

THE

House of Assembly Debates

(OFFICIAL REPORT)

FIRST SESSION 1986 - 91

HOUSE OF ASSEMBLY

Tuesday, December 12, 1989

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

PRESENT

His Honour L.A. WEEKES, G.C.M., 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, Minister of International Transport,
Telecommunications and Immigration and Leader of the
House)
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., (Minister
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)
Mr. D. A. C. SIMMONS, Q.C., LL.M.
Mr. O. S. ARTHUR, M.Sc.(Econ.)
Mrs. M. BARKER-WELCH, (Parliamentary
Secretary, Ministry of Education and Culture)
Hon. C. V. WALKER, (Minister of Education and
Culture)

Mr. L. L. BRATHWAITE, J.P., (Chairman of
Committees)

Mr. E. BOURNE

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

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

Mr. C. LcR. TROTMAN, M.A.

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

Mr. P. J.M. MILLER

Mr. R. P. BYER, LL.B.

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

Prayers were led by Rev. Father Ivan Harewood.

Mr. SPEAKER: The House is in session.

MINUTES

Mr. SPEAKER: The Minutes of Tuesday, December
5, 1989.

Hon. B. M. TAITT: Mr. Speaker, I beg to move that
those Minutes be taken as read and be now confirmed.

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

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

GOVERNMENT NOTICES

Hon. B. M. TAITT: Mr. Speaker, Sir, I beg to give
notice of the following:

A Resolution to amend the Explanatory Note to Head
72, Subhead 2, Object No. 25.

Mr. Speaker, I beg to give notice of our intention of withdrawing the Bill which would revise the law relating to the administration of Parliament and to establish a Management Commission of Parliament and substituting a correct Bill for that Bill.

I beg to give notice of a Bill that would revise the law relating to the administration of Parliament and to establish a Management Commission of Parliament with the leave of the House.

Mr. SPEAKER: If there are no objections then the Honourable Member's request is granted.

FIRST READING OF BILLS

On motion of Hon. B. M. TAITT seconded by Hon. W. O. FRANKLIN the following Bills were read a first time:-

1. Bill to amend the Fisheries Regulation Act, Cap.391
2. Bill to revise the law relating to the administration of Parliament and to establish a Management Commission of Parliament.

ORDERS OF THE DAY

Mr. SPEAKER: Government Business is the order of the day.

SUSPENSION OF STANDING ORDERS

Hon. B. M. TAITT: Mr. Speaker, Sir, I beg to move that the following Standing Orders be suspended - Nos. 6, 16, 18, 20, 42(5) 43 and 44.

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

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

Mr. SPEAKER: Order No. 4.

ST. JOSEPH HOSPITAL BILL, 1989

Hon. B. M. TAITT: Mr. Speaker, Sir, at Page 19 of the Manifesto of the Democratic Labour Party there is a short statement under St. Joseph Hospital which reads and I quote:-

"A Democratic Labour Party Government will seek to acquire the St. Joseph's Hospital for the national hospital system; if acquired, this hospital will cater for both public and private patients as obtains at the Queen Elizabeth Hospital."

Mr. Speaker, Sir, it is with pleasure that I come to this Honourable House today to introduce and to move the passing of this Bill which is intended to provide for the administration and management of the St. Joseph Hospital and for related matters.

The Bill itself is a very simple relatively short Bill with a Schedule attached. It is my intention, Mr. Speaker, to deal in some detail with the Bill and the policy of the Bill in its entirety but I believe that it is necessary in the light of all that has happened in relation to this hospital to refresh the memories of Honourable Members and to give information, where necessary, that would allow Honourable Members to understand the Government's policy and the Government's intention in the running of the new St. Joseph Hospital. 12.30p.m.

In pursuance of the Government stated aims, the Minister of Health, the Honourable Member for St. James South who was then Minister of Health in 1986 in July appointed a Committee, an advisory Committee, the terms of reference of which were:

"T•* identify the purpose for which the St. Joseph Hospital could be used in the future development of health care in Barbados and to advise the Government on the implications of re-opening of the Hospital."

That Committee had, as its Chairman the Honourable Member for St. Michael South East who is not now in his chair, and it could be described as a blue riband Committee, if one looked at the membership. It included the present Permanent Secretary in the Ministry of Health who was at the time Deputy Permanent Secretary, the then Chief Medical Officer, the Chief Project Officer in the Ministry of Health, the Hospital Director of the Queen Elizabeth Hospital, the Chief Budget Analyst in the then Ministry of Finance, the Hospital Engineer at the Queen Elizabeth Hospital, the Senior Consultant Psychiatrist at the Psychiatric Hospital, Dr. Dennis Bailey, Dr. Ena Walters, the former Matron of the Queen Elizabeth Hospital, Dr. Joe Richards a prominent gynaecologist who was at the time Chief of Staff of the old St. Joseph Hospital, Mr. Michael Clarke, prominent Surgeon and Mr. Alvin Cummings who is one of the medical technologists in Barbados. It also had as members, the President of the Barbados Registered Nurses Association, the President and another doctor from the Barbados Association of Medical Practitioners.

After many meetings, that Committee on November 27, 1986 reported to the Minister presenting its proposals for the reopening of a hospital. The Report described the Hospital as a 108 bed hospital with a potential catchment area of 30 000 to 50 000 persons in the north of Barbados. It made a number of recommendations including that the hospital should be financed through public and private

funds and would offer private beds to the public. Support services would be provided and laboratory, x-ray, blood bank, pharmacy and physiotherapy.

The Committee recommended that the Hospital should be administered by a Board of Management responsible to the Minister of Health. It made recommendations about the staffing of the hospital and it suggested a number of permutations, if you will, on the methodologies of mix of patient, private to public patients and also, it made recommendations about the finance that would be required for the reopening of the hospital.

The Committee commissioned a structural engineer to examine the property with the permission of who were deemed to be the owners at that time and the projected cost of remedial work was set at \$5.5 million at that time which broken down would have had:

Structural repairs	\$3.2 million
Replacement of engineering equipment, that is, boilers, etcetera	\$1.2 million
Replacement of medical equipment	\$1.1 million

They envisaged in the Committee that a start-up cost of \$3.5 million would be required to prepare the hospital for re-opening. And in addition they anticipated that there would be a recurrent cost of approximately \$2 million for the first 3 months. Total projected start-up cost including operational cost was set at that time at \$5.5 million.

That began the examination of the proposal to recover the hospital for Barbados. And then subsequently, the Committee's recommendations were submitted from the Ministry to the Cabinet for consideration. Among the things recommended by the Minister at the time was that funds totalling \$17 million be provided as a supplementary under the Ministry of Health to be allocated to the new St. Joseph Hospital. A proposal was recommended for the renaming of the Hospital as well.

A further examination was requested by the Cabinet answering the numerous questions which would flow from such a proposal and subsequently the minister resubmitted his proposals answering all of the questions and the Cabinet made a decision on March 12, 1987 that the Government should acquire the Hospital and should seek to negotiate at a price and that the hospital could be renamed at a subsequent date.

The negotiations were opened, Mr. Speaker.

Aside.

Hon. B. M. TAITT: Yes, you have to teach them how to do that properly. If you are going to do it, you cannot do it half heartedly. You have to do it properly, if you wish to heckle. Teach them how to heckle properly. You do not do it like that. You know better than that. You have to do it properly.

Aside.

Hon. B. M. TAITT: He wants to know if the police are going to get free medical care at the St. Joseph Hospital. Foolish question.

Aside.

Hon. B. M. TAITT: They are going to get free medical attention at Delaware. That is where they are to get the free medical attention, at Delaware. You have to get a box cart to bring the money.

Laughter.

Hon. B. M. TAITT: Mr. Speaker, Sir, the negotiations began in earnest and the hospital, a representative from Emit Munley Associates visited the Ministry to state that that group had been granted an option to purchase the hospital complex.

The Ministry then requested our High Commissioner in Trinidad and Tobago to make contact with the Apostolic Pro Nuncio to convey the Government's decision to acquire the hospital. There was much confusion at this stage as to who exactly owned the hospital because whereas the Sisters of the Sorrowful Mother out of Milwaukee had been the principals directing and running the hospital, the Holy See soon made it known that they had a more than passing interest in the property. And so we sought to have formal communication with the Holy See, that is the Head of the Roman Catholic Church, the Government at the Roman Catholic Church at Rome which is represented in Trinidad and Tobago by an Apostolic Pro Nuncio. We issued a Diplomatic Note and soon we thought we had clarified the ownership or at least we knew who we would have negotiations with. But on April 15 we heard from our High Commissioner in Trinidad and Tobago that the Pro Nuncio had informed him that the Vatican wished to retain some interest in the hospital and to collaborate with the Government, if necessary, and if possible. The Pro Nuncio had suggested that he the Pro Nuncio be the negotiator for the Vatican. So you can see, Mr. Speaker, that there was some little difficulty discovering who we would have to negotiate with. 12.40p.m.

During a telephone conference on 28th April, 1987 the Ministry of Health was informed that Sister Julietta Menlosa would represent the Sisters of the Sorrowful Mother during the acquisition negotiations, while Mr.

Anthony Monfre and Mr. Denis Purtell would serve as the Sisters' financial adviser and legal adviser respectively. Mr. Monfre advised that the Sisters had received an offer from a group to purchase the hospital complex for U.S. \$5 million, that is \$10 million, wherefore he wanted to know what Government was offering and they went into discussions at that point.

You will recall, Mr. Speaker, that when the Sisters of the Sorrowful Mother had closed the Hospital, the offer that was mooted was some \$15 million and the Government of the day said that it found itself unable and unwilling to purchase the Hospital, and the Hospital closed. We can discuss the efficacy of that decision, but it would be looking backward, which quite frankly, Mr. Speaker, I am not sure will serve any useful purpose. Suffice it to say that after some prolonged discussions and negotiations which ebbed and flowed, the Ministry had an offer of \$8.8 million by July of 1987.

Further negotiations resulted finally in an offer from Mr. Monfre on behalf of the owners for Bds. \$6 million after some intensive discussions and negotiations. This included all that was on the property at the time, whatever equipment was there. The Barbados Government gave an acceptance of the offer of \$6 million after further consultations.

I might say on the question of the price, Mr. Speaker, that we have subsequently had comment from international managers, financial as well as hospital managers. As a matter of fact, when I became the Minister of Health in July 1987,¹ I asked for a reappraisal for my own understanding of the property. I wanted to be sure myself that the property was worthy of acquisition without prejudice to what had gone before. Even though one had participated in the decision one wanted to be better acquainted and more knowledgeable.

When the negotiations reached \$6 million and we had agreed, I then got an external assessment by a team that came under the aegis of the Pan American Health Organisation. The team consisted of Professor Jack Caston, who had commissioned the Queen Elizabeth Hospital; Mr. Tom Chapman, who is the President of the Greater South Eastern Community Hospital in Washington, D.C., and they had as their counterpart here the present Hospital Director, Queen Elizabeth Hospital, and I asked them to give me a frank appraisal of the property, whether the price was reasonable, et cetera.

Without going into great detail, the report which they submitted to me officially indicated that they thought that Barbados had done extremely well - those are my words, Sir, their words were much more fulsome and praising - to get the price of \$6 million. I say that for no other reason

than to establish that all those persons who have seen the property since then have agreed that the price was reasonable.

The negotiations were completed in October of 1988, and on 10th October, 1988 we finally got the keys for the St. Joseph Hospital. I do not think it is necessary, Mr. Speaker, to explain that when one is purchasing a property of that nature that the transaction takes some reasonable time, and sometimes because of the legal ramifications it takes what may appear to the ordinary person as a long time but what the legal people will say is a reasonable time, and I am sure that the Honourable Member for Christ Church West will not mind if I say that he has a better than working knowledge of the ramifications which occurred, and so the negotiations were not completed in essence until October 1988.

In March 1989, this year, Sir, I submitted to the Cabinet a Note informing them that the Ministry of Housing and Lands had completed the purchase of the Hospital and had handed the property over to the Ministry of Health, that although the Hospital had remained closed during the period since we took possession in October, that it was secured because security had been provided through the employment of Watchmen on a 24 hour basis, all from St. Peter, A full time gardener had been employed to care for the lawns.

I told the Cabinet then that I wanted to propose, and the Cabinet has accepted it as a policy, that the Hospital should be run on a mostly private and public basis, a ratio which has not been worked out in absolute detail but which I give the House the assurance we will come back and indicate, but the proposal and the policy embodied in the Bill will be that the Hospital will be overwhelmingly private and it will cater to public patients as well. Whereas the Queen Elizabeth ratio is something like 90 public to 10 private, the ratio at the St. Joseph Hospital will be overwhelmingly private - 70:30 or 80:20 - such that the Hospital should, all things being equal, break even within a five year period and should, if it is run efficiently and all goes well, not require any subvention or any significant subvention from the Government after five years.

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These are the projections and the bases on which I made recommendations to the Cabinet and the Cabinet agreed that that is the policy which we should attempt to follow in the St. Joseph Hospital.

I will explain in some detail shortly what the configuration of the Hospital is likely to be, but by the time we went into examining the Hospital from the point of view of putting it together, it became clear - perhaps I had better be a bit more detailed here and say that it was intended that the maximum recurrent contribution from the Consolidated

Fund would be 30% of the operating cost, which would represent the cost of medical treatment for public patients by year five. 12.50p.m.

Now I do not wish anyone to hold me five years from now to the exact position.

Asides.

Hon. B. M. TAITT: Fortunately that is a matter which none of the Honourable Members on that side have any jurisdiction over. That will be entirely dependent on some of the best people in the world. Some of the best people in the world live, as you know, Sir, in that general area. We would not have to worry. But we intend to subdivide the Convent; in order to explain how this will operate, the recommendation which we have made is that the Convent should be divided. The Convent is the Villa Maria Convent which is a massive structure on the northern end of the Hospital where the Nuns used to live. As you know the Sisters of the Sorrowful Mother was the Order that allowed for the complete self-containment of the Order, and the nurses who function in the Hospital included a mixture of nuns who work in the Hospital as technicians, as nurses and as other medical technical people. They all lived in the Villa Maria and so this structure was constructed for relatively comfortable living by Nuns standards. It turns out therefore that there are a goodly number of rooms that are available for use by the Hospital, and what we propose to do is to divide the Villa Maria Convent to provide first a drug rehabilitation centre. That is going to be under the aegis of the Psychiatric Hospital which now has a drug rehabilitation programme on-going at Black Rock, and this will provide a resident drug rehabilitation centre in a part of the Villa Maria Convent. It will be divided completely from the rest of the Hospital. It will have its own entrance which is in the process of being constructed now on the northern end of the Villa Maria Convent, and will be entirely administered by the Psychiatric Hospital and the programme will be under the direction of the senior consultant psychiatrist at the Psychiatric Hospital.

The second half which will be about 70 per cent of the Villa Maria Convent will be used as a convalescent cum geriatric unit of the St. Joseph Hospital where most of the persons will be paying patients.

Mr. Speaker, as we indicated, this hospital will for part of the complex of health policy and the provision of health care in the entire country, and those who have had the opportunity to see what we are doing at the Geriatric Hospital will know that we are bringing the standard of geriatric care at that Hospital, which we will call the St. Michael Hospital in due course, up to a level that will be the highest anywhere in the Caribbean if not the western hemisphere. We are upgrading it and I invite Honourable Members to go and see what we are doing. They need only

just make an arrangement with the Hospital Manager if they wish to see, because I think it is worthwhile looking at. We intend in the provision of geriatric care to have that kind of quality available at the St. Michael Hospital and at the St. Philip Hospital which will become the geriatric Hospital; so that when we say that at St. Joseph we are making provision for paying patients, we are merely ensuring that the private sector aspect of the geriatric care provision in the health care services will be at the St. Joseph Hospital. There will also be public patients at the St. Joseph Hospital in the geriatric cum convalescent area, but this is what the Villa Maria will be used for, which is going to be separated from the acute care Hospital which will be in the St. Joseph Hospital proper, the 108 bed facility. So that what we will have in the complex are the acute care facility which has always been there, a convalescent cum geriatric facility which will be where Villa Maria is now, and a drug rehabilitation unit which will be the other half of what Villa Maria is now.

I will give details and answer questions about that aspect, but I think it is important at this reading to give some idea of how we anticipate the finances of the Hospital will go, because with those patients paying at the Hospital, it is anticipated that the Hospital will be run in a businesslike way by a businesslike board.

But, Sir, the need for that kind of accommodation has been apparent in Barbados for some considerable time. There are many Barbadians outside of Barbados and within Barbados who have reached their geriatric age whose families would like very much to be able to have them accommodated in high quality accommodation, but whose families may not be able to afford the cost which the private nursing homes in Barbados now demand. Without passing any judgment on the level of those costs or those fees, I say that many are beyond the normal ability of families in Barbados. On the other hand, there are many families who would happily pay a reasonable fee to have their loved ones cared for in an institution or in a facility where the quality is guaranteed and where they are able to visit, observe and comment on a public institution, and therefore receive a service where accountability is not only to them as customers, but the accountability is to the wider community as well.

The medical, surgical, obstetrical, gynaecological and emergency services will be offered at the Hospital proper. In addition, one wishes to have a few specialties at that hospital, and these specialties would be for small numbers of beds obviously, but it will also provide the service which are now not available in Barbados. Dermatology is not available in a public ward in Barbados at the moment. There are only two dermatologists in Barbados, both of them practise privately. A person who has a dermatological problem has a lot of difficulty if that person is poor. If that person is unable to afford the fees which are the normal private fees, that person will have some difficulty. What

one hopes to do is to attract by negotiation and discussion a dermatological service as part of the specialty offered. One would also like to see reconstructive surgery and rehabilitative services as a matter of course at this Hospital, but I hasten to say, Mr. Speaker, that what I am talking about is the plan and the dream and the hope for how the Hospital will function. 1.00p.m.

I do not expect to be held to the fact that there is no dermatologist next year because there has not been a dermatologist at the Queen Elizabeth Hospital ever. What we are seeking to do is to have some specialist services that would be available on a private and a public basis.

The dermatologist or the reconstructive surgeon, or the rehabilitative surgeon - I have been having discussions with a plastic surgeon who has a hospital on Nantucket and who had expressed an interest in practising in Barbados and what I am saying is that we also intend to see to what extent we can have health tourism.

We are looking to see to what extent in using this facility we will be able to attract both Barbadians who are overseas and others who might come for specific purposes. Plastic surgery is one of those things which requires six weeks at the minimum after the plastic surgery has been done on the face.

Aside.

Hon. B. M. TAITT: They are not able to do miracles of that kind. They only can do plastic surgery. They are not able to transform faces.

Aside.

Hon. B. M. TAITT: They are not up to face transplants yet. What one hopes, therefore, and one is discussing this...

Aside.

Hon. B. M. TAITT: Sir, the 130 people that he saw up in New York has upset him. I read in the newspapers that he had a massive crowd of 130. That is what the newspapers said and I think it has affected him.

Aside.

Hon. B. M. TAITT: I remember when you used to look out at Independence Square and you used to say "I did not know that there could be so many people in this Square."

Aside.

Hon. B. M. TAITT: Mr. Speaker, Sir, the Honourable Member himself laughed when he said that. Even he knows that is a joke. Anyhow we will see how many come back with you.

Sir, what we hope to do, therefore, is to have some specialties at the hospital that would allow for some of the services which are, perhaps, now not available and which cannot be available but these are matters which will have to go into in some more detail.

Mr. Speaker, in pursuit of that, we attempted to have a commissioning team that would bring the Hospital on stream and that commissioning team would comprise the three top personnel that would be hired at the Hospital.

It was my anticipation that when we had hired the Hospital Administrator, a matron, a hospital engineer, that they would be, in fact, the commissioning team that would help bring the Hospital on stream in the usual manner in which hospitals are brought on stream.

As you know, Mr. Speaker, hospitals, unlike hardware stores, or -hoe shops cannot be opened with the turn of a key. They usually are brought on stream, department by department, in a leisurely way and the fact that we are re-opening a hospital that we expect to last well into the next century, means that we must approach it with a high degree of skill and care.

We cannot, with all deliberate speed, because it may be politically expedient to do so, simply rush to bring a hospital on stream that is going to cost money. It is important that we try to put in place people who have high quality and high skill.

I am very pleased to tell this House that three persons have been offered jobs by the Ministry of the Civil Service. These three persons, two of them are, at presently, in New York, one is an Associate Director at a very large hospital in New York, Lincoln Hospital, and the other one is probably the best trained Barbadian Hospital Administrator, certainly, the longest trained.

I obviously would not put their names in the record because I do not know if they have signed contracts as yet and I think it is only fair to them to give them the opportunity to announce that they have accepted the job before I announce that they have.

The Hospital Engineer is a Barbadian who was working at INTEL and he has been offered a job as well having been chosen from the number of persons who responded to the advertisement. So, Sir, the Hospital Administrator, The Matron and the Hospital Engineer are on the way to being in place. They have been offered employment, Sir.

These persons should be available shortly and when they are, they will combine with the officer in the Ministry of Health and the officer in the Queen Elizabeth Hospital who is assisting with the commissioning of the Hospital. With assistance from the Pan American Health Organisation as necessary, we have had two consultancies on the hospital so far.

Mr. Speaker, one of the things that we have discovered when we took possession of the Hospital was that the sewerage system, because it had been closed down for such a considerable time, had been shot and it was necessary to replace the sewerage system and a system has been ordered from a firm in the United States. It is being built.

As you know, such a system would have to be constructed. Delivery date is late December so I would say January, knowing how these things go. The engineer who will be responsible for the installation of the sewerage system was contracted four months ago and has been working at the hospital to put the sewerage system in place.

A team of persons have been at the Hospital cleaning it up over the last two months and the persons who have visited the Hospital say that they are amazed at how it looked, even now.

I am not going to get involved, at this stage, in discussing that aspect of the hospital except to say that the work for the Psychiatric Rehabilitative Unit, is going on. It is being done inhouse by the Hospital Engineer and his team plus other persons who are brought in so that by March of next year, if all goes well, we should be able to have the Psychiatric Rehabilitation Unit in place and soon thereafter, we shall be able to see the beginning of the Hospital with the first department.

Based on the recommendations which were made by the consulting team that came in from PAHO, it was recommended that because the equipment for gynaecological and obstetrics work was mostly in place and intact, that the OBGD, the Obstetric/Gynaecology Department is probably the first one that will come on stream. It is the one that requires the least amount of special equipment but equipment will have to be ordered to fit the specifications of the St. Joseph Hospital and, basically, these matters have been put in place.

The Bill that comes before us, Sir, is to make provision for, as I said, the administration and management, and if I may turn to that now, Sir, you will notice that the major aspect of this Bill is the establishment of a Board. This is a departure from the present administrative system for health care in Barbados with the Queen Elizabeth Hospital and the other institutions where the Minister functions almost like a corporation sole. I said almost, Sir, because only in Trinidad and Tobago a Minister actually

becomes a corporation sole. But the point is the Minister has the authority and exercises the authority by way of the Ministry and the hospital administration. 1.10p.m.

And even in the Queen Elizabeth Hospital where an attempt was made where there used to be a medical staff committee that allowed for some autonomy, that institution - and the Honourable Member, the Honourable Leader of the Opposition will remember this very well - had asked some considerable time ago that, in the interest of efficiency of the Queen Elizabeth Hospital, that the government of the day should seek to have it administered by a hospital board.

I would say that I was impressed when I read the documents then in the 1970s, I was a Minister in the Government at the time. And having been myself trained in public administration, I am satisfied that that kind of administration in a hospital makes for a much more efficient delivery of care within the hospital. So that when we came to the St. Joseph Hospital the Committee had recommended the establishment of a Board. And in my own deliberate examination I had no difficulty agreeing and recommending to the Cabinet that this is the methodology that should be used for administering this hospital.

So that Section 3 of the Bill deals with the establishment of the Board and Section 4 sets out the functions of the Board which are all encompassing and gives the Board full authority, under the direction of the Minister, That direction there, Sir, is the statutory direction that is necessary on a statutory board. It has to be answerable to Parliament through some means and it is a Minister in this system of Government that we have that keeps the link with Parliament which, ostensibly, represent the views of the people.

The rest of the Bill, in essence, deals with the matters which would be expected. But the Clauses of this Bill were informed to a large extent - there is no mystery about them, Sir - by the Queen Elizabeth Hospital which forms part of the Laws of Barbados but which could not be promulgated because at the time that I spoke of them a few moments ago when it was determined that a Board should run the Queen Elizabeth Hospital, a legal opinion came from the Attorney-General of the day which indicated that the members of staff of the Queen Elizabeth Hospital, even if they opted to work for a Board, those persons rights would be infringed if they were seconded to or directed to become part of a statutory board because...

Aside.

Hon. B. M. TAITT: No, it was the Solicitor-General. I said the Attorney-General I think gave the opinion. I do not now remember which one. I am sure it is the Solicitor-General. Not the Attorney-General himself. But for what it

is worth, Sir, it was the legal opinion from - yes, the Solicitor-General, the Attorney-General and all of the legal luminaries in the Attorney-General's Chambers at that time were of the view that the rights of the parties in the Queen Elizabeth Hospital would have been infringed and when you have legal advice, the Government has no alternative but to follow that advice. The Government of the day followed the advice and so the Queen Elizabeth Hospital did not revert or rather never became managed by a Board.

Mr. Speaker, I will go on to say this that the trade union of the day had advised the members of staff not to become part of a Board. The Honourable Member the Leader of the Opposition could remember this quite well because he was Chairman of the Medical Staff Committee at the time. And he will remember that there was quite a lot of lobbying that went on and I would say now that I think that they were ill advised at the time. I do not think anyone who has the goodwill of the country, the goodwill of the people, the goodwill of the staff can doubt that the Hospital's efficiency would have been improved and could be improved if it were run by a board.

I do not now seek to make that an issue because it is a matter that is settled. But this new Hospital which falls under the aegis of the decision-making in which I can participate will be run by a Board as had been recommended for the Queen Elizabeth Hospital.

And so we seek in this Bill to give effect to that determination. The composition of the Board may be open to some discussion no doubt. But in my deliberate judgement, we have taken steps to include the people who would function in the Hospital, the people who will have liaison relationship between the Queen Elizabeth Hospital and that Hospital. And then 7 persons including a Chairman and a Deputy Chairman or a Vice-Chairman as the case may be who will be appointed by the Minister. The Administrator will also be a member of the Board. That is in keeping with an administrative principle which I believe in that an Administrator in an institution such as this should be equal to at least the members of the Board.

We make provision for the staff members to have protection. We make provision for the delegation of functions and we make provision which is standard in a Statutory Board to give the Board the power to acquire and dispose of property. But in its administration, Sir, the Board is being called upon to fall within the framework that had been established with one or two of the other well functioning Statutory Boards. You will see that they are required and I will quote from it, Mr. Speaker, because I think it is important, Section 9 (1) we talk about the funds of the Board. We talk about what the Board may do in relation to investment. The Board can only:

"invest the funds of the Hospital in securities; or sell any of the securities so invested"

with the approval of the Minister which is in keeping with the principle of ministerial responsibility.

"The Board shall keep proper accounts and records of the transactions relating to the activities of the Board. The accounts of the Board shall be audited annually by an auditor appointed by the Board with the approval of the Minister.

The Auditor-General may at any time, and must on the direction of the Minister of Finance, carry out an investigation into or a special audit of the accounts of the Board."

Now, Sir, in keeping with my own views and the views of the Government about the accountability principle, we are giving the Minister of Finance in this Act, authority notwithstanding the Minister of Health, notwithstanding the Board, giving the Minister of Finance the authority of his own to send the Auditor-General who is accountable to Parliament to investigate the accounts of the Board if he thinks necessary. I think that is very important in the kind of administration which I envisage.

But also within this Act, and we make provision in that section, Section 10:

"The members, officers and servants of the Board⁴ shall allow the Auditor-General or the auditor approved pursuant, to subsection (2) as the case may be,

- (a) to have access to all books and documents relating to accounts;
- (b) to have access to all cash and securities of the Board; and
- (c) on being requested, to obtain all information within their knowledge that relates to the activities of the Board."

1.20p.m.

And then, Sir, there is another accountability requirement in section 11(1). "The Board shall as soon as possible after the end of each financial year and in any case not later than the 30th day of June in each year submit to the Minister a report containing

- (a) a detailed account of the activities of the Hospital during the preceding financial year, and
- (b) a statement of its audited accounts certified by the auditor."

Mr. Speaker, you will notice that in each of these sections the word "shall" appears. In law in Barbados the

word "shall" is mandatory, so failure to fulfil these obligations will be a violation of the law. It says "shall"¹¹ and that is because, I believe, Sir, that Statutory Boards can and should perform in the manner that they were envisaged to perform when the concept of the Statutory Board became part of the administrative system which we have adopted.

It is not acceptable, in my view, that a Board should uncton, spend public monies and then two and three years .,0 by before the report comes to the Ministry. It is not acceptable.

Aside

Hon. B. M. TAITT: It happens all the time and has been happening from time immemorial, and there are always excuses but there are no reasons why public corporations must be run differently from private corporations in regard to accountability. Indeed, when you are spending public monies there should be higher accountability, and so we seek, as is the case with the Central Bank, and no one has ever had any difficulty with the Central Bank from the day it was set up meeting the requirement to submit their reports, because the law requires it. We seek to do the same thing here.

I have every reason to believe that the persons appointed to this Board would wish to have that kind of admonition, because I think quite frankly that the Hospital will only be successful if the Board is businesslike, if the members of the Board of the Hospital come to feel that they have an obligation to be businesslike and efficient, and so the Government intends that the Board when it is selected will reflect that particular aspect of our philosophy concerning accountability and efficiency.

I dwell on this, Mr. Speaker, because I think that hospital services all over the world are among the most notoriously inefficient. Those that are efficient are extremely so and those that are inefficient, whether they are in New York City, in London or somewhere in the Caribbean, are damnably inefficient because we are dealing here not with inanimate objects, we are dealing with people. We are dealing with actual, living, breathing people and there is no reason why if you are delivering services to a community you should be allowed to be inefficient and slovenly, but this happens all over the world.

Barbadians will be surprised to know that in places like New York City, Washington and Miami there are hospitals where people wait in the Accident and Emergency Departments for four days. Recently at one of the hospitals in New York City there was an inquiry and they found that people were in fact in the corridors of the particular hospital for as many as two and three days not having been seen by a single person. I do not intend that the St. Joseph Hospital should suffer from that kind of affliction, nor do I intend that it be a feature of the Queen Elizabeth Hospital. That is

why when we open the new Accident and Emergency Department in January you will see, Mr. Speaker, that we have made provision for the delivery of the highest quality care in accident and emergency, but more of that as we come to that aspect of our attempt to continue improving health care delivery in Barbados.

That is one of the things of which we as a nation can be proud, that throughout our history - and I know this because, Sir, when we go across the world and we are able to do comparative analyses with other countries, some of them richer than Barbados, I am able to say that we as a nation can be proud that down through the years we have been a shining star in the galaxy of health care delivery.

We have had hiccoughs, we have had periods which would be better forgotten, but generally speaking across the board with a mix of private sector and public health care delivery we in Barbados have been able to maintain one of the highest standards of health anywhere in any developing country and equal to many developed countries.

It is my intention that the St. Joseph Hospital will continue and surpass that high degree of excellence, and this Bill is one more step along the road toward getting that institution into a position where it can do the particular bidding I just described.

The methodology which will be used in the Hospital will be essentially the same as was the case before.

Aside

Hon. B. M. TAITT: I know what is happening to you. The more I speak the more you realise that you will have to grope for something to quarrel about. I will give you two minutes shortly.

In the methodology, Sir, it will be more akin to a North American hospital than it would be akin to the English system. That is to say, the Hospital methodology is going to be pretty much what it was like before the Hospital closed, because you know the St. Joseph Hospital operated slightly differently. We are going to try here to combine the best of both systems. You will notice we made provision for the University Dean of the Medical Faculty at Cave Hill to be a member of the Board, because the link between the St. Joseph Hospital and the Queen Elizabeth Hospital will be the link that did not exist when it operated in the past. In fact, one of the reasons why the Sisters had to close the St. Joseph Hospital is that there was not enough throughput at the Hospital and they sought to have a relationship with the Queen Elizabeth Hospital but they could not agree on the ratios and the numbers that would be transferred or allowed to be transferred from the one place to the other.

But I would say, Mr. Speaker, to all those who wonder at the efficacy or the necessity for acquiring the St. Joseph

Hospital that the Queen Elizabeth Hospital is dangerously overcrowded from time to time. As a matter of fact, in some wards this is so all the time. There are those persons who seek to suggest that the acquisition of the St. Joseph Hospital is a luxury. I say, Sir, it is not a luxury, it is an absolute necessity if we are to maintain the high quality care that we talk about. The nosocomial infection levels must be kept within the low standards recognised by the World Health Organisation.

I say no more on that, I say only that if you have patients in the corridor you are endangering the lives of those patients. If you have wards that were designed for 26 patients and they have 35, it is dangerous to the patients, and anyone who goes to the Queen Elizabeth Hospital from time to time will know that we have had accepted pediatrics at times when it was dangerous. That is what we had and that is what we have and now we will have some relief with another Hospital of high quality in the north, and I would like to think that this Hospital would be perceived in the first instance as a Hospital for the north. 1.30p.m.

The people who live in the northern area of Barbados are entitled to have emergency services available to them. This Hospital will provide emergency services, and I might tell you now, Sir, that the delivery of health care in the north includes the construction of a new polyclinic in St. Andrew and one in Horse Hill, St. Joseph. That is what we envisage, so that when we are finished with all of what is happening, we should have a level of delivery of care in Barbados than which there will be none better anywhere in this region, and the cost does not have to be gargantuan. It will be within manageable proportions. We have a lot of waste that occurs now because we did not take certain steps that should have been taken ten, twelve years ago. There is built-in waste resulting from our having to use inefficient, old, obsolescent systems, materials and places. We are seeking to right those wrongs. We may not always do it perfectly, and therefore we stand available to be criticised. So long as such criticism is constructive and will add to the total sum of the greater good of this community, let the criticism come.

Asides.

Hon. B. M. TAITT: I don't mean you. You are not able to criticise me on this matter. The last person who is going to criticise me on the floor of the House on health matters is the Leader of the Opposition. The Leader of the Opposition, Sir, knows and has known for a long time ...

Asides

Hon. B. M. TAITT: You heard that the two of us were at the same hotel at the same time. You think in terms of yourself. Into each little desert there must be an oasis. If you and he can be friends and you and he can be friends,

why can't the two of us be friends. I don't see a problem. You and the Prime Minister are always discussing how close you all are.

Mr. R. P. BYER: On a point of order, I believe, Sir, that we are discussing the health of relationships.

Hon. B. M. TAITT: Sir, is he saying that love is not healthy? Is he suggesting that the love which exists among these three leaders is not healthy? I don't think he is saying that, and you and I are not bad either.

Mr. Speaker, what I am saying here is that we have sought in this Bill to make arrangements to cover every eventuality. I will be happy to answer questions from any Honourable Member on any matter which I have not touched. I feel so comfortable about what we are doing here that I could speak at length to go into more detail, but I don't feel that it is necessary.

Let me just say, however, that one anticipates that the staff that will work at this Hospital will be persons who can benefit from the Pensions Act, so we have made provision where a public officer is seconded or temporarily transferred for duty to an office in the Hospital from a pensionable post or pensionable office within the meaning of section 2(1) of the Pensions Act. The period during which he serves at the Hospital shall unless the Governor-General otherwise decides count for a pension under that Act as if the employee had not been so seconded or temporarily transferred, and we have made provision in the other direction as well.

The Board may receive gifts in its corporate name. It may receive any estate or any property whether by way of device, bequests or legacy or in any other name whatsoever. It is anticipated, Sir, that there will be a Friends of St. Joseph in North America. It is one of the things which I have discussed with persons who have an interest in Barbados, and they have already sought and are seeking to establish a Friends of St. Joseph in North America. I am saying that because, Sir, one of the ways in which Hospitals and private Hospitals in North America function successfully is that they get large sums of money and property left for them by persons who wish to have their names inscribed or persons who are just generous, or persons who have been beneficiaries of care from the institution. I very much anticipate and expect and hope that that principle will apply to the St. Joseph Hospital.

There are a number of North Americans and Englishmen and other people who live on the west coast of Barbados who are not poverty stricken, and many of them would like to be able to make a contribution to the Hospital. Provision is made here, and there are those who come to Barbados, they have their houses here, and they spend four months; these are the ones who would be concerned about what would happen if they have an emergency. Many of

them have indicated and one in particular who has a long history of Hospital association has indicated an interest in the Hospital. In fact, the interest has been so keen that we had to ask him to give us a chance.

Part II of the Schedule deals almost exclusively with the staff and the staffing. I do not propose to go into great detail, except to say that the Board may organise, under section 11, the Hospital into such divisions as it considers proper for the provision of effective care to patients. The Hospital Administrator shall be appointed by the Board. Well clearly the ones which we have taken on will be transferred across and they have contracts. By and large the Schedule provides as I said, for the staff of the Hospital as well as the constitution and procedure of the Hospital.

For those who may not have their Bill with them, I just refresh their memory that the Board comprises the Hospital Administrator, ex-officio, the Dean of the Faculty of Medical Sciences at the University, the Chief of Staff, a member of the Medical Staff of the Hospital other than the Chief of Staff appointed by the Minister, the Chief Medical Officer, ex-officio, and the seven other members.

The Honourable Members are discussing the fact that somebody has no respect. No it is on the contrary; they know of the ability of the Minister to take care of the front bench. They know of the ability of the Minister to take care of the Bill, and they are also seized of the inanities that will come from the other side. So we don't have to worry about you. We are saying, however, Sir, that it was said that the St. Joseph Hospital would not come on stream.

Mr. Speaker, one of the things that has happened is that certain members of certain organisations spend a lot of time indicating that the St. Joseph Hospital would never come on stream. They said it would never open. Well they will have to explain that, but there is just one point I wish to put on the records. 1.40p.m.

The "Sunday Sun" - and I am not quoting from the paper, Sir, I am just indicating what happened - February 19, 1989, the headline "St. Joseph Still Sleeps After Three Years" and they went on to say "It is now almost three years since the St. Joseph Hospital has been sold, three years since the Barbados Government bought the Ashton Hall, St. Peter property for \$6 million".

Now, if you say on February 19, you know when this Government came to office we had not even been in office two years when they said...

Aside.

Hon. B. M. TAITT: No, this is what they said and I am not complaining about them having said that. What I am complaining about, Mr. Speaker, is that I took the trouble to

draw it to the attention of the Newspaper. They have never published a correction in spite of my having drawn it to their attention that it was not fair to say that the Government had the Hospital for three years and was doing nothing with it and there was a photograph of the bush at the Hospital.

Certain remarks made by Hon. B. M. TAITT were ordered expunged from the records by Mr. SPEAKER.

Hon. B. M. TAITT: Sir, I said that because again, Sir, there was another editorial:

"Can We Afford St. Joseph's?"

"One year ago we were told that the acquisition was delayed owing to legal problems. In fact, we quoted Minister of Health, Branford Taitt on August 12, 1988 as saying anyone who has ever purchased property knows that the legal matters take a long time. In this case we have been virtually living on the bones of the Ministry of Housing who could do nothing but wait until they heard from the lawyers on the other side."

Hon. B. M. TAITT: And they went on.

Aside.

Hon. B. M. TAITT: At that time I was. They said a year ago. At that time I was waiting on the lawyers.

"One year later in August 1989 we are told by an official source that the delay in opening was because of an acute shortage of nurses."

No one in the Ministry of Health admits to having said that to anybody. I never told anybody that. That was not the reason.

Then there is a letter published by one Ron Bascombe. There is nobody in Barbados named Ron Bascombe. There is no Ron Bascombe. I know who this is. The style is the same.

Aside.

Hon. B. M. TAITT: You would know who Ron Bascombe is. Not this one spelled this way!

Aside.

Hon. B. M. TAITT: The letter from Ron Bascombe, Mr. Speaker, and this is the sting, Sir, refers to the editorial of the 11th. I am not reading it, Sir. The letter says, "your editorial on Monday, September 11, was long overdue." The headline is:

"What is going on at St. Joseph, Mr. Taitt? I suggest that Owen Arthur ought to submit a Parliamentary Question on this issue and what about Dr. Richie Haynes?"

I am going to put this in the record, Sir.

"As a medical practitioner he has kept his silence. Is he going to prescribe the same medicine as the Barbados Labour Party of pre 1986? The facts about which we are to be told are: The exact cost of the St. Joseph's, - legal problems, - Is the title bad? Is Government awaiting finance? What is the holdup in the transfer of the property? Has the property been purchased but staffing, refurbishing, and outfitting have been too costly? Has the opening and proposed opening of a private hospital foreclosed Government's concept of its success or if St. Joseph's will not be utilised as originally intended, will it be used as a Drug Rehabilitation Centre, another Conference, social centre, tourist facility, examination centre, sporting complex or crematorium?

There are many more questions than answers so Mr. Taitt, do not be chicken, be candid. We, and I am sure, Mr. Editor, you would appreciate a press conference or even an interview."

Well, Sir, I waited with baited breath for Ron or whoever had written it to come and ask me for an interview, but I never saw her or him, Sir. But, I have answered the questions today, I hope. I read that, Sir, to indicate the extent of which the machinations on St. Joseph were articulated and orchestrated. I hope that by bringing the Bill today that we have demonstrated our good faith but there is one point that has to be made which the editorial made.

We have a shortage of nurses and that shortage of nurses is going to affect us for some time to come. We are taking deliberate steps to solve that problem. We have over the last three years, restarted the training programmes, that is the RMN, (The Registered Mental Nurses), and that programme, it seems, is going to have to continue for some time.

We have doubled the intake at the Community College and we have 57 persons now where at one point during the last few years there was none.

We have also made provision for the Nursing Council to hold a qualifying examination in Barbados and that now will be twice a year where any nurse from any Caribbean territory or anywhere that is acceptable to Barbados whose qualifications might not be quite acceptable to the Nursing Council on mere perusal, can take a qualifying examination twice a year in Barbados in April and in September. That is now fixed so every April and every September there will be the opportunity for persons whose qualifications might not quite meet the approval of the Council on first blush, to take that examination.

You know what the result has been? Since we implemented that policy 15 nurses have been added to the Queen Elizabeth Hospital roll and some of these nurses had to function in this society as nursing assistants. One of them worked for 8 years in this society as a nursing assistant having had 15 years experience as a registered nurse in another Caribbean territory but the Nursing Council of the day did not consider that that person's records were acceptable.

Now, do you know what was the humiliation, the dehumanising effect of a person who has worked in the West Indies for 15 years in an operating theatre to come to another Caribbean sister territory and have to work as a nursing assistant? You have any idea how awful that is? There should be some standard by which you could measure.

I do not and no one could take away the discretionary power of one of the councils but there is another discrimination against the nurses.

A person who qualifies as a doctor takes one examination. He takes the university of the West Indies examination and from the time he passes that examination he is registerable in Barbados as a doctor. A person goes to the Community College, however, he has to pass the Community College examination and the law says that you must go there. You cannot go anywhere else but when you pass that examination, you still have to take the Nursing Council's Examination. Why is it so?

These are matters which require some examination and we are examining them. We have started to solve some of these problems. All of these contribute to the whole environment, the whole ambiance within which the nurses have to function.

When you examine the totality of the nursing situation all over the world nurses have traditionally been relegated to the lowest rung in the health care ladder. What we are trying to do, with much difficulty - I say with much difficulty - my colleague started and I am trying. But it is with much difficulty because it is a difficult task. We are trying to change the framework within which the profession operates and can operate. The pace is sometimes too slow for those who are in the inferno. One understands that. It is no point saying you are going to bring some water to out the fire. If you are 5 feet away from the fire and the water cannot reach, the persons who are being burnt are bound to feel that it does not matter how much water you say you are going to bring. But in fact by our discussions outside of Barbados and within Barbados, we are seeking to create the framework within which the nursing profession and the health care personnel generally will be able to function and to deliver to Barbadians the kind of quality service which they demand, require and deserve. 1.50p.m.

Mr. Speaker, this Bill is part of that framework and I commend it to Honourable Members in this House. I want to say before I sit down, I will not participate in the allowing of the St. Joseph Hospital to become a political football. I feel, Sir, without prejudice to their legitimate views - I am not in any way seeking to say to Honourable Members that they must not have their views or to anyone that they must not have their views - what I am saying however is I am not going to refer at all to the Labour Party's position on the St. Joseph Hospital, unless they make me. But I am saying that the St. Joseph Hospital is an opportunity for us to move forward and defend the debate on health on an entirely higher plane, the higher plane which it deserves.

Because health is not a matter, I submit to this Honourable House, for political tribalism, political opportunism. Health is a matter that concerns each of us in a very fundamental way. And we as leaders in this community have a responsibility to assist the entire community to bring health as a function of development on to a higher plane. That is what I propose to do. I offer it as an example which may be happily followed by my colleagues on the other side.

But in any event, Sir, it is a proud moment for me to offer this Bill to this Honourable Chamber and to move that it now be read a second time.

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

Applause.

Dr. R. C. HAYNES: Mr. Speaker, I am not a betting man but I observed to my colleague here beside me that there was no way that a Minister who has gone into a speed wobble after speaking for 10 minutes could last until 2.00 o'clock. And lo and behold he could not make it, no matter what he thought to introduce into the debate.

Now, Sir, in terms of content, in terms of policy in relation to the Hospital, in terms of the relationship of that Hospital to the rest of the health services present and in the future, we are still in the dark. And the questions purportedly asked by Mr. Bascombe, all those questions, Sir, are as pertinent now as they were at that time.

Laughter.

Dr. R. C. HAYNES: Now, Sir, it was my understanding when the Democratic Labour Party committed itself to the acquisition of the St. Joseph Hospital as a manifesto pledge to this nation that that Hospital would be used primarily to serve the interest of the poor people of the north and that it would be so integrated into the existing secondary care facilities that for the next 30 years at least there would be no need for any further building of secondary care facilities in Barbados and that it

would be fully integrated with the Queen Elizabeth Hospital and that it would serve as an opportunity to relieve many of the pressing space problems in the Queen Elizabeth Hospital, whilst at the same time, not contributing significantly to the overall cost of running the public services of Barbados. It was clearly set out and finally at about 7.30 p.m. summarized in that document. At 7.30 p.m. It was summarized and put in that document and that was the thinking behind it. Today, we are hearing a completely different story.

But in the 15 minutes available to me.....

Hon. B. M. TAITT: On a point of order, Sir. The Honourable Member is misleading the House. To say in the 15 minutes available to him is to imply that he is restricted by some time constraint. The Rules of this House make provision for the Leader of the Opposition and the first spokesman over there to speak for the next 2 weeks. If what he has to say is going to be confined into 15 minutes, one can understand what he is saying because he is butting about.

Mr. SPEAKER: I do not consider that a point of order. And secondly, I am very much aware of the Rules of this House in respect of times of speaking. So I would think that if the Honourable Member wants to speak for 15 minutes, so be it. But the Chair will afford him the opportunity to speak, as the Rules provide.

Dr. R. C. HAYNES: Thank you very much, Mr. Speaker. I am quite sure that you are fully aware of the Rules. The Honourable Member knows perfectly well that I have 15 minutes to speak in the same circumstances in which he spoke, although of course, I have unlimited time to speak.

That was clearly understood. Today now, we see the Government launching into, as described, a quasi commercial project in the area of health and judging from the methodology being suggested by the Honourable Minister, the taxpayers of this country will be subsidizing a predominantly private operation for eternity, if the policies that you have enunciated are not dramatically changed after the next elections, putting Government capital behind a project which would serve the entire community. It is another one putting Government and taxpayers money behind a project which is so fundamentally structured as you have described to meet predominantly the needs of private individuals in Barbados and particularly the north. Now I do not know that there are that many people living in the north of Barbados who are able to pay rates either in terms of doctor's fees or in terms of per diem charges for hospitals.....

Hon. B. M. TAITT: On a point of explanation, Sir. Nowhere in the speech I made did I say that entry to the Hospital would be restricted to people from the north.

People from all over Barbados used to go to St. Joseph and they will go to St. Joseph. Indeed I even said that Barbadians living outside of Barbados will be able to go to the Hospital. 2.00 p.m.

It is entirely wrong if the Honourable Member understood me to be even remotely saying, suggesting, implying or intimating that it would be for only people in the north. If you do not know about people in the north who can pay, it is unfortunate.

Dr. R. C. HAYNES: Mr. Speaker, I neither suggested, implied, intimated or otherwise. All I am saying is that I do not think there are that many people living in the north of Barbados who would fall sick with such frequency to pay the kind of money in terms of fees and in terms of per diem costs of hospitalisation to make this project a viable one which would be self-sustaining in the future, and therefore in my view it is flawed from the very beginning conceptually and otherwise.

As I say, in the time available to me under the present circumstances, I have to headline certain points I have to make.

Asides.

Dr. R. C. HAYNES: Not headlines in terms of the Press, Sir, I am talking about headlines in terms of one's presentation. They are two completely different matters, Sir. I am saying that the St. Joseph Hospital, to start off with, was bought at a price that was far too high. Not one cent more than \$3 million should have been paid for the St. Joseph Hospital. The people who owned the St. Joseph Hospital spent hundreds of thousands of dollars trying to sell that Hospital all over the world, prepared all sorts of expensive brochures and could not get a buyer after many years. The Hospital started to deteriorate and then Government found itself in a position where they paid \$6 million for a hospital that no one would buy.

Aside.

Dr. R. C. HAYNES: I said it before. I said it when I was Minister of Finance over there and I am saying it here again. No matter what the Minister may say, you can have the most luxurious property, the value relates to what somebody would buy it for. It is as simple as that. The Government paid all but twice as much for the St. Joseph Hospital as it could fetch either on the national or international markets. That is the first point. Secondly, the Government is faced with a massive bill in order to get the old, deteriorating property back up to some kind of level at which it could function at some kind of acceptable levels.

The St. Joseph Hospital, Sir, as a private institution was a financial disaster from the very beginning because of

its location and because of other factors, and it lost money down the years although a substantial proportion of the nursing inputs in that Hospital was no charge against its accounts, because it was run by the Sisters of the Sorrowful Mother. Nevertheless, it lost money, and lost so much money over the years,....

Aside.

Dr. R. C. HAYNES: Not that price, not for \$6 million. Just get that clear.

Aside.

Dr. R. C. HAYNES: Sir, I have worked at that Hospital for some years in the 60's and in the early 70's, and what has happened to the Government now is that the Government is caught in a bind, which is this, that a lot of the thinking which has led to the Government going down the line of creating a predominantly private facility was introduced by persons who saw the Government as underwriting a capital investment for them to make handsome professional profits over the years. But since there has been a lapse of time between the closure of the St. Joseph Hospital and today, those persons have made other investments and you can be quite sure that what is going to happen is that you are not going to find private persons of the same calibre participating in activity in the St. Joseph Hospital. What has happened is that the ball game has changed, and changed considerably, and you are going to find that you are going to be putting taxpayers' money, at least until the next elections, behind a private facility to be exploited by certain persons and not contributing significantly to the overall health interest of Barbados.

Asides.

Dr. R. C. HAYNES: The Honourable Leader of the House has indicated to me that I can renege on my promise to stop by ten past two and I will stop for the time being. I will continue afterward.

MESSAGES FROM HIS EXCELLENCY THE GOVERNOR-GENERAL

Mr. SPEAKER: Before the Honourable Member moves the suspension, Message No. 6 under Messages from His Excellency the Governor-General was not available before and I seek this time to read it, recommitting Messages from His Excellency the Governor-General:

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

His Excellency the acting Governor-General has the honour to inform the Honourable the House of Assembly

that he has been advised that His Excellency the Governor-General, Sir Hugh Springer, GCMG, GCVO, KA, CBE is hospitalised in the United Kingdom as a result of a stroke.

Reports indicate that Sir Hugh is recovering from his illness and it is expected that he will return to Barbados within the next fortnight. As the Honourable House of Assembly has already been advised, His Excellency Sir Hugh Springer will be on sick leave until 3rd January, 1990, and the Honourable Sir Denys Williams, GCM, Chief Justice, will perform the functions of the office of Governor-General during His Excellency's absence.

SUSPENSION OF SITTING

Hon. P. M. GREAVES: Mr. Speaker, as the Honourable Member for St. Michael South Central has given way, I now move that this sitting be suspended until 3.15p.m. this day.

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. 2.10p.m.

ON RESUMPTION Mr.

SPEAKER: This sitting is resumed.

GOVERNMENT NOTICES

Hon. P. M. GREAVES: Mr. Speaker, before we proceed I should like to ask that Government Notices be recommitted.

Mr. SPEAKER: There being no objection, let the Honourable Member proceed.

Hon. P. M. GREAVES: Mr. Speaker, I beg to give notice of the following Resolutions.

A Resolution to approve the borrowing of sums of BS.3 382 261.00 and US\$3 755 430.00 from the Venezuelan Investment Fund (FIV) and US\$3 756 566.00 from the Venezuelan Export Fund for the purpose of assisting with the implementation of Phase 1 of the Government's planned Tenantry and Subsidiary Road Programme during the financial period 1989-92.

A Resolution to approve the borrowing of the sums of US\$5 850 000 and 1 850 000 pounds from Crown Agents Services Ltd. for the purpose of assisting in the purchase and supply of capital goods and semi-capital goods during the financial year 1989-90.

At this point, Sir, I want to withdraw the Bill to amend the Port Authority Act, Cap. 285B. The Bill has been read a first time but it has not yet been given a second reading. It was placed on the Order Paper since 24th October. I want it expanded and so I now seek leave to withdraw that particular Bill.

Mr. SPEAKER: If there is no objection, leave is granted.

Hon. P. M. GREAVES: Mr. Speaker, I beg to give notice of a Bill to amend the Port Authority Act, Cap. 285B.

FIRST READING OF BILLS

Hon. P. M. GREAVES: Mr. Speaker, I beg to move that a Bill to amend the Port Authority Act, Cap. 285B be read a first time.

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

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

GOVERNMENT BUSINESS (Resumed)

Mr. SPEAKER: The Honourable Member for St. Michael South Central may proceed.

Dr. R. C. HAYNES: Mr. Speaker, it was my original intention to address this House for a short period on this matter, but having given a little more thought to the many statements by the Honourable Minister of Health that were not clearly hinged together in any logical manner, it has become evident that I must pursue these matters in further depth.

Now, Sir, I have a particular problem in that the present Minister of Health got involved in this matter in a fairly advanced stage of the negotiations, and therefore many of my comments would have to be directed to the former holder of that office.

I, Sir, have been in the curious position where I participated in advising Government many years ago on changing the laws of Barbados in order to facilitate the Medical Council of this country to allow someone to practise medicine in Barbados. Today, Sir, I find myself in the awkward position where I am satisfied that the way in which this entire project has been structured has been influenced for the beneficial interest of a particular individual, because all the others who would have benefited from it at the time have been able through their own efforts to make appropriate investments in real estate and other areas in Barbados in order that they could maximise their professional inputs into the community - all the others who suffered trauma as a consequence of the closure of the St.

Joseph Hospital. Let it be clear that I said earlier that the St. Joseph Hospital, when it was almost 100 per cent private, subject only to an agreement with the Government of Barbados where they provided a small percentage of their beds for public purposes, and where a substantial amount of the overhead cost was contributed by the free labour of the Sisters that ran that Hospital, nevertheless ran at a major deficit. There were many distinguished businessmen On the Board of the St. Joseph Hospital at that time, the most notable one being the late Lisle Ward, and yet they were unable to control the many professional and inter-related factors that caused that Hospital to run into such a major deficit, that even the Vatican whose purse amount to probably a billion times more than the budget of Barbados, found it necessary to withdraw their support and close down the St. Joseph Hospital.

Sir, we are now hoping that an institution of that kind at a highly unrealistic capital cost will now be able to generate enough money to justify the Government putting taxpayers' money into it where the poor and those unable to pay the charges will constitute a minority in that institution. That is what we are told, because if you are talking of financial viability after five years, then it means that you would have to be charging economic costs for hospitalisation or it does not make any sense.

We have not heard of any form of feasibility study, just words. Where is your feasibility study to permit you to come to this Honourable House and give an assurance that this project will be viable after five years and self-sustaining. Where is it? In your head? I can tell you, Sir, of a feasibility study. There was an extensive private sector feasibility study done in Barbados as far back as 1985 which indicated clearly that anyone paying more than \$3 million for that Hospital would certainly not be entering into any kind of rational arrangement for the purchase of it. I made that statement when I was sitting on the Opposition benches in this Parliament. I repeated it when I was Minister of Finance. I made it clear when I was Minister of Finance that no one should come to me with anything ifi excess of \$3 million, but I knew what was going on behind the scenes, and I want to know how it got from \$3 million to \$6 million. I want to know how much the vendors got in their hands. I want to know that.

Hon. B. M. TAITT: Mr. Speaker, on a point of order, Sir, I am the Minister of Health, I introduced this Bill, I don't know how anybody could tell me don't get in it at this point. The Honourable Member is saying he wants to know how much the vendors got. I have indicated to the House that the price for the Hospital was \$6 million. I have indicated that the \$6 million left the Central Bank as I understand it and went to pay the people whoever, and the Honourable Member for Christ Church West, if he docs not mind my saying it, acted for the vendors and therefore I feel as Minister that if the Honourable Member asks in the way

he is asking, he would be casting aspersions where he might not intend those aspersions to drop. 3.30 p.m.

I just wish to be very clear that I am not aware of any difficulties which manifested themselves in this transaction.

Dr. R.C. HAYNES: It is very clear. I believe that I have been involved in business activities around Barbados for long enough. I have always found the Honourable Member for Christ Church West as a man of the highest probity in his profession and if he is given an instruction that an amount of \$6 million should be paid to him, if he were acting on behalf of the vendor, that is the limit of his involvement and the limit of his knowledge in the matter. What happened before or after is none of his business.

Aside.

Dr. R. C. HAYNES: I have not accused the Vatican of anything. All I am saying is that I happen to know because it is quite clear to me that you have a mass of cement and junk up in St. Peter with a lot of equipment that was outdated, the sewerage systems that have to be totally replaced, equipment that was over 25 years old, equipment when, in fact, it was put in there, was designed to serve the needs of a village hospital rather than a secondary care facility and this is the mass of cement and junk that you all have gone out there and bought for \$6 million when I am quite sure - because I have personal knowledge of the brochures. I have personal knowledge of the agents in New Jersey, the agents in Italy, the agents in the United Kingdom who were trying to sell that property for many, many years.

It did not start off at U.S. \$5 million. It started off at U.S. \$15 million and year after year the price dropped and dropped and dropped until they found a willing collaborator in the purchase of it, namely, the group appointed by the former Minister of Health.

I am saying this that there were many people who were deeply concerned with the kind of inputs and the kind of slant that was being given to that development. In other words, basically, trying to use public funds in order to provide certain opportunities for certain professionals in Barbados.

Let us call a spade a spade. That was the main trust of what was being put to that committee and what is going to happen now is that the taxpayers of Barbados are going to find themselves landed with heavy costs in order to sustain certain persons.

Aside.

Dr. R. C. HAYNES: Let me tell you something. It is not a matter of providing anything for me. I stopped

working at the St. Joseph Hospital in about 1967 or 1968 for one reason and one reason only that any time I was travelling along the coast road coming back from the St. Joseph Hospital I used to fall asleep. I could not just help falling asleep and, therefore, that is why I stopped working down there and that was the only reason.

But if I may continue, Sir.

I am saying that here you have on the one hand a private sector study done showing that a property is not worth one cent more than \$3 million. The Government has no study done. The Government has no feasibility, nothing to offer this Honourable House, and comes in here and tells you that they have purchased a property for \$6 million. They spend another \$5 million or whatever it is for refurbishing, then the cost now of establishing a staff down there, etc. You are already talking probably about \$20 million up front before the scheme which you have described gets underway plus the recurrent cost of that. Is that a justified expense based on what you said you were going to use that Hospital for with the overwhelming component of its activity being for private persons?

Grant it, Sir, that there has been an expansion of private sector activity in health and some elements of insurance but I doubt very much whether that could be the legitimate objective of public health policy. There is enough money out there, there are people with enough resources over a time to create their own private health facilities and what is more, Sir? It is my certain judgment that there is no way you are going to get any significant occupancy down there.

The Queen Elizabeth Hospital which has about 10% of its beds, roughly 60 private beds hardly ever achieves more than a 70% occupancy in any one year and very often until recently, even when you got a 70% occupancy you have probably a 35% settlement of the bills that used to obtain for many years in the Q.E.H.

Aside.

Dr. R. C. HAYNES: No, because under the laws the way how the laws were structured at the time it made collections very difficult and it came under the Ministry's regulations which provided for public servants to look after the accounts of the Hospital.

As a matter of fact, I found myself with the very awkward position in 1976 when I was Chairman of the Hospital. There was an attempt to collect a whole mass of outstanding bills and just before an election a very clever public officer put a whole lot of people in court and put my name on the bills all over the country so here was I having to defend people and all I was doing my name just appeared on the bills on behalf of the doctors. All over Barbados

people thought that I was suing people. I was not suing anybody.

But, that is a big problem and it is not only a problem in the collection of doctors' fees but the biggest problem was the collection of the fees for accommodation in the Hospital and, indeed, Sir, I believe that problem has been alleviated in more recent times by certain strictures that have been applied.

But, even when you look at the cost of a private bed in the QEH, those private wards are heavily subsidized. The rate that you are paying in the QEH is not the economic rate of a bed in the QEH so you are going to have a situation where the majority of people live in this area, you have a private hospital up north and you are going to be charging them the same rate here as in the south. In that case you would be charging them a subsidized rate. If you charge them a higher rate in order to make it viable, it should be financially viable. You would have to charge them a rate - that is not subsidized and, therefore, the rate must be higher than the rate obtaining down here otherwise you would be charging a subsidized rate for private patients who often have private insurance. 3.40 p.m.

So the Government in fact in the long run would be subsidizing the private insurance companies. This has happened in Barbados for a long time. It will ultimately be subsidizing the insurance companies.

Let me tell you what obtains. When a patient goes into a facility where the daily rate is substantially less than the amount for which they are covered, all that happens is that their insurance company would only pay what is on the bill. If the Government subsidizes the difference, to that extent the insurance company is relieved of that particular obligation.

Hon. B. M. TAITT: If the Honourable Member would give way, Mr. Speaker, so that he does not go down that road. I did not feel able to include in the presentation the provisions that are being made to deal with the issues he is raising. But so that he will not go down that route I may say to him that an exhaustive study of the exact cost of the provision of care at the Queen Elizabeth Hospital has been done and the rates which will be applied will be based on a step down method and therefore the point that he is making, while valid, will not apply. When I respond, I will explain to the Honourable Member what arrangements are being made with Blue Cross and Blue Shield and other insurance companies.

Dr. R. C. HAYNES: Mr. Speaker, the Honourable Member ought to know that I would not be unaware of the Blue Cross/Blue Shield intervention. They were pursued and by whom? The collaborator. They were pursued, invited, et cetera, et cetera by the collaborator. It is one

massive scheme. And who approved the activities of the collaborator? Your former colleague, who else?

Aside.

Dr. R. C. HAYNES: Collaborator? You check the Laws in Barbados and see who was the beneficiary of the amendment to the Laws of Barbados to permit him to practise in Barbados and you would know who the collaborator is. The Honourable Member for Christ Church West was a Member of the House then., Okay. I will continue.

If I may continue, Sir. Not only the initial cost but the private sector report pointed out that the figure of S3 million was based on the very heavy costs that would be involved in the rehabilitation, note the word, Sir, of the St. Joseph Hospital. And yet we now face a S6 million and we face the same heavy rehabilitation cost.

And so, Sir, I think that what could have been a reasonable investment by the Government properly conceptualized in relation to existing secondary care facilities has been somewhat vitiated by the excessive cost paid for the initial purchase and also now by the way in which its use is being contemplated.

Now, Sir, the Minister then proceeded to enter into certain flights of fancy relating to the capacity of the St. Joseph Hospital to reduce the problems of overcrowding in the Queen Elizabeth Hospital and sought, Sir, to use that as an argument to justify the acquisition and the development of that institution in the north, that is a fine argument. It is an argument with which I have the greatest sympathy. It is an argument which seems to me to be rooted in some element of reality provided that the Minister did not say what else he said because the way in which he is going to use the Hospital is going to make su.^ that there is more and more pressure put on the QEH.

Let me explain, Sir. And I do not wish in this debate to bring to bear on it too much of professional knowledge and so on from long experience in the Hospital. I do not want to disadvantage anyone by using that kind of professional advantage. It is not fair. But I will say this. If you were to look at the areas of overcrowding in the Queen Elizabeth Hospital, you will see that the big areas are in medicine and in surgery. Did you hear medicine mentioned by the Minister? Did you hear surgery mentioned by the Minister? No! Where are the long waiting lists? They are not in obstetrics. If a lady is going to have a baby, she is going to have a baby. She either is admitted or she has the baby somehow. Not in obstetrics. It is in medicine and surgery. That is where the wards are largely overcrowded. That is where some relief can be brought to the occupancy levels in the QEH. And that is where the waiting lists relieving suffering on thousands of people in this country, if the Hospital were properly used.

But you are not addressing that problem. With the kinds of programmes and the kind of use that you enunciated to which the St. Joseph would be put as a priority, it certainly excludes those areas where the greatest pressure comes in the QEH.

I say this and this is a matter that was looked at very carefully before any question of the purchase of the St. Joseph Hospital was included in any manifesto. It is recognized, Sir, that diabetic surgery, the surgery on diabetic feet for example where patients spend up to 2, 3 months, sometimes 6 months in hospital either waiting for ulcers to be healed or waiting for the wound of an amputation to be healed, that a large block of beds are blocked off for months as a result of that kind of surgical activity. Not a word about that.

There are many patients, Sir, in the medical wards who have chronic illnesses requiring principally a higher grade of nursing care than they can get in the District Hospitals or where there is no room in the District Hospitals and hence cannot be transferred from the QEH, not a word of those patients. And this is where the overcrowding is. Whoever advised you....

Hon. B. M. TAITT: On a point of order, Sir. The Honourable Member is really I submit taking the debate which in relation- to what I said is an area which must mislead the House. I was introducing a Bill for. the St. Joseph Hospital. I was not debating nor was I speaking on the total health policy, this is not a debate of the health policy of the country, and I did mention the Geriatric Hospital and I invited the Honourable Member and all other colleagues to go to and see what we are doing. I assure the Honourable Member that if he wishes I will give him the totality of arrangements and plans when I respond.

But the St. Joseph Hospital is not and cannot be the solution which he is suggesting. Go and see what we are doing at the Geriatric Hospital!

Mr. SPEAKER: The Honourable Member...

Dr. R. C. HAYNES: That Honourable Member, Sir, does not have to invite me to go to the Geriatric Hospital. If he would read his files he would see that as early as 1971 that I recommended the increase in the establishment of the consultant staff of the Hospital by the number of 2, one of whom would have served in out patients and the other one would serve in the Geriatric Hospital in order to improve it. He would see that the earliest improvements made for many, many years at the Geriatric Hospital was a result of my initiatives! The very earliest ones. You would see that. Anyhow, Sir, I would not go into that.

The point I am making is that the Honourable Member comes in here and gives the public the impression that this squandcrmania can be justified on the grounds that he

would be relieving congestion at the Queen Elizabeth Hospital

Hon. B. M. TAUT: Sir, on a point of order. I object to the Honourable Member talking about the acquisition of the St. Joseph Hospital and term it as squandermania.

I submit that the Honourable Member is deliberately misleading the House. I submit that, Sir. 3.50p.m.

To speak in terms of squandermania of a debate that has already occurred, the \$6 million was approved by this Parliament, Sir. He voted for it and therefore for him to speak in terms of squandermania, if I were outside I would tell you some other things I would say about what he is doing, but he cannot mislead the House. He is misleading the House.

Dr. R. C. HAYNES: The Honourable Member likes his voice, that is all. When you see him getting angry like that, that is mock anger. We know all of that.

Aside.

Dr. R. C. HAYNES: And integrity, which is the hallmark of the NDP. It is because we are rooted in integrity that we have to take these positions that may cause pain sometimes to members on the other side.

If I may continue, Sir, another thing that bothers me is that the Honourable Member said there will be emergency services at the St. Joseph Hospital. There has always been a principle in medicine relating to the parity of quality of care. Unless you are going to put similar type infrastructure in the St. Joseph Hospital as you have in the Queen Elizabeth Hospital, it means that some of our citizens will not have access to the same quality of care. Let us face it.

In an emergency room someone may come in saying they are feeling badly. It could be a virus, as you know, Sir, it could be a major coronary and the patient may collapse. You have one set of facilities in one hospital and another set of facilities in another hospital. I put it to you, Sir, that the Government has to think through very carefully how they meet the test of ensuring that all Barbadians and all taxpayers have access to parity and equality of medical care when you start going down that road.

I would humbly suggest, Sir, that with Highway 2A, Highway 2 or whatever it is, in two-towns now you can get from the St. Joseph Hospital to the Queen Elizabeth Hospital and the reverse, and the Government has to be very careful how it deals with the question of providing emergency services in another institution, unless you are either going to put in similar infrastructure - which I suggest to you will be extremely costly with duplication - or in the alternative, taking advantage of communications

networks, whether by helicopter if you like, by special ambulance arrangements or whatever you like, to make sure that that parity exists.

On all these things, Sir, I can speak without reference to my notes, because these are things that one has thought through many, many years ago. The Honourable Member seems to have forgotten the positions that he has taken, sensible positions, and allowed himself to go on with the rubbish in the Ministry's files put there by the Honourable Member for St. James South who is incapable of putting anything else of any other quality in any file or anywhere else. That is what has happened to him.

Let me tell you something. There are elements of loyalty, which are fine, but you should not allow your intellect to diminish by false loyalty to other persons. You must not allow those things to happen.

I want to know now, when you reply, and the people of the north would want to know, how much it is going to cost a poor person in Crab Hill to have their mother kept in the private geriatric wards of your St. Joseph Hospital. That is what the people of the north would want to know, because I know something about geriatric services at the St. Joseph Hospital. I know there was a geriatric unit there before you were the Minister of Health. There was one there before your predecessor in office, who would not know anything that goes on around him. He is completely insulated from his total environment. You would not know that there was one there before, but there was one there before.

Asides.

Dr. R. C. HAYNES: I do not like stealing from them and I do not send them to gaol either because they are not represented.

Mr. SPEAKER: The Honourable Member is addressing the Chair.

Dr. R. C. HAYNES: I agree with you, Sir. It is a funny thing you know, Mr. Speaker, it is often said that people who are not too physically blessed compensate with a pleasant manner and a pleasant disposition, and it is unusual to come across those who are doubly unblessed. If I may continue, Sir.

Mr. SPEAKER: I would also like to remind... Dr. R.

C. HAYNES: I am not referring to you, Sir.

Mr. SPEAKER: You are not. You could not either.

Dr. R. C. HAYNES: No, Sir! No way, Sir.

Mr. SPEAKER: I will have to look at some of the statements you are making. They are very close to being offensive and insulting and I will be very closely watching that language.

Dr. R. C. HAYNES: Sir, I have strayed a bit into the area of psychic health.

Hon. B. M. TAITT: On a point of order, Sir. In the light of the kinds of exchanges, I am submitting to Your Honour for Your Honour's consideration that the particular period when the Honourable Member made the comment which led Your Honour to intervene might conveniently be struck from the record, if for no other reason than to preserve the dignity of Parliament. I think that even though the Honourable Member might say that he was generalising, given what had gone before, Sir, there can be no doubt, unless Your Honour feels otherwise,....

Mr. SPEAKER: That is the very reason why I cautioned the Honourable Member.

Dr. R. C. HAYNES: I was just speaking of psychic health, no particular person in here, I was going to develop my point to demonstrate that one useful aspect of this development might be the salubrious atmosphere of the heights of St. Peter which might give relief to the kind of condition I adverted to, but no particular person, Sir. Of course not! No way, Sir!

If I may continue, Mr. Speaker, the Honourable Member talked a lot about the staffing of this Hospital. He mentioned that the Board would be responsible for the appointment of staff, he mentioned certain posts that had already been filled or offered.

Aside.

4.00 p.m.

Dr. R. C. HAYNES: I know he knows they have been filled. Was that one of the things you concluded in your recent visit overseas? I kept very quiet about that visit and I am going to remain quiet. I am not going to be forced into saying anything.

Hon. B. M. TAITT: On a point of order, the Honourable Member is now waxing into wickedness, with respect. I met him at a hotel in New York. I want to put it on the record so that he does not distort it. I fear him, Sir. I met him at a hotel in New York, I saw him pacing and I met him in the lobby and I have witnesses. I was sure to tell him, please note I have witnesses.

Mr. SPEAKER: I should like to caution Honourable Members again. I have made a ruling in the past that when a point of order is made that the Honourable Member should indicate through the Chair which of the Standing Orders is being broken. I certainly would give room, but if

you are going to have points of order which will tend to distort the debate at some time, I shall enforce that Honourable Members indicate the Standing Order that is being broken.

Hon. B. M. TAITT: On a point of order, I regret I did not at the time say that the Honourable Member was misleading the House, but my point of order was that the Honourable Member was misleading the House in that he was implying that there might have been some collaboration between the two of us at a place outside of Barbados and knowing the Honourable Member's propensity and capacity for distortion, I was very concerned that he might give the wrong impression to the House, and he was so doing by making the statement and leaving it unsaid. All I said to him in the presence of two persons in New York city in a lobby was "How are you, what are you doing here" and he told me.

Dr. R. C. HAYNES: Mr. Speaker, Our dear Lord was denied, so who am I? I will not be provoked.

If I may continue, Sir. There are one or two other areas, Mr. Speaker, which concern me. The question of that sewerage system. I want to know how much it is going to cost. I want to know who the agents are, and I want to know how long it is going to take to put it in place. I want to know, Sir, whether the Minister of Health in respect of that Hospital is going to be pursuing the same policy pursued by his predecessor in relation to certain acquisition through the Crown Agents. I want to know, Sir, whether the Crown Agents provide any after sales service in this country. I want to know whether they provide work for anybody in this country. I want to know about the Bahamian company through which materials were brought into this country when the Honourable Member for St. James South was Minister of Health. I want to know these things.

Hon. N. K. SIMMONS: Mr. Speaker, on a point of order, I know nothing about any Bahamas company. If he is associated with a Bahamian company, he can say that, but I know absolutely nothing about any Bahamian company which brought anything into this country. I have no shareholdings in any company. I do not know what he is talking about. If he has one, let him say so.

Dr. R. C. HAYNES: Sir, my remarks were directed to the substantive Minister. I am saying that there is a Bahamian company that brings things into Barbados at a much higher price than the local agents are offering to the Government of Barbados. I am saying that the Crown Agents do not employ anybody here. I am saying that there has been equipment brought into this country that has not worked. They provide no after service, and that is a fact.

Hon. B. M. TAITT: On a point of order, Sir, if I may respond, I know nothing about the Crown Agents. The first time I ever heard about the Crown Agents was when the

Honourable Member was Minister of Finance. That is a Ministry of Finance situation. The Crown Agents have to do with the Ministry of Finance, so the Honourable Member knows more about it than anybody else over here. Don't start with that.

Dr. R. C. HAYNES: The Honourable Member has suggested that when I was Minister of Finance, I was in bed with the Crown Agents. I was never in bed with any Crown Agents.

Mr. SPEAKER: I need not protect Honourable Members when they can rise on points of order and interruptions and explain their points. I give them that opportunity. If the Honourable Member seems to think it is not correct....

Dr. R. C. HAYNES: He can't do me any harm anyhow. The point I am making is that I am fully aware that it is a Ministry of Finance arrangement. I am fully aware of the problems being generated for the various Ministries who have traditionally worked with various firms in Bridgetown that provide excellent after sale service. I want to know whether the Minister knows how this arrangement is affecting his Ministry. I don't want to stray, Sir; I would not be allowed to stray.

Hon. B. M. TAITT: On a point of order, Sir, the Honourable Member knows that I know, therefore he is misleading the House. For him to get up and ask whether I know when he knows that I know means that he is misleading the House. He was the Minister of Finance, he knows that we discussed *ad infinitum*, *ad nauseam* the relationship of the new dispensation which we inherited from the other Government, because the Crown Agents are not new. The Crown Agents did not begin yesterday; the Crown Agents are of the British Government; they are not Mafia people out there; don't use the Crown Agents as though somebody is in bed with anybody. You know that I know that you know that I know.

Dr. R. C. HAYNES: The Honourable Member claims that I know that he knows. I did not know that he knew, because if I thought he knew that refrigeration equipment and vehicles for the sanitation service had come inside here at the kind of price at which they came in as compared with those offered by private agents, Hospital equipment as well. He would be even more concerned than I am concerned, because I am not a Minister of the Crown and therefore no one can point an accusing finger at me, so I think his concern should be greater than mine, and he should be grateful, Sir, that I took the opportunity today on the Floor of the House to bring this thing to his attention publicly, and I am quite sure that when reported he will hear of many other instances. I have a file on it.

Mr. Speaker, I will not pursue this matter anymore. I will just warn the Honourable Member to keep his antenna

out. The matter will arise I am quite sure. All Honourable Members on this side are fully aware of the details of which I speak.

If I may continue, Sir, I dealt with the question of emergency services and the intrinsic dangers arising therefrom. Now, Sir, I cannot imagine that a Minister of Health would come in this House and spend almost two hours talking about a deformed programme for a secondary care facility in the parish of St. Peter and completely omit to mention its relationship with an established primary care facility just under the hill. What will be the relationship between the Sir Maurice Byer Polyclinic and the new St. Joseph Hospital? 4.10p.m.

Now, Sir, these are very important things.

Aside.

Dr. R. C. HAYNES: If the Honourable Member clearly understood what he said, then he would understand that a critical part of the kind of development that he is talking about would be its relationship with the Sir Maurice Byer Polyclinic.

Hon. B. M. TAITT: On a point of elucidation, if the Honourable Member will give way.

I will remind the Honourable Member that I said very clearly that we were going to be expanding and improving the primary health care facilities in St. Andrew, in St. Joseph and I indicated that this secondary care provider would be integrated with the primary health care.

The Honourable Member might not have been in here but I did say that the relationship would be the same with the primary health care and the secondary health care relationships we have.

Now, I give him the assurance that I will expand it in detail when I respond since that is what he wants.

Dr. R. C. HAYNES: If I may continue, Sir.

I did ask the question in a *sotto voce* remark which you cannot take cognisance of but I can do so now, whether or not the Police working and living in the north any special provisions would be made for them?

We know, Sir, that at the other secondary care institution that historically we have had a Police doctor at the primary care level who would refer persons to consultants at the hospital in the context of the health arrangements made at that secondary institution for the Police.

I want to know, Sir, whether the Attorney General has indicated when he vetted this Bill whether any provisions should be made for the Police under his charge or not, or was he pregnant with any ideas in that direction, or was he happy to substitute for the preferred speaker at the Annual General Meeting?

If I may continue, Sir.

Hon. M. A. KING: On a point of order, Sir.

The Honourable Member is totally irrelevant. What Annual General Meeting is he talking about? His comments are irrelevant to the debate and I ask that they be struck from the records.

Mr. SPEAKER: Very irrelevant indeed.

Dr. R. C. HAYNES: I am talking about the Police.

Mr. SPEAKER: But the General Meeting has nothing to do with it.

Aside.

Dr. R. C. HAYNES: At the Annual General Meeting when the matter will come up. I am projecting into the future, Sir.

But I believe that when this Hospital is set up, I will urge the Attorney General to make sure that special provisions be made for the Police working in die north whose conditions you know, Sir, are most appalling

Hon. M. A. KING: Mr. Speakcr, on a point of order.

The Honourable Member knows full well that the Minister of Health is the Minister who has responsibility for health and the hospital thereby and that the Attorney General has no ministerial responsibility for health care.

Dr. R. C. HAYNES: Mr. Speaker, I am speaking on a matter of health and as a doctor I cannot see the Police as being different from anybody else in Barbados.

Aside.

Dr. R. C. HAYNES: Just simply, Sir, that I hope that for the nurses in the institution that the same kind of preferential provisions that have been made for them in respect of the secondary care facility down south that similar arrangements be made for the comfort and well-being of the nurses working at the institution.

Aside.

Dr. R. C. HAYNES: The Honourable Member, Sir, is indicating that he prefers a Board of Directors to run the

Hospital because he said it would be more efficient and that in its overall management capability would be able to deliver the goods far more efficiently in the context of a Board. With that I totally agree. I have no difficulty with that.

I can demonstrate that when sensible things are said I am prepared to agree with. If I disagree with all the rest it is because they are not sensible.

Now, Sir, it is very important to understand why there should be a Board. Now, the Honourable Member in making the case for the Board drew a comparison with the institution for which he holds responsibility at the moment, the Queen Elizabeth Hospital and, indeed, Sir, in his own clever way it was a serious indictment of what has been going on at that Hospital and is going on, as he pointed out, that has gone on in the past, and still is going on and I daresay that there will never be any solution to the problems of the Queen Elizabeth Hospital until a Board is established to run that institution where it can develop a personality which addresses the fundamental functions of a hospital.

So long as the Ministry is called upon to "interfere" in a whole lot of areas - I did not say, the Minister, but the Ministry - without clearly understanding what are the basic things that keep an instllution together and make it work, you will always have those problems so I am supportive of the idea of a Board.

I recall many years ago when the original Queen Elizabeth Hospital Act was passed by this Parliament but never proclaimed, it was due to a legal opinion which I think was not only incorrect, but has created a whole lot of problems in the health area for this country over the past 24 years because even in this very Bill before us now, Sir, unless the present Honourable Attorney General does not agree with that legal opinion, there is provision for the secondment of public officers to the new Hospital.

What was the nature of the legal opinion that prevented the proclamation of that Bill? That it would cost the Barbados Government millions of dollars if they severed the employment of persons in the Public Service, persons working in the Hospital who came under the Public Service Commission and who were appointed to the Public Service and if they had a new employer, that they would be severed.

After much to and fro, Sir, it was pointed out that the Government itself as a condition of service has a right to second people to work elsewhere within the public sector, whether it be Statutory Boards or otherwise. But out of sheer stubbornness that opinion was never revised and the final opinion was that although you can second them and avoid the legal disability of compensation as a result of the change of employer status, that you would be creating in

the Hospital a situation where half of your staff would be subject to one category of discipline, namely, the Public Service Commission, and the other half would be subject to discipline by a new Board. That was the final opinion.

Now, this was rebutted by pointing out that the Public Service Commission itself had the power to delegate certain aspects of discipline among its members who could form part of the Board or a sub-committee of the Board and it is over that kind of silly legalistic argument that a Board was not established at the Queen Elizabeth Hospital. It was as silly as that. That is what it boiled down to.

Now, Sir, if that was done, the situation today is that the very disabilities complained of would largely have been overcome because I believe that with the retirement of a few doctors recently there were very few people on the medical staff who were appointed on that basis. They have all retired now. 4.20p.m.

I think there may be one or two still left but I am not quite sure. But certainly in medicine there may be one or two. But anyhow generally speaking, there will be very few of those among the medical staff. Among the nursing staff, all those who were 36 years at the time would have retired by now. All. So the problem then would have resolved itself by the efflux of time. Thirty-six and twenty-four arc sixty. So that the situation would be now in existence where you could have a Board if a little common sense had prevailed at that time.

So you are faced with a situation now where sooner or later someone is going to take the bull by the horn and say, look 20, 30 years from now the situation will change with retirement of people but a big opportunity was missed then.

I only hope, Sir, that the Minister in establishing this Board clearly understands that the Board must be allowed to function as a Board. People must understand that when they are employed that the Board is their employer and not the Minister or somebody in the Ministry. They have to understand that, whereas there is a general progressive ethos in this country relating to conditions of employment, conditions under which jobs can be terminated and that kind of thing, that they owe their allegiance to an entity called a Hospital Board.

Aside.

Dr. R. C. HAYNES: First class man. As good as the Honourable Member for St. Michael Central. Two first class men.

If I may continue, Sir. The point I was trying to make is this that it is not often understood that the most complex area of management on God's earth is the management of a hospital for a variety of reasons. What is a hospital? First of

all it is a hotel. It is a hotel looking after sick people. On top of that, you have a whole range of prima donnas whose interests have to be accommodated.

Aside.

Dr. R. C. HAYNES: The massive egos that have to be accommodated. Now, Sir, in order to handle all these functions for the benefit of the overall community, it requires the building of an institution which is one securely rooted in the community that it services and secondly is sensitive to the needs of that community and thirdly, one where the community itself can bring inputs to bear on the behaviour and the relationship between that institution and the community. And this is why I hope that any such Board established would not be confined to a few professionals.

I would hope that the broader community would be properly represented on the Board so that the institution and its management would reflect what is going on in the community which it serves. These are very fundamental things, Sir. And that is the difference between the state hospitals in New York and the private hospitals in New York.

I paid a fleeting visit to Rockefeller Research Centre I think it was Friday afternoon, a very short visit, and you could see the growth of an institution over a very short period of time. When you compare that with what happens with the down state hospitals in New York City, you see the big difference. And the big difference is this that private institutions can be properly managed because they have all kinds of constraints which impose on them a discipline (1) to be prudent with the money made available to them and (2) a duty of care to the communities which they serve, otherwise they cannot survive. We therefore have to create that kind of environment even in a quasi commercial project without any feasibility study being introduced into Parliament by the Honourable Minister of Health where a Board can have those constraints to make that institution function within those guidelines which I have indicated earlier.

It is very important, Sir. And I would not like to see this Parliament underwrite any kind of institution unless it starts off on the right footing. Because, Sir, when an institution goes back, when there are all sorts of habits, behaviour patterns developed in that institution over time, you can hardly change it, unless you change everybody one time. It has a kind of self perpetuating capacity to influence, in the wrong direction, even saints that join them to work. Good reason, Sir, but you see with a hospital, you cannot close it down. It is true that we can sell off CBC and we are going to sell off CBC. Those kinds of things we can do with that kind of institution. With a hospital you cannot close it down. So how are you going to change those attitudes.

Right from the beginning, Sir, at this institution I would want to see a very strong personnel relations section built into it where people start treating people differently when they arrive at the institution. You know, Sir, I remember one of the most unpopular decisions I took when I held some authority at the QEH was to stop admitting patients to the private wards for a while. And there is one reason behind that and only one reason, because I felt that if a sufficient number of middle class people were lying down in the public wards then the whole attitude of everybody to the rest would change. It started to work, Sir. But then with pressures from above, pressures from below and the whole lot the programme had to be terminated after a while.

So that right up front it is important to make sure that those attitudes which have prevented the QEH from fully meeting the psychological and social needs of the sick in our community to make sure that those things are addressed up front and that there is no importation or exportation of those attitudes.

Now, Sir, I am not so optimistic about the St. Joseph Hospital being able to attract any large sums for charity from persons living on the West Coast or elsewhere. One of the things you learn, Sir, is that the stingiest people in this world are the wealthiest. And that is why they are the wealthiest. They are the wealthiest because they are the stingiest. People just do not cough up money.

Aside.

Dr. R. C. HAYNES: I am now. That is why I am a poor man. People just do not cough up money to support an idea.

Now, Sir, I was hoping that when the Minister was talking about tourism health or health related tourism, it was a very clumsy and inelegant way, Sir, to describe a potentially important sector of the services economy of Barbados. It was both clumsy and inelegant and unfortunately in the wrong type of juxtaposition that other words should have been used.

What the Honourable Member was trying but could not articulate specifically is that there is a component of the services development of countries like Barbados where its secondary and tertiary health institutions can be used as foreign exchange generators for the society, whilst at the same time providing a significant expansion in the level of care to the local community. 4.30p.m.

That is what the Honourable Member was trying to say and that is what he called health tourism.

Aside.

Dr. R. C. HAYNES: But the point is, you do not set about it the way it is being done. You do not just decide what programmes and what kind of institution you are going to build, you have to decide what the programmes are that are available and then your institution has to be geared to that programme.

Let me give you an example, Sir. Take Italy. The Federal Government provides a substantial sum every year for persons on chronic dialysis for kidney failure to have an overseas vacation or a vacation somewhere. Those enlightened holiday resorts in the Mediterranean have built the facilities to cope with that demand, so people come for two weeks, they may or may not require a dialysis, they go back home, they have a good holiday, but then what happens, the whole chronic renal care service of the entire country is uplifted because the dollars are there, jobs are generated and it is nice, clean tourism making a substantial contribution to the health development of the society.

I know of programmes, Mr. Speaker, that could easily fit into an appropriate development at the St. Joseph Hospital. The Honourable Member talked in vague terms as though he does not think I know about the very programmes he is talking about. You ought to know that I would have known, and therefore there is no need to pretend with any big lot of secrecy and vagueness about it.

Hon. B. M. TAITT: Sir, on a point of elucidation. The Honourable Member knows that when he was Minister of Finance and I was Minister of Tourism we discussed these matters at length. There is no secrecy, it is simply that one was introducing a Bill, one does not need to demonstrate how much knowledge and/or information one has on every subject. We discussed it when he was over here as Minister of Finance and we were discussing the areas we were going to go in on tourism. The newspaper has aspects of this. I do not think he should go down that road, Sir.

Dr. R. C. HAYNES: Anyhow, Sir, whatever you do in that direction, I am urging the Honourable Member to recognise that there are outstanding Barbadian nurses in the United States who are ready, willing, able and poised to take those first steps in this kind of investment in Barbados and I sincerely hope that he will not continue to turn a deaf ear to them, because I sincerely hope that the Honourable Member will give serious consideration to the many deficiencies which have been highlighted. I realise, Sir, that he had a special difficulty when he opened those files to deal with what the Honourable Member for St. James South had left in those files.

If I may continue, Sir, the question of participation by the University. It would seem to me that this would be a desirable thing, but please note, the Honourable Member has not addressed a single programme that he is thinking about for that Hospital which would exercise the mind of a first year medical student, and for cosmetic purposes he

indicates he is going to appoint the Dean to the Board. If you had a proper programme, one could see the full University participation in a meaningful way. That is the thing about it.

Indeed, Sir, I believe that that Hospital over the years, despite all the deficiencies, all the problems, has served this country well in the area of ophthalmology, a discipline that does not require the kind of heavy infrastructure of other disciplines, that at the same time where many trained people in Barbados are on the frontier of the discipline just need a little further support with equipment and so on. That is the kind of area on which you should be focussing and telling this Honourable House about, because there I can see thousands of people coming from the Caribbean alone to Barbados for medical care.

Hon. B. M. TAITT: Sir, if the Honourable Member will give way for a point of elucidation, I think the Honourable Member is being provocative now, Sir. In my speech I indicated that there were areas of specialisation that we were giving consideration to, and the Honourable Member knows that ophthalmology is one of the areas. He is aware of that, Sir, and if he is provoking me to say he knows that is so,...

Aside.

Hon. B. M. TAITT: Not any more. The Honourable Member knows that there is a shortage of ophthalmologists in Barbados, he knows that the Ministry of Health has gone in the direction of giving additional assistance to those who wish to do ophthalmology, and he knows that at this Hospital one of the sub-specialties that we are looking at is ophthalmology. He knows it, Sir, I know that he knows it.

Dr. R. C. HAYNES: To indicate the extent of the confusion of the thinking of the Honourable Member, Sir, he gave an example of a specialty when he was speaking. Honourable Members will remember that he gave an example of a specialty of dermatology and therefore we can only assume accorded a higher priority to dermatology than to ophthalmology, if that is the example that he chose.

Hon. B. M. TAITT: I am sorry, Sir. On a point of elucidation. The reason one used dermatology and not ophthalmology is because the information about ophthalmology is well known, but it was not well known even by the Honourable Member, apparently, that there is no public - and that was the only point that was being made, not the dermatology - but that poor people do not have access to dermatologists at the moment. That is the point that was being made. It was the only point that was being made, Sir.

Dr. R. C. HAYNES: The Honourable Member is indicating that poor people cannot get their skins treated. That is not true. They have been treated down the years,

and treated very well and very successfully. As a matter of fact, with the advent of cortisone and cortisone preparations it is not often necessary to make a diagnosis anyhow, Sir.

Aside.

Dr. R. C. HAYNES: The point I am trying to make, Sir, is that ophthalmology is an area. I have somehow or other to justify this expenditure, justify the Bill and at the same time try and point the Honourable Member in a direction that would not make it too traumatic for us to make major changes when we form the Government in the few months ahead. You only have about 18 months there, so enjoy it. In less than 18 months ahead we will form the Government.

Asides.

Dr. R. C. HAYNES: So it is the area of ophthalmology which I would suggest you focus on. If you did that, you would add another dimension for the participation of the University at under graduate and post graduate levels, and probably at research levels too, so with the use of the imagination so much can be achieved for so little, or you can spend so much money and achieve very little. 4.40 p.m.

There are many other areas, Sir, that I can think about, but anyhow I just gave ophthalmology as one. Another one is gynaecology. Gynaecology was done successfully up there, and it is not often I believe - I would not like to give this as a professional opinion, but I think that it would be reasonable to say that it is not that frequent that you would have problems with gynaecological surgery which could not be done safely at an institution with less infrastructure than the QEH - I think so by and large - I mean the fibroids and the routine surgery and so on.

Now, Sir, there were great opportunities there again, but there was absolutely nothing coming from the Minister.

Hon. B. M. TAITT: On a point of elucidation, the Honourable Member can't say that when one of the main statements made in my presentation was that obstetrics and gynaecology were likely to be the specialties that would be the first in the commissioning of the Hospital. The Honourable Member must have spent some time outside. He must not make these wild statements.

Dr. R. C. HAYNES: Sir, if he did say so, I apologise. I believe, Sir, that there is a tremendous area for research in the area of the diabetics requiring surgery. Now, Sir, if you have ten patients in the Hospital in ten beds for 100 days, that is 1 000 days that have been used up. Just imagine the number of hernias that could be treated in that same period if those ten patients were in another institution that was specially geared to looking after that particular aspect of health. I say, Sir, that there could be no better use made of

the St. Joseph Hospital than to set up a unit to deal with those types of complications of diabetes from two points of view, both from the point of view of enhancing patient care, from the point of view of generating a higher level of interest in that area of medicine, from the point of view of alleviating a whole lot of people suffering from those problems in the community, whilst at the same time relieving probably the equivalent of about forty to fifty beds in the QEH permanently.

The problem that you have with the present administration is that they just like spending money. As they say they knew nothing about the manifesto, it was put together without their knowledge, nothing was put in there that they knew about, so they found a promise and have decided to go ahead and spend the money and clearly have not been giving any careful thought or did not even ask what was the kind of thinking that went into that promise. What is worse, Sir, and I will wind up at this point, having promised the people of the north that that institution was being acquired for them, having gone on platform after platform as I remember them doing in Milc-and-a-Quai tcr, at Speightstown, all over St. Lucy, in St. Andrew, in St. James North and told people again and again that this would be their Hospital and they are entitled to it, what is happening now is that everything is being done to make sure that the people of the north have minimum access to that Hospital. Listen carefully to what the Minister of Health said. There is nothing in that programme to suggest that that would make any major impact on the health situation in the North. As a matter of fact, he has given us a *sotto voce* assurance that there will be no significant infrastructure put in to accommodate emergencies in there.

Hon. B. M. TAITT: On a point of order, I gave him or anybody else no such assurance because I told you, Sir, when I made the speech that there will be emergency services in the Hospital. That formed part of the speech. Where could the Honourable Member possibly have heard any *sotto voce* remarks coming from the Minister? The Minister stated and is elucidating now that there will be emergency services in the Hospital.

Dr. R. C. HAYNES: I have heard the Minister and I actually believe him, but as someone who is skilled in this field, Sir, you know that a poultice made of candle grease and sugar could be part of an emergency service, and that is the kind of emergency service he is talking about.

Hon. B. M. TAITT: On a point of order, the Honourable Member is misleading the House. I do not know about poultice and candle grease for fifty dollars; that is what my mother used to give when she gave it, or apparently that is a medical thing, but my mother and your mother and everybody used to give that for free. That is not emergency service; that is poultice. Do you charge for that?

Dr. R. C. HAYNES: The Honourable Member is accusing me of practising surgery. I have never practised surgery in all my life. I do not deal with boils and lumps and bumps. It is not part of my discipline; I have never done so; so your accusations are being misdirected. However, Sir, the point I am making is that there is emergency and emergency, and I will not accept any broad bland statement that you are going to have emergency services unless you tell us the type and the quality of the emergency services, because there is nothing else in what you have offered here today to help the people of the north, and I sincerely hope that they will rebel on the backbench against this piece of legislation.

Hon. B. M. TAITT: Sir, on a point of elucidation, I did not give any details about the gynaecological services either; I did not say how many stirrups we are going to have; I didn't give any details about any of the other services. I submit he is misleading the House when he seeks * to suggest that. Emergency services is a technical term which any first year doctor knows, and therefore he should know. He has been away from the professions for a little while, but he should still remember that emergency services, spoken in the context of a Hospital have a particular meaning, and for him to say that he will not accept any bland statement of emergency services, let me say that when I was speaking in the context of the services that will be provided, I said gynaecological and obstetric, I said medicine, I said surgery and I said emergency services. For him to do that in his professional capacity is to mislead the House, I submit.

Dr. R. C. HAYNES: Mr. Speaker, it is a serious allegation to accuse someone of misleading the House, and I am very pleased, Sir, that you recognise it was not a serious intervention and of course ignored what was said, but the point remains, and I want to rest on this point, that this is another example of cruel abandonment of trust which the people placed in the Democratic Labour Party administration. You cannot go to the people of the north and tell them that you were going to buy this institution, develop it for them and then come in here and articulate the development of a kind of facility which would cater overwhelmingly as you say, let me quote you, in the majority, for the most part, to the rich who can afford private care and abandon all the poor people in the north, many of whom can't get jobs today, many of whom cannot get a cent to borrow from the banks. How are you going to put these people in private wards? To do what? How are they going to get in there?

The point I am making again, Sir, is that this is yet another example of a major rupture of the public trust. I do not disagree in principle with the idea of a health facility in the area, but the way it is designed, the way it is put to this Honourable House I do not think fulfils the objectives in the manifesto. I thank you very much.

Mr. O. S. ARTHUR: Mr. Speaker, in winding up his contribution to this debate, the Minister of Health entered what I could only regard as a plea for mitigation when he proposed that we should take this issue out of the realm of politics and seek to elevate the matter of the future of the St. Joseph Hospital to a higher level of debate. 4.50p.m.

The truth of the matter is that if the St. Joseph Hospital has been embroiled in politics, it is purely because the Democratic Labour Party chose to make it a political issue and while one is anxious to move on to that higher plane, I really do believe that the records ought to be put clearly and Government's course of action in this particular matter ought to be put within its proper political context and in many respects, Mr. Speaker, this debate is as much about the manner in which Government gives effect to its stated policies as it has to do with the future of the St. Joseph Hospital but the Hospital has always been involved in politics.

(Certain remarks made by Mr. O. S. ARTHUR were ordered expunged from the records by Mr. SPEAKER.)

Mr. O. S. ARTHUR: Mr. Speaker, I have never publicly thanked the Honourable Member for St. Lucy as well as the Minister of Tourism and Sports for the tremendous favour that they did me as a candidate in St. Peter by leading a petition on behalf of the Democratic Labour Party to keep the St. Joseph Hospital open for the benefit of the people of the north and leaving thereby the people of St. Peter to wonder what had happened to the candidate of the Democratic Labour Party for St. Peter in the process. I must thank them for that yeoman service done on my behalf.

But this matter was brought to the House of Parliament by the Democratic Labour Party in December of 1985 as a matter of public importance and the matter of public importance then was that in view of the critical nature of the service performed by the St. Joseph Hospital on behalf of the people of St. Peter and the north in general, that the Barbados Labour Party was under an obligation to succumb to the blackmail under which we were being put at the time to fork out \$15 million to pay for a hospital which, by their own measurement, Sir, is only worth \$6 million and by the measurement of independent people is worth only \$2 million to \$3 million.

That was part of the sordid politics of that sad and silly season of late 1985 and 1986 when we were put over a barrel merely because a dictate came from Rome to say that the Hospital had to be closed and we were put over a barrel by the Democratic Labour Party which was prepared to go into Spcightstown and throughout that entire campaign pilloried the Barbados Labour Party for not keeping the St. Joseph Hospital open on behalf of the people of St. Peter and the north.

It was absolutely clear throughout that campaign, Mr. Speaker, that the impression was given to the people of the north and in St. Peter in particular, that the St. Joseph Hospital was intended to be a hospital to serve the poor black people of the north and what, therefore, we have this evening, Sir, is again a reversal by the Democratic Labour Party, a complete contrast between what it has led the people of this country to believe and what now it is prepared to put into action and the Minister of Health should be embarrassed to come to talk about us elevating this particular debate bringing it out of the realm of politics.

I brought to this House of Parliament, Sir, a question in my capacity as the Member of Parliament for St. Peter raising issues regarding the cost and acquisition of the Hospital and the use to which Government intended to put the Hospital. I am not allowed to quote what the Minister said then but I did ask the Minister by way of Parliamentary Question if Government intended to use the hospital facilities as an acute general hospital and the Minister said, and I cannot quote him but words to this effect - page 1961, February 23, 1988:

"The St. Joseph Hospital is being purchased in pursuance of the Government's clear policy to enhance the quality, quantity and type of patient care available to residents and visitors to Barbados including especially the people of the northern parishes of St. Peter, St. Lucy, St. James and St. Andrew who were dealt a serious blow when the previous Barbados Labour Party Government allowed the Hospital to be closed."

I asked, Sir, a Supplementary Question because the Minister did not reflect on the question as to whether the Hospital was to be used as an acute general hospital:

"Mr. Speaker, in the judgment of the Minister is the Hospital likely to be used as an acute general hospital before 1991?"

The Minister responded:

"The Hospital is not only likely to be used as an acute general hospital. It is likely to be used for enhancing the already high quality of care for the people in the north including the Honourable Member and we expect that to occur much earlier than the year 1991 and perhaps in 1988."

He concluded, Sir:

"We believe that the principal and only consideration must be the health and welfare of especially the people in the northern parts of Barbados, in particular, the people of St. Peter neglected as they are in their representation."

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

The position remains unchanged. What I said then I mean even more now. 5.00 p.m.

The fact of expectation has been overtaken by other factors which I have outlined in my presentation but that was my expectation.

Mr. O. S. ARTHUR: Mr. Speaker, Sir, t?ut there was an expectation excited by the Democratic Labour Party in general. My opponent had a slogan, "We want back our hospital now." And that was the message preached to the people of St. Peter and to every northern community that the Democratic Labour Party would return the Hospital to them as one to which they could go free and get total health care. That was the impression and expectation excited by all members of the Democratic Labour Party that it would be a hospital opened freely and a hospital for the people of the north.

What they are going to have, if I understand the Minister correctly is a hospital which happens to be located in the north but will not be for the people of the north. It will be a hospital that is intended to be a commercial venture and that 80% of the services provided by the Hospital will have to be paid for. That is what the Minister told us today, that 80% services provided by the Hospital will have to be paid for. It is not the expectation of the people of my constituency or the people of the constituency of St. Lucy nor the constituency of St. James North, nor the constituency of St. Thomas, nor the constituency of St. James South.

Mr. D. A. C. SIMMONS: On a point of order, Sir, the Minister never had the people of St. Thomas in his contemplation. He never mentioned them at all. Leave him to me and them.

Mr. O. S. ARTHUR: It was never made clear to the people of those constituencies in this country that if the Hospital were to be re-opened that 80% of the services provided by the Hospital would have tabc paid for.

And I say, Sir,...

Hon. M. A. KING: On a point of order. I believe the Honourable Member is misleading the House when he says that the Minister said that 80% of the services would have to be paid for.

My understanding was that between 70% or 80% would be for private patients and the other percentage 20% or 30% whatever it maybe would be for public patients. But the way the Honourable Member is putting it would suggest that, even in respect of public patients, that they would have

to pay for some of the services. That is not what the Minister said.

Mr. O. S. ARTHUR: Mr. Speaker, Sir, the confusion in the Democratic Labour Party on this matter as in most other matters including police matters run very deep.

My understanding of this matter, Sir, is that in large part this Hospital now is being now put by the Democratic ^ Labour Party as a commercial venture. It was never so put to the people of the north, nor the people of Barbados. And it is a betrayal, I say it is a betrayal of the public trust for the Democratic Labour Party to come this evening to tell this House that what was presented to the people of this country for them to vote for as an initiative that would entail the people of my constituency having access to a free health care system in the same way that they have access to the Queen Elizabeth Hospital that what was put then is not what is going to be the situation in the future. And that is what we are dealing with, Sir, that in order for the people of St. Peter to have access to that facility, they have to be part of that fortunate few, that fortunate minority who will enjoy the public service that the Hospital will provide.

But the large proportion of the hospital services will be catering to private patients who will have to pay. And if the Minister of Legal Affairs finds it uncomfortable with my therefore saying that 80% of the services provided will ' <* be services for a fee, then he obviously is confused.

Hon. M. A. KING: Mr. Speaker, on a point of order. It is not a question of finding it uncomfortable. It is a matter of saying what is accurate and telling the truth and not misleading. You are misleading the House.

Mr. O. S. ARTHUR: But, Mr. Speaker, I would ask you, Sir, to rule on the point because I am only referring to what the Minister of Health said in here today. ^

Mr. SPEAKER: There is no need for me to rule on that matter simply because it is a question of what facts each side has.

Mr. O. S. ARTHUR: But, Mr. Speaker, there is one set of facts before the House. The facts before the House, Sir,...

Mr. SPEAKER: What I am trying to say to the ^ Honourable Member is that if the House is being misled then the facts will have to be presented to it. It is always unfortunate when Members get up and say that this Member is misleading the House without producing the relevant facts. The Chair would only rule on the fact if you produce that fact. Then the House would be known to be misled.

Mr. O. S. ARTHUR: Mr. Speaker, I submit to you that the Minister of Health today said that 80% of the services -**

provided by the St. Joseph Hospital will be for private patients. Unless the Government is now going to say, Sir, that private patients do not have to pay at the St. Joseph Hospital, I am left to conclude that if the people from St. Peter want to utilize the facilities put at the disposal of the public by the St. Joseph Hospital to cater to private persons that they will have to pay for them.

But the point is that the largest proportion of the facilities of the St. Joseph Hospital will now be used to cater to persons who will have to pay and I am saying that this clearly was never within the contemplation of the Democratic Labour Party to the extent that it was expressed as a manifesto commitment or as a statement on political platforms. It is a betrayal and it is a shame.

It is a political issue that the Democratic Labour Party was prepared in 1986 December to bring the question of the St. Joseph Hospital and its future to this House as a matter of urgent public importance in the context of a situation in which a foreign entity took a decision in November of 1985 to close the Hospital and wanted the then Government of the day to find by January \$15 million to purchase it without studying what it was purchasing or without knowing what it would do with the facility. But in the context of that kind of situation the Democratic Labour Party was prepared to bring to his House a Resolution requiring the Government of Barbados to purchase at all cost as a matter of urgent public importance. We were to do it in 3 months. And they have taken 3 years and at the end of the day they are as confused or perhaps even more confused in relation to what will be the future of the St. Joseph Hospital, Sir, than when they began. It was a matter of urgent public importance for us but apparently it was not a matter of urgent public importance to you!

Asides.

Mr. O. S. ARTHUR: The real issue....

Mr. SPEAKER: Order, please.

Mr. O. S. ARTHUR: The real issue, Sir, that perhaps we should dwell on is the question of how will the Hospital be integrated into the national health care system. In a sense that was always the issue. And the reason why the Barbados Labour Party refused to take a decision in accordance with the strictures set by the Pope was that within the context of 2 months we were not in a position to say how much we were prepared to pay for the property neither did we at that time have a plan for the integration of the St. Joseph Hospital into a national health system. And we were prepared to say that we wanted all options to be kept open.

The Democratic Labour Party in my view has not yet satisfactorily answered the question as to how it will integrate the St. Joseph Hospital into the national health care system as a whole. What we know, Sir, is that the St.

Joseph Hospital is going to become the Government part of the commercial health care system of Barbados. We know that for sure.

Barbados now, since 1986 has featured the increasing investment by private entrepreneurs in the development of health care facilities. And Government's proposed codes of action in this matter is one in my view which will now set Government up in competition with the private hospitals that have been developing in this country for the supply of patients seeking private care, as part of the normal procedure, Sir. That is all that this particular venture from Government is going to succeed in doing, put Government in competition with private investors in the delivery of health care to persons who are prepared to pay for it in Barbados. 5.10p.m.

I therefore must raise certain issues about that particular development. For example, the existing Bill allows the Board to set terms and conditions for the staff that members of the Hospital are supposed to work under. The question is, Sir, is it not possible for a situation of discrimination to arise between the conditions offered by this new Board relative to the conditions now being presently enjoyed by members of Government establishments? If such a situation of discrimination arises, what will be the effect of such discrimination on the capacity of the Government's public health care facilities to guarantee the delivery of an adequate supply of health care to the people of Barbados at large?

It seems to me, Sir, that nobody will want to work at the St. Joseph Hospital which is going to be providing a commercial service on the basis of conditions and pay that are less than those presently enjoyed at the Queen Elizabeth Hospital or in any polyclinic, and that in order for this kind of venture to spin at least conditions equal to or better than those presently existing in Government run institutions will have to be offered. Have the implications of the same Government paying two similar sets of people two different wages been thought out in the process of Government trying to integrate this new commercial venture into the health care system of this country?

The Minister has not addressed himself to that particular issue. This Board now is at liberty and has the discretion, with the approval of the Minister, to set the terms and conditions under which people will be employed. I am asking the Minister if it is within the contemplation of things for the conditions set for the St. Joseph Hospital to be the same as those set for the rest of the Public Service nursing and medical staff, and if they are not to be the same, then how will Government rationalise the employment of two sets of nurses in two different institutions under different wage conditions. I suppose he can deal with it when he is winding up.

The relationship of this institution as a commercial institution to the private sector development in this sector obviously has as well to be seriously examined, because at least one thing was established in the Minister's presentation, Mr. Speaker, and that is that there is a tremendous scarcity of trained and qualified nursing staff in Barbados at this time.

Asides.

Mr. SPEAKER: Order, please. Order, please! The Honourable Member for St. Peter.

. Mr. O. S. ARTHUR: Mr. Speaker, the point I am making is that the Government is going into a situation of competition with other commercial ventures as a commercial entity, and it is going into a situation of competition in an environment where there is already a scarcity of trained nurses to run commercial ventures in this country. I am therefore putting the argument to the Minister that this type of venture which can only succeed as a commercial venture, based upon the St. Joseph Hospital being able to attract good staff to provide an efficient and profitable service, is one that is going to heighten and increase competition for the already limited staff, and therefore the whole relationship of this institution to the rest of the system is something that has properly to be thought through. There is no evidence, from what the Minister has said, that that aspect of the situation has been thought through.

The point, Sir, perhaps is this, that the health care system of Barbados has changed since this Hospital was taken over by the Democratic Labour Party. The health care system has changed since 1986. In 1986 there was but one main institution providing a private health care facility, and that was the Queen Elizabeth Hospital. They cannot now make the same case. The situation has changed. You now have, not one, but two major private investments in hospitals providing private care, and therefore Government is coming into a situation that is far more competitive than that which existed when this matter was first conceived, and therefore the possibility of this - I do not like to use the term "white elephant" - being a major albatross around the neck of a future Government of Barbados is very, very great.

The Minister has said that this project must break even within five years to justify its existence, and I am saying that given the development in the health care field in recent times, the prospects of this ever breaking even are extremely dim. I also want to say, Sir, right through that the prospect of this breaking even are very, very dim.

In support of the point that was made by the Leader of the Opposition, I will ask the Government if a feasibility study has been undertaken in relation to this particular investment by Government. I want to ask the Government if

in the course of that feasibility study, if it was at all prepared, any serious analysis was made of the demands for private health care facilities, taking into account existing and future demands by the private sector and supplied by the private sector of health care facilities.

I rather doubt, however, Mr. Speaker, that any such feasibility study was ever done. I have my doubts, because the person who chaired the Committee to advise the Government in this particular matter is a person who does not have the competence to undertake a serious feasibility study. In fact, he does not have the competence to undertake any feasibility study at all, but the confusion that this House is now being called upon to adjudicate on, Sir, is in my view the product of the confused mind of the Honourable Member for St. Michael South East. 5.20 p.m.

I also got the impression, Mr. Speaker, that there has been in my view a lot of to-ing and fro-ing by Government on this particular matter, that Government itself is not clear exactly as to what it wants to do, and I say so because the Minister was very clear once upon a time that the St. Joseph Hospital should be an acute care general Hospital, but there was a PAHO study done and the Minister was good enough to recognise that PAHO's advice can be sound advice to the extent that he used PAHO to determine whether the \$6 million that he paid for the Hospital was good or not.

The Honourable Member for St. Michael South East made this document a document of the House on 15th July, 1986 in his presentation in response to my response to the mini-budget that was presented to the House by the present Leader of the Opposition, and the Barbados Labour Party administration had commissioned PAHO in collaboration with a national team to undertake a study of the options that presented themselves in relation to the use of the St. Joseph Hospital, and PAHO and the national team were extremely clear. Indeed their recommendation is written in block. It said very clearly that the team does not recommend continuing the previous use of the St. Joseph Hospital as an acute general Hospital under either private or public auspices. I want to repeat that PAHO and the national team that were called upon by the Barbados Labour Party to give us guidance as to how we should proceed. The point I am coming to, Sir, is that the Government of the day started with a team led by the Honourable Member for St. Michael South East, and it seems to me that somewhere along the line the recommendation of that team seems to have been thrown out through the window. The Committee established under the Chairmanship of a doctor who is also a Member of this House but does not sit on the Opposition benches to identify him spiritually and otherwise, but we heard about what were some of the things he recommended, but we do not hear whether that Committee recommended to Government that Government should pursue the lines of direction that it is now presently pursuing.

Hon. B. M. TAITT: Sir, on a point of elucidation, if I may, so that the Honourable Member would not spend a lot of time on this....

Mr. SPEAKER: He certainly can't because his time is almost up. He has about one minute more.

Hon. B. M. TAITT: Well I will let him finish, I am sorry.

Mr. O. S. ARTHUR: Mr. Speaker, I am sure you are making provision for injury time and interruption time and soon.

Mr. SPEAKER: Sure I have so done.

Mr. O. S. ARTHUR: Since I have one minute, I just want to say that there seems to be a lack of clarity still in relation to the Minister's presentation about the direction along which Government wants to go. The Government itself is not sure as to how it is going to bring the St. Joseph back into existence.

Indeed one can say that from what can be gleaned, the St. Joseph Hospital will come back into operation in much the same form as it went out of operation, providing a service for people who need to have babies delivered. It will come back, Sir, in the same way that it went out, and all these plans about things for emergency and casualty have yet to be worked out. We have heard a lot of statements on the Government side about when the hospital should have been opened. It should have been opened in 1987, 1988, 1989; the Estimates of Expenditure this year does not provide any funds for the appointment of staff at the Hospital. The Estimates only, Mr. Speaker, provide funds for the refurbishment of the Hospital and then there is a fundamental confusion that can be derived from the manner in which the Minister has presented himself about what Government intends to do with this very expensive facility. But above all, Sir, I want to conclude by speaking in the name and on behalf of the people of St. Peter where this fight was fought out at the political level and to say that those persons who voted for the Democratic Labour Party on the grounds that the St. Joseph Hospital would be brought into public use to be used freely and without any cost by the poor black people of St. Peter have been betrayed yet again by a Government that has completely lost its way. Thank you.

Hon. B. M. TAITT: On a point of order ... He is finished.

I can take a point of order any time. What kind of rules you are learning now. I am on a point of order; you have to wait.

Mr. SPEAKER: A point of order is related to a breach of the Standing Orders. If the Honourable Member feels

that there is a breach of any point, I think he can make that point.

Hon. B. M. TAITT: Sir, the Honourable Member said that there was nothing in the Estimates for the St. Joseph Hospital.

Mr. SPEAKER: But then that would be a reply now. I would think the point you are raising is not a point of order.

Hon. B. M. TAITT: I am just drawing to your attention that it is there.

Mr. J. J. PAYNE: Mr. Speaker, this is a Bill which is to provide for the administration and management of the St. Joseph Hospital, and when we consider what has been said so far, we will recognise that much of the debate has been fairly wide in that previous speakers have dealt with other aspects of the administration of health in this country which does not necessarily pertain to the St. Joseph Hospital. What is recognisable first of all is that the whole effort of getting the Hospital off the ground is one that was initiated by this Government and indeed by the Democratic Labour Party, and it was set out clearly, as the Honourable Minister stated in his outline, in the manifesto which was introduced in 1986.

I believe that very often in these matters we do not show sufficient appreciation for the efforts of persons who are involved in getting these kinds of projects going. The whole idea of getting a Hospital functioning is not an easy task; it is not something that can be done without much deliberations, something that can be done without a lot of consideration. I believe first of all that the Committee which was set up to deal with this matter should be complimented for the work which they have performed in getting this matter thus far. I believe also, Mr. Speaker, that both the Honourable Minister of Health and the former Minister who have worked on this particular project should be complimented for the efforts which they have made in getting this project this far. I believe that this matter has called for many man hours, and I would first start my contribution by showing some mark of appreciation for the efforts that they have made.

I have no doubt in my mind, Mr. Speaker, that this effort is an effort which is made for the people of Barbados, but in particular for the people of the north of this Island. When the effort was started some time back in 1985 I remember that there were many persons who were expressing a lot of doubt as to whether we would get this whole thing off the ground. What is important is that the Government owes this as a responsibility to the people of the north to offer this service. The present Hospital, the Queen Elizabeth Hospital, has been considered by many people to be unable to adequately service the needs of the people in many respects, and I believe that the people of the north were the ones who suffered most as a result, not only

in terms of the general service rendered, but also in respect of the emergency service. When this Hospital was closed some time back, I think it was the people of the north who suffered most and we are looking forward to having this project going again.

Now the Minister in his outline indicated that the Government paid some \$6 million for the property and I would not want to comment very much on the price because that debate has already been concluded in this Chamber. What is very important is that we have to recognise that even though to some persons the price may seem to be high, we have got to recognise that the only persons who would be interested in establishing a Hospital in Barbados would be someone who has the interest of people and the interest of people's health at heart. People do not go around buying Hospitals every day, so that we must recognise that if we put a Hospital on the market for sale, it is not something that will attract a price. 5.30p.m.

If you go and you advertise a hospital in New York or in Canada, it is very difficult for anyone to come and say you have paid a large price because you advertised it in New York or in Canada and nobody came up with more than \$3 million.

As a matter of fact, you may very well find that the person who buys the hospital may not buy the property to function as a hospital but it might be bought to push the building down and put something else up to suit their present purposes so I do not think that we can criticize the price on the basis of the fact that the property was advertised in Canada or in New York and we did not get the price which we were asking.

I think what is very significant is the fact that the negotiations started at \$15 million and we were able to come down to \$6 million and I think that when we look at this we have to be able to recognize that we cannot just argue on the basis of what somebody would pay because a hospital is not something like a hotel or some kind of property which people would want to snatch off the market at a glance so I think that that is one of the things that we have to look at very carefully.

Now, the Minister in introducing the Bill dealt relatively exhaustively with the Board and I would like myself to make a few remarks in that particular area. He said that the whole idea behind establishing a Board was one of the recommendations that came out of the committee and he dealt in some detail with the reasons why the Government thought it necessary to operate under the basis of a Board rather than follow some other procedure.

What I think would be very important is that the efficiency of the service which is offered to the people is one of the things which we have to look for and in

particular the Board has been given a lot of responsibility. The responsibilities of the Board are set out in Section 4 of the Bill and if we look at it very carefully, we will notice that there are many responsibilities set out here and in particular one of those responsibilities include the selection of staff at the Hospital.

Now, when one thinks about the setting up of a hospital, what is important is not only the service that you are going to render to the community, but there will be some additional benefits to the country that will come about.

This is something that will generate some measure of employment, not only in terms of those qualified personnel who will be functioning at a higher level like doctors, surgeons, nurses and that sort of thing but there are a lot of other persons who will be involved in the actual functioning of the hospital and this will generate some measure of employment.

What I would like to see, Mr. Speaker, is that the Hospital not only offer a service to the people of the north but I would also like to see that in generating employment, the people of the north are given some priority in relation to selection especially if we consider their qualifications, and their ability to function and the willingness to function and the other qualifications that will be necessary.

I think, Mr. Speaker, that if the Hospital is to function in the north for the people of the north, some emphasis must be placed in the selection process to see that people of the north are given consideration in relation to the employment of staff.

Very often we find that businesses are opened up and we have to have people transported from one part of the Island to another in order to be employed and I would not like to see people having to travel long distances in this particular instance, particularly when we complain so often about our transport system to get to and from work. So one of the considerations which I think should be given some priority is this whole question of employment.

In relation to the funding of the Hospital, we see from section 9 that it will function from monies which will be voted from Parliament. It will function from fees and charges which will be levied in respect of services rendered and then we see also that it will function from funds received from other sources approved by the Minister.

Now, the Minister did not, perhaps, have the opportunity to deal in much detail with this particular aspect of the funding but one would wonder if, for example, a previous patient was desirous of donating a large sum of money to the Hospital or something of that nature, whether it would be necessary for the Board to first get permission

before they receive a contribution from a source of that nature.

I believe, Mr. Speaker, that the hospital has been functioning in the north for a number of years and there are many people who may have benefitted from the service of the Hospital under the previous administration or the previous administrators and they may be willing, in view of the fact that the Hospital is starting again, to make some contribution towards the proper functioning and administration of the hospital and, perhaps, we should not lose any opportunity to benefit from the contributions which those persons may wish to make to see that the Hospital gets off the ground.

Aside.

Mr. J. J. PAYNE: The Honourable Attorney General was just assisting me here by making reference to Clause 15. In fact, if I can read it, it says:

"The Board may receive in its corporate name any estate or any property whether by way of devise, bequests or legacy or in any other name whatsoever."

But I was looking particularly at Clause 9 (l)(c):

"The funds of the Hospital comprise

(a) monies voted for the purpose by Parliament;

(b) fees" etc. and

"(c) such monies as may become available to the Board from any source other than the source mentioned at paragraph (a) or (b) that is approved by the Minister."

I was, perhaps, thinking that we should leave the Board some leverage in relation to such contributions particularly if there are sources which do not have any strings attached.

Now, Mr. Speaker, the Minister also dealt with the question of health tourism and I believe that Barbados has been recognized around the world as a country that offers a superb health service.

There are many people who come to Barbados from various countries to receive medical attention and I believe that this is so because of the reputation that Barbados has earned in relation to the services it gives in the area of health. It is, therefore, important that we seek to tap some of the resources in that particular area. 5.40p.m.

I believe that if we can have this reputation maintained and perhaps if we can continue to excel in this particular area, there is no doubt in my mind that the objectives which we seek to achieve by the establishment of this institution will be made much easier. Sometimes it is very easy to criticize a particular project because you are not able to foresee what can happen in the future.

But I believe that those of us who have travelled and have had the opportunity to see the kind of health services that are rendered in other areas of the world particularly in this part of the world would recognize that this is an area in which we can take some advantage.

I believe that there are many persons who are willing to retire in a country in which they are certain that they have access to proper health facilities. This I believe would become very attractive to people who are about to retire, people who believe that the free access to proper medical attention is important in their lives and bearing in mind the other features of the country which we offer, this could become very attractive to people who are visiting this Island. This particular aspect of the establishment could become very important.

Now there is another feature about the Bill on which I wish to make some comment and this concerns the making of annual reports. I believe that when we look at most of the institutions in this country which are administered by Boards, one of the great concerns of people is that many of these institutions do not provide reports on a regular and annual basis and in accordance with the law by which they are established. It is true that the Bill is written in strong terms. It says that the Board shall publish a report annually. But this wording applies to many other Boards and we still continue to find breaches of the legislation in relation to those other Boards which are established. I wonder if it is not possible when we are drafting these particular provisions not necessarily to include some penalty for breach but perhaps we should seek to find some method of enforcing the particular provision in the event of breach.

I believe that one of the areas in which we have to pay particular attention at this stage of our development is the area of Government being able to administer these institutions in accordance with the law. If we are going to set up an institution we should be able to ensure that the laws are observed. I believe that annual reports are very important because people who want to analyze the operations of these institutions will not get the information unless the information is made available through these reports.

When we look back at many of these institutions we find that even though they are required to submit reports annually, some of them are 3 and 4 years in arrears. I believe that we have to look at this question again to ensure that there are less breaches of the legislation and I perhaps

would feel a little more comfortable to see some means of ensuring that even if there were no penalty something was done to enforce the legislation to ensure that there was no breach in that particular area. Because it is my view that the Hospital should not only be administered and administered properly but the public, the people of this country should have access to the information on which they themselves can satisfy themselves about the actual functioning, and proper operation of the institution.

I was happy to hear, Mr. Speaker, that the Hospital would include a separate area to deal with drug rehabilitation. I believe that when we analyze this problem of drug rehabilitation, the institutions which presently cater to this particular problem are not sometimes adequately dealing with this particular problem. This area is one which I believe should be welcomed particularly since it comes in the north of the Island. There are many people who are not able to benefit sufficiently from the psychiatric unit at Black Rock and I believe that a different environment will go a long way towards assisting people in their rehabilitation. I believe the quality of the service should be of a higher level and of a more efficient nature to assist people in this particular area.

So when we look at the Bill, Mr. Speaker, we should have no difficulty whatsoever in giving support to it. Because basically what the Bill does is to set up a machinery whereby the Hospital will be administered. There are many of us who live in the north, I have been living in the north of the Island for all my life, and those of us who live in the north in the past have been able to benefit from this institution. My 2 sons saw the first light of day at that institution the St. Joseph Hospital. And I believe that there are many people in the north who would be happy to see the doors opened again where they can come and benefit.

Some question has been raised about whether or not the people will benefit in sufficient degree since some 20% to 30% of the beds will be public. This is a matter I believe, that is subject to review. I do not think there is any fixed percentage. The matter will have to be reviewed from time to time and I have no doubt that as we go along, we will have to make adjustments. Sometimes you start off on a road and you have one plan but as you go along you have to make adjustments. I believe that this is something which perhaps Government will look at from time to time and make the necessary adjustments.

But the point I want to make here is that the Hospital in the past has offered an excellent service to the people of the north. We have various complaints which become acute at short notice such as asthmatic attacks and things of that nature. I believe that people in the north need the opportunity to get access to quick medical attention, especially in the early hours of the morning 1.00 o'clock and 2.00 o'clock. It is difficult today to knock on a doctor's

office or a doctor's home during the night and get service. I believe that in relation to these attacks which can become prevalent during those hours of the night, the Hospital will offer the recipe and the answer to some of these problems and in particular since they will be having an emergency section. This is one of the areas I believe that we should be happy to see established in the country.

So with those remarks, Mr. Speaker, I should like to give my support to the Bill and I should like to say also that even though there have been delays, some Members are of the view that the Hospital should already have been functioning but as the old people say taking time is not wasting time.

I believe that this matter involves the expenditure of so much money, so much public funds that it is better for Government to proceed cautiously than to rush into it for political or other reasons and waste money. So taking time is not necessarily wasting time and it is a matter on which I believe that we should be complimented.

Mr. Speaker, I want to thank you very much.

Applause.

Mr. D. A. C. SIMMONS: I unavoidably missed the pre lunch session today, Sir, and missed no doubt the Minister's presentation. I am not in a position to say whether it was erudite or not. I reasonably believe that it was full of cosmetics as usual.

The genesis of this question of the St. Joseph Hospital, Sir, I think ought to go back to December 17, 1985 when the matter of the closure of that Hospital was debated as a definite matter of urgent public importance then. 5.50 p.m.

I say it is important to go back to the 17th December because the mover of that Resolution was the Leader of the Democratic Labour Party at the time, the Leader of the Opposition, the Right Honourable E. W. Barrow, and indeed the one who signed the Democratic Labour Party's Manifesto pledge for aid on behalf of all the candidates, and on their command, as he said.

At page 3128, as he was preparing to sit down, the former Prime Minister said these words, and I quote: "I do not have any positive proposals to make other than keep St. Joseph open." That was not only a statement of political opportunism, it was a statement of the greatest emptiness. It was a statement that was rooted in emotionalism by a man who said buy the thing, and when you asked him why we should buy it, he said he did not know.

Aside.

Mr. D. A. C. SIMMONS: That is the implication in those words and that is my construction, but I find commendable support when I read the other speeches that followed. There was one by the now Prime Minister, equally empty, Sir. It really did not say anything. When I was reading it here today I was looking for something to mark that was worthy of notation. He seconded the motion and spoke second at page 3128 and following. He was concerned though to explain to the country the dire state of the health services then, Sir. I have to put him in the record. It was then Mr. L. E. Sandiford at page 3129:

"We have had the St. Joseph Hospital and we have had the Queen Elizabeth Hospital as the two major institutions providing acute care in this country. We know that the Queen Elizabeth Hospital is under strain. Its services are taxed and over-taxed, and the St. Joseph Hospital has been providing a service in the north of Barbados as well. The news that that particular hospital is closing, therefore, presents a threat to the health of the people of this country...."¹

and in his typical style of repetition he said:

"I am saying that it presents a threat to the health of the people of Barbados...."

Regrettably, the Honourable Member who just sat down delivered himself of the statement that the people of the north have suffered since the closure of the Hospital. I would like to ask him how many people from the north died because they could not get to the St. Joseph Hospital.

Mr. J. J. PAYNE: On a point of order, Sir. Mr. Speaker, I did not say that a number of people died, I said that the people suffered. What I was trying to point out was that they were without the service and as a result they had to resort to something else. That is the only point I was making.

Mr. D. A. C. SIMMONS: They have been without service to the extent that they have suffered, and this Government inherited a project for the extension of the QEH. Up to now they have not opened it, and they are saying that people are suffering from the lack of health facilities.

Hon. B. M. TAITT: On a point of order, Sir. The Honourable Member is misleading the House, Sir. The extension to the Queen Elizabeth Hospital is not completed, the project is still going on. All of the facilities that can be used are being used. In fact, the Honourable Member and his columnist wrote recently that there are only two theatres being used. The fact is we are refurbishing the other two and that is why we cannot use them, so the Honourable Member is misleading this House completely when he says that we inherited an extension and people are suffering. No

one is suffering in the Queen Elizabeth Hospital from any disease they did not have before they went in.

Mr. D. A. C. SIMMONS: Why didn't he finish it by saying and no one in Barbados is suffering as a result of the health facilities presently existing in Barbados? Why doesn't he say that? What he should be saying, Sir, is that last week for two days in the laundry there was no washing material at all. There were no soaps and detergents in the laundry at the Queen Elizabeth Hospital for two days last week. Why doesn't he tell the people about that? I want them to deny that.

Hon. B. M. TAITT: On a point of order, Sir. I submit that the Honourable Member is misleading the House. I categorically deny that for two days last week there were no soaps or other detergents or anything in the laundry. I categorically deny that, Sir.

Mr. D. A. C. SIMMONS: He wants me to call the name of my informant, but it would embarrass that party very badly. I am not so foolish. I stand on it, Sir, that for two days, certainly on Thursday and another day last week, because I was given the information on Friday, the laundry was unable to function because of a lack of detergents and other washing materials.

The other point I am making is that this Government has had under its management an extension to the QEH for three and a half years that has not yet been opened. The extension has been under the management of the Democratic Labour Party for three and a half years and not yet opened.

Hon. B. M. TAITT: On a point of order, Sir. I do not know what is the intention of the Honourable Member. It is in the hands of contractors. The Democratic Labour Party are not contractors. We construct Governments, we do not construct hospitals. How could the Honourable Member come here and tell the House that it was under the Democratic Labour Party? It was a project under the aegis of the IADB, Inter-American Development Bank. It is a total project that is being executed and it has not been completed.

Mr. D. A. C. SIMMONS: I ask for the date of completion, Sir. When can the public expect the new wing to be opened?

Hon. B. M. TAITT: Sir, there is no date of completion for this St. Joseph Hospital.

Mr. D. A. C. SIMMONS: Okay, I will stick to the St. Joseph Hospital.

Mr. SPEAKER: I was about to ask. I would mention that as long as other members introduce other things into

the debate, which I allow, I will also allow other members, but not to extend it.

Mr. D. A. C. SIMMONS: Yes, Sir. I want to deal first with the Bill and then I will come to other peripheral matters. I want to start with section 17 on page 14. It is in the Schedule, Part II. I am obliged to my friend. 6.00 p.m.

"The Board may employ staff at such remuneration as it thinks fit but

(a) no salary in excess of such amount as the Minister determines and notified in writing to the Board shall be assigned to any post without the prior approval of the Minister.

(b) no appointment whether permanent or temporary shall be made to any post to which a salary is assigned by the Minister under paragraph (a) without the prior approval of the Minister, and

(c) except with the prior approval of the Minister, no person may be dismissed from any post specified in paragraph (b)."

Now we have heard for years about over regulation and Government excessive intervention in para-statal and Statutory Boards. It is my firm submission that paragraph 17 of the Second Schedule provides a haven for the practice of yard-fowlism, a word that has now endeared itself to all persons with a nodding acquaintance with politics far less a profound acquaintance with politics. The Minister will assign salaries to the various posts. There is nothing wrong with that. The Board may employ the staff at the salary recommended by the Minister, but the Minister has the authority under this - it can be from the matron to the groundsman, any appointment at any level, - don't laugh, it is true; you are laughing because it is true - to appoint from the matron back down to the groundsman.

Now what the Honourable Member for St. James North in his extreme naivety was pleading for was a piece of the action with these jobs that have to be approved by the Minister. You know I bring these debates down 10 where they should be, in the area of reality. When he was praising these provisions I was here smiling to myself saying he had not read this, that has vested supreme power of appointment in the Minister of Health who has thus far, even before the coming into operation of this Act given an indication of his intention by having employed at the St. Joseph Hospital now a large staff drawn largely from his constituency.

Hon. B. M. TAITT: On a point of order, I indicated to this Parliament that the staff at the St. Joseph Hospital included a matron, a Hospital administrator, an engineer. Now I know he was not here, Sir, but neither one of the three of them lives in Barbados, they live in New York. But

the casual people who are cleaning, as I understand it, were employed on a casual basis, many of them come from St. Peter, St. Lucy and other surrounding areas. I do not know why the Honourable Member is saying that staff is employed at the Hospital. They were people employed by the....

Mr. SPEAKER: That is a very long point of order.

Mr. D. A. C. SIMMONS: Mr. Speaker, he may protest as much as he likes. In his heart of hearts he knows I was not talking about any Colleens or Daphne that they imported from the State to give jobs at the top. I am talking about the persons down there now who are cleaning up the place, who are doing manual jobs, have been sent the long trek on a bus transportation system, according to the Honourable Member for St. James North, that is very unsatisfactory, all the way down to St. Peter to help clean it up. I really think that this is carrying it too far. I am not naive like the Honourable Member for St. James North, and I recognise that in the kind of political system that we operate, which has an element of patronage in it, and which has been practised by all political parties from the year dot - I am realistic to that extent, that the Minister has to have some area of responsibility and that the Minister has to have a power of appointment and a power of dismissal after recommendation by the Board of course. He is a residual authority and in the exercise of those functions no one can say that the Minister is interfering. I accept all of that.

What I really would like to see, I am going to make an appeal to the Minister

Asides.

Mr. D. A. C. SIMMONS: St. Thomas is not, according to this Minister and I read from a previous debate, considered to be part of the north in respect of the St. Joseph Hospital. I want to make an appeal to him that he should have a category of persons designated according to annual or monthly salary beyond which he would not exercise any power of appointment.

Hon. B. M. TAITT: On a point of order, because I know the Honourable Member's capability, I would say he is misleading the House. Sir, the very Bill he is discussing and based on his own knowledge, he knows that is what the law says, but the amount at which the Minister will intervene is set in advance. That is the exact law as it applies to many of the Statutory Boards now. I will read you one.

Mr. D. A. C. SIMMONS: What I am submitting, Sir, if I have forgotten a general bit of legislation, I will apologise to the House if it is drawn to my attention, but what I am submitting is that the Minister should have a reserve power in respect of these appointments that starts at the very top and cuts off at a certain salary. Lower down,

the gardener, the man working the lawn mower and the watchman and so on I don't think the Minister should have ingrained ...I will tell you how to run the thing off the record, but I don't think the Minister should have that power, and I think you will agree with me too, Sir, because it opens the potentiality for selfishness which is not unknown among Ministers, and people can hoard these jobs for themselves and deny other persons, especially where you don't have a voice in Parliament, like we have. I am making a plea for you, Sir, for some consideration to be extended.

Mr. SPEAKER: I am sure you have heard my voice pretty often today.

Mr. D. A. C. SIMMONS: I am putting it on the record for you, Sir.

I don't know why the Hospital Administrator is I think the most senior executive person before the Chief of Staff, and under Part II of the Schedule, paragraph 12(2) you give the Hospital Administrator one month's notice if you are going to terminate his appointment. I don't think that anybody at that level should be operating on the basis of one month's notice. The Hospital Administrator may terminate his appointment by giving one month's notice to the Board. 6.10p.m.

Suppose the Hospital Administrator finds the possibility of a better job in St. Lucia, or anywhere, should he leave the Board and the Hospital stranded by just giving them a notice today saying look, you all will not be seeing me after the end of January.

I think that in these things there should be an element of notice that is reasonable to reflect the status of the job and the quality of the employee and the higher up you get the more notice you need and I just think that one month's notice is, perhaps, a little too arbitrary. I am not harping on it but I just think it is an area that if you do not change it in a future Bill, if you come with something like this, I think the senior staff should be given reasonable notice and be entitled to give you reasonable notice. Under Clause 4, subsection 2, sub-clause 2 as it is, Sir, on page 3, now again, Sir, I do not understand why it is necessary in the structure of a para-statal organisation, to provide in the legislation that "the Minister may give directions to the Board or any committee appointed by the Board as to the exercise and performance of any of its functions under this Act; and the Board or Committee, as the case may be, shall give effect to any such directions."

This only concretises the grip of the Minister, the exclusivity of the Minister's power because a committee properly set up functioning under this Act functions as a committee of the Board with the authority of the Board. Now to say that the Minister can give directions to the

Board nobody can have a quarrel with that. That is usual. The Minister must be able to give general directions to the Board, no problem.

Once he does that, to then say that he must give or can give directions to any sub-committee is, in my submission, not only unnecessary, but I think, dangerous because you would have an employment sub-committee, what is usually called establishment committees. There is nothing that can stop the Minister from telling under the clause that establishment sub-committee what to do and the law says they must do it.

I really feel that the theory and practise of the operation of para-statals have to be worked out and the Labour Party made several errors in this area. The Democratic Labour Party before us made several errors and I think that we are continuing and we are not breaking with the traditional past and if we are going to say sincerely as Members on both sides have said, when they were in opposite camps on other sides of the House, that, perhaps, there is too much ministerial intervention or interference in Statutory Boards - we say it all the time and I believe sometimes when we say it we mean it. Well, if we mean it, we have to give some expression in the law to those intentions.

I would like to see that the Minister's intentions and ability to give directions should be at the level of the Board but to get it down now to any committee I think makes for the possibility of unusual intervention by the Minister. It is only a matter of principle and theory that I am dealing with.

I do not know if the Minister had said when he introduced the Bill precisely what was the reason for establishing a Board down there as against the QEH.

Hon. B. M. TAITT: On a point of elucidation. Since the Honourable Member was not here when I spoke I will elucidate for him.

I indicated that, in fact, the present Queen Elizabeth Hospital Act had made provision for a Board at QEH but a legal opinion had been given which precluded the members of the staff from being seconded to the Board since that would have been an infringement of their entrenched fundamental rights and that is why the Board never came into existence.

Mr. D. A. C. SIMMONS: Mr. Speaker, I must take comfort from the submissions made by the Honourable Member for St. Peter earlier this afternoon because he queried, I do not think the Minister was here to respond, the fact that what is proposed now is a hospital offering both private and public care and the private aspect of it, of course, would be paid by the patient.

As I understand it, Sir, the mix is going to be in the vicinity of 70% to 80% private and the other 20% to 30% public. As I understand it, Sir, that is going to operate to only permit 20% or 30% as you look at it, of the public to have access to free care. That is a point at variance with all that the public had been led to expect and believe since the St. Joseph Hospital became a hot issue in December 1985.

I am sure that if you ask any member of the public when the debate was on, when it became an election issue, what did he legitimately expect, he would tell you that he expected this Government to reopen the St. Joseph Hospital and have it available to provide care just like you would get at the QEH. Now, there is a disproportionate part of that care being called for in terms of payments. To that extent I believe the expectations of the public have been defeated.

It may be that like so many other things, this is just another election trick and gimmick gone sour and reality has caught up with the Government...

Aside.

Mr. D. A. C. SIMMONS: No, We did not expect it to come like this. We doubted whether they could get it done by 1991 because every year since this Minister has been Minister of Health, he has been promising that soon, and in a few months, and next year this place would be open.

Aside.

6.20 p.m.

Mr. D. A. C. SIMMONS: We are satisfied now that the Minister has no firm date that he can confidently tell the public, St. Joseph Hospital will be opened with effect from April 1. He cannot. And the reason for that, Sir,....

Hon. B. M. TAITT: On a point of order, Sir. It is not fair for the Honourable Member not to be here for the speech which I made introducing this Bill and then make points which relate to things that I have said. I mean, I cannot get up and explain each time.

I cannot give that date. If I give that date it would be April Fools Day. I said why I cannot give that date. And nobody can give a date when the Hospital will open until some people who know about the Hospital go into it. They are the professionals. It is like nobody can give a date when a trial is going to finish until it has been scheduled. Do not ask of an ordinary person the impossible. If you must make the political point, make it but do not do it in a vacuum when I took the trouble to explain all day.

Mr. D. A. C. SIMMONS: I am sorry to have put the Minister to that excessive trouble again, Sir, of having to rise and try to explain to me something that he said. I am very sorry. I know his back often troubles him and I do not

want him to be jumping up with that, Sir. I apologize most humbly to him.

All that I was about to say, Sir, before he interrupted me was that for a long time now it was clear that Government had not planned the opening of this Hospital. If you do your planning properly there are a number of components that will come together at some point during the planning to identify a target date for the opening, give or take a month or two or three either side. If you are building under a building contract, you have to write into it the date from mobilization and the date of completion. And people allow a little leeway. It is never before the date of completion. All projects tend to get extended.

But what I am saying, Sir, is that a Government cannot be so shoddy in its planning as to have been telling this House ever since 1986 or early 1987 when the Honourable Member for St. Michael South East told us what his findings were, the findings of his Committee. We were led to expect later on in that year in 1987. Government cannot be so far out. If it is, it is only evidence of bad planning and Government must accept the responsibility, as they have accepted the responsibility for the Community College. What did it cost? Sherbourne Complex, Sir.

Hon. B. M. TAITT: On a point of elucidation, Sir, for the benefit of the Honourable Member who is not in his place, the sewerage system is being constructed in the United States. The Government did not run it down. It just disintegrated. It has to be constructed in the United States. When that comes then we have to put it in. And when the sewerage system is in, they will be able to flush the toilets. I said the sewerage system will be delivered in January. That is what I said. I explained that therefore the Hospital with the rehabilitation unit may come in March. That is what I said.

Mr. SPEAKER: I will give the Honourable Member 2 more minutes for all the interruptions.

Mr. D. A. C. SIMMONS: I am obliged to you, Sir. I understand, Sir, he is phasing in different aspects of it at different times.

Aside.

Mr. D. A. C. SIMMONS: No, Sir. I do not make it. Sir. I earn it. People who make money are guilty of criminal offences. I do not do that, Sir. That is like printing counterfeit. I earn it.

Mr. Speaker, Sir, I would like to hear the Minister also in his reply explain to us the rationale for closing the St. Thomas and the St. Lucy District Hospitals bearing in mind that we are an aging population. And I want to hear him tell us how the St. Joseph Hospital is going to work having regard to the proximity of the Maurice Byer Polyclinic and

what is anticipated will be the relationship and the correlaoun of services as between the two? I would like to hear that. I want to know if they really have a plan. You said it?

Aside.

Mr. D. A. C. SIMMONS: I am told that the Minister said that he would come back to it. Because for all those reasons I have a little doubt that this Government which has had great difficulty, especially under this Minister, Sir, of running one hospital well can run two. The experience of the QEH under this Minister is not happy. I have great difficulty in comprehending that they can run two well under this Minister. But he has been so accustomed to movement within the Cabinet, Sir, that when the time comes for it to open, he may not be there to do that.

Aside.

Mr. D. A. C. SIMMONS: No. Not yet. Mr. Speaker, I am not going to criticize the fact that Government is running this by a Board and so on. That is a matter well within Government's competence to do it how they want. I would hope that in the next few months we can get some more specifics from the Minister about the operation of this hospital, that will be the QEH. Because for example we would like to know what is the per capita cost of patient care in the QEH or what is the anticipated per capita cost for patient care down in the St. Joseph. You must do your prcfesibility, your feasibility and you must do your cash flow projections.

But I have to say that on behalf of the people of St. Thomas representing as I do a constituency which can be considered part of the north, that I think there will be great disappointment when they learn that the private part of this hospital is estimated to be 70% to 80% and the public aspect of it only 20% to 30%. So I think that the room, the scope that is offered to the very poor people, Sir, poor people from the north is very limited and certainly contrary to their expectations. And it docs not make any improvement upon what had been offered before when the Sorrowful Sisters were in charge because then it was largely a paying institution also. But the Government has gone nowhere.

And I must finish, Sir, by saying that I wonder to what extent Government has analy/cd the millieu in which it is operating and which the Hospital would be asked to operate. There is a new clinic going up in Becklcs Road. It is going to go up in Becklcs Road. A private thing.

Aside.

Mr. D. A. C. SIMMONS: A good area. The Prime Minister says good area. That is his area, Sir, for the last

time. Yes, Sir. This is the last time he will be representing that area. He knows that. He will have to withdraw himself.

Aside.

Mr. D. A. C. SIMMONS: Who? We are dealing with nuns and priests and so on. A bishop will take that one.

Laughter.

Mr. D. A. C. SIMMONS: I am obliged to you, Sir.

Mr. R. P. BYER: Sir, I want to make a couple points in relation to this measure before the House. Like the Member for St. Thomas, upon reading the Bill, I was particularly concerned about the impact effect of Section 4(2) and Section 7 of the Act and the Schedule of the Act that relates to Section 7. It appeared to me, Sir, that once again we are witnessing an unnecessary ministerial intervention insofar as matters of this nature are concerned.

Now, Sir, I have never known the Member for St. Michael West, the Minister to be a person, I think this is the third Ministry now that he has held, to be in any way unfair to the rights of people. I have never heard about it. I have never heard him spoken of in that manner. But it just occurred to me, Sir, that the powers outlined in these two Sections that I mentioned, if put in the hands of an unreasonable person could be used to great effect to plunder and terrorize persons and this is not fair. This is why with the expanding power of Ministers and other persons in this society and with the present debate on race and race and politics and the other areas of endeavour, business and so on and given the constitutional pronouncements on discrimination and so on that there might be need, even though the Prime Minister has said the race debate will continue even if it proves uncomfortable to some persons, as it was reported in the Press, there might be need at this stage in Barbados to take the heat out of things like this. 6.30 p.m.

Aside.

Mr. R. P. BYER: This is why I think that he seems to be leading me down the garden path to make me get into trouble with the Chair. That is experience taking advantage of inexperience, but I caught myself in time, Sir. I know you would not have allowed me to go into the trap. This is why there is need at this stage to take the heat out of matters of this kind in Barbados that one might give consideration to the establishment of some committee to deal with reported acts of discrimination and so on. I know you have the Ombudsman to deal with things like this, but I do not think that that is enough. There might very well be need for a commission on discrimination if we are to work to prevent unreasonable and unnecessary interference by Ministers on the rights of persons. These two sections lay the foundation for that kind of interference I am speaking about.

If one looks further at the section, one will notice that this section further entrenches incumbency. There may not be a lot of jobs to get around, but a minister using these sections is advantaged to obviously create a number of opportunities for people from his constituency and so on. This is the element of politics that I do not particularly like, and this is why I say it is an unnecessary and immoral encroachment on the rights of persons to work in an atmosphere untainted by fear or intimidation.

The other things that these sections could lead to have already been dealt with by the Member for St. Thomas and I would not want to go into those, but I just thought that I would, lend my voice to that consideration.

We have to be careful about these things and I believe that the time has come when we have seriously to consider how Statutory Corporations should function in our community. This view is not shared by a lot of people, but I believe that we should give some thought to it.

Another point I want to look at, Sir, a point which the Minister was not expansive about, and not deliberately vague, was the linkage between the St. Joseph Hospital, the QEH and the other health care facilities. I know that the philosophy, the thinking, behind this legislation is informed by Cap. 54, the Queen Elizabeth Hospital Act, which was never proclaimed, and I was wondering whether, given the time lapse from 1966 until now, that sort of policy ought to inform an institution which it is hoped would be run along modern techniques.

Aside.

Mr. R. P. BYER: I was saying that between 1966 and now is a particularly long time, 23 years, and I was wondering whether the same kind of thinking that informed the QEH Act ought to inform this one. I remember when you presented the Bill you did say that that Act served as the model for this one, and given the time lapse and the fact that it is hoped that the St. Joseph Hospital will be run along modern lines, modern administrative techniques, whether that kind of thinking ought to be the kind of thinking to inform this institution.

In terms of the composition of the Board of the St. Joseph Hospital, in so far as the linkage between that institution and the QEH is concerned, I notice that you have at section 1 of the Schedule, on page 7 of the Bill, that the Board comprises the following members, and you said at

"a member of the medical staff of the Hospital other than the Chief of Staff appointed by the Minister by instrument in writing;"

and I was wondering whether a better linkage could not be the fact that the Hospital Administrator of the QEH should sit on the Board of the St. Joseph Hospital.

Aside.

Mr. R. P. BYER: I see your point. There is no person on this Board from QEH. He is the Dean of the Medical Faculty and the teaching hospital is the QEH, but I was wondering whether the linkage could not be more secure if you had the Hospital Administrator sitting on that Board. Maybe when you are winding up you could further enlighten the House on this aspect of the delivery of health care in Barbados.

One of the things I like about the health care in Barbados is the fact that it is a socialist approach to health care. The State more or less provides the health care service at little or no cost to the person being treated. This is an approach that many large countries, including the United States of America, have not been able to achieve.

I remember when I visited San Diego last year I was able to explain to the people in San Diego about our health care systems. They were particularly concerned about the treatment of elderly persons, our senior citizens, and they were alarmed and amazed at the fact that we were delivering the kind of quality and lasting health care that we were delivering, and that they, a large and rich country, were not able to similarly deliver health care to elderly persons. But I also went on to explain to them that it was not only the area of the elderly, but our total health care system was structured along certain lines and that the State more or less provided that health care.

I believe that this year we are spending in the region of \$166 million in delivering health care to our citizens. This in itself is alarming, given the fact that there are so many problems the large countries experience when they are delivering this kind of care, and this is further augmented by the private health care in Barbados. We now have another hospital, the Bay View Hospital, which is also delivering that health care.

This brings me into the area now of privatisation and Government intervention. Earlier today it was said by the Minister that 108 beds would be the complement of the Hospital and that a certain percentage of that amount of beds would be private and a certain amount would be public. The impression I got was that the ratio would have been 70% or 80% private and about 20% or 30% public. It was also said when this was pointed out to the Minister, and he made this remark *sotto voce*, that on the one hand we, the Opposition, were arguing for privatisation and on the other hand we were saying that Government ought not to intervene in certain cases. 6.40 p.m.

Now I would like to recognise the argument for what it is. I was not particularly swayed by it in the way I was thinking, because certainly the intent behind the Act is to make this institution a public institution, but a public institution engaging in going after private persons, the idea being to make a profit and helping the institution to break even in a five year period, so there was that difference; it is not really a private sector business, it is a public sector operation, but with a private sector component in it, so the argument about privatisation and Government intervention is not a good example of that approach, but certainly there are instances of very well run Statutory Corporations and there are cases and instances of some that ought to be got rid of because they are not well run.

Now if it proves that this Hospital when established as we intend to do today turns out to be a very well run institution and we have been having arguments backwards and forwards today as to whether it would be a viable organisation or not, then I would for one certainly support any initiatives to make it into a better run organisation. Having said that, Sir, I think we have still got to take into account the best professional opinions as to the possibility of this institution breaking even in a five year period. Now speaking for myself and from this very safe distance that I have, I do not see this institution breaking even with 108 beds in that short space of time. Of course the Minister did say in all fairness to him, and the implication I got from his speech was that it might take longer, and he said if he had to come back at some later stage he hoped that nobody would condemn him for that, and the comment was that he would not be around in that capacity. I do not see this institution breaking even in a five year period with 108 beds. I do not know what plans there are for the expansion of the institution, Sir, between now and 1994. I do not know for example if he would expand it to the same capacity as say the QEH. Then there is some possibility that we might be able to break even in that period, but we have put a lot of money into this institution, and this brings me into the area of cost and the cost of future health care.

Even though I like our approach to health care delivery in Barbados whether it be acute or otherwise, I am still concerned with the amount of money we have to be shelling out year after year on health care delivery. I am not saying that we ought not to do it; I don't want my argument to be misunderstood. The point I am making, Sir, is that we have got to address and sometimes I believe that as a society we react to situations, that we do not do a lot of planning in terms of costings and so on, and looking down the years. As the Honourable Member for St. Thomas said, we are fast becoming an elderly society and I do not know with the expected demographic changes over the years whether we as a people are thinking about the cost of health care delivery in Barbados. As we become an older society, we are going to be asked as citizens to pay more for the upkeep of our health care system. This will call for a lot of other things. We will have to be producing to support this

kind of system. Coupled with this, Sir, we also have the education to think about. Once again a lot of money is shelled out for maintaining the educational system in Barbados. So we have got to pay particular attention to this aspect of expenditure in Barbados.

There has been a lot of talk during this session about run away expenditures and so on. I do not want to go back to that and I do not want anybody to interpret me as having said that we ought not to spend as much money as we are spending on health care delivery in Barbados. The point I want to make and which I want to re-emphasise is that we have to sit down and think about where we are going to get the money once we become an older population. That is the point I want to make. A lot of studies have been done in America about this aspect, given demographic changes, the shifts in populations from the colder regions of America to the cooler regions of America. We don't have the same problem in Barbados; we are relatively fixed where we are, but we get old nevertheless. We have got to be spending money over the years. I have noticed now that there is a movement in the building in schools. The St. Augustine's school in St. George is now equipped to handle disabled persons. Similarly a lot of thought has to be gone into whether we will equip our public institutions in such a way that the elderly would be able to climb our stairs more easily, whether we will be installing more elevators, escalators, whatever. There is a whole mix of things that we have got to be thinking about and so on. So the direction which our health policy takes in the next couple of years must be a matter for particular concern to all persons. I do not think we ought to make it generally a matter of politics. Of course there may be some areas about it that one must play one's politics, one must look at things in a political context in terms of whether one is keeping a manifesto promise, whether one is derogating from it or not, but overall and generally there are certain things that I do not think we ought to mess around with, and health care policy and the direction of health care administration and policy are things we must give serious thought because of the many things that we have got to take into consideration. That is what I would want to say.

There was some talk today, Sir, about health-tourism. We have had expansive discussions in here last Tuesday about sports-tourism. I think only one person ventured into the area of health-tourism, who I think was the Leader of the Opposition, but I would want to hear something about this concept of health-tourism. I understand basically what it means, but in a sense this also means that we will have to pay a lot of attention to health care policy if we want to integrate this whole concept of health-tourism as part and parcel of the direction and thrust of health care delivery in Barbados. Thank you.

Mr. L. L. BRATHWAITE: Mr. Speaker, I rise to lend my support to this Bill basically because, as the Honourable Member for St. Thomas said, the late Prime Minister, the

Rt. Honourable Errol Barrow, had signed a pledge on behalf of all of the Members of the Democratic Labour Party that the manifesto was a document that we were serious about and that we intended to implement, and also as quoted by the introducer of this Bill the Honourable Minister of Health. I therefore believe that I am part of the promise that has been made to purchase the St. Joseph Hospital with a view to improving the delivery of health care to the people of this country and especially alleviating the problems faced by the people in the north.

I suppose the concerns voiced by the Honourable Member for St. Thomas as regards what he perceives will be the disappointment of the people of St. Thomas as the ratio of private and public acceptance at the Hospital can be viewed in the light of the position that was taken by the Barbados Labour Party just before it left office. 6.50 p.m.

In fact, my understanding is that there would not have been a St. Joseph Hospital in operation and, therefore, we might still have had greater problems for the people in the north if there was not such a facility. There can always be differences of opinion as regards the expenditure by Governments on major projects because of what we would sometimes consider our priorities and I suppose those persons who will make the point that Government has paid more money than they would have paid for the institution obviously can make that point from the position from which they stand but I take the position that health and education are the two areas of our country's development that must stand out as being very very important if we are to continue to enjoy the kind of reputation that we do for our development as a small country.

While some administrations may spend exceptionally large sums of money on highways, some on central banks, one believes that health and education must be given the right perspective. In our delivery to the people of this country and so my support for this Bill, as I said, springs from the fact that it has been a promise by the Democratic Labour Party and I am, therefore, in a position at this point to compliment the Government for reaching the stage where we can bring this Bill for the implementation of the re-opening of the St. Joseph Hospital.

I suppose when the Honourable Member for St. Thomas quoted the statement made by the Honourable Member, the then Honourable Prime Minister, that he did not recognize that what the Prime Minister was saying was that, in his view, the Hospital should not have been closed so the thrust of your consideration then was that the only thing you are interested in now is to make sure that the Hospital remains open, that the people can benefit thereby.

But it brings me to the point where I can recognize the justification of that statement. Much has been made about the cost of rehabilitating the sewerage system of the

Hospital and the point is made that it is like that because the Hospital was not used for a period of time so if the statement then related to the continuance of the opening of the Hospital, justification is borne out that we would not probably have had the same bill to rehabilitate the sewerage system in the health care of the people of the north.

What I am very happy for, Sir, is the fact that at least we are making a step further towards the implementation of a special rehabilitation programme for those unfortunate persons in our community who can be considered drug addicts.

I am saying that those persons who will make use of the facility as it will be placed in the north, must stand a much better chance of feeling comfortable going into an institution that is separate and distinct from being laid out in another institution that is not specifically geared for the problems that they face and our concern for the misfortunes of our people would encourage me to, again, compliment the Government for reaching this point where we can, in the very near future, provide specialist attention for these unfortunate people.

I want to say, also, Sir, that when we approach delivery of services to the people of this country, the concept of the cost of these services will always be a concern to all those who have to find the money to provide these services but there are points at which we have to recognize that if the service is an essential one, then you sometimes have to bite the bullet and you have to recognize that the people deserve better and you are going to give it to them.

In a system where we find the long and often calls for increases of salaries, improvement of working conditions and the like, all of which call for additional money, we do not always at the same time hear people concerned about what it costs Government to provide these things that they are calling for.

As I said, health is one of those areas that I will not be stingy in. I will not in any way be avoiding the priority of providing health opportunities if it even calls for a greater expenditure so to do as long as you can rationally move towards providing the service without undue burden on the citizens of this country.

I would not wish to be lengthy in this contribution because I do not believe that it is necessary for me to do so. Suffice it to say that I accepted the responsibility as a Member of the Democratic Labour Party as we went to the people of this country in 1986 which made the pledge to purchase the St. Joseph Hospital and the reasons why we said we were going to purchase it followed the fight that we took to the then Government in Parliament making the point that the St. Joseph Hospital should not be allowed to close and, therefore, I am proud that we have reached the

stage today where the Government can come and bring a Bill of this nature to provide the services that will be provided by the St. Joseph Hospital.

I thank you, Sir.

Aside.

Hon. H. deB. FORDE: Mr. Speaker, Sir, I just want to say that once the Minister is not going to be as long-winded as he was in his opening we should be able to finish the debate...

Hon. B. M. TAITT: Not as Minister. I was rising as Acting Leader of the House to indicate that it is two minutes to seven and, perhaps, we should break for dinner. There are other persons who have not spoken. 7.00 p.m.

Hon. H. deB. FORDE: Mr. Speaker, Sir, I intervene

Aside.

Hon. H. deB. FORDE: Extend it for forty-five and finish it at one time.

SUSPENSION OF SITTING

Hon. B. M. TAITT: Mr. Speaker, Sir, in the circumstances, I beg to move that.....

Mr. SPEAKER: Has the Honourable Member given way?

Hon. B. M. TAITT: this sitting be now suspended for 45 minutes.

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

The question that this sitting be now suspended until 745 p.m. was put and was resolved in the affirmative without division and Mr. SPEAKER suspended the sitting accordingly at 7.01 p.m.

ON RESUMPTION

Mr. SPEAKER: This sitting is resumed. The Honourable Member for Christ Church West.

Hon. H. deB. FORDE: Mr. Speaker, Sir, I intervene in this debate to make a few points which I think it is necessary to make. Let me begin by saying for the purposes of the Rules of the House that my firm acted on behalf of the Sisters of the Sorrowful Mother of Milwaukee Inc. in relation to transaction involving the purchase of the St. Joseph Hospital. Specifically Miss Osborne of my firm under my direction worked for the Sisters. I am very

pleased that the Minister has not seen fit to attribute any blame in relation to the legal closing of the transaction. Because when I was absent from the House on another occasion the impression was left by inference that there may have been some dilatoriness on the part of myself or my associate. I wish obviously to say that if that were what was intended, it would have been a misrepresentation of the position.

Having got that out of the way, Sir, let me make the point that the uses to which this hospital is now to be put are perhaps uses that I think would surprise the PAHO people who did the first survey of the Hospital. If there is one thing which is quite clear from that Report, and I rely on the Report, Sir, it is that the use of St. Joseph in any way as an acute hospital is not going to be a financial success to any extent at all.

One ought to be conscious of the fact that the nuns operated this Hospital for several years and their historical record is most interesting. Only 20% of the persons using the Hospital were non-fee paying. And with the facilities of the same proportion of 80% available for the use of fee paying persons, it was found that the Hospital could not get beyond a capacity of 50% at any time. I think the House has heard both from the Minister and from the Leader of the Opposition that even at the Queen Elizabeth in the fee paying section, usually ;, on get a percentage of about 60%, I am saying that if the percentages remain that low in the 80% of the area reserved for fee paying that the Government will have in the foreseeable future to continue to subsidize the running of the St. Joseph's Hospital.

Now it is a fact that prior to the closure of the Hospital, the Sisters were bringing into EH Barbados in excess of US\$500 000 to subsidize the running of the Hospital. It was not just generating the type of income which is necessary, if you are going to even break even. And, Sir, they were doing this in the context admittedly where the Sisters operated under their own high moral standard and accepted O and G cases only to the extent that they were within certain confines. They would not permit any cases that related to abortions for instance because of their religious principles.

In fact part of the rescue act which was at one time suggested for the hospital was that it should become a place where O and G was practised and this would have given the specialists in this field an opportunity to transfer some of their patients there. This was not accepted by the Sisters and that exercise was not attempted.

I believe that the Minister has to take very seriously the statements made from the Opposition benches about the changed health care environment of Barbados at this time. There is no doubt that the refurbishing of the Diagnostic Clinic and the rebuilding of the Diagnostic

Clinic is catering to some of the private sector needs for health care in this country.

The Minister ought to be aware that there is a second health care clinic being planned, being seriously considered and talked about at the moment, once again in the constituency of St. Michael South very near to my own constituency. But that has got to the stage where I think there is now a very serious commitment on the part of both local and non-resident Barbadians as well as foreign medical interests in a second private sector hospital along the lines of the Diagnostic Clinic. So you have to be very conscious of this.

What really was recommended for St. Joseph, if it were to make any impact was for St. Joseph to remain as a convalescent home, almost on the basis of a top class or high economic cost convalescent home for which there was an identified need. I think that the Government has been caught on the horns of a dilemma and has sought, having taken the decision before a detailed study as to the usage to which this Hospital should be put, the Government is trying to ride both horses together, part rehabilitative, part geriatric, part catering for some emergency situations.

But it must be conscious of the fact that with I think....

Aside.

Hon. H. dcB. FORDE: I was here when you spoke. I made a detailed note of what the Minister said the uses to which the Hospital was going to be put. He said for a drug rehabilitation centre, a geriatric convalescent centre, and will form part of the health policy means that there is a need for such geriatric care and a high quality accommodation.

What really was recommended by PAHO was that it should not even be a partial substitute for a geriatric hospital at all. I would be surprised indeed if PAHO went back on that position in any way whatsoever. The Government therefore finds itself with a hospital that it has bought obviously I think that decision at the time was based more on the political consideration than on the detailed study. Having taken the decision, as the then Right Honourable Member for St. John said, that all he was interested in; I think, his positive proposal was: "I do not have any positive proposals to make, other than to keep St. Joseph open." Therefore when that decision was taken, there was not that detailed study.

At this stage I am not surprised that the Minister cannot give firm commissioning dates or go any further on the matter and that he must go tentatively about the issue, because he is caught on the horns of the dilemma of which I have spoken.

I think, Sir, that we have to be careful in the political arena in Barbados today that we are not committing

ourselves from time to time by Manifestoes or otherwise to policies that later we are going to find will become burdensome on the public Treasury. If there is one thing which the country requires today it is the restriction in the use of public funds without detriment to the quality of service. Therefore I think the country is more and more going to demand that every dollar that we spend of public funds must not only be properly accounted for in the financial sense but must show some adequate returns. I believe that if we seek, as serious people in politics, to justify our policies we must also be cost conscious about those. So that I am not as optimistic as the Minister is that within 5 years that this Hospital will be paying its way.

The second point I wish to make some contribution to, although it has been adverted to in the debate already by some Honourable Members relates to the Minister's admission, and I think it was a candid admission - it is a view I share as well - that I believe that the hospitals, not only this Hospital, should be run by Boards. I think once again there has to be a good deal of new thinking about the necessity for ministerial intervention at the level of which we have been attempting during the years that we have now had the para-statal to intervene. I think we have to give very careful consideration to this. 8.15p.m.

I have very, serious reservations, Sir, about the provisions of this Bill in which without stating at what level the Minister is given power to approve the level of salaries that must be given for jobs. Then, even a bit further, that no appointment can be made to certain jobs without the Minister's approval. I believe that we have to move beyond that stage. More and more persons are going to demand certain protection, and particularly office holders, and why I am concerned about the para-statal is that my research shows me that legislation during the times of both Governments has been drafted in the field of the para-statal affecting workers who are already in the Public Service who may be going either on secondment or on permanent appointment without thinking carefully through the implications of that.

Now, Sir, if you are in the Civil Service you have certain rights as an employee that are not conferred on you if you are outside of the Civil Service, and although persons in the Civil Service are employed at the pleasure of the Crown, more and more because they are office holders they are still entitled to a fair hearing by way of the rules of natural justice, and in fact the enactment of the Administrative Justice Act has made a tremendous difference to the interpretation of legislation such as that which we are now passing before this House.

I am going to seriously suggest to the Minister - I do not know whether he has the brief and the Attorney General's Office has looked at that - but I am not myself particularly convinced that merely dealing with those

persons by way of the section of the Act relating to pension rights is enough. If it is envisaged that some persons already in the Public Service may be seconded to or eventually accept service under this Board, then I believe that they need to carry over with them the terms and conditions of service, including the right to fair hearing, which I contend now exists for them. So I have reservations on the Bill when we get into the detailed provisions of the Bill in both of those areas.

The Minister adverted to the area of what he calls health tourism. It is a strange thing, Sir, but the manifesto of the Labour Party went on at length in great detail about our concept of a Barbados for the 21st century, and we outlined quite carefully in the manifesto the provisions dealing with what the Minister is now calling health tourism, what we preferred to call the area of services. We recognise that Barbados as it evolves with its high literacy - I still believe that there is a certain high literacy in this country - and the type of work force that we have would look to the future in the service sector, and one of the obvious areas for this was in the area of health.

Although there was tremendous resistance from the University of the West Indies and other persons, and even political division, on the presence of the St. George's University people here, it could be seen where, given the technological developments taking place in the world today, training at that level will take place not necessarily on a campus in a developed country but campuses outside of developed countries.

One of the things that had been envisaged for the use of St. Joseph was that the private sector education authorities - and frankly had the UWI, instead of being critical of the whole exercise, given deeper consideration to it and made sure that the standards it wanted to insist on would have been in place there, I think it would have offered another opportunity for collaboration at that level in research and in various health fields that would have put Barbados on the health map. Not merely in that respect, Sir, we envisaged as well what we call retirement villages catering in this field.

Mr. Speaker, the document has already been made a document of this House, but at page 25 of the manifesto, to be specific, one of the areas that we said we would explore is "offering a new regime of incentives to encourage the establishment of private health care enterprises, to enable them to purchase their imports duty free and claim rebates on foreign exchange earnings. The aim is to encourage the growth of life care facilities, retirement villages and health clubs."

We are always glad to be leaders, Sir. We were loaders in political organisation, we are leaders in thought, we are leaders in implementation. I had the honour this year

to address the Barbados Association of Medical Practitioners. Unfortunately, the Minister did not see fit to attend the session, Sir, he did not want to come and sit at the feet of Gamaliel, but I believe he read the speech with great care. His Permanent Secretary was very quick to ask for a copy and I think the Minister has a copy in his file. I have no difficulty with the copyright, I would permit him to reproduce and to use and I hope he will acknowledge the ideas that are there.

What I am saying, Sir, is that I am glad the Government is now convinced that we were right in this field. But the Government also has to be conscious of the fact that there are quite a few outstanding Barbadians who also envisage using Barbados as a top class research centre in the medical field. I believe that those proposals are right within the Ministry of Health.

Aside.

Hon. H. deB. FORDE: The Honourable Member says they will sell them to Richie. I have known one of the persons all my life, a Christ Church man, a very good friend of the Honourable Leader of the Opposition for a long time, but that was a proposal that we were examining too for the use of these areas. I would suggest to the Government not to close their minds because they are caught on the horns of a political dilemma. They must be open to the ideas, if necessary, of saving the public purse and recognise that there are other uses to which the Hospital can be put in the future without doing any damage at all to the concept of which the Honourable Member for St. Peter spoke, which is the concept that as much as possible as understood by the electorate that the poorer people of St. Peter and of the north in general would have the access which they envisage they would to proper health care.

Sir, I really could not resist making one point which must be re-emphasised in the record for all purposes. I heard a myriad of criticisms of the Labour Party and its health policy, that it had done nothing. I sat with great delight, Sir, but quietude to allow the Minister to finish, to hear the Minister and others say how Barbados has one of the best health care systems anywhere. I agree. I am not going to disagree, Sir, I am going to agree with that. 8.25 p.m.

Whatever they say, there has been nothing new that this Minister has done or his predecessors in the last three years to have changed what was there. There is nothing new, Sir. As a matter of fact most of the developmental plans at present before the Ministry were set in train before the Minister came into office. Certainly the physical expansion taking place was all in place. Even the study that he is carrying out on the Psychiatric Hospital was envisaged.

What I want to say, Sir, is that one has to recognise just what we were saying during the period of time and it is set out in your development plan, not the Health Ministry development plan, the major development plan. The recognition of what was done in health care in the last ten years, in fact in the last 25 years is now well documented. I am not arguing about it, I just want to restate so that I do not hear it in the next elections again. I have to put it in the records. I read with great care the Duncan O'Neal lecture delivered by Professor Walrond as well in the last couple of days and like the Minister I read the BAMP publications in order to be on top of what is happening in this sector of our affairs, but the point remains that whatever they say that in the ten years under the Barbados Labour Party, I am glad they recognise that health care advanced, and the statistics bear it out, and continues to advance and the Minister can now seek to build on what he has found. We are making no bones about it.

Now I have to disagree with the Minister assuming that the St. Joseph Hospital is the place for placing three of the specialties which he said he is going to place up there. Let me deal with them. The specialty is dermatology. It is true that there are only practising in Barbados now two recognised qualified top dermatologist specialists, but there are others with experience. I am sure that my friend a former Minister of Health Dr. Caddie will put himself in the category of at least a third. He is certainly by virtue of experience, and I have been attended to by him, and he has a good knowledge of dermatology, but in my view that specialty needs to be conducted in association at the Queen Elizabeth Hospital, the acute Hospital.

Now the Minister also talked about reconstructive surgery and rehabilitative surgeon services is really talking in the realm of plastic surgery. As far as I am aware, there is only one person with a specialty in Barbados now in plastic surgery, and that is conducted at the Queen Elizabeth Hospital at present, and once again in my view and on the advice that is available to me from the health people that I talk to, it would not cost - if you could get the people - Government too much because all of the necessary support services are already there at the QEH, and I believe, Sir, that one has to be careful that in looking for uses we do not start specialties that require other ancillary physical arrangements and services for their support, and that we do not start in the St. Joseph Hospital to find at the end of the day that we are duplicating unnecessarily the services which are going to be provided at that Hospital.

Now, Sir, I was also aware, and I have not heard the Minister with this, of people who were making enquiries from Missouri and elsewhere about using the Hospital for the rehabilitative centre of which the Minister speaks, and it was my understanding in those days that if this was going to be done, then Barbados would be depending very heavily on patient clientele from outside Barbados for this purpose, and that there was not within Barbados a sufficiently large

clientele with these needs that could sustain an institution of the size of the St. Joseph Hospital, and I understand, I don't know if my information is correct and therefore I am not going on record that it is factual and correct, it is just the information I have available, that the problem about this is that the Government has some fear that the people who would be coming in for such treatment would be in some way inimical to the Barbadian society in terms of drug culture and whatever else is wrong with them. I am aware of the fact that there were more than one serious enquiry from private sector persons outside of Barbados who themselves had approached the owners of the Hospital prior to the transfer to use the Hospital for those purposes.

Sir, I am going to go back to the point I made at the beginning. We have to be very careful in trying to prove the political point which became an issue in the last elections that we are not needlessly trying to find a use in order to justify that political point, and whilst I am the first to concede that we wish to give every citizen of Barbados, regardless of where that citizen lives, whether it be in Christ Church West, St. Michael West, St. Lucy, St. Peter or wherever the same standard of care as is given to anybody else in this country, I think we have to try to do that within the confines of certain cost factors that are fundamental as to how we develop and run Barbados in the future. I warn the Minister this Opposition will be relentless on him when he overshoots his figures as we are sure he will do, and that we will expect that there is the greatest control in these areas.

I am concerned myself about the time it will take to do the things that he says he is going to do. The commissioning process he has to be open ended on. I sometimes get the view that his anxiety is to be able in his melodious tone to sound forth the trumpet when the bell is called in the next few months that he has supplied and that he has performed in spite of those prophets of doom who said that it would not happen. I warn him that the country will not listen to that; the country now has had the \$15 000 experience and it is now looking very seriously at us politicians who are going to make promises which we cannot deliver on. We are not going in the next election to be able to get away so easily by waving the magic wand, the test of that discerning electorate now is a test of self-doubt. The Honourable Member for St. John will not get back at all because the St. John plan has not even got off the ground, so he has to be very careful. He intervened *sotto voce*, Sir, and that is why I had to respond to him right away. I want to tell the Minister very seriously that this Opposition has certain, very serious and very fundamental reservations about this, Sir, and I also would wish the Government now that there are no justifiable legal hindrances to setting up a Board to run the Queen Elizabeth Hospital, to give the House the firm undertaking that the Government will update the Queen Elizabeth Hospital Bill and proclaim it as soon as possible. 8.35p.m.

Hon. B. M. TAITT: Mr. Speaker, Sir, it seems as though all those Honourable Members who wish to make a contribution in this debate have done so and I would wish to start by thanking all of them for the contributions which they have made so far in the Second Reading.

Clearly there are Honourable Members who would have had views that were profound and deeply held and there were others who would have to make political statements superficial in their intent and superficial in their expression.

I think most of the speech by the Honourable Leader of the Opposition can be consigned to the latter category and so I should leave it to the end in the event that I do not have enough time.

I wish to appreciate the two speeches in particular made by my friend, the Honourable Member for St. James North and the Honourable Member for St. George South. Those two speeches, without prejudice to the other speeches, indicated a thoughtfulness as they approached this issue which cannot be a simple black/white, us/them situation but rather an issue that relates to all Barbados and all Barbadians.

I wish to go on record and put beyond any shadow of doubt since there was so much reference to the poor people of the north, including the people of St. Thomas that there is no doubt and there must be no doubt whatsoever that all of the people in the north who would use this Hospital as a public institution will have access to this Hospital as a public institution.

I think the Honourable Member for St. George South was able to get the essence of what the argument was without going into the fallacy of using the percentages to indicate to us that only 30% of the people in the north would be able to use the Hospital. What we were saying is that the ratio of private to public would be 70:30 or some variation thereof but it does not mean that at any given time only 30% of the people from the north who want to use the Hospital would be able to use it.

What we are saying is that it is a public institution that will pursue private means and methodologies to implement a policy so I am saying that without prejudice and now I will deal with the specific questions raised by Honourable Members. I am saying that so that we do not have this question about there being any reneging on promises made or commitments given about the use of the Hospital.

The people in the north will still be able to use the Queen Elizabeth Hospital as they now do and the people in the north will be able to use the St. Joseph Hospital and it will be an acute care hospital as we said it would be. There is no question about that.

I want to also confirm that the committee that had been set up and this, the Leader of the Opposition touched on and other Members, the Advisory Committee that has been set up had, at its disposal, a number of professionals who were, in fact, able to do a feasibility study and did do a feasibility study and they submitted a massive report to the Minister and among the recommendations they made, and I read them verbatim from the files:

- that the Hospital provide services mainly to the residents of the northern parishes of St. Lucy, St. Peter, St. Andrew, St. Thomas and St. James and rather the hospital will accept both public and private patients from throughout Barbados and if possible, from outside of the island as well,
- that the Hospital provide only secondary and emergency care,
- that the Hospital be administered by a Board of Management responsible to the Minister of Health, among other things,
- that the Hospital be financed through private and public funds,
- that the Hospital cater to public and private patients."

Sir, I say that to put on record that the committee did make substantial recommendations and I want to take exception to the Leader of the Opposition trying to place the Chairman of this Committee in some unfavourable light even by implication or intimation.

This committee had within it the President of the Barbados Association of Medical Practitioners and another doctor from that institution. I had named them before and I do not intend to name them again but I want to say that the Chief Budget Analyst from the Ministry of Finance was also a member of this committee and the Chairman of this Committee would only have been the Chairman.

The committee's recommendations were fundamental and far-reaching and in many respects they differ substantially from what the Leader of the Opposition sought to portray.

I know of no collaborator or collaborators or any other group and I wish to say that as Minister of Health I take responsibility for the recommendations made to the Cabinet on the use of the St. Joseph Hospital and I take the full, complete and total responsibility as the Minister pulling forward the policy for the use of the St. Joseph Hospital and I do not resign from that position and, therefore, I do not accept any recommendation or suggestion that I came to this after the Honourable Member for St. James South had put in place, or done anything in relation to this Hospital

because I take the full responsibility for the policy that is adumbrated here today.

On the question of PAHO, I am not seized of the information which the members of the Minority Opposition have quoted.

Aside.

Hon. B. M. TAITT: I am just saying that I am not seized of that but the individuals who came as a result of a PAHO mission which we initiated from Barbados I would repeat is Professor Jack Caston who is the person that commissioned the present Queen Elizabeth Hospital, the President of Greater South Eastern Community Hospital which has just won the Gold Award for Excellence among hospitals in the United States and that is in Washington, and the present Hospital Director of the Queen Elizabeth Hospital constituted the team from PAHO who examined the Hospital after the price of \$6 million had been arrived at.

There are a couple of issues which are germane to a point which I should, perhaps, have made in the presentation which I did not make. It has to do with Blue Cross and Blue Shield and it would help the Honourable Member for St. George South to understand the concept of breaking even in five years. That concept was based not on the 108 beds of the acute care hospital but it included the wider involvement of the Villa Maria Convent where the geriatric and convalescent wards - I do not wish to call them wards so much as - units will form part of the total complex so the break-even referred to includes the geriatric convalescent where, quite frankly, if one recognizes that in Barbados today it costs as much as \$1 000 per week in some of the nursing homes, all licensed by the Ministry of Health, except for 2 which will either be licensed shortly or closed. But all of them have ranges which are out of the reach of many ordinary and middle class Barbadians. There are some that go as high as \$1 000 a week. There is no ordinary Barbadian who is able, even an extraordinary Barbadian, who is able to pay \$4 000 a month to maintain his or her parents or one parent in a home. 8.45 p.m.

But if reasonable rates are found at the St. Joseph Hospital, I wish to submit to this House that, unless the people who run the institution are incompetent, that they will find a substantial number of clients both outside and inside Barbados who will wish to avail themselves of the facilities that will be offered. Because it is my intention that there be a high quality and high class institution that is not overly expensive that will have rates that are reasonable.

I wish for example to see that the meals presented there are done in the context of a hotel, rather than the context of a hospital. I wish to see that the person who is responsible for meals is not a head cook but a chef. These

are the kinds of guidelines which I will give to the Board as to how they may operate. And I wish to see them marketing the Hospital rather than letting it lie and letting things happen to it. I wish to see them being aggressive in the way that North American private hospitals are aggressive and have to be aggressive in order to survive.

But I want to say that the concept of break even in 5 years, and I was very careful to point out that it was my speculation of break-even in 5 years, break even here meaning that the Government would only need to make a certain percentage of the subvention which it would now give 100% to keep the Hospital going.

Aside.

Hon. B. M. TAITT: I beg your pardon?

Aside.

Hon. B. M. TAITT: No. I expect fully to be part of the Government making the decision.

Aside.*

Hon. B. M. TAITT: We will cross that bridge when we come to it.

Aside.

Hon. B. M. TAITT: I know one thing anyhow. The Member for Christ Church West said that we must be careful not necessarily to justify the political point. I do not think that it is necessary to justify the political point. I think what is important here is that we understand that we are talking about health care delivery for the society, not next year, not for 2 years but for some considerable time, insofar as I can see.

I want to assure the Honourable Member for St. George South that there has been substantial and meticulous planning for health care delivery over the next 30 years in Barbados. There is a development plan which the Leader of the Barbados Labour Party has had the opportunity to read and I thought that all Honourable Members had been given a copy. I did send a copy to all Honourable Members, in which we outlined the programme of development over the next 3 years. But within that there is a long-term projection for health care in Barbados taking account of the principle for all by the year 2 000 and recognising that the profile of the population in Barbados will change and is changing. By the year 2009....

Aside.

Hon. B. M. TAITT: - If you say you are going to be gone, I take your word for it. You will be out of the House but I do not know if you will be gone. - we expect that

11% of the population will be over 65 and by the year 2030 the population over 65 will be doubled. It is currently 10% and it will double by the year 2030. The plans which we have, if I may say so very quickly - and it includes something which the Honourable Member for Christ Church West referred to - which we have for geriatric care are as follows:

The present hospital that is called the Geriatric Hospital at Deckles Road is going to continue to be upgraded until all of the Hospital has reached the level of the present male block which I invite the Leader of the Barbados Labour Party to go and see because I think he has not seen it yet. I invite all Members to go and see it.

The St. Philip Hospital will be upgraded to the same level, standard and quality of that hospital when that is completed. In fact the preliminary work should have begun in this month of December. I am told it will begin in January. We will hope to go out to tender for the additional 100 beds at St. Philip. This answers the question raised by the Honourable Member for St. Thomas who wanted to know why are we closing or how will we close the 3 District Hospitals. Geriatric care in a true geriatric hospital will be provided at the St. Michael Hospital and the St. Philip Hospital both of which will provide for 300 beds, so that we will have 600 beds. Now this is important. There will then be 600 beds of geriatric hospital at the high level. We have already employed a geriatrician. We will have a rotation of the doctors for the Geriatric Hospital within the university system so that in the same way you have paediatrics you are going to have geriatrics. So that in terms of registrars, et cetera, they will be available at those 2 Hospitals.

For the ambulatory elderly we will have a series of half way houses, group homes. So that the hospital in St. Lucy, while it will be dismantled in its present form, it will be replaced by group homes where the ambulatory elderly in groups of 25 or so per unit or units of not more than 5 will be in villages or in compounds which will be self sufficient as in a family atmosphere but which will not require the level of supervision that the institutions now require. In other words, we will be able to provide a high quality of supervisory care for the ambulatory elderly. So as between the group homes and the half way houses and the geriatric hospitals, that will take care of the elderly.

This will include the Honourable Member for Christ Church West and other Honourable Members who have reached the level.

Aside.

Hon. B. M. TAITT: All those persons. We are looking forward to taking care of where we will be able to go. A parallel system will be in operation according to the system which we are putting together and which has been approved

in principle by the IADB and which will have massive cost which I do not now wish to identify. The Mission for that project will be in Barbados in about next 4 weeks or so and then they will be ready for loan application through the aegis of the Ministry of Economic Affairs.

So that the whole plan, if the Honourable Member for St. George South wishes to hear, the forward plan has been in train for some time. We will speak to that in more detail in due course. But I thought we should say that because that helps to explain where St. Joseph will fall in this total scheme of things.

The St. Joseph Hospital therefore is an acute care hospital that will be operating in conjunction with the Queen Elizabeth Hospital. It is for that reason that we have put the Dean of the Faculty of Medical Sciences on the Board of the Hospital because the Dean dictates, to a large extent, the ebb and flow of the movement of the junior doctors within the system. It is envisaged that the junior doctors will do a rotation through the St. Joseph Hospital when it is functioning at that level that will allow for their passing through the system.

I therefore do not believe there will be duplication. The Honourable Member for Christ Church West was concerned that there be no duplication and I do not think there is going to be any duplication.

I want to confirm that we will be seeking to have patients from outside of Barbados and the projections about the private care in the Hospital envisage that people will be coming from other parts of the world to the Hospital. But the system that will be in use in the Hospital will allow for that kind of movement. I called it health tourism because it is a matter that we have discussed at length to the extent that persons are coming to Barbados to convalesce. I know in the United States there are many people, many West Indians, many Barbadians who would prefer to come down to the Caribbean for convalescent purposes and they could come and spend a month in the institution. 8.55 p.m.

On the question of the specialties, the specialties which one identified were really only symptomatic. One was saying that these are the kinds of specialties which could be negotiated to go into the Hospital, one was not saying that that is fixed. I hope I have not left the impression that we have fixed the actual specialties, but ophthalmology obviously will have to be offered and offers a probability for the Hospital.

The thing about dermatology, without prejudice to the two dermatologists who have become dermatologists by experience, the fact is that in Barbados we do not have anyone who is working in the public sector who is catering to poor people with dermatological problems. What one is saying is that we are prepared to give a scholarship, a

fellowship, as the case may be, to the younger people, as we have done with ophthalmology and as we are doing with public health, to steer young people into the field for specialisation, but we are not beyond inviting Barbadians or West Indians who now function in other jurisdictions to come into the system and provide the service. The reason why we would use the St. Joseph Hospital and not the Queen Elizabeth Hospital is that the Queen Elizabeth Hospital in its present configuration does not lend itself to that kind of expansion.

We will not be able, given the cost, to appoint consultants in all of the specialties that are currently suffering some difficulty in the Queen Elizabeth Hospital. There are over 56 consultants in the Queen Elizabeth Hospital and we will have to rearrange them. In order to get a Urologist in the Hospital we have to appoint him as a General Surgeon. If we appoint him as a Urologist, then he would do nothing else but urology, and in a hospital in a country of this size we cannot afford to have a consultant who is doing only one kind of procedure at the expense of being a General Surgeon.

Aside.

Hon. B. M. TAITT: No, he understands his role but he will be functioning. He is a young man who has made his mark in Canada as a Urologist and if he has not yet joined, he will be joining the Hospital shortly. This is the kind of approach we have been using. We have a Neurosurgcon now, we have a Neurologist, we have specialties that were not in place. I see my friend is not now in his place, but if we can get moving we should soon have the other specialty that we have been asking for, and that would complete the Queen Elizabeth Hospital. If the Oral Surgeon is attached to the Queen Elizabeth Hospital, then we will have completed our broad outlook for the Queen Elizabeth Hospital.

It means therefore that other subspecialties would have to operate in the St. Joseph Hospital, but there are doctors and specialists in Barbados who operate in every single institution, so it will be that doctors now functioning in the Queen Elizabeth Hospital will also find expression in the St. Joseph Hospital. This Hospital, will not be able to carry the load of staffing which the Queen Elizabeth Hospital obviously carries. It will rely on arrangements, and the reason why the Minister is not able to, or is not willing to articulate those arrangements on the floor of the House is precisely because he wishes to leave the management of the Hospital to the managers. When the Board is put in place and the general direction is given, the Board and the doctors will work out the methodology and the systems that will apply as the Hospital goes into gear and as it is commissioned.

I should say in passing that that is not a case of confusion, that is a case of very clear thinking, of making

sure that we allow those who are qualified to advise and to direct to do the advising and the direction.

The Honourable Member for St. George South was concerned that the kind of thinking which was prevalent on the Queen Elizabeth Hospital Act, 1966 might have informed us in 1989. The truth is that we have used the Act for the breadth of its scope in some aspects of applying the concept of a Hospital Board, because you do not wish to reinvent the wheel, but in terms of the forward movement and the forward looking areas we have drawn generously from other Acts and other concepts, so that this is really the work of the present time rather than the other time.

I might say in passing, I know he does not like it, but I would like to give credit and tribute to the Attorney General who gave of his time to work on this Bill himself, to a large extent, in order to allow us to have this Bill in a timely fashion. I do not think it is outside the realms of parliamentary procedure, Sir, to say that the Attorney General work above and beyond the call of duty.

Aside.

Hon. B. M. TAITT: Well, not above and beyond the call of duty. You see, he is quarrelling now, Sir. I am saying he worked above and beyond the call, like all Attorneys General who are committed have had to do because of shortages.

Aside.

Hon. B. M. TAITT: I am now told that more than all other Attorneys General, but I wish in passing to thank him because he did a lot of work on this Bill for me,

Mr. D. A. C. SIMMONS: On a point of order, Mr. Speaker. I have to put this in the record. I agree with the Minister that the Honourable Attorney General works very assiduously. It is also true that far from being overworked he is overweight.

Asides.

Hon. B. M. TAITT: I need to react to a point made by the Honourable Member for St. Thomas that paragraph 17 may provide a veritable haven for the practice of "yardibwism", and paragraph 12, the concept of one month, I have no difficulty with a movement to three months. I have no hangups on it, it is simply that because - and I hope the House will forgive me for saying this - I have been steeped in administrative law and procedure, there are a number of things which do not excite me because I know that no matter what is put in the Act the principles which will have to apply in certain matters have already been articulated in other matters. For example, the Administrative Justice Act takes a broad sweep of the administrative system in Barbados and therefore does not

allow for any other Act overtly or covertly to interfere with the general principles of justice. What one was doing here, however, is recognising that it is as long as it is broad, that whereas on the side of the individual one month may seem long from the point of the corporation, from the other end the individual too wishes to have the flexibility to be able to give one month. What one was saying here is that on either side one month would not be unreasonable even though an arrangement might be worked out between the two parties. 9.05 p.m.

If there is a requirement for three months, I would have no difficulty, I can substitute in Committee, if the Honourable Members feel it is a better arrangement, three months for one month. In that context I understand the concept of being very careful about the practice of yardfowlism, and I think I will share with this Honourable House the thinking of the Minister in the policy here. This is a concept of a Hospital and based on my experience in the Ministry now with the Queen Elizabeth Hospital where the Minister is called upon to make a number of decisions in life and death situations, the idea here of the Minister being able to give a Committee direction was not an attempt to give the Minister power if one recognises the ministerial system. One has to understand that the ministerial system by itself inherently gives the Minister power but not for himself; it gives the Minister power on behalf of the people. Now if the Minister is a hooligan, no matter how it is written he will practise like a hooligan, but if the Minister understands the principles of administration and behaves like a Minister should, and if the Parliament holds the Minister accountable, then this question does not arise. It only arises where a thug is in the office, and a thug is a thug is a thug. We have seen that in other systems that were very meticulously put together where the individual was able to thwart the law.

Again if the House insists, one will be happy to make changes, but the idea here is that in matters of life and death one does not wish there to be any fettering, and I give the House the assurance that on the question of salary this is really in keeping with what exists with many of the other Boards, but the amount fixed is determined and has been determined by the Cabinet. It is determined by the Cabinet as you will remember, and therefore what the law says takes account of the law, but the practice and Cabinet practice is form part of the law. That is not a matter that is understood by too many people, but Cabinet practice as Parliamentary practice forms part of the law of Barbados. This Parliament, as you know, under the Constitution determines its own procedure, therefore a practice that has been established within this Parliament has come to be accepted as conventional, by definition forms part of the law of Barbados. Therefore that is a little difficult if you cannot stay with it. I am not being pejorative; I am saying that is what is meant by conventions.

In the United Kingdom, if I may divert just a wee bit, Mr. Speaker, when they talk about convention, the convention that a Cabinet Minister should resign in certain circumstances can justifiably be said to be part of the law of the United Kingdom, and those who argue that Ministers in Barbados should follow suit simply do not understand that here in Barbados the ministerial system is governed by a statute, whereas in the United Kingdom it is governed by convention. I say that only to explain that there is no attempt here to give additional power; it is merely an attempt to deal with the situation recognising the normal Cabinet practice. It will be difficult to make this particular clause different from the other clauses, but in any event, Mr. Speaker, because there is no experience at all, there is no previous experience of a Hospital Board, that is really the issue, there is no precedent of a Hospital Board at work in Barbados in our time, therefore all one is doing here is giving the thing an opportunity to function.

I have no particular difficulty, and I am grateful to the Honourable Member to acknowledge that in my ministerial offices I have never sought to be heavy handed, I do not believe that Ministers need to be heavy handed and frankly the intention in terms of the appointment of the Board is such that one does not wish to become involved at that level. I will say in passing however that almost every office at the Queen Elizabeth Hospital, certainly all the professional offices pass the Minister's desk on their way to another Minister to make a decision, because all of the officers at the Queen Elizabeth Hospital are by contract, and if one envisages that these offices, certainly I could not countenance any doctor becoming full time at the St. Joseph Hospital. I do not envisage any senior person becoming full time; they would be contract officers, because administrative practice requires that those who are working at this level should be accountable as well, and if you are on contract, you are accountable. If you do not perform well you do not renew the contract. Some people wish to go court at the end of the contract for one reason or another, but it is envisaged and I want to put on the record that it is envisaged that the St. Joseph Hospital will to a large extent be contractual. That is the situation which obtains at the Queen Elizabeth Hospital now except for a few officers, and as they become vacant the persons who fill them so long as this Government is in office will fill them by contract. It is the only way you get a fair day's work.

Mr. Speaker, the Honourable Member for St. Peter, who like good wine I keep for the second last, said that the Democratic Labour Party made it a political issue and he chose to resurrect his very difficult experiences during two by-elections. One understands the depth of his pain and therefore one does not seek to hurl him back from heights which he imagined at this stage even as if he looks back at the war. It was a royal battle and he had a number of scars inflicted well, and so if he feels that we made it a political issue, it was a political issue. The issue was that the Barbados Labour Party had no right allowing the Hospital

to-close. In the same way we were able to beat people from \$15 million to \$6 million, they ought to have used the tremendous skills which they claim to have had and bring the price from \$15 million to \$6 million, or in the words of the Leader of the Opposition to \$3 million. No doubt had that genius who is now Leader of the Opposition been in a position to negotiate, he would have got it for \$3 million. I am sorry he is not in his place, but I have never known anyone who was able to do so many things so well and so often according to his own statements as the Leader of the Opposition. Three million dollars he would have got it for, but you could at least have got it for \$6 million. The Barbados Labour Party should not allow the Pope to frighten them. That is what he said, that the Pope had directed the Party and the Party got frightened and decided the best thing to do was to vacate the Hospital.

Mr. O. S. ARTHUR: On a point of order, the Honourable Member is deliberately misleading the House. I said that the Barbados Labour Party would not allow the Pope and the Vatican to hold us over a barrel, which is different from frightening us.

Hon. B. M. TAITT: Sir, the Honourable Member claims that how will the Hospital be integrated into the national health system was one of the issues. The Honourable Member for St. Peter wanted to know how the Hospital would be integrated into the health services. Apart from what I have said already, it is envisaged that the St. Joseph Hospital will have a relationship with the Queen Elizabeth Hospital and that a protocol will be worked out between the two Hospitals such that everybody at both institutions know exactly what the relationship is. Persons in the St. Joseph Hospital will be freely and easily referred to the Queen Elizabeth Hospital where tertiary care is indicated. The St. Joseph Hospital will be a full partner within the health care system of all the other institutions, so that it will be fully integrated, and all those residents of St. Peter will be able to move freely into either the geriatric part or the acute part.

On the question that 80 per cent of the services will have to be paid for, I wish to address the philosophical issue of how and why we have determined that the ratio of private to public may be 70:30 or thereabouts.
9.15p.m.

All we are saying here is that in an ideal situation one may find 70% of the persons in the spread across the Hospital were private patients from within Barbados, outside of Barbados, or wherever they may come, and 30% may be public patients.

It does not mean that only 30% of persons who become ill in the north will be able to go into the hospital, nor will it mean any of the combinations thereof. All we are saying is that this is a public institution.

The numbers in the north, the parishes which we choose to call the north, indicate that at any given time, you heard from the Honourable Member for Christ Church West, even when the Hospital operated under the Sorrowful Sisters, that no time did they fulfil the quota of public patients. Their problem was that they did not have the facility of contact with the Queen Elizabeth Hospital to get some of their patients.

Because the Hospital is a teaching hospital, the St. Joseph Hospital will, by definition, form part of the teaching hospital services of Barbados as will the Geriatric and the Psychiatric Hospitals in a short time.

But the St. Joseph Hospital will form part of a teaching complex of hospital care in Barbados so that the Hospital will seek to always have a full cadre of patients to allow for the process of teaching so, by definition, there can be no exclusion of patients.

What one would hope for, however, is that the regime that will be worked out would deny no one from the north access to the Hospital. Persons from the middle, central and southern areas would naturally gravitate to the Queen Elizabeth Hospital and by a natural order of things which will come as they start to work together we will ensure that there is no overcrowding at the Queen Elizabeth Hospital, that no public patient will go without hospitalization, if necessary, and that those persons who wish to have private hospital care will be able to do so.

In this respect I ought to have told the House at the beginning of the arrangements which we are making for Blue Cross Blue Shield. I omit and I apologize in the submission that I did not mention that we are in the terminal stages of an agreement with Blue Cross Blue Shield out in Washington where all the legalities from the Barbados end have been completed and the document is now with Blue Cross Blue Shield whose agents in Barbados are Life of Barbados.

When the document is accepted by Blue Cross Blue Shield an agreement will be signed which will immediately put Blue Cross and Blue Shield within the Queen Elizabeth Hospital system and as soon as the St. Joseph Hospital is at the stage where it can accept Blue Cross Blue Shield, it will become party to the agreement by Codicil.

Aside.

Hon. B. M. TAITT: Well, when I say Blue Cross Blue Shield, Life of Barbados will be representing Blue Cross Blue Shield and there is another agreement with the other company that is doing the same thing.

The answer to the Honourable Member's *sotto voce* question is that whatever agreement we forge with Blue Cross Blue Shield will be the same agreement we have with

all other insurance companies working in Barbados which means that the insurance companies themselves, Blue Cross Blue Shield, will, in fact, be helping to fill the private quota in the St. Joseph Hospital. This accounts for the area of filling up. Where you were talking about the hiatus this will be filled up with the Blue Cross Blue Shield.

The reason why, I think, I did not speak about it in great detail is because it has not been signed and one is very wary of announcing - as a matter of fact, I have a suspicion that if the place was still filled I might not have announced that Blue Cross Blue Shield are likely to be coming here. It is only a matter of how soon we sign the agreement that we will have them.

In order to arrive at Blue Cross Blue Shield, however, we had to do a systematic study of the Queen Elizabeth Hospital costs and we have now got the exact cost for the Queen Elizabeth Hospital's operations and we will have the exact cost for the St. Joseph operations and, therefore, the insurance companies will be able to pay the economic costs for those persons who go into the Hospital and who are ^recs. This is one of the ways in which we hope to reach the five year projections which we had talked about.

I want to deal finally with some things which the Leader of the Opposition said. I think I have touched on his attempt to suggest that we had somehow misled the people of the north but I think the Leader of the Opposition really had not much to say and attempted to direct this debate into a political discussion.

I am going to, as I said, ignore it because by so doing I will preserve my own concepts about this health care institution. But he said we promised the people in the north that the Hospital was for them and everything is being done to make sure that the people of the north have minimum access to the Hospital.

I want to say categorically that that is not true. I want to say that there is no concept of reneging and I want to say this. He claims that he wrote in the manifesto for the Hospital. He said that he summarized it at 7.30 a night. He cannot then have agreed that he is going to buy the Hospital if he wrote it and then come here and said that the Hospital was only worth \$3 million.

Mr. SPEAKER left the Chair and Mr. DEPUTY SPEAKER assumed the Chair.

Aside.

Hon. B. M. TAITT: Mr. Deputy Speaker....

Mr. DEPUTY SPEAKER: I do not think you tired his car. I think he just got tired.

Hon. B. M. TAITT: The Leader of the Opposition cannot approbate and reprobate at the same time. If the Hospital costs \$3 million in 1985 could he expect it to be \$3 million in 1989? The Leader of the Opposition is going to have to understand that he cannot because of political - I almost said machinations, Sir - out of his concept of what is politically expedient constantly ride a hobby horse on every issue which comes before this country. The Leader of the Opposition is taking a particular position on the white/black debate. 9.25 p.m.

That position seems to be dictated by what he considers to be expedient. He is taking a position on the St. Joseph Hospital. That seems to be dictated by what he considers expedient. He says on the one hand that we must save money, that we must not be spendthrifts. But he takes a position on the recycling of gloves for the use of gloves in the surgery to pick up bedpans in their second time around when as Chairman of the Medical Staff Committee he - operated when gloves were being patched at the Queen Elizabeth Hospital. I will have more to say about that. But then he says and he always says that he speaks from a position of integrity. He confuses me. When he says that, he confuses me. But I shall leave that.

Mr. Deputy Speaker, I am grateful to the Honourable Members because this Bill is not going to be, as I understand it, rejected by any Honourable Member. And therefore, Sir, I am going to thank all the Honourable Members again and hope that in Committee any questions which have not been answered will be raised.

I therefore thank Your Honour for your patience in this regard.

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

On the motion of Hon. B. M. TAITT, seconded by Hon. W.O. FRANKLIN. Mr. DEPUTY 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 1-3 inclusive were called and were passed.

Clause 4 was called.

Hon. B. M. TAITT: I beg to move, Sir, that Clause 4 stand part.

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

Hon. H. deB. FORDE: Mr. Chairman, Sir, I have a great reservation about Sub-clause 2 of Clause 4. Since it is late, I will be very direct in this matter. Sub-clause 2 provides that:

"The Minister may give directions to the Board or any committee appointed by the Board as to the exercise and performance of any of its functions under this Act and the Board or committee, as the case may be, shall give effect to any such directions."

Sub-clause 4 (1) sets out the functions of the Board. One of those functions is to enquire into and adjudicate upon disciplinary charges against members of the hospital staff.

Am I to understand that if a Board is enquiring into and adjudicating upon a disciplinary charge against a member of the staff the Minister would have the power to direct the Board whilst carrying out this function? I am very concerned about this provision. It has been my experience that the Minister may give policy directions, a broad position. But if the section is going to remain in this form, it can lead to abuses and it might even be contradictory of various other provisions of our constitution.

I draw this to the Committee's attention because I really would find it impossible to vote for the provision in the manner in which it is set out.

Hon. B. M. TAITT: Mr. Chairman, I take the point made by the Honourable Member. The interpretation which the Honourable Member found is a possible interpretation. But I believe it would be considered to be an unreasonable interpretation. And to my mind it may seem that any minister who while an enquiry was going on, issued such an instruction could be subject to certainly being brought before the High Court in terms of the carrying out of his duties.

It seems to me that the Act seeks to protect the rights of the individual. However, I am going to take the Honourable Member's point and give him the assurance that we will re-examine this and come back to the House as necessary.

Asides.

Hon. B. M. TAITT: Yes. The Queen Elizabeth Act at Section 12:

"Subject to this Act the Minister may, after consultation with the Chairman, give the Board directions a general character as to the policy to be followed by the Board in the performance of a

function and the Board shall give effect to such directions."

The Honourable Member's Government while in office found it necessary as a matter of fact....

Aside.

Hon. B. M. TAITT: No, Sir. I am explaining why we went to this clause. You will find that the Regulations were amended by the Government in 1977 to change the powers of the Medical Staff Committee because on an occasion when in the opinion of the Minister who wanted the policy of the Act carried out in a particular way, the Minister found himself unable to give those directions because of an interpretation by the Medical Staff Committee that he was not in a position to give those directions.

Now in matters of life and death, in matters of hospital, I do not think that there ought to be where the Minister has the executive responsibility for the portfolio, I do not think that in matters where there is a stand-off between a sub-committee, a committee, the Board and the Minister that the law ought to be used against the minister.

The policy of the Board is that the Board is an agent of the Minister in carrying out the policy with regard to the hospital. You have to face the issue and deal with it. Either you are going to have the ministerial power or you are not going to have the ministerial power. This is not the Public Service Commission, this is not the Electoral and Boundaries Commission, it is a Board that is carrying out a function on behalf of the Minister. And you have to make the decision whether you are going to have the executive responsibility or not. And if direction is given and the direction is wrong, it can under the Administrative Justice Act be questioned in the court.

But I do not think you should fetter a Minister in the case of a hospital. I would ask the House to err on the side of judgement on this one.

The question that Clause 4 stand part was put and was resolved in the affirmative without division.

Aside.

Hon. H. deB. FORDE: Divide.

Mr. CHAIRMAN: A division was called for.

Hon. H. deB. FORDE: Mr. Chairman, the Honourable Member has given an undertaking to review the position. Therefore you can move on to Clause 5.

Clauses 5 to 8 inclusive were called and were passed.
9.35 p.m.

Clauses 9 to 12 inclusive were called and passed.

Clause 13 was called.

Hon. B. M. TAITT: Mr. Chairman, I beg to move that clause 13 stand part.

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

Hon. H. deB. FORDE: Mr. Chairman, just to make the point while the Minister is having another look, I wish that he would bear in mind the points which I made about the conditions and terms of service of persons who are seconded or transferred from the Public Service. It is particularly a legal point that should concern the Ministry of the Attorney General. Those of us who have come across the problem find the point difficult.

Persons are coming over from the Service with conditions of service that give them various safeguards, not only as to pensions but other terms and conditions, and although we normally provide for the pensions provision, we are not giving them the protection that they had in the past. It seems to me that the matter should be delved into by the Ministry of the Attorney General to sort out the problem.

Aside.

Hon. H. deB. FORDE: I am saying it generally, but it will come up on this particular provision and the Honourable Attorney General will wish to bear it in mind with his drafting section in looking at the matter.

Hon. B. M. TAITT: The point the Honourable Member is making is that when employees are coming from the Government Service they bring with them not only their pensionable but all the other conditions of service, whatever they may be, so that what you want to do is to make sure that when they go over - this is a new thinking - that they should be able to retain all that they have had. We are saying that you do not necessarily want this to be changed, but if we are reviewing and we can find a formula that is acceptable, include it in this. We have no difficulty with that.

There are two problems we have. One is that the opinion that was given, contrary to what the Leader of the Opposition may think, on this question of the rights that would be trampled if Queen Elizabeth Hospital people became employees of a Board, was a well reasoned and thought out decision. I myself at first blush had some difficulty with it, but as you know, once the rights of a citizen are being considered, you err on the side of the citizen out of an abundance of caution, and that is what the decision said.

I was not too sure when the Honourable Member for Christ Church West spoke what he meant by "we would be in a position to do the Board at the Queen Elizabeth Hospital now," because the opinion is still good, and the persons who joined the Queen Elizabeth Hospital subsequently are still caught under the entrenched clauses, so could the Honourable Member indicate now what he had in mind?

Hon. H. deB. FORDE: I have seen subsequent legislation that has a measure of protection. I am not sure, it has not been tested in the courts.

Aside.

Hon. H. deB. FORDE: Whether the Education Act has part of it I am not sure, but we have had to pay under that Act, but there is a certain measure of protection for those persons who come over that they come over on conditions no less favourable than those that had applied before. I believe I have seen it both in this Session of Parliament before that there are those provisions that are over. One has to give them the same protection that they have and I would expect that in future the Unions are going to negotiate along these lines on these particular points. It is a matter affecting Establishments too, but I think one has to either give an option that they can choose either way. I would agree with the Honourable Minister that to make the amendment on the Floor of the House would not be the best legal way to put it. It is a matter that the Attorney General's Ministry will no doubt consider.

The question that Clause 13 stand part was put and resolved in the affirmative without division.

Clause 14 was called and passed.

Clause 15 was called.

Hon. B. M. TAITT: I beg to move that Clause 15 stand part.

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

Mr. R. P. BYER: Sir, there is a point I wanted to make in relation to Clause 6, and since this section also deals with the acquisition of property I think I can make it at this point.

Before I go on, the section reads: "The Board may receive in its corporate name any estate or any property whether by way of devise, bequests or legacy or in any other name whatsoever." I was looking at the way the section was drafted and was wondering whether it could not read "The Board may receive in its corporate name or in any other name whatsoever any estate or any property

whether by way of devise, bequests or legacy." It seems to me to be a little clumsy as it is now.

The second point I wanted to make was under section 6.1 was wondering whether the property that was acquired would be vested in the St. Joseph Hospital.

Hon. B. M. TAITT: The intention is all things which the St. Joseph Hospital receives would automatically be vested in the St. Joseph Hospital. Yes.

Hon. H. deB. FORDE: Sir, I wish the Minister to be aware of some problems that will occur from the use of the name "St. Joseph" and to enquire from him whether or not he has obtained the approval of the Sisters of the Sorrowful Mother who themselves have changed their name. They have acquired the rights to the use of the name "St. Joseph" and in fact I envisage a good deal of confusion, because there are certain testators and testatrices who have made wills, some of whom have died, and I am aware of one particular case that was argued, the Attorney General's Chambers representing the Crown and also the Attorney General representing the position as being in its role as *par ens patriae* or defender of the public's interest. 9.45 p.m.

The argument was whether or not a legacy to St. Joseph Hospital will go not only for charity but to be administered on behalf of the Attorney General, and on behalf of the public to be administered by the Sisters for any of their work either in Barbados or elsewhere, or indeed to be used by them to pay off any of the liabilities which they had at the time of death of the testatrix, and the court ruled that to the extent that they had liabilities at the time of the testatrix' death that they were entitled to use the fund for that purpose. I am really concerned that we are passing a Bill in the name of the St. Joseph Hospital without being cognisant of the legal problems that could occur. I don't expect, knowing the Sisters, that they will make too much fuss about it, but I believe that if we intend to continue to use the name either in recognition of their work or for whatever purposes, that it would be but proper to raise with their legal adviser in Wisconsin, Mr. -Patel of whom you spoke earlier who is their principal legal adviser, this particular point rather than seeing the point lead to some misunderstanding in the legal field.

I am sure that the Honourable Member would have no problem with naming it the St. Peter Hospital or in some other well recognised way.

Mr. R. P. BYER: There was a point that I had listed when I was making my notes as to the name of the Hospital, because it occurred to me that it would be a service mark given our Trademark Laws of Barbados at the moment. I was wondering and I asked the Honourable

Member for Christ Church West who just took his seat whether the fact that we are passing this St. Joseph Hospital Act, 1989 by itself under Section 1 would not over-ride any considerations of trade mark or service mark law. I know that the Honourable Minister had said in his presentation that consideration was being given to a change of name at some stage, but I still think that the contributions in this regard are still valid and worthy of some consideration.

Hon. B. M. TAITT: Mr. Chairman, the points made by the Honourable Member for Christ Church West and by the Honourable Member for St. George South are taken. It is precisely for some of the reasons raised on the other side that one did not change the name immediately. One having purchased the property and all that goes with it, one purchased the entire corporateness, and while the name may be changed in due course, I am only perceiving the matter from my beneficial interest. That is all.

Hon. H. deB. FORDE: I think St. Joseph is the patron saint of the Sisters and they do carry that title with them, and I would respectfully suggest that we look into the matter. I do not think it would be contentious with them.

Mr. E. BOURNE: Sir, we have a St. Joseph in Barbados, so I do not see why we could not call that St. Joseph Hospital too without any problem.

Hon. B. M. TAITT: Mr. Chairman, it is the Government of Barbados that purchased the St. Joseph Hospital. The Board is being established. We will have to vest the property in the Board. There is no way this Act as I understand the law can give the property to St. Joseph merely by passing this Act. All we are doing is establishing the Board. We will have to vest the property in the Board. I don't practise, but I believe that is the law.

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

The Schedule was called.

Mr. E. BOURNE: Mr. Chairman, I would like included in section 2 of Part I of the Schedule "the husband or wife of a Member of Parliament shall not be nominated or appointed as a Member of the Board." I say that no person who is a Member of the House of Assembly shall be qualified to be nominated or appointed as a Member of the Board, and I am asking that we include the husband or wife of a Member of Parliament along with that, or spouse.

Hon. B. M. TAITT: Well spouse would take care of husband or wife. I have to say that I can't agree with that, if for no other reason than that we have specifically not included Members of the Senate. Now I think we have to be very clear in our own minds what we are doing and what we are saying. A number of Members of the Senate who by virtue of their experience will be good ...

Asides.

Hon. B. M. TAITT: Why can't Dr. Jacobs be on this Board?

Mr. E. BOURNE: If the husband of Dr. Jacobs in a Member of Parliament, she should not be on the Board.

Hon. B. M. TAITT: Seriously, I think that we would be being very unfair to spouses. Mr. Chairman, I want to explain to my friend the Honourable Member for Christ Church East that we have to be very careful that we do not lapse back into the situation where wives and husbands are regarded as chattel. We are doing this to avoid a conflict of interest purely and simply, but the conflict of interest could only apply to Members of Parliament because they have to pass money for the Board and they have to review the reports as Members of Parliament. They are the only ones who could possibly have a conflict of interest with the Board, but wives and husbands in this case are not in danger with this kind of Board of having a conflict of interest, and I think it would be unduly restrictive to include them. I understand the principle and I do not disagree with the principle which you are putting forward, but on this occasion I would suggest that this is not a case for trying that.

Mr. D. A. C. SIMMONS: Mr. Chairman, I have to make two points. I presume that this provision is in pursuance of the Government's policy as a party not to encourage any of its Members of Parliament to sit on Boards. 9.55p.m.

There was one exception which worked well by the Honourable Minister of Sports when he was a member of the Sports Council but that is your policy. I think it might be shortsighted. We tried it in our time and I think it worked reasonably well. There were problems but it was an alarming process. I had problems at CBC, as everybody knows, but that was not to say that the system cannot work effectively.

What I find difficult to justify is how his predecessor could set up a committee to deal with the whole business of the Hospital under the Member of Parliament for St. Michael South East who made a report which reported from today....

Aside.

Mr. D. A. C. SIMMONS: You did not pay him? Even if you did not pay him that does not matter. I do not think that the payment is either here or there. He was performing a public service and it was all right to allow him to spearhead a committee to advise Government ultimately on the feasibility of acquiring this and what to do with it and so

on but now another back bench or any back bench is disentitled from making a contribution as an ordinary Boar; member because, according to the Minister, there may be a conflict in so far as from time to time you have to vote monies for Parliament and that same Member for St. Michael South East made his report, spoke in debates and voted money as recently as this year and I think there is a certain illogicality not vernonian but, nevertheless, illogicality.

Hon. B. M. TAITT: Mr. Chairman, I am not going to give a qualitative assessment on the input by the Honourable Member. I would merely say to him that this is a straight copy from the Queen Elizabeth Board. The Queen Elizabeth Hospital Act. Cap. 54 Section 3 (3) -

"No person who is a Member of the House of Assembly shall be qualified to be nominated or appointed as a Member of the Board".

When I have researched it, I agreed with what I have found and that is all. This is not original.

Mr. D. A. C. SIMMONS: On a point of order, Sir, I am not accusing the Minister of any originality or its legality at all. Far be it from me. He is an expert copier, Sir. But all that he said is that from time to time we have to update our thinking on these matters which are matters of more than pure political theory.

We are 23 years into Independence and we are groping for the establishment of Governmental and quasi-governmental systems that could suit our particular needs and we do not need to be hide bound.

When the QEH Act was passed in 1961, or 1962, or whenever, 1964, perhaps, those were those days and I understand the Minister's problem. It is the draughtsman who is looking for a model and a precedent and did not advert to all that has happened since then in terms of political theory and governmental operations.

Hon. B. M. TAITT: I think the Honourable Member should be aware, however, that there has recently been judicial comment on that kind of thing which accords with this. There is a feeling that as far as possible members who speak in a Parliament that determines Members should not participate in deliberative bodies lower down that have to report to Parliament and this Act requires the Minister of Health to lay the report in Parliament and hence, the real conflict of interest is that the Member will participate in a report which has to be laid before him in Parliament so I think that is the issue more than anything but I take your point and agree with you that new thinking must not be obviated merely because of a model that was set because it requires us to go a little further.

Hon. H..deB. FORDE: Mr. Chairman, Sir, I want as well to register my objections to Clause 17 of the Schedule.

The Schedule is voted on as a whole and whilst there are provisions in the Schedule with which I agree, I find particularly Clause 17(b) a very difficult one to take. I said in my speech on the Second Reading and I do not want to repeat it for the purpose of this argument that we are not looking forward in the way in which we are dealing with the problems of the para-statals and believe that the Minister's intervention must get down to the level of the appointment of staff.

.Here there is not even a categorisation of the levels which the Minister intend to get and he also is getting into the matter of dismissal and it seems to me that appointment and dismissal of staff (b) and (c) and it seems to me that we have reached the stage in this country where the procedures are now on a higher level than one expected before and that ministerial control on the main substantive areas can be obtained in a different way than having to go this route and I find this one very difficult and I do not want any vote taken in this committee since we have to vote on the Schedule as a whole, I am not rejecting the Schedule as a whole but we are not voting on individual clauses and I would have to read into the minutes of this House that although the vote for the Schedule may go through, that I am registering my personal objection and my party's objection to that clause and it certainly does not meet with our approval.

Hon. B. M. TAITT: I hear the Honourable Member and I have to say that that would mean that the party has taken a change of attitude because this is following precedence that was established by the party when it was in Government so that all we are saying is that these three have to be taken together. They cannot be read in isolation.

Aside.

Hon. B. M. TAITT: You may say you want all three of them. I accept that you would like them out but I am saying that you cannot isolate one. It says "no salary in excess of such amount as the Minister determines and notifies in writing to the Board shall be assigned to any post without the prior approval of the Minister." That can be found in myriad number of Acts that set up statutory Boards. That is all I am saying and (b) follows (a) and (c) follows (b).

All it is saying is that if you fix the salary that is the policy in all of the Acts. This is not policy that we are setting. This is the only point I want to make whether one agrees with it or not. We cannot create a different one for each one.

If we are going to have a new policy for the para-statals and then we say let us write this out all together, that

is fine. But in all of the others, including the Central Bank except that it is spelt out in their Act - and the other Statutory Boards, what happens is that the Minister sets out for the Board that after this salary point I wish to be told.

Now, that is a matter of policy. I wish to approve who is appointed as director or manager, or if, as happened in the Sanitation Service Authority under the Barbados Labour Party they fix the salary at \$1 200.

Now, the reason we have not fixed it is because every time there is a salary change you have to come back to Parliament to change the law so we left it out so it could be done by letter but you cannot say now that the Chairman who the Minister is going to appoint has more integrity and more intelligence than the Minister. The Minister is going to appoint the people. 10.05 p.m.

Aside.

Hon. B. M. TAITT: No. But we have to stop this. We beat the politicians. We say that those who the politicians are going to appoint are more sensible, more decent, have more integrity than the politicians.

Aside.

Hon. B. M. TAITT: Yes. That is what we say by inference. What we are saying here is that the Minister will determine at what level he wishes to be informed as the executive person about that person and approve it. That is what he is saying. And if we decide, as the Barbados Labour Party Government did with the Sanitation Service Authority to fix it at \$1200, it means that all the supervisors have to be approved by the Minister. But the Barbados Labour Party fixed that. The Minister of the day in the Ministry of Health fixed the figure at the point where.....

Aside.

Hon. B. M. TAITT: The IDC? It is in all. So it is not something we are setting up.

Mr. R. P. BYER: Sir, when I made my contribution I adverted to this particular Clause.....

Asides.

Mr. CHAIRMAN: Order, please.

Mr. R. P. BYER: of the Schedule. I know that it is a principle or that identical sections are found in the Act that regulates a lot of the other statutory corporations. But I think that the very principle can be questioned. I would think, as I was saying in my Second Reading speech that* we ought to re-examine the whole thing to see if it is something that is desirable. I know that there are Members

present who do not agree with that position from top to bottom.

Mr. CHAIRMAN: The question is that the Schedule be the....

Hon. B. M. TAUT: One little amendment, Mr. Chairman. There is a phrase that slipped in Section 1 of the Schedule. Section 1 of the Schedule says:

"(a) the Hospital Administrator ex officio or his nominee;" The "or his nominee" should be out. And it says: "(b) the Dean of the Faculty" et cetera "or his nominee;"

I am moving an amendment that in 1 (1) (a) and 1 (1) (b) the words "or his nominee" be deleted and that the semi-colon be placed appropriately.

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

CHAIRMAN: The question is....

Hon. B. M. TAITT: Sorry, Sir. And, Sir, Part II of the Schedule, Section 12 (2):

"The Hospital Administrator may terminate his appointment by giving"

I beg to move that the word "one" be changed to "three." One be deleted and substituted by the word "three".

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

The question that the Schedule, as amended, stand part was put and was resolved in the affirmative without division.

Hon. H. deB. FORDE: Mr. Chairman, Sir, I would ask without a division that my dissent from the Schedule without an amendment to Clause 17 of that Schedule be noted and the same for the other Members, without a division.

Mr. CHAIRMAN: The Honourable Member for Christ Church West, the Honourable Member for St. Thomas, the Honourable Member for St. Peter, the Honourable Member for Christ Church East, the Honourable Member for the City of Bridgetown and the Honourable Member for St. George South their position on this vote will be noted.

Aside.

Mr. CHAIRMAN: They have reservation on that particular matter. They have taken dissent on the Schedule. It will be recorded. That is the point I am making. They want to do this without taking a division.

On the motion of Hon. B. M. TAITT, seconded by Hon. W. O. FRANKLIN, Mr. CHAIRMAN reported the passing of one Bill in Committee with amendments and Mr. DEPUTY SPEAKER resumed the Chair and reported accordingly.

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

ADJOURNMENT

Hon. B. M. TAITT: Mr. Deputy Speaker, that brings us to the end of Government Business for today. I should like to thank all Honourable Members and in particular the Reporters for their co-operation in allowing us to go up to this hour.

I now beg to move that the House be now adjourned until Tuesday the 19th day of December, 1989 at 12.00 o'clock noon.

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

Mr. O. S. ARTHUR: Mr. Deputy Speaker, I will not detain the House for long. We recently heard I think through a Government press release that it was Government's intention to make available to public servants the facility to have loans and advances by the 15th I think....

Mr. DEPUTY SPEAKER: Are you speaking on a point of order.

Mr. O. S. ARTHUR: On the adjournment. Customarily, Sir, I think that this matter has been dealt with by way of a supplementary to the House in time that the funds can be paid. But I do not recall that a supplementary has been brought to the House for this purpose. I do not see in the Estimates of Expenditure any provision made for the making of loans and advances. Obviously, Sir, we would not want a situation where we obviously are in breach of the Financial Rules.

I am therefore, speaking on the Adjournment, Sir, seeking clarification as to whether it is Government's intention to proceed, as announced, through a release.

Mr. D. A. C. SIMMONS: Mr. Deputy Speaker, Sir, in previous years, in 1987 this matter was dealt with in an amount of \$4 million by Resolution,

"that all members of unestablished staff, casual employees and monthly paid Government employees who would normally continue to be employed by the Government to the end of

that was then March 1988 -:

should be eligible for the advance of wages or salaries."

The terms and conditions....

Aside.

Mr. D. A. C. SIMMONS: I am quoting from page 1705, Sir, of the Debate of 1987. 10.15p.m.

I understand the point referring to debate in the same Session, but I was only drawing attention, for the sake of illumination, that this has been dealt with in the past on the basis of a Resolution coming to Parliament for a specific amount of money and so far we have had no Resolution that has authorised the payment of this money to the several workers who may wish to borrow it. Of course, it can come next Tuesday. It will then be a little late in the day on the 19th to get it through by the Friday. Perhaps it might. The 19th is the date when public workers are paid their salaries. There is a yellow notice all about Government Offices showing the dates when Teachers and Police get theirs and the other people get theirs, and it is the 19th.

All I am saying, Sir, is we would like to have some indication of what is Government's legislative programme in respect of this matter.

Rt. Hon. L. E. SANDIFORD: Mr. Deputy Speaker, I would merely wish to say on this that we have put the administrative arrangements in place and that is how the Departments, to the best of my knowledge, have been advised to put all necessary arrangements in train for the payment of the funds by the date set out in that notice, which indeed was the 15th December. I have not been advised that there are any hurdles to cross in respect of that,

but if there is a legislative hurdle to cross, that will be done on Tuesday and the matter will be corrected that way. We would be a few days late, if that is so, but I have not been advised that there is any legislative or any hurdle to prevent the money from being paid at the time indicated. I am not being dogmatic on this, if there is a legislative hurdle to cross, we will seek to do that at the next meeting on Tuesday.

I am grateful to the Honourable Member for drawing that to my attention.

Hon. B. M. TAITT: Mr. Deputy Speaker, I hate to detain the House, but earlier today the Honourable Member for St. Thomas indicated that for two days last week, or this week, there was no soap and/or detergent in the Hospital and so the laundry could not work. I took the trouble to have someone make contact with the Hospital Director and the Hospital Director has indicated that he is not aware of this allegation, he is not aware that this has happened. That is the answer.

Mr. D. A. C. SIMMONS: The unawareness of a fact does not be, ie the existence of it.

Hon. B. M. TAITT: I have categorically denied the fact. I am merely passing on the information to the House as it is my duty to do.

Mr. DEPUTY SPEAKER: Since there are no further comments on the motion before the House, I now put the question.

The question that the House do now adjourn until Tuesday, 19th December at 12.00 noon was put and resolved in the affirmative without division, and Mr. DEPUTY SPEAKER adjourned the House accordingly. 10.20 p.m.

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