interfere with the rights of these people. In this legislation, I believe no one can say that consideration has not been given to both aspects of the problem which has to be dealt with in this particular regard.

In conclusion, I would like to say that I give my wholehearted support to the amendments and look forward

to supporting any future amendments in this particular regard. Thank you, Sir.

Mr. C. L. TROTMAN: Mr. Speaker, I did not originally intend to speak in this matter since I support the Bill before the House, but when I heard, a few moments ago, the statement from the Deputy Leader of the National Democratic Party, I recognised that, though expressing a personal view, he was speaking nonetheless as the Deputy Leader of that party, as I understand it, and therefore speaking as a potential Deputy Prime Minister of Barbados. I was a little concerned at the statement that a person should be shot. My view is that even though I share a view as strongly as he does about the use of and transactions in narcotic drugs, I have a concern that we would want to go to the other extreme, to take a position to shoot persons and take away their lives in situations of that sort.

Mr. R. P. BYER: On a point of order, Mr. Speaker, I < * was just waiting until the Honourable Member had proceeded a little distance into his speech before I made this intervention to inform the Honourable Member that I identify him as referring to me, and to let him know that there is no such position in the National Democratic Party's Deputy Leader. I certainly do not hold that position in the National Democratic Party. I am the Honourable Member for St. George South, and I would like to remind the Honourable Member at that.

Mr. C. L. TROTMAN: Mr. Speaker, I am obliged to the Honourable Member for St. George South. The error I made springs only from my very great esteem for him and my considerable respect for his office, holding the view as I do that a person of his esteem would in fact be Deputy Leader of that party, and therefore potentially Deputy Prime Minister. I think that I need to make the point, Sir, that we have to guard against the making of wild statements because these wild statements, Sir, have the habit of crossing the floor sometimes to haunt us. We don't want to have such crossings of the floor of wild statements.

I would nonetheless, Mr. Speaker, agree that there are certain contributors to the deterioration of the health of a society and I would accept the suggestion coming from him that the use of narcotic drugs is one of those, the smoking of marijuana and harder drugs. Indeed, Sir, last night the Bank Hall Neighbourhood Watch made some rather strong statements to me, and instructed me to seek your kind *» permission to make this strong observation in this regard.

I did apologise on Sunday for the absence from the Church service of the Minister of Health who was out of the country on Government business.

Mr. R. P. BYER: On a point of order, I am certain that the Honourable Member is aware of the Standing Order which speaks of imputing improper conduct on the part of a fellow Member of the House. I just want to remind the * Honourable Member that the statement was not a wild

statement, and, in fact, I made the point that other communities in this world deal with drug smugglers in a particular way, and I certainly, speaking for myself, would like to see them dealt with similarly in this hemisphere. It was not a wild statement, and if he is imputing improper conduct on my behalf, I would like him to withdraw the statement, Sir.

Mr. C. L. TROTMAN: Mr. Speaker, I withdraw the statement.

Mr. SPEAKER: I understood it to be a general statement rather than a specific statement.

Mr. C. L. TROTMAN: Mr. Speaker, I withdraw the statement that it was a wild statement. 5:25 p.m.

Mr. C. L. TROTMAN: Mr. Speaker, I was saying that I was instructed by the Bank Hall Neighbourhood Watch to make reference to this business of the mental health of the country, the concerns that all of us have for this deterioration in the health of the country and in that concern to note certain contradictions which there, apparently, are in our own society.

One of those contradictions, Mr. Speaker, relates to the matter of the increase in the sale of wrappers - I understand that these are cigarette wrappers - at the time in our society when cigarettes are not being smoked in such large numbers and those which are being smoked are ready-made cigarettes. Therefore, the question arises as to why these wrappers are on the increase in terms of their sale in the country and why is it that, in every community one goes into one can get those wrappers without any difficulties whatsoever.

It would seem to me and it, certainly, did seem to the Bank Hall Neighbourhood Watch, that the community at large has turned a blind eye to one of the major problems which faces the society which has a means of leading towards a deterioration in the mental health of our citizenry in that, as we understand it, the beginning of the drug problem starts very often for persons in the smoking of marijuana. When the marijuana is smoked, the understanding we have is that one uses these wrappers, like cigarette wrappers, to roll and to wrap the substance and the concern, as I was saying, Sir, is that these wrappers are available as though cigarettes were being smoked and were being wrapped in large numbers and it seems to me that we have to have a concern for that kind of permissiveness which allows the contradiction.

-The problem we have, Sir, is that when once one falls into the mental health difficulty, it is not easy to get out of that because illness seems to go from bad to worse. Particularly, the narcotic illness seems to go from bad to worse. Furthermore, Sir, the problem arises regarding the

stigma which one places on mental illness more so, perhaps, than one places on several other kinds of misfortunes.

I would wish to make the point that mental illness should be recognized as being an illness. Diabetes is an illness. A prostate condition is one as well. Cancer is one and there are some factors which lead to mental disorder which are of a similar nature and I would suggest that illness calls for, first of all, care. It calls for understanding and it calls for commitment.

Regrettably, our society does not always recognize these needs and persons who are ill mentally do not get the kind of care or the kind of understanding or the kind of commitment that one would need to give to such persons.

I am pleased to say that in some institutions, we are able to recognize their importance and are able to endeavour to rehabilitate them and give them the position 'that, except for that minor weakness they may have, or minor illness they might have, they are normal members of the society.

I wish to make one other observation, Sir, and that comment is to join those persons who spoke before and called for a removal of the 1897 abomination, that is, the Vagrancy Act, as it relates, of course, to this particular debate.

We are getting the impression, Mr. Speaker, that everybody on all sides recognizes the importance and the need for this particular bit of legislation. I believe that many persons here within this establishment accept the principles of socialism as the guiding principles of their particular establishments.

I am of the view that if we are socialist oriented, and if we have a love and a respect for people, especially the mass of the people who make up our society, we cannot merely stand and recognize the abomination that there is in this legislation without acting with alacrity and despatch to remove it from before us.

I urge, therefore, Mr. Speaker, that, as a matter of urgency, we move in that direction to make sure that we can not only speak about the need for it but that we can speak historically about what used to be and speak with pleasure and satisfaction that our society has been spared that scourge.

I thank you, Sir.

Mr. L. L. BRATHWAITE: Mr. Speaker, just very briefly I would like to lend my support to this Bill, primarily because in every discussion in which one is involved at the level at which I operate, Sir, there is grave concern shown for the impact of illicit drugs and the

resultant brain damage that seems to have resulted to the young people of this country.

Indeed, as I sat at a meeting of the St. Michael North East Branch on Sunday, grave concerns were raised not only of problems within the St. Michael North East constituency, but problems relating to school children who, as they leave school on evenings, congregate in areas in Bridgetown and are intercepted by persons who are trafficking drugs.

I believe that all of us understand the danger and the damage that can be done to our young minds and our young brains in this country because the use of these drugs would tend to give us a very negative position 4, 5, 10 years down the road.

I want to state, Sir, that it has also been drawn to my attention that some of the people who are peddling these drugs to the school children are people who would look very insignificant in Bridgetown. Sometimes the mode of dress would lead you to pity them but they are the persons who, I understand, are creating this menace for some of our young people.

I take this opportunity to say, Sir, that some of these people whom we see roaming the streets of Bridgetown need to be taken seriously. As I understand this bit of legislation that we are discussing today, it has the scope of allowing these people to be taken and rehabilitated to some extent.

It is for this reason that I would like to support this Bill because, I believe, there must be some way in which we can stop the erosion of the lives of a lot of our young people on whom we depend for the future development of this society.

I am happy, Sir, that the Government's action in relation to drugs and the use of illicit drugs gives me reason for hope. If this is just one segment of that action, then I would wish to support it very fully.

Much has been said about the liberty of the individual and, to some extent, that related to persons who might be apprehended or arrested but, also, attention was drawn to the fact of a young man who attacked a school teacher yesterday and what was perceived to be his state of health.

I want to say, Sir, that the concern of mine for the individual also includes those persons who can be attacked by these people. It is for that reason that I believe that greater action needs to be taken in clearing off the streets of this country people who are likely to perform such acts and, therefore, put them in a position where rehabilitative measures can be extended to them.

With those few remarks, Sir, I would like to give my support to this Bill. 5.35 p.m.

Hon. M. A. KING: Mr. Speaker, I really do not want to prolong the debate much longer but there are a few comments which, I think, may be appropriate on this Bill, before I get into the substance of dealing with the Vagrancy Act which has been a topic of some contributions here during the course of the day.

I think it is perhaps appropriate that I pay a word of tribute to the Minister of Health for dealing with this matter in the way in which it has been dealt with.

Applause.

Asides.

Hon. M. A. KING: I must say, Mr. Speaker, that the amendments which have come before the House today have been a matter of concern to him for some time. Although he was out of the country last week, he has so insistent that I assist him in getting the legislation before the House that he even said to me that, if the House met last week, I should try and get the legislation before the House and deal with it myself, if he were not here.

I think it was just as well that the legislation Aailed until he returned to the country so that he could deal with it in the fulsome and effective way in which he dealt with it.

Although some reference has been made during the course of debate to the constitutional rights of persons not to be deprived of their liberty whimsically, I do not think that anyone went to the extent of suggesting that the legislation, as it stood, was in any way contrary to the provisions of the Constitution. When one looks at the Constitution in respect of the protection of the right to liberty of people in the community, you see that it does provide that legislation may be made to deal with persons who are reasonably suspected to be of unsound mind, addicted to drugs or alcohol or a vagrant for the purpose of providing care or treatment or the protection of the community. So legislation of this kind, as it is framed, is clearly within the bounds of the constitutional protection which is guaranteed to the citizens of this country. I do not proposed to deal in any detail with the aspects of the legislation which have been so fully covered by most other persons.

But what I do want to spend a few moments on, Mr. Speaker, with your indulgence, because it is not strictly within the scope of this debate, is to respond to a few of the comments in relation to the Vagrancy Act. Everybody calls it an abominable piece of legislation, antiquated, perhaps irrelevant to this day and age. Some of those comments may be appropriate. From time immemorial, from the time I

started to practise law in this country which has been quite some years ago, round about 1960, Mr. Speaker, I have always heard calls by political persons and others for a repeal of the Vagrancy Act, as it stands on the law books.

This Vagrancy Act was originally passed in 1897 and it was amended as recently as 1984, by 1984-33 where certain sections of it have been repealed. Although it is clear, Mr. Speaker, that there are a number of provisions of the Vagrancy Act which need to be repealed, it has to be done against the background of looking at the totality of the legislation. It deals with prostitution, with fortune telling, with begging, with Johnnies who have brothels and support prostitutes. It skirts to some extent on police powers. What has to be done in modernizing legislation of this kind, because I do not think that you can just wipe the legislation off the Statute Book as it would leave a fairly substantial vacuum in relation to a number of areas of the law in respect of which there would be no other penal provisions, what we need to do I think in this country is to have some comprehensive form of legislation which will deal with the whole problem of morality in the country, prostitution, vice, pornographic literature, pornographic photographs, things of that kind. Those are areas which need to be addressed. The area of police powers as well, to what extent will you give the police powers which they are seeking today to deal with the problem of illegal drugs. The police from time to time will say that they need effective powers to stop and search cars on the streets, they may need powers to tap people's telephones for the purpose of hearing transactions about illegal drugs. All these issues have to be addressed broadly and we cannot just go and deal with them in any piecemeal fashion.

I agree with most Honourable Members who make the point that the Vagrancy Act needs to be modernized. It probably needs to be repealed and replaced by something which is more relevant to this modern day and age. I have no difficulty with that. As I say the problem will be to get a framework for that legislation and not just take this off the Statute Book and leave nothing in its place.

The Honourable Member for Christ Church West, *sotto voce*, has said that some draft legislation had been prepared on this matter which he left there. I have not myself seen that bit of legislation, but I will make some enquiries about it, I will have a look at it.

Aside.

Hon. M. A. KING: I have seen the others, but I am dealing with the Vagrancy Act in particular. I will have a look to see what has been done in relation to that and make every effort to get this legislation modernized.

I do caution, Mr. Speaker in saying all of this that perhaps the time is right for us to have a full fledged law reform commission because the area of law reform is not an

easy area to deal with. As one goes through the various laws which have been passed in this country, clearly the need for reform over a wide area of legislation needs to be addressed. You need to have persons who are specially honed in on dealing with the issue of law reform. You find that the public servants who deal with Parliamentary drafting on a daily basis tend to be more taken up with, so to speak, putting out bush fires. You know, dealing with the issues of immediate concern which we need to get before Parliament in areas where Government needs to be advised as a matter of urgency. The whole law reform programme perhaps needs to be so structured that persons can devote their full time to dealing with the many issues of law reform which need to be addressed in this community.

With those remarks then, Mr. Speaker, I have the greatest possible pleasure in supporting the amendments before this House.

Hon. B. M. TAITT: Mr. Speaker, Sir, if I may wind up this debate and allow Honourable Members to proceed on their way, let me start first of all by extending my sincere thanks to all Honourable Members who have spoken. 5.45 p.m.

Each Honourable Member who has spoken has made some contribution of significance to the debate and I, therefore, wish to thank them for the spirit in which this debate has been conducted and the constructive nature of the recommendations and suggestions which they have made for the implementation of this Act.

Naturally, I am particularly grateful to my friend and colleague, the Honourable Member and Attorney General and Minister of Foreign Affairs ...

Asides

Hon. B. M. TAITT: According to the Deputy Prime Minister, the other Member of this mutual admiration society, but Sir, one of the things one has to say about the Attorney General is that it is easy to get your point of view across to him and he strives always to assist. I am grateful to him because I know that this was a very personal effort on his part to accommodate the Ministry so swiftly.

Let me turn to the actual questions raised in the debate. I promise not to be long. The Honourable Member, the Leader of the Opposition, was concerned about the establishment of the new Psychiatric Hospital. I think that generally we were agreed on the points he was making about nuisances not madness, etcetera, so I need not touch on them. On the question of the new Psychiatric Hospital, I think that the Honourable Member has to remember that not a great deal has changed in the country's finances since he left the Ministry of Finance. The Honourable Member says that he is fed up with hearing talk over the last 15 years

about the need for the new Psychiatric Hospital and that is true. The fact remains that any such creation of a new hospital must be done in the context of the capacity of the country.

The new psychiatric hospital will be, the project that we have proposed will be, in the vicinity of \$60 million. That cost as we perceive will have to be met in the way we meet these long term capital investment projects. So that there will be no doubt in the minds of anyone, the Ministry of Health Development Plan for 1988 - 93, which we have made available to all Honourable Members in this House and to the Press and to other key people in Barbados, outlines very clearly the very comprehensive plans which we have for the development of health in Barbados between 1988 - 93, and on the Mental Health Services which we can be found at Page 39 through Page 42 we indicated in some detail that the present Mental Health System is no longer keeping pace with advances in the field of mental health care. The level of care given allows for a large institutionally based programme but it does not allow for the full development of adequate rehabilitative care and patient maintenance within the community. We went on to point out and this is the policy of the Government in relation to mental care, this is what we are going to do, broadly, we are going to reduce the institutionalized population and provide a more effective and efficient mental health service. We are going to extend and integrate a sound community based Mental Health Service programme into the primary health care services at the polyclinic level with the necessary extension into the home.

Asides.

Hon. B. M. TAITT: I beg your pardon. Yes, as we made the point when we introduced the legislation, we have managed to get a Consultant Psychiatrist. We have district teams working out of the polyclinics and the community have nurses. The nine of them are in fact working together with the social worker. The consultant, social worker, mental health worker, and the community nursing service all form part of a mental health team. You do not need a psychiatrist at each point because the team is working as a team out of the polyclinics and that service has been going on since 1987. In fact, the final feasibility report has been submitted to the IDB for the project that will see us building the psychiatric hospital as part of a community health programme. We are submitting this project in the context of community health, with the psychiatric hospital being at the end part. So the project would be \$60 million that we are looking at. I do not wish to go into details on that. The point is that this is what we are going to have.

The plan proposed represents the first phase of development of the programme and the proposed IDB project takes into consideration that the most important constraint in the Government's recurring expenditure is the Government's recurring expenditure capacity. The

programme will see the equipping of a new psychiatric hospital with a capacity of 300 beds, the establishment of nursing homes and supervised residence for patients physically ill and those ambulatory that require minimal care. So the Honourable Member who spoke, the Leader of the Opposition, obviously was making reference to the points he has read in our own Development Plan.

We are going to have a Department of Adult and Family Psychiatry at the Queen Elizabeth Hospital. The cost of that Department was submitted to me about 2 months ago and is put at in the vicinity of \$847,000. It is now being studied in the Ministry. We believe we are going to proceed with that before this project comes on stream. That is the creation of a Department of Adult and Family Psychiatry at the Queen Elizabeth Hospital. The establishment of district mental health teams at all polyclinics has already been put in place and it is only a matter of perhaps getting an additional psychiatrist to function to relieve the present psychiatrist who is working exclusively in the primary health care field. I take note in passing that the Honourable Member for Christ Church West when he addressed the professional people in health care recently used generously the Development Plan which we had made available to him

Hon. H. deB. FORDE: On a point of order. I do not want the Honourable Member to be mistaken about that. What I want to say is, however, that I am glad he has read the lecture because it redly may inspire a new look health policy even before I take over the Government of the country.

Laughter.

Hon. B. M. TAITT: All I can say to the Honourable Member is that while he was in the last Government he obviously had an old look and, if he is going to put this old wine in new bottles, it is going to come out the same way as in the Biblical situation.

The question of offshore medicine is something which we debated and I am not getting into that. But the organization of adequate facilities for the mentally disabled and the organization of training for the staff - the average cost per patient a day at the Psychiatric Hospital now is \$42.00 whereas the average cost for the care in the community setting is \$26.00 per head. So you can see the more we can put the care into the community the less expensive will be the cost of health care.

Aside.

Hon. B. M. TAITT: Of course, but you do not wish me now to go into great details about that. There are residential nursing homes and the halfway houses which we will be setting up. I do not know why we have done the Honourable Member for St. Peter the honour of putting our

first halfway house in his constituency. We are putting it in St. Peter. We are spending I think in the end about \$300,000 to renovate the house that used to be the house of the Chief Medical Officer at Colleton, and we are putting our first halfway house there. At the same time we are going into a relationship with the Richmond Fellowship where we are going to provide the throughput for the Richmond Fellowship in the Caribbean which is establishing at Bulkely House - not Bulkely. They bought a house in Dash Valley. I cannot remember the name of the house. But they have bought a house in Dash Valley. They are having some difficulty with the Town Planner but I suspect that they will be able to get through.

In response to the question of Rosemount, it was determined that Rosemount is too near to the Psychiatric Hospital itself to make an effective halfway house. Rosemount is associated in the minds of those persons in the Psychiatric Hospital as being part of the mental hospital because it was a residence and we have determined as a matter of policy that better use can be made of Rosemount. That is happening. At another time I will make a broader statement on this aspect of the care. 5:55 p.m.

But for the increased recurrent cost for the halfway houses and nursing homes, we have allocated \$26 million in the planned period and we are going to be doing this in conjunction with a similar programme for the care of the elderly of which we will give details at another time. I wish the Leader of the Opposition to understand that most of the things he has recommended are already part of the policy of the Government. It may very well be that he has forgotten our various conversations in regard to this.

I am grateful to the Honourable Member for St. Michael South East, as well as the Leader of the Opposition, a physician of some distinction. I know that it is not often recognised in Barbados that the Honourable Member for St. Michael South East has had a long and distinguished career in a field of medicine in the United States that is rare. He has been a specialist, but I cannot from this place tell people what they have already discovered, that the Honourable Member has had a long and varied experience in the medical field. I can vouch for that because we spent a lot of time together. When he speaks on these matters I listen to him, because he brings a wealth of experience and expertise to the field, and especially in this whole area of psychiatry and psychology as it relates to the community.

On the question of homelessness, I have to say that the Prime Minister is very concerned about homelessness. We have talked on very many occasions.

Aside.

Hon. B. M. TAITT: There is no reason why the Honourable Member for Christ Church West must feel that, if I feel to speak of the Prime Minister over here, I have to give him equal time as the potential Prime Minister over there. I am speaking of the Prime Minister over here, the real Prime Minister.

Aside.

Hon. B. M. TAITT: They are not ready yet, not for that. I am saying that the Prime Minister is very concerned about the homeless and we spend a lot of time discussing it. I can say to the House that our plan is to acquire appropriate properties in the community that are in danger of degradation and restoring them and making provision for halfway type houses for the homeless. We have asked the Attorney General to look at the appropriate legislation. We consider it a priority. In the meantime we are going ahead quietly and without fanfare. We have been dealing with the problem.

We have used the Geriatric Hospital to accommodate a few persons to rehabilitate them on a short term basis. Mr. Speaker, Honourable Members would be amazed at the transformation which has come over some of the persons whom we have taken in as voluntary patients. We have made arrangements for them to be cleaned, made tidy, fed and restored, and in many cases we have been able to restore them to their families or we have been able, through welfare assistance, to put them on a different path.

We have chosen not to seek to do this at a highly visible level, because we do not think that it is necessary in dealing with this problem to seek to politicise it. When once one starts to publicise these matters in a particular way, they become the objects of politics. It is not the intention of this Ministry of Health to seek political aggrandisement in the carrying out of this health care policy, because I believe that the health care of the community is a matter of concern, and the way Honourable Members spoke today demonstrates that it is a matter of concern, that it transcends, to a large extent, the political divide, so that we will not except from time to time, be seeking to get any political mileage out of the myriad number of things which we have embraced as the policy for the Ministry of Health over the next few years.

The Honourable Member for St. Thomas asked about statistical information about young persons in relation to crack and cocaine. I can tell him that from January to September 1988 there were 80 cases, ages 15 to 30 years, and one person was 39, but mostly 15 to 30, the cases of cocaine and crack. They were 95% male. All of these were persons who participated in the rehabilitation programme at the Psychiatric Hospital. There are currently three persons at the hospital, two of them are 21 and one is 26.

I go from time to time to the Psychiatric Hospital without fanfare. The Minister is allowed to go to all the hospitals.

Aside.

Hon. B. M. TAITT: Yes, I am very much welcomed when I go to the Psychiatric Hospital, as I am welcomed when I go to all the institutions. I feel comfortable everywhere, including at the Psychiatric Hospital. I have no difficulty whatsoever, because you see, unlike most other persons in this country, I feel comfortable with people and I feel comfortable with sick people. I recognise the people in the Queen Elizabeth as being physically sick and the ones in the Psychiatric Hospital as being mentally sick. Therefore I have no difficulty. As the Director of the Hospital and the Principal Nursing Officer will tell you, some of the patients know me by name. They make sure that we have a conversation. They remember from time to time any promises I have made. I have been able, if not to keep all the promises to this Honourable House, to keep the ones to the Psychiatric Hospital, but I will not go into that in detail.

On the question of St. Joseph Hospital which the Honourable Member raised, let me say that I hold myself out to be no Solomon. I hold myself out to be no sorcerer. I do not practice the art of prophecy of this kind. I know nothing about obehah. So I am unable to state with any degree of certainty when the Hospital is going to be opened. When I first made comments about the Hospital I spoke of what I would hope for, but since then I told this House during the Estimates that we ran into a problem with the sewerage.

You will recall that I said that we have to put in a new and complete sewerage system. It has been ordered, and therefore that part of the operation I am not able....

Aside.

Hon. B. M. TAITT: I am talking about the sewerage system for the Hospital. You know there has to be a sewerage system. The one that is there has seized up. In the preliminary examination done by everybody, no one had taken account of the sewerage, and when we started to put the Hospital into shape the first thing we went to, as we should, was the sewerage system. So we are ordering a new sewerage system from the United States. We made the decision and the order has been placed. But this was discussed when we talked about the Estimates where \$3 642 433 was voted in the Capital Estimates for St. Joseph Hospital, and the description was: "This Subhead includes provision for the commissioning, refurbishment and equipment of the St. Joseph Hospital to serve as an acute care hospital in the north. Includes provision for termite treatment and upkeep of grounds. Includes

provision for purchase of boilers, laundry equipment, air conditioning units and other items of equipment."

I wish to say to the House that I have had the benefit, fortunately, of consultations with experts from PAHO and I have had additional information about the Hospital. I do not believe that we are opening a short term hospital. This is going to be a hospital for all time, and, therefore, I would rather take my time and do it right than to come in to settle any deadlines that I myself or anybody might have set in the past. I do not feel myself bound by any particular deadline to get the Hospital open. I feel myself bound to a commitment to have a proper health care facility when it is opened. 6.05 p.m.

I want to say this in passing. The *Nation* newspaper committed a grievous fault against this Honourable Member in relation to the St. Joseph Hospital, and to this day has not corrected it. The *Nation* newspaper a few Sundays ago published an article which said three years have gone by since the Government owned the hospital. We had not even been in office three years when that story was written. The story was written and the person who wrote the story had referred to a *Nation* story of September 1988. It was in September 1988 that I had spoken about the thing. I drew it to the attention of the *Nation* and they have not to this day corrected that grievous fault. We had not even been in power three years. Everyone knows, especially the Honourable Member for Christ Church West who was a lawyer for the other side, the exact date when we acquired the Hospital, and it was in 1988 and the *Nation* headlined as a headline story that we had the Hospital for three years.

Mr. Speaker, I am making a statement of fact because I have discussed this with them.

Asides.

Hon. B. M. TAITT: The Honourable Member was the lawyer. You will recall that I made a statement saying that the matter was being held up and we could not get the Hospital until some time; August 1988, I believe, is when we got the hospital, so that I make no bones about the fact that much mischief has been made in relation to that. I am not getting involved in that. I am saying that this is the first time that we have come to the House and we got \$3.6 million for this.

Now, shortly, we will advertise for a matron, for a hospital administrator and for an engineer, and they will form part of the commissioning team and be the persons to advise the Ministry and be responsible for commissioning the hospital together with a PAHO consultant.

Asides.

Hon. B. M. TAITT: If the Honourable Member for St. Peter wishes to declare it open he will come. I will tell you one thing, he will definitely be invited to the opening ceremony. If there is one person I wish to be there, it is the Honourable Member for St. Peter. He has to be there because it is his hospital. It is across the street from him and he is the person who is going to go there if he gets ill, just as I was there sometime in 1975 when I was ill. He is a St. Peter person, so even when he is not a Member of this House he will still be in love with the Hospital. It is for the people in the North and he is from the North, so it is for him, and therefore I have no difficulty with the Honourable Member for St. Peter. I am very glad to hear him taking, finally, an interest in this Hospital, because I know in his heart that he was with the hospital. I know that he wants St. Joseph just as we did.

Mr. Speaker, I had to say that about St. Joseph because St. Joseph Hospital has been made a football. It is interesting that in another story which is a very interesting story about some young woman who said that she was sent home from hospital because there were no beds, the hospital has said that - this was a front page story - the doctor made a deliberate decision that the injuries which the lady had did not warrant hospitalisation and sent her home and brought her back two days later. This was a deliberate decision by the doctor. Now I am not getting into those things, but again I was amazed when I read that somebody had been sent home because there was no room in the hospital. Well, if there was no room in the hospital for people who get into accidents, if that had been true, it would have been true. There is nothing anybody has to be ashamed of if there is no room in a hospital. It just means that too many people are sick at that time. People make this seem as though you have some God given fear that if somebody hears that somebody said something that is true about the thing you are responsible for, you then become stricken with some psychological difficulty and you can't walk or talk or even breathe. The fact is that hospitals are crowded. The Queen Elizabeth Hospital has been overcrowded for well nigh these last ten years, and it has contributed to the lessening of the quality of care as any doctor or health care worker will tell you.

Asides.

Hon. B. M. TAITT: Mr. Speaker, the Honourable Member is saying, open the new block. The Honourable Member is a responsible Member of this community. He is an Honourable Member in this House and he is the leader of a responsible party. He, in fact, spoke about the new look health care. He should have enough intellectual honesty, when we are discussing the new block, to recognise that the new block forms part of a refurbishment of the Hospital. He should recognise that the emergency department which we have at the Queen Elizabeth Hospital now is makeshift, that the two operating theatres which we are using are makeshift in the sense that the others are being refurbished. So if you

have problems now with 500 beds, and we are 'adding another 60 beds to the new block, why should we open the new block before the rest of the Hospital is ready. So that you and everybody else can say we started before we were ready and we are inefficient? The reason why it has not been opened is because it is not ready and it will be opened when it is ready.

Hon. H. deB. FORDE: On a point of order, the Honourable Member spoke of intellectual honesty. Let me tell you where the intellectual honesty is, Sir. The tenders for the equipment were invited since September and up to now they have not been awarded, so he does not have any equipment.

Hon. B. M. TAITT: The Honourable Member knows because he has been informed by the person he had... he has a person who is in the Ministry who informs him. He knows, therefore, that the...

Asides.

Hon. B. M. TAITT: I am going to show this House who has intellectual honesty, Sir. The Honourable Member, if he knows what he just said, must know that the tendering process must conform to the IADB requirement. He must know that only 50 per cent of the tenders were acceptable. You don't wag your finger and think you can frighten anybody. He must know that only 50 per cent of the tenders were acceptable and, therefore, under the rules - no wonder you can't become Minister of Finance - the Leader of the Opposition will be able to tell you that under the International rules you have to send the whole thing back out to tender, and that is what has happened. We have been trying to get the Bank to waive the methodology for international tendering, therefore it has nothing to do with the Ministry of Health. You have to meet certain strict requirements for tendering which have been laid down from time immemorial.

Furthermore, we had no experts in Barbados on the equipment which we are getting, and the international requirement is that the tenders must be put out throughout the member states of the Organisation that has made the loan of US\$20 million. We had no experts, therefore the Ministry of Health, the doctors and a whole host of people sat down and discussed the equipment. 6.15p.m.

The Honourable Member would have been a Minister when this process started, - when they discussed the equipment, when only 50% of the tenders were acceptable so they have to go back out to tender. Do you expect me to go down town and buy the equipment at Cave Shepherd? You think we are equipping a kitchen? This is a hospital so I do not want anybody to come telling me that the Ministry is inefficient because we cannot bring in a CT Scan.

A CT Scan is something which the Honourable Member knows you have to buy from somewhere for \$1 million and the equipment is not equipment that you can go down town and ask somebody to bring in. Do not tempt me in these matters because I am fully seised of all of the information in my Ministry. I can talk on them from now until tomorrow morning.

The Honourable Member for St. George South was very concerned about mental health. One anticipates and expects, therefore, that he will maintain an interest in the implementation of this Act. I was very happy to know that he is happy with Cap. 45. I agree with him that having a single Act now makes this whole question of approach as studied and systematic an approach to mental health in Barbados as possible.

The Honourable Member for St. John spoke feelingly about the Vagrancy Act. One can only say that the views he expressed are views which mirror my own views on the Vagrancy Act and they are views which he would have heard me on, as have a number of other persons, when he was in his formative years in the law.

Aside.

Hon. B. M. TAITT: No, No. I am not saying that in a pejorative sense. I am saying it to confirm that these are long held views and I am happy to know that he shares those views because the Vagrancy Act is really an anti-people Act. It is an Act that was imposed in England in the 19th Century against the ordinary people by the aristocrats. It was an Act that was shipped out from England to all of the colonies. It is an Act that we accepted lock, stock and barrel.

Even when we got adult suffrage in 1951 we gratefully endorsed the Vagrancy Act because it separated the few haves from the rest, the have-nots. Its manifestation and its methodology still speak of a long past era but its difficulty is that, politically, it is impossible to win the law enforcers support while hoping for things on heaven and in earth and amending and appealing the Act. Therefore, it must be done carefully.

Aside.

Hon. B. M. TAITT: I am saying that in the same way you have honoured all your commitments from time to time he would honour his. Whatever you would have done he would have done. However you would have handled it is exactly how he would handle it. I have no difficulty with that.

Mr. Speaker, I am saying that the Vagrancy Act, therefore, forms part of our heritage and getting rid of it has been as difficult as getting rid of some other things which we inherited as part of what we call the society. Eventually

it will be removed, but it has to be carefully done to ensure that all the parties concerned do not feel aggrieved. But it is a heinous statement against ordinary people.

It says something contrary to the spirit of the law of the country. It says that you have to account for where you are and who you are at a given time. That is what it says. If you are nobody, therefore, you are susceptible to being arrested and taken before the Courts and deemed to be a rogue and a vagabond.

It is not carried out in its entirety now because of the massive changes which have occurred in this society between 1950 and now. It is only now applied to a very small section of the community but it is no less harsh and no less undesirable now than it would have been when it was applied to the masses as a whole.

Aside.

Hon. B. M. TAITT: It could very well now represent Slrathclyde, but the Vagrancy Act would have been used against me when I was a little fellow going through Slrathclyde. I now stand here as a proud representative of Slrathclyde in this House. That is a statement of growth and development in a community and we can all be proud of it.

Aside.

Hon. B. M. TAITT: Yes. Even your friend who is now telling them that the NDP might serve them better would still vote for me when all is said and done.

Mr. Speaker, I think that I have touched most of the matters that have been raised about the Act. I do not think that I need spend any more time except to say that we are going to be very, very assiduous in our implementation of this Act.

The mental health officers will be put in place. I want to reconfirm that the Act was proclaimed and the regulations were made and all that is left to be done now is the designation. When this matter has gone through all of its processes we will designate.

I would say one last thing. One of the reasons why the Police may not have been acting under the terms of the Act is because there are no designated officers and that is part of the reasons, why I was hoping that we could finish this as a matter of urgency.

Once more, Mr. Speaker, I am grateful to Honourable Members for giving me this opportunity to speak about a matter of grave concern to all of us. I appreciate it.

Thank you, Sir.

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

On motion of Hon. B. M. TAITT, seconded by Hon. M. A. KING, Mr. SPEAKER left the Chair and the House went into Committee on the Bill, Mr. BRATHWAITE in the Chair.

COMMITTEE

Mr. CHAIRMAN: The House is in Committee.

Clauses 1 to 3 inclusive were called and passed.

On the motion of Hon. B. M. TAITT, seconded by Hon. P. M. GREAVES, Mr. CHAIRMAN reported to His Honour the SPEAKER the passing of one Bill in Committee and Mr. SPEAKER resumed the Chair and reported accordingly.

On the separate motions of Hon. B. M. TAITT, seconded by Hon. P. M. GREAVES, the Bill was read a third time and passed.

Mr. SPEAKER: Order No. 3.

RESOLUTION TO APPROVE THE COMPULSORY ACQUISITION OF LAND AT ELLERSLIE, BLACK ROCK, ST. MICHAEL FOR THE PURPOSE OF EXPANSION OF ELLERSLIE SECONDARY SCHOOL

Hon. H. A. BLACKMAN: Mr. Speaker, in 1985 the board of the Ellerslie School asked the then Government to acquire some land adjoining the school to provide a computer room, language laboratory, agricultural science facilities and office accommodation.

The land was originally thought to have belonged to one person but, recently we have discovered that the land is owned by two persons a Clarence Fields and a John and Beryl Goddard.

This Administration had originally sought to acquire the land by private treaty but it was discovered that there were certain restrictive covenants on the land with regards to the assessments and the mortgages in relation to title

deeds, so we have to proceed with the acquisition by the Land Acquisition Act. 6:25 p.m.

This Resolution seeks the permission of Parliament to acquire these two parcels of land adjoining the Ellerslie School. I would say that, until funds are available in the Estimates for carrying out the original proposals, the land will be used for the expansion of the Agricultural Science Programme at the School in the first instance.

With those remarks, Sir, I beg to move that this Resolution to acquire two portions of land adjoining the Ellerslie School for future expansion of the school do now pass.

Hon. W. O. FRANKLIN: I beg to second that, Sir.

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

QUESTION TIME

Hon. Dr. D. G. BLACKMAN: Mr. Speaker, I beg to move that the Reply to Question No. 88 be laid.

Mr. SPEAKER: The Honourable Member is not in his place, so that Question is now laid on the Table. End of Question Time.

ADJOURNMENT

Hon. P. M. GREAVES: Mr. Speaker, in moving the Adjournment of this House, I want to state, Sir, that, at the next sitting of this House, the Prime Minister and Minister of Finance and Economic Affairs will be delivering his Financial Statement and Budgetary Proposal, on Wednesday the 26th of April, 1989. I therefore move, Sir, that this House do now adjourn until that date, Wednesday, the 26th day of April, 1989 at 3.00 o'clock in the afternoon.

Hon. B. M. TAITT: I beg to second that, Sir.

The question that this sitting be now adjourned until Wednesday, the 26th April, 1989 at 3.00 p.m. was put and was resolved in the affirmative without division and Mr. SPEAKER adjourned the sitting accordingly at 630 p.m. 6.30p.m.

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