
THE

House of Assembly Debates

(OFFICIAL REPORT)

FIRST SESSION 1999 – 2004

HOUSE OF ASSEMBLY

Tuesday, July 17, 2001

Pursuant to the adjournment, the House of Assembly met at 11.20 a.m. on Tuesday, July 17, 2001.

PRESENT

His Honour I. A. ROETT, B.A., Dip. Ed. (Speaker)
His Honour J. M. EDGHILL, J.P. (Deputy Speaker)
Hon. D. A. C. SIMMONS, Q.C., B.C.H., LL.M.
(Attorney General and Minister of Home Affairs) (Leader of the House)

Mr. D. J. H. THOMPSON, LL.B. (Hons.) (Leader of the Opposition)

Hon. Sir HAROLD St. JOHN, K.A., Q.C., LL.B.

Mr. L. R. TULL, Q.C., M.A. (Oxon.)

Hon. Miss B. A. MILLER, B.C.H. (Deputy Prime Minister, Minister of Foreign Affairs and Foreign Trade)

Mr. G. W. PAYNE, LL.B.

Hon. R. C. EASTMOND, J.P., B.A. (Hons.) Dip. Ed., LL.B. (Hons.) L.E.C. (Minister of the Environment, Energy and Natural Resources)

Mr. D. CARTER (Chairman of Committees)

Hon. R. N. GREENIDGE, B.A., LL.B. (Minister of Labour, Sports and Public Sector Reform)

Hon. G. A. CLARKE, B.Sc., Dip. Ed., J.P. (Minister of Housing and Lands)

Hon. R. D. MARSHALL (Minister of Public Works and Transport)

Hon. H. F. LASHLEY (Minister of Social Transformation)

Hon. R. St. C. TOPPIN, LL.B. (Minister of Commerce, Consumer Affairs and Business Development)

Mr. D. St. E. KELLMAN

Miss H. E. THOMPSON, LL.B.

Hon. Miss M. A. MOTTLEY, LL.B. (Minister of Education, Youth Affairs and Culture)

Mr. M. Z. WILLIAMS

Mr. T. A. PRESCOD, B.A.

Rev. J. J. S. ATHERLEY, B.A., B.Sc. (Parliamentary Secretary to the Attorney General and Minister of Home Affairs)

Mr. D. T. GILL, B.Sc.

Hon. N. A. LYNCH, B.Sc., B.B.A. (Minister of Tourism and International Transport)

Hon. A. P. WOOD (Minister of Agriculture and Rural Development)

Hon. R. R. FARLEY (Minister of Industry and International Business)

Prayers were taken by Rev. Canon Ivan Harewood.

Mr. SPEAKER: The House is now in session.

MINUTES

Mr. SPEAKER: The Minutes of Tuesday, July 10, 2001.

Hon. D. A. C. SIMMONS: Mr. Speaker, I beg to move that the Minutes for the Honourable the House of Assembly for its meeting of Tuesday, July 10, 2001, which Minutes have been circulated, be taken as read.

Hon. R. C. EASTMOND: I beg to second that, Sir.

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

PAPERS

Hon. R. N. GREENIDGE: Mr. Speaker, I am commanded to lay the Annual Report of the National Sports Council for the period April 1, 1999 to March 31, 2000.

Hon. R. St. C. TOPPIN: Mr. Speaker, I am commanded to lay the Annual Report and Financial Statements of the Public Utilities Board for the year ended December 31, 2000.

SUSPENSION OF STANDING ORDERS

Hon. D. A. C. SIMMONS: Mr. Speaker, I beg to move that Standing Orders Nos. 6, 16, 18, 20, 42(5), 43 and 44 be suspended for the rest of this day's Sitting.

Hon. R. C. EASTMOND: I beg to second that.

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

GOVERNMENT BUSINESS

ORDER NO. 4 – TO MOVE THE SECOND READING OF THE QUEEN ELIZABETH HOSPITAL BILL, 2001

Hon. D. A. C. SIMMONS: Mr. Speaker, in rising to move the Second Reading of this Bill as Leader of the House, I wish to give the House notice that a version of this Bill was laid in here on February 27 this year. We needed to do additional consultations after that Bill was laid and there are a couple of amendments that have been made.

In the circumstances, I beg to move that that Bill laid on February 27 be withdrawn and substituted by the Bill circulated July 2. I have a small amendment to move in respect of the Schedule later on.

Hon. R. C. EASTMOND: I beg to second that.

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

Hon. D. A. C. SIMMONS: Mr. Speaker, today is going to mark a fundamental change or the beginning of fundamental change in the management and operation of the Queen Elizabeth Hospital. This Hospital was conceived and conceptualized in the 1950s when Mr. Freddie Miller, the late father of the Honourable Deputy Prime Minister, had responsibility for Health and Social Services. It was newly constructed and acclaimed an outstanding institution, not only in Barbados but in the region providing health care for the people of Barbados and the region.

Over the years it has rendered inestimable service but, of course, a hospital built in the early 60s, forty years ago, must necessarily be revisited 40 years later with a view to determine whether its physical structure still renders it

contemporary, whether its operations and management are themselves contemporary having regard to the pace and march of technology. The Hospital, throughout its history, for all of its physical attributes, for all of the laudatory comments that have been paid to it from time to time, has nevertheless over time been the subject of intense political debate and criticism. I suppose that that is natural. When I say this I am ignoring the fact that there was an episode when we tried to have a second hospital at St. Joseph's. I am not focussing on St. Joseph's today at all.

By and large, for the last 40 years this institution, the Queen Elizabeth Hospital, has been the one primary institution in Barbados for the provision of health care service. Yes, Bayview assists as a private sector institution but if you said that Barbados had one hospital for the last 40 years you would not be far wrong. That would be the Queen Elizabeth Hospital as we know it. That hospital has rendered service in many areas. It is a teaching hospital in addition to anything else. It is affiliated to the University of the West Indies and has turned out over the years doctors of great eminence in this region who have gone beyond this region to parade their skills and to be acclaimed.

An attempt was made early on in the middle 60s to reconstruct the management of the Hospital and there is on the Statute Book, Cap. 54, the Queen Elizabeth Hospital Act, which never came into force even though if you look in the marginal note that Act was set to commence on July 12, 1966. It has never been proclaimed. I only mention it to indicate to Honourable Members that soon after the Hospital was opened the then Government of the day, the Democratic Labour Party Government, was indeed looking at a proper management structure for the Hospital to take it out of the mainstream of the public service and they were never able to achieve that between 1961 and 1976 nor indeed between 1986 and 1994, nor did the Barbados Labour Party try to implement that legislation when it formed the Government between 1976-1986 and since 1994, except that now the present Administration is proposing by this Bill a new structure for the management and operation of the Hospital which I will get to.

I have not been able to find the debate concerning the Bill that eventually became Cap. 54 of our laws in the 60s, but I did find a debate in 1965 when an attempt was made to increase the fees at the Hospital and there may be some *déjà vu* in what one hears now and what one reads about 1965. On page 830 of the debate of 1965 on regulations for the Hospital, Mr. Ernest Mottley, in those days prior to Burton Hinds, assumed the role of chief critic of the Hospital. 11.25 a.m.

It is interesting to see how the politicians of 40 years ago operated because, anticipating that a debate was coming up on hospital fees and regulations on June 15, 1965, the

then Minister responsible for Health, the late Mr. A. DaC. Edwards, took Mr. Mottley on a tour of the Hospital and that helped to mute some of Mr. Mottley's criticism.

Mr. Mottley spoke at length about the Hospital. He complained about the fees being charged and said they were not equitable because they bore harshly on the poor. He spoke about the problem with nurses and the shortage of medicine. He also spoke about the doctors and had many criticisms to level against them. He said there was a feeling in this country that if you criticised a doctor, you knew what would happen although he did not go on to explain what would happen.

He talked about the Hospital dismissing Dr. St. John, a local specialist who was 35 years old and replacing him with an Italian specialist, Dr. Romitti. He was critical about the fact that young doctors had come to him and complained that they were not getting enough training having done the academic work and there was a call for more association with senior practitioners.

On page 833 he said:

"... but I want to say that it is the feeling among the nurses that Mrs. Murray-Ainsley and Dr. Forde are the two people who are not offering co-operation at the Hospital, and that is where you are going under. I make that statement after serious investigation, and you do not think that I would be in public life for 25 years, of which nearly 20 years were spent in this House, fighting these battles, if I did not know my way."

He went on to say that he would not be in public for 20 years unless he was careful of what he was saying. He talked about the doctors not going into wards and looking after poor people. He also talked about the increase of fees from \$1.20 to \$7.50.

There were complaints from nurses overseas that they had applied to the Hospital to come back home and work but they never got an acknowledgement. He also complained about the Casualty and Outpatient Clinic as it was called in those days. We have heard these kinds of criticisms levelled in our time and before about the Hospital.

The Government has been sensitive that there are problems at the Hospital and in order to address these problems we thought we should approach any reform of the Hospital, administrative, structural or however, in a proper and holistic way.

This hospital was fully commissioned by March 1965 and in 2001 we still have the same kinds of problems. I will summarise them:

- Shortage of nursing staff.
- A continuing underestimation of the organisational and administrative requirements of the institution.
- An overburdened nursing service administration.
- Strained staff relations.
- The bureaucratic threat of public service procedures on the Hospital.

Mr. Speaker, we are also facing the constant threat which we faced in 1965 when the Hospital was commissioned of losing nurses to the United States and the United Kingdom. There is an article in today's newspaper seeking nurses from our country so this is something that has gone full circle.

In the old days when we had those problems, the then Government tried to recruit nurses from overseas, improve the conditions of service, upgrade the school of nursing, and provide for nursing assistants and so on.

The nursing crisis that there was between 1964 and 1970 seemed to stabilise in 1970 but the Hospital is still repeating some of the problems of the past. As far as the nurses are concerned, this Government has tried to do what the previous Administration did, recruit nurses from overseas, and that has only been marginally successful. The majority of nurses that we have recruited from overseas have come from Guyana.

11.35 a.m.

Secondly, there have been proposals to the Ministry of the Civil Service to provide for flex-time and allowances to encourage more nurses to work for increased wages for extra hours and there has been some recruitment of retired nurses on a sessional basis. In addition to that, they are trying to increase the annual intake of students at the Barbados Community College, from September 2000, from 30 to 60 a year.

I, perhaps, need to say something looking at the present organisational structure of the Hospital. It is presently organised into broad departmental organisations – medical services, nurses services, managerial and support services and the School of Clinical Medicine and Research.

Sir, under medical services, for example, you would have the problems of medicine, pediatrics, ENT. General management consists of administration, finance and accounting, supplies management, human resources and social services.

The Hospital has a staff of approximately 2 000 persons which is mixed between professional, paramedical, skilled and unskilled medical. I think, implicit in that large number of persons of diverse skills, is a problem of management in itself, management of human resources at the Hospital. However, they have tried to address some of these problems by employing a human resources manager and an assistant, giving particular emphasis to training to increase the competencies of staff.

We saw that there was a downward drift of the Hospital in the middle and late 1960s, which was only arrested in the 1970s. The present Government considered it prudent that we should take action to arrest the slide of the Hospital and put it on course to respond to the future demands that were placed on it for adequate and reliable health care. Therefore, on April 2, 1998, the Government appointed an Advisory Commission, headed by Dr. Haynes, to look at all of the problems of the Hospital and make recommendations. I do not believe anybody in Barbados would quarrel with the composition of the Commission and the quality of the persons who were appointed to that Commission. Dr. Haynes was the Chairman; Sir Carlise Burton, Senator Branston Collymore, Dr. Alfred Graham, Professor Hassell, Mr. Wendel McClean, Senator Rickinson, Senator Trotman and Professor Waldron.

Their terms of reference, it is important to note, were to review all aspects of the management function and operations of the Hospital and to prepare a charter for the effective administration and development of the Hospital for a ten-year period, 1999-2008, and strategic planning for a ten-year period. They were to make recommendations for the efficient and cost-effective provision of health care; enhancement of the role of the Hospital; provision of special skills and to correct any deficiencies which prevent the Hospital from fulfilling its true role and mandate.

The Commission submitted the Report in December 1998. That Report has been laid in Parliament in 1999. They made a large number of recommendations, some were short-term, medium-term and the long-term. The Ministry of Health, in order to try and ensure that momentum act to the Report that was handed in was not lost, and with a view to giving action to the recommendations of the Haynes Advisory Committee, the Ministry established an Advisory Committee to help advise the Ministry how best the recommendations of the Haynes Advisory Committee could be put into effect.

Sir, you now had two bodies, the Haynes Advisory Commission and an advisory body to deal with the recommendations of the Haynes Advisory Commission. The Advisory Body was mandated to build a consensus among all stakeholders about the future management and governance

of the Hospital; ensure that a positive industrial relation is maintained during the process of transition; make recommendations on the process of transition from what exists now to a new form of government, for example, a new Board and to assist in the promotion of a positive public committee for the Hospital.

Sir, that Advisory Committee comprised representatives of the Nurses Association, BAMP, CTUSAB, BWU, Parliamentary Council and the Ancillary Staff of the Hospital. They discharged their remit quite expeditiously and reported to the Minister and the matter went to Cabinet. They outlined a number of legislative guidelines to deal with personnel, financial, legal and other management systems.

In their recommendations, they had very broad objectives which should be set for the Hospital. The blueprint for the Hospital in the future, as they saw it, should focus first on the patient. The patient should be seen as the reason for the existence of the Hospital and the focus of its operational activity.

Secondly, they thought and recommended that a way should be found for the direct involvement of the community in the governing of the Hospital.

Thirdly, there should be accountability to the Government, through the Minister of Health, but most importantly, the management of the Hospital should be left to the Hospital while tight systems of accountability should be instituted and maintained at various levels. They have also recommended that in order to attain credibility in the community, a system of inspection and accreditation by a competent Authority should be instituted as part of that change. Those were the broad themes of the Advisory Committee's vision for a new management and organisation at the Hospital.

11.45 a.m.

The Queen Elizabeth Hospital Bill, 2001, comes as a result of recommendations by the Advisory Committee; that a specially constituted statutory body be established to govern the Hospital. In this new paradigm of governance, the Minister should give only general policy directions, that specific approval of the Minister should be required for a limited number of matters such as annual budgets, acquisition and disposal of major assets, obtaining loans, investment of funds, *et cetera*. I will deal more fully with this when I am dealing with the debate.

The Advisory Committee recommended that the Board should have a constitution that recognizes community participation in the governance of the Hospital and that in the choice of membership of the Board it should be

representative of a wide cross-section of community interest. In fact, they said words to the effect that members of the Board shall:

- (a) possess the expertise, business acumen, professionalism and experience that would allow for the proper discharge of their function;
- (b) be individuals who have demonstrated
 - (i) competence and outstanding achievement in their field of endeavour; and
 - (ii) commitment to community or public service.

Now Sir, let us turn to the Bill. Those were the recommendations and the visions which were seen by this large Commission and Advisory Committee of distinguished Barbadians and a Bill to reflect those visions and recommendations has been drafted to be called the "Queen Elizabeth Hospital Act, 2001". The Bill sets out the functions of the Hospital Authority, but just to point out that just as the Committee had recommended that patient care should be the primary focus, clause 3 sets out:

"The Hospital shall be used for the following purposes:-

1. receiving patients and providing appropriate medical care for patients;
2. facilitating the provision of medical education and research either directly or through the University of the West Indies or other institution;
3. providing facilities and technical support for education and training in nursing and other health and health-related professions;
4. participating, as a national referral teaching and research hospital, in national health planning;
5. the carrying out of outreach community programmes in the furtherance of the functions enumerated in paragraphs (a) to (d) of this section; and
6. such other functions as are necessary for the efficient operation of the Hospital.

Clause 5 provides:

1. There is established the Board to be known as the Queen Elizabeth Hospital Board that shall administer

and manage the Hospital in the manner specified in this Act."

I know that an attempt was made in the Tourist Board legislation in the early 1990s, but I think that clause 6 of this Bill is very far-reaching and breaks some ground:-

"6. (1) The functions of the Board are –

- (a) to ensure that the Hospital is used for the purposes set out in section 3;

but very importantly, the functions of the Board includes;

(b) to develop the policies for the –

- (i) prudent management and efficient maintenance of the Hospital;
- (ii) provision of service to patients or clients of the Hospital;
- (iii) assignment, utilisation and management of the staff of the Hospital."

That is very critical and traditionally, the legislation does not take away the role of the Minister in making policies, but it would seem that what is conceived here are two levels of policy making.

The Minister will be able to make general policy as is provided for in clause 6(2), but the Board is to have a direct role in the development of policies and that, I think, is important, because the Board is going to be staffed by specialists, personnel, as well as members of the community who have an understanding of the management, organization and operation of a hospital. I will deal with that composition later in this debate. So that the Board is a catchment area of a variety of skills, expertise and experience that can then be set up by the Ministry by way of policy recommendations. I think that this is an opportunity for a specialist organization to benefit from the development of specialist policies relating to the needs of specialist institutions.

Another function of the Board will be:

- "6.1(c) to determine the standards to be attained in the provision of services at the Hospital and the principles to be adhered to in attaining such standards;

- (d) to manage the operation of the Hospital and to control the activities within the Hospital to ensure continuous improvement in the quality of the care of patients;

2. to establish within the Hospital such departments or divisions as are considered necessary for the provision of effective care to patients;
- (f) to provide suitable equipment, apparatus, appliances and furnishing as the Hospital may require and to maintain such equipment, apparatus, appliances and furnishing and the premises of the Hospital in fit and proper conditions."

And an interesting innovation in this Bill, which is not seen in many, is at all;

"(g) is to ensure

1. that the premises of the Hospital are kept as resistant as possible;
2. there is a disaster-preparedness plan for the Hospital; and
3. the contents and procedures for the implementation of the disaster-preparedness plan are known to all staff of the Hospital.

That is a very praise-worthy function and it is entirely consistent with contemporary thoughts.

A key function of the Board, in my view is:

"(h) to establish criteria for

1. assignment and utilization of staff at the Hospital; and
- (ii) conferring on persons the status of honorary consultant."

More and more we will see the staff of the Hospital being taken out of the mainstream of the Public Service and out of some of the bureaucracy that exists within the Public Service, and being provided with their own career path, *et cetera*.

11.55 p.m.

The Board will appoint the members of staff and will exercise discipline over the staff. It is set out in the Act that the function of the Minister is to give, to the Board: general policy directions as to what services they should provide, the relationship between the Hospital and the University and other health institutions, the use of the Hospital as a referral centre and so on. Those matters are in subclause 2 of clause 6.

Other elements of the clauses are the usual, that is, the Board can delegate certain functions and that members of the Board will be paid. The Board may employ persons on such enumeration as the Board thinks proper, except that the Minister will have a reserve power to determine that in relation to certain levels of staff, a salary should not be assigned above a certain limit, unless he approves that salary.

As I said, there are other provisions such as to where will the Hospital get its funds from money voted by Parliament. The borrowing powers are the ones you will find in any Statutory Board legislation. The Board cannot dispose of assets or give security for a loan without the written approval of the Minister of Finance, not the Minister of Health but the Minister of Finance. It can establish special funds and the Board will be required to keep adequate financial records to the satisfaction of the Auditor General and report, annually, to the Minister who must lay the report of the Board in Parliament.

I do not think it is often that we find in legislation, a function on the part of a Statutory Board to prepare budgets but in this one;

"17. The Board shall prepare and submit to the Minister each year estimates of revenue and expenditure in respect of its functions for the next ensuing financial year."

Sir, you visualise the Board doing its own budgetary exercise and saying to the Minister that for the fiscal year 2002/2003, we require this amount of money under these various Heads. The Minister will then be expected to have those recommendations analysed within his Ministry and then present them to the Minister of Finance and the Estimates Committee.

I hope Honourable Members have noticed in reading the Bill that at clause 18, something that is not provided for in the public accounting of Barbados, and in no Statutory Board that I can think of – it may be there in one or two but I cannot think of any – there is a provision for virement. This is unusual in our present accounting procedure and clause 18 says:

"18. The Board may apply savings realized under any head of its estimates or surplus over estimated receipts to meet the deficiencies under another head of estimates..."

Mr. Speaker, if you have \$10 million voted for plant, equipment and furniture and you are running short on supplies and materials but of the \$10 million voted for plant, equipment and furniture, you have at a particular point, savings of \$2 million. Instead of going for a supplementary,

the Board will be allowed to use those savings under a different item of expenditure. Sir, that provision for virement, in my submission, is a very important piece of financial engineering. It allows for flexibility in the financial management of the institution. All of us know the difficulties and delays on occasion when you run short on one item and you have to get it supplemented. It takes months. In this case with the Hospital, they would not have such difficulties. If they have savings under another item, they can use those savings. Let us say that it is a 212 item and they want to go to a 611 item, they can do it. Otherwise, it is not allowed by the Financial Rules but this legislation gives special permission to this Board because of the nature of the operations of a hospital.

I believe, Sir, that the staff at the Hospital, members of the public and concerned persons would have been interested in learning what provision would be made for people coming from the Public Service to the Hospital Board or going from the Hospital to the Public Service.

Clause 19 begins to make provision for transfer or secondment and a person can be transferred or seconded from a Government department to the Board. If he or she is transferred, he or she carries their pension rights with them.

Sir, under clause 20, if you are a person employed by the Board, you will be subjected to the provisions of the Pensions Act, that is to say, your pension rights are guaranteed in this legislation at clause 20.

There are transitional provisions made at clause 22 and there is also a provision made for the Board to make regulations with the approval of the Minister to give effect to the provisions of this Act and to make it work.

Sir, we say that the Board is to function on this new managerial model at the Hospital is to function as a Statutory Board. Who will be the persons on the Board? The Schedule deals with the composition of it. Three persons will be nominated by the Minister.
12.05 p.m.

The Board comprises the following persons. It provides for:

- “1. Three persons nominated by the Minister; – and the others by a series of organisations;
- (ii) One person nominated by the Principal of the Cave Hill Campus of the University of the West Indies;
- (iii) One person nominated by the Barbados Association of Medical Practitioners (BAMP);”

There are five members:

- “4. One person nominated by the Barbados Registered Nurses Association (BRNA);
5. One person nominated by the Congress of Trade Unions and Staff Associations (CTUSAB);
6. One person nominated by the Private Sector Agency; which is a partner with Government in the tripartite arrangement;
- (g) One person nominated by the Barbados Christian Council; and
- (h) One person nominated by the Barbados Association of Retired Persons.”

Ten persons are provided for. Those will be characterised as the voting members of the Board. In addition to those, you will have persons who are on the Board by virtue of the office they hold, *ex officio*, who will be non-voting members.

“(1) The following persons *ex officio*:

- (a) The Chief Executive Officer – of the Hospital;
- (ii) the Chief of Medical Staff;
- (iii) the Director of Nursing Services;
- (iv) the Financial Controller; and
- (v) the Dean of the School of Clinical Medicine and Research of the Cave Hill Campus of the University of the West Indies.”

These will be the other five Board members. These will attend meetings and will speak and give assistance but they will not be allowed to vote. The Financial Controller will have to bring his accounts to Board Meetings every month and so on. The Board will comprise of those first 10 members plus these five other members. The Minister will appoint the Chairman and the Deputy Chairman from among the members nominated by him.

The amendment that I am going to propose today is at Paragraph II of the Schedule which we have redrafted. A member of the Board other than an *ex officio* member – other than those five, so the first 10 – shall hold office for such period of time as the Minister determines but not longer than for five years. That is now paragraph 1 of the Schedule.

What we had in the original draft was a recommendation from the Commission about staggered appointments but that would be very difficult and would lead to a lot of confusion. Some members will be appointed for two years, some for three years and some for four years so we just amended that out of existence. If the Minister wants to appoint somebody for three years or two or three people for three years, he can do that so long as he does no appointments for more than five years but the way it was put in the Act it was a little convoluted.

Apart from that, the Schedule to the Act is in the usual form that we would find in any statutory board and I would not go through that. Then there are the Seal, Forum, Minutes and Provision for Committees. All of that is there. Honourable Members would have read the Bill.

I am at pains to point out that this Bill provides for the continued preservation of the rights of staff in either direction, transferred or seconded, as between the Public Service and the Hospital. I believe that we have drafted in the Minutes in the Parliamentary Council's Department a draft Pensions Act Schedule Body Order, 2001 that will come after this Bill has gone through its stages and received the assent. It is important that we preserve the pensions' rights of the staff because over the years the Hospital would have invested large resources in contributing to the build-up of a bank of skills and knowledge in the Hospital and we should ensure that that bank of skills and knowledge remains at the disposal of the Hospital in the future.

Sir, I just want to make a point in case Honourable Members may be asking in their minds where did we find the precedents for this Bill. The 1966 Bill is a very basic document. It does not go anywhere near the provisions of this Bill. Members of the Commission went abroad and studied legislation in Canada and the United Kingdom, in particular, and observed the operation of hospital boards in those countries. So this Bill which has been greatly informed by the members of the Board brings with it a vast knowledge and experience of the operations of similar boards overseas.

The Bill will, in due course, repeal Chapter 54 which I mentioned at the beginning of my speech. That Act, as I said, was drafted in recognition of the need to move the Hospital away from the Civil Service into a more dynamic environment, but even though it was assented to in May 1966, it was never proclaimed. That is what I wanted to say about the Bill and the context of the legislation at this stage. 12.15 p.m.

But there are other things that would be of concern to Honourable Members. According to my instruction, I think that I have a duty to put some of them before Members of the

House so that they may talk about them in their speeches or be satisfied with what is said.

I mentioned at the very beginning that this Hospital was designed and conceptionalized in the 1950s by the late Freddie Miller and it really is a tribute to his vision and foresight. I am glad that his daughter is now in the House and I hope that she speaks on this Bill because he has left a legacy for Barbadians for which he has never gotten adequate recognition, in my view.

Sir, if you look at other Government buildings that were constructed during the period of the mid-1950s and mid-1960s, invariably the stamp and hallmark of Captain Tomlin who was the Head of Public Works, you will see police stations built when the Barbados Labour Party was first in power in the 1950s. They were the Regional Police Training Centre, Combermere School, the Fire Station at Probyn Street, Treasury Building and so on which had the Tomlin stamp of architectural design on them and they have served us well. The Hospital today needs to be expanded and modernized. It has served its purpose and has served us well. Government is looking at expanded facilities for the Hospital. For example, we have to design and construct an out-patient facility on land adjacent to the present Queen Elizabeth Hospital. They had to get proper engineering advice on that, but that work is actively in progress to determine whether we can put a modern out-patient facility there to the north of the Hospital.

When that new wing is built, that new wing will provide facilities for the following departments: all out-patient clinics, blood bank and collection facilities, general nursing services and administration, laboratory services, social services, library and expanded dialysis unit. That is the first thing we have to do in terms of the physical redevelopment of the existing plant. We have identified a site. If engineering advice is that it can do the job, then a new wing will be built to take care of these services on which I have enumerated.

Sir, there are plans to increase the Dialysis Unit. They have just received 20 new machines. I will say something about them because of recent concerns. Even though we will build a new wing to the Hospital, the existing plant has to be systematically refurbished and upgraded, so that substantive rehabilitative work can be done to the existing block to ensure that its systems are upgraded and modernized.

I think we are all aware from our visits to the Hospital that the electricians and plumbing at the hospital are not in a satisfactory state at this time.

Aside.

Hon. D. A. C. SIMMONS: The Deputy Prime Minister has given me the phrase that I wanted all morning. The plant at the Hospital is tired. It has suffered from fatigue over the years. It now has to be re-energized. We have to strip the electrics and plumbing. We are dealing with a hospital where you can only do it in segments, otherwise you will disrupt the whole hospital arrangement and you can endanger the patients. The refurbishment of the existing plant has to be carefully carried out and monitored in a systematic way. The whole plant has to be retrofitted in such a way not to disrupt patient care totally. If it may appear that there is some slow movement in the rehabilitation of the existing plant, that slow movement is necessary if we are going to be careful in what we are doing not to compromise or prejudice the quality of health care and the lives of patients.

Sir, in the last few weeks there has been concern about the new dialysis machines which were installed at the Hospital in November last year. I can tell you my knowledge of it and I can also tell you what information the Government has received. I believe it was in May, Sir, the day before I was leaving to go to England, that I was invited to a meeting by the Prime Minister at which a large number of officials of the Hospital were present and the substantive Minister of Health was overseas. We had technical staff, doctors, administrative staff, Hospital Director, Permanent Secretary of the Ministry of Health and so on. I learned at the meeting that since the installation of the Baxter machines that they had been malfunctioning for a considerable period of time between November and early May. Subject to memory, Sir, I think that it had been recorded and logged that those machines had malfunctioned in one way or another, not necessarily a major malfunction but little problems, about 180 times in that period. I asked the professional staff a question as a lawyer: Is it your professional opinion that these machines are not fit for the purpose for which they were bought? It took a long time before I could get an answer of well, "yes, and perhaps so". I had to give the advice as the Chief Legal Advisor to Government that Baxter be written a strong letter telling them that we had these problems with the machines. It seemed to me, as a lawyer, that it could be argued that the machines were not fit for the purpose or not of merchantable quality, in which case, there would have been breach of the implied conditions of the Sale of Goods Act and that I was prepared to advise the Government, unless something was done by way of rectification of the product, to reject the machines and claim damages under the Sale of Goods Act. That letter was sent off by the Hospital Director.
12.25 p.m.

One of the problems that we have found is that when the machines were having the difficulty, Baxter was sending down low level people here and not really giving the work the kind of attention it needed. We said to them to send people of the highest eminence in future or leave us out, we

will send back the machines and claim damages. They got a team down here fast and they have worked with the machines and provided a report. The Minister of Health will deal with that report in due time. It is his responsibility.

There is a letter from Baxter of July 16, 2001 dealing with the question of recall. At about the time that these machines were bought to solve the problem with the Dialysis Unit at the Hospital and to provide more facilities for patients, dialysis machines were also subject to recall by the Food and Drugs Administration people in the United States of America. I asked the question and got an answer from Baxter. The letter from Baxter is signed by Jerry Gollinger, Director of Quality Assurance, Baxter Renal Division.

The question which I wanted to know was whether these 20 machines that the Government of Barbados bought had been subject to the recall of October 2000. This is what Mr. Gollinger writes:

"The machines installed at the Queen Elizabeth Hospital were not subject to any of the recall concerns by the time they were released and distributed. The first three aspects of the recall described above had been implemented in production well before the facility began assembly of the 20 QEH instruments; therefore, the machines required no adjustment for these three issues. The fourth aspect [installation of new blood level adjust controller software] was completed in the manufacturing facility, for the QEH instruments, prior to releasing those instruments for sale or distribution. Prior to installing the machines in QEH, Baxter personnel were asked to certify the status of the 20 QEH instruments as they related to the recall. In response to that request, Baxter personnel re-verified production records to ensure that all of the recall concerns had been addressed in the QEH instruments. The Baxter Healthcare Quality Manager certified that each instrument was fully compliant to the requirements of the recall."

They are saying that these machines were rendered satisfactory before sale and delivery and three of the concerns which formed the basis of recall did not apply. The ones dealing with the installation of new blood level, adjust and control of software was dealt with before the machines were fit.

I hope that clears the air. It is technical data that was given and I am not too familiar with it but I will try and paraphrase the reasons for the recall in October 2000 of the dialysis product. The first reason was a change in the main power switch in certain of the machines and the administration required that change and the replacement of the power switch because there was the potential risk of

arcings in when the switch was exposed to fluid infusion. That particular concern about the possibility of arcing only applied to machines which were powered by 110 or 120 voltage equipment. QEH uses 220 voltage. It did not apply to the QEH.

The other two aspects or two reasons for the recall related to a dialysis valve failure which could lead ultra filtration inaccuracy and those were done in certain of the machines to minimise the impact of any valve failure. As I said, the fourth aspect was the software, inserting of the machines, and that was changed.

That is where it is now. The latest information that I have is that the machines, since the last two weeks or so, have been functioning satisfactorily. The team came down with all the people at the right level to do the testing and to do training. They did a lot of training when they were here with the people who work the machines and the problems of the past have not recurred.

Mr. Speaker, as the Government is preparing to create a new managerial paradigm for the Hospital as we are seeking to strip the Hospital of a large measure of the bureaucracy that has attended its operations in the past and vest in it more autonomy and greater flexibility of operation through the use of the mechanism of a statutory board.

Government is not content merely to make administrative readjustments and changes but also, as I said, in a structured and phased way to deal with the question of expansion of facilities to cater to the demands with the construction of the new block and secondly to deal with the complete retrofitting and refurbishment, upgrade and renovation of the existing plant to make sure that the systems which served us well for 40 years but cannot any longer serve us in the future, are replaced.
12.35 p.m.

I beg to move that this Bill be read a second time. In due course if there are matters which are not within my knowledge about which Members want information, I will get the information and give the reply.

Mr. D. J. H. THOMPSON: Mr. Speaker, I listened very carefully to the Honourable Member's skilful presentation relative to this Bill. It was well chosen in terms of the linguistics. I believe he would have achieved the feat of isolating himself, at least from any responsibility, even though he is a Member of Cabinet and also shielding himself from any of the criticism from any quarter which may be attached to this. I would say that if there was one occasion in this House where a Minister holding a brief for another Minister has so ignored the other Minister that you would believe that he was never appointed to the position he holds as Minister.

The Honourable Member's complete ostracism of the substantive Minister of Health is in keeping with the national trend and I compliment the Honourable Member for St. Thomas for...

Hon. Miss B. A. MILLER: Mr. Speaker, Sir, this must be a very high level debate. The matter before the House is not about any individual, it is not about a Minister. It is about the Queen Elizabeth Hospital. Do not let us start it off at the level of an individual who the Honourable Member is going to begin to curse. Let us get to the substance, Sir.

Mr. D. J. H. THOMPSON: Mr. Speaker, the Honourable Member has travelled so much to countries that do not practise the Westminster model that she has forgotten that we practise the Westminster model in here and that Ministers are responsible to Parliament and not to the Queen Elizabeth Hospital.

The Honourable Member for the City, as Minister of Foreign Affairs, not the Ministry, not the Returning Nationals Unit or any foreign trade delegation, but the person who the Prime Minister has vested the responsibility for Foreign Affairs, is accountable to me as a Member of Parliament and to the citizens who elected that individual and if they are not elected, even more so they are accountable to this Parliament. Nobody should come in with any nonsense saying this is a debate about the Queen Elizabeth Hospital as if there is some entity known as the Queen Elizabeth Hospital to whom people can go and address their concerns. Ministers are given the responsibility to develop policy and are paid handsomely in this country to do it and they are expected to be accountable.

Therefore, I have never heard this kind of nonsense issuing from any Member of this Parliament in the 14 years which I have been a Member. I doubt that in 1961 the then Member for the City, Mr. Mottley, who was calling the then Minister to account, as was his responsibility, would have been met with a nonsensical rebuttal by the then Minister that it was not he that was responsible, that it was something known as the Queen Elizabeth Hospital that was responsible. Mr. Speaker, let us start to understand who is responsible.

I compliment the Honourable Member for St. Thomas for engaging in a debate on health in this country in which he could neither pay tribute to, openly criticise nor say anything for, against or in agreement with the substantive Minister of Health. I have been in here 14 years and this is the first time in the history of a debate in this House that I see a Minister holding a brief in which he has ignored any statement made by the substantive Minister or any action taken by the substantive Minister.

Mr. Speaker, there are other Ministers in here who have taken the full brunt of criticism and never ran from it. The Honourable Member for Christ Church East who just came in here out of the Other Place takes the full brunt of criticism and he never said it was the Ministry or the Telecommunications Unit. I have also been a Minister holding a brief and I got up and said what the policy was, as enunciated by the Minister, and the things that the substantive Minister had done. Again, I compliment the Honourable Member for St. Thomas and we will find out who has been drawing money under false pretences in this country since 1994.

Mr. Speaker, let us start at the heart of the debate which relates to the question of the need for this administrative change at the Queen Elizabeth Hospital. I am not addressing any of the other changes because they are not before the House.

The Minister has never laid any document before the House which was his policy. Dr. Haynes is not a Member of Parliament. He is not a Minister of Government. He may have some future role in the political life of this country but he presently does not enjoy that status. Therefore, what Dr. Haynes and his colleagues have written is simply a report. What is now necessary, in my understanding of the Westminster model, is for the substantive Minister to take that report and say it represents his policy unless he has surrendered his brains completely to that Committee and decided that he agrees with everything they have written. Therefore, his strategy has been cast in stone by the recommendations of the Haynes Commission.

Mr. Speaker, in due course we can debate those recommendations but, as I have said, I never knew that in the context of parliamentary democracy, as we practise it, that you can get off the hook as a Minister by having another Minister say that there was a Commission of Enquiry and they set up a substantive group to implement some aspect of it and now we have a Bill before the House.

What is the strategy apart from the retrofitting of the Hospital that the Board of the Queen Elizabeth Hospital is going to implement? The Minister and the Government must have in their minds a policy that is going to focus on those key issues. Whether you identify them as the issue of the shortage of nurses, the underestimation of the organisational and administrative requirements, overburden nursing staff, strained staff relations or the number of nurses being lost to other countries, the Minister must be able to say that he has identified this or that, Haynes or John Smith has identified these as the problems so I am going to set up a board and charge it with the responsibility of undertaking the following policy initiative at the Queen Elizabeth Hospital to deal with

these critical issues which face our major and only health care institution of this type.

Mr. Speaker, this is amazing. This Bill, once again, sets up the administrative structure for the Hospital. What is even more phenomenal about this is the fact that the Honourable Member for St. Thomas said that the Commission had to travel to Canada to observe how hospitals operate and to come up with a suitable draft.

When I look at this draft and I look at the St. Joseph Hospital's legislation, I can see no significant difference between the two so I am saying that they did not go to Canada. They followed a piece of legislation which the Democratic Labour Party wisely put on the Statute Book many years ago to establish a statutory board to run a second hospital in this country.

Mr. Speaker, it may be painful to accept that, but if you look at the legislation, you will see that the basic structures are substantially no different. We did not have to pay to send anybody to Canada to draft a Bill to establish a statutory board in the context of the Barbadian public sector administration.

Mr. Speaker, countless Governments have set up statutory corporations so this is not a new development and it does not take any genius or major work of art, especially if you surrendered your thinking to a Commission of Enquiry instead of your own judgement and the judgement of the technicians within your Ministry.
12.45 p.m.

The Honourable Member for St. Thomas is the one who said that there would be major changes and that is why I expected that his speech would have detailed this because he said that this debate is the beginning of fundamental change at the Queen Elizabeth Hospital (QEH). If all you are doing is creating a statutory corporation to undertake the same work which was previously undertaken by the Ministry of Health, then you are not making any significant changes to the manner in which the Queen Elizabeth Hospital will be discharging its obligation in Barbados. We are here not debating administrative structures; this Parliament is to debate policy and this debate has been devoid of any analysis by the substitute Minister. I will say that as things go and with what is in the air, the Honourable Member for St. Thomas probably would have been a good Minister of Health and when the decks of the Titanic are being reshuffled, the Honourable Member should be considered for such a portfolio. I should say that when the decks of the Titanic are being reshuffled shortly, Mr. Speaker, Sir, the Honourable Member for St. Thomas should consider such an assignment as being worthy of his abilities as a politician.

Mr. Speaker, we had a debate that was devoid of those policy initiatives. They were very descriptive, and other than the point that the Honourable Member made, there was a key recommendation, which the Minister has obviously taken on board, that a specially constituted statutory body should be established and that the Minister should give general policy direction. Sir, that would be no different from what has been on the Statute Book but was never proclaimed since the 1960s. If that is the key recommendation in the year 2001 to usher in fundamental change in the QEH, then what people were talking about in the 1960s, had it been implemented, would have been capable of undertaking that fundamental change.

The fact that it did not must tell you. The fact that the Honourable Member for the City, as Minister of Health, it is true that she could not get the National Health Service off the ground, but at least by putting a Board in place, she would have done it a long time ago. There are other persons on that Side, some on the Back Bench, who sat in previous Cabinets, if merely establishing a statutory board at the QEH was such a fundamental change of policy, then all they needed to do was to proclaim the QEH Act which was already on the Statute Book and establish a board to manage the operations of the QEH. Nobody can tell me that could be the essence of fundamental reform in terms of the Queen Elizabeth Hospital's patient care.

Mr. Speaker, all of this nonsense that we hear that the patient should be at the centre. I heard the Honourable Member for St. Thomas say that the patient should be at the centre of the QEH blueprint. Ten minutes later, the Honourable Member for St. Thomas could get up in this debate and rely on information, not given by an independent analysis, but given by the manufacturers of a dialysis machine and read it out in here and expect that the patients who have been suffering from the dialysis machines breaking down week after week, should accept the advice of the people who made the machines that they are good machines. Sir, then you tell me that the patients are at the centre of patient care?

Mr. Speaker, that statement alone demonstrates to me that this Government has absolutely no concern about fundamental reform at the QEH or the delivery of high levels of patient care. I will go as far as to say that there are some people who are running our health care facilities into the ground with the hope that they would be privatised one day and that more and more people would be pushed into having to get private health insurance in this country to meet their normal health care needs.

Sir, we know what role the insurance industry has had in Barbados in consolidating the wealth of certain people in this country. Those of you who do not understand what is

happening, open your eyes to the reality that there are people who are running the health care facilities of this country into the ground to force people into private health care, to force people to take out health care insurance, those who do not now have it. There are hundreds of people in the constituency of St. John who have to use the Accident and Emergency Department at the QEH because they cannot afford FMH or emergency care elsewhere. They will have to be forced onto private health insurance and there will be more consolidation of wealth in this country because the insurance has always been the central provider of finance for the traditional private sector in this country.

Asides.

Mr. SPEAKER: Order, order, please.

Mr. D. J. H. THOMPSON: Sir, in her handbag there is a card that she can show at any hospital in the world because she has told me and other Members in this Honourable House that. Sir, she can show that anywhere in the world but the lady who lives in Colleton, St. John, who can only depend on going to the Queen Elizabeth Hospital and sitting down in the Accident and Emergency Department and being treated like a dog – that is a fact. You would not know about it because you never had to have that kind of treatment.

Asides.

Mr. SPEAKER: Order, please. Order, please.

Mr. D. J. H. THOMPSON: You have people being treated like dogs in the QEH and then you can have the brazen statement by the Honourable Member for St. Thomas in relation to questions about the kidney machines. He is now going to tell me that a man came here who had the ability to test the kidney machines and carried out an analysis. He has not told me that the Honourable Member for St. Michael South Central, who has proven his skills in here in those kinds of areas, has carried out an analysis. He is going to tell me that the man who made the machine told him that it is a good machine and that puts the patient at the centre of hospital care in this country.
12.55 p.m.

I would have to be a madman to believe that, and whoever gave the Honourable Member for St. Thomas that brief, he should go back and tell that person that he wishes to have some policy initiatives before the debate is out.

The Honourable Member said that if there are any gaps, vacuums or lacunae in his presentation, he must ask the elected Member who is drawing money, one who is representing his own interest, not mine, to give you the relevant information on the kidney machines. This

foolishness about the machines were never recalled, and hear what the man said in his letter:

“... machines at Q.E.H. were not subject to recall by the time they were released...” and then words after that that meant nothing...

Asides.

Mr. D. H. J. THOMPSON: You can talk about what you want because, as I said, the Honourable Member for the City wants to talk. Regrettably, she is not in Opposition because, apparently, she wants unlimited time so that she can regale us with her family tree...

Asides.

Mr. D. H. J. THOMPSON: ...and all that they have done to help this country. I have already said if the Honourable Member was so brilliant...

Asides.

Mr. D. H. J. THOMPSON: She would have introduced a hospital board. For five years, she was paid the salary of Minister of Health and was charged with the responsibility of introducing a National Health Service in this country and could not get it done...

Asides.

Mr. D. H. J. THOMPSON: So I do not want to hear the Honourable Member for the City...

Asides.

Hon. Miss B. A. MILLER: On point of order, Sir. The Honourable Member was part of a virulent Opposition in this country to a National Health Service that was designed to put a health benefit in the National Insurance Scheme in this country, so that every doctor would have a panel of 2 700 people, and the old lady from St. John that he is talking about would not have to pay when she goes to her doctor. That was opposed. And I am going to live and so are you, Mr. Speaker, to see that situation come back again. The developed countries are now doing it and I will live to see that happening again. Now he is getting in here with a lot of sanctimonious flannel and fuzz. I do not mind you...

Asides.

Mr. D. H. J. THOMPSON: I do not mind you...

Asides.

Mr. SPEAKER: Honourable Member, please, can you get back to the substantive debate.

Mr. D. H. J. THOMPSON: I am talking about the Health Service, but Mr. Speaker, Sir, the virulence of the Opposition has never ever been a problem for the Member for the City until now. This is the first time I am hearing about that. When the Honourable Member was Minister of Health in 1978, I was about 14...

Asides.

Mr. SPEAKER: The Honourable Member, may I refer you to the Rules of Parliament, and according to Rule 9, you are not supposed to make reference to the conduct of an Honourable Member in making your point. So I am suggesting to you, could you please return to the substantive debate.

Mr. D. H. J. THOMPSON: Mr. Speaker, Sir, I am quite willing to do that, but I am assuming that that applies also to the Honourable Member for the City. She made an allegation against me, Sir, that I opposed the National Health Service when I was 14 years of age. Therefore, my conduct was called into question. Mr. Speaker, if you are applying the Rule to the Honourable Member as well, then I am willing to abide by it. I await your ruling.

Asides.

Mr. SPEAKER: The Honourable Member, could you please proceed with the debate.

Hon. D. A. C. SIMMONS: It has just gone past 1.00 p.m., Sir. It is time for them all to cool off, refresh and re-energize and then come back out and curse again

Asides.

SUSPENSION

Hon. D. A. C. SIMMONS: Mr. Speaker, I beg to move that the Honourable House be suspended for lunch until 2.00 p.m.

Hon. R. C. EASTMOND: I beg to second that.

The question that the Honourable House be suspended until 2.00 p.m. was put and resolved in the affirmative and Mr. SPEAKER suspended the House accordingly.

RESUMPTION

Mr. SPEAKER: This Sitting is resumed. Before we proceed, I would like to suggest to Members that we proceed without the wrangling and insulting words.

In fact, I refer you all to Rule 28(9) of the Rules of Parliament, which clearly says;

“The conduct of Members of either House of Parliament may not be referred to except upon a substantive motion...”

So please let us be guided by this Rule as we move on and try to cut out the kinds of references to individuals. The Honourable Member for St. John.

Mr. D. H. J. THOMPSON: Thank you very much, Mr. Speaker. I will confine my remarks in this debate, unless provoked, to the substantive Minister who is not, regrettably, a Member of this Chamber, but therefore, must still find expressions through the Honourable Member for St. Thomas who is holding a brief for him. But I agree entirely...

Mr. SPEAKER: You will notice how very calm the Honourable Member for St. Thomas is?

Mr. D. H. J. THOMPSON: Yes, that is why I do agree with your ruling and that is why I have said that between the two of us, we understand the universal application of the Rule.

There is only one point that I wish to make relative to the presentation of the Honourable Member for St. Thomas before I go on to deal with the substantive aspects of the Bill. It is that the history of Barbados must not be so craftily rewritten as to excise from the record, the fact that this Government fired the entire top management of the QEH, except one, and that that one act was heralded as one of those fundamental decisions taken that was to immediately improve the running of the QEH. History must never remove that because Barbadians who had given public service to this country were thoroughly humiliated and probably, for the first time in the history of Barbados, the announcement of the removal of their position was done on television, as part of a public relations strategy, to lay the entire blame for the woes at the QEH on the shoulders of a few senior public officers. Those top management left and the conditions still deteriorated.

History must never be rewritten so as to exclude from an analysis of what has happened at the QEH. The fact that this Government has increased the budget of the QEH by almost 50 per cent, if not more, between 1994 and present, and despite that infusion of major resources, agreed to by both sides of the House, conditions at the QEH have still deteriorated.

It must not be excised from the history books the fact that at one point management reports were being sent to the

Cabinet of Barbados on a weekly basis, or so it was said, and that the Cabinet itself was taking an active role in the management of the QEH yet there was still a deterioration in its operations. None of that must be obliterated.

The Honourable Member for St. Thomas owed it to the country to remind us that the top management had been fired. He owed it to the country to remind us that having spent 50 per cent more on the QEH budget, we still received less, despite the pledges by the Honourable Member for St. Peter that this was new prudent financial management – \$6 million in supplementary one way, \$8 million another way, all kinds of new equipment, including the same dialysis machines – and yet the level of patient care has not been fruitful, commensurate with those changes. The Attorney-General of Barbados needs to tell the public that, for a short time, he also had a role in managing the QEH, because management reports were submitted to the Cabinet on a monthly basis. The Prime Minister said that, as part of the restructuring, so that every Member of the Cabinet has to take responsibility, during that period, for the deterioration in the operations of the QEH.

2.05 p.m.

We must not forget these things and, as I said, all of that is recent history. Despite every effort to destroy our health services in this country, I, like the Honourable Member for St. Thomas, believe that there are people at the Queen Elizabeth Hospital (QEH) who, given the right management ethos, the right working environment between the medical health professions and a very positive programme created by the Board and those who are appointed to manage the QEH, that we can see a significant improvement in the management and operations of the QEH.

Sir, not much of what was said by the Honourable Member for St. Thomas is going to improve what is happening at the QEH. No Minister should come to office and spend the first four weeks delivering speeches. He should spend the first four weeks designing a programme for his Ministry and, at the first opportunity, go to Parliament in whichever of the two Houses he sits, outlining the strategies that he is going to implement.

Instead, we have had complete silence and a lot of excuses. For example, Rome was not built in a day. You cannot turn around the institution overnight. The Democratic Labour Party (DLP) destroyed it to build the St. Joseph Hospital. All of that is nonsense and petty and silly excuses. If you bring in people who are supposed to have management abilities and skills, they have a responsibility to come to the public and say, “This is my strategy. I have accepted these recommendations from the Haynes Report. These are the ones that are going to be implemented, as part of that strategy to improve the operations of the QEH.”

In addition to that, the very next question of which, “I have personal experience of patient care and the way patients are handled in our system.”

Aside.

Mr. D. J. H. THOMPSON: Not just patient care professionals, because lawyers are guilty of the same kind of professional attitude to people who do not have the same knowledge of them. The attitude that, “I know all, lie down there, whatever I do to you, be satisfied with it,” I have seen that in operation in Barbados. You can compare it, if you had to go to Canada for even a minor operation. From the time you get into the hospital, the person who is taking blood from you, asks you, “Have you had blood taken before? Well, we are going to take this blood. We are going to put it in six or seven vials. The blood goes from here to there. This is what we are going with it.” Do you think that goes on in Barbados? When you go to get blood taken from you, somebody just pushes the needle in you, fills up the bag and says, “Thanks very much.” You are gone, and it is your body.

Asides.

Mr. D. J. H. THOMPSON: That is taking blood from the blood bank and I am a regular donor.

Asides.

Mr. D. J. H. THOMPSON: I am saying that some people go for minor procedures and I can give a good example of this. Many years ago, I had a minor operation overseas and I came back here to have the stitches taken out. I never had stitches taken out in my life.

Aside.

Mr. D. J. H. THOMPSON: Where I had the operation, there was counselling for their patients. From the time you step into the place, you will see a counsellor who explains everything. They show you a video of what they are going to do. They asked, “Do you want to see the video?” I said that I was not interested but if my wife or somebody wants to see it, let them watch it. I will wait and hope that everything goes well. The only video I want somebody to be watching is the man in the sky and I hope he is watching this one. We went ahead but everything was explained down to the end.

I came back here and it was true I did not go to the QEH but I went to a health facility to have the stitches taken out. The nurse said, “Good morning.” I said, “Good morning.” She said, “Go in that room and sit down.” The doctor came in with a silver pan with the scissors and so on

and started to cut and I started to feel faint. I never had stitches taken out in my life and the point I always make is, he had a duty to say to me, “I am going to take the stitches out. This is what I am going to do.”

Sir, professionals in Barbados, not only doctors but lawyers and accountants – accountants will tell you to come and sign on the dotted line and they do not even want you to wait to read it – and we have a culture or an ethos in this country which says that once people have professional qualifications, they do not need a good bedside manner so they can treat you as they like. It has affected the QEH and many of the complaints that come out of the QEH have nothing to do with equipment, medication and with the physical appearance, the showers, toilets or bed sheets. The problems come from the attitude of the health professionals that people have to deal with and we have to get that right so I am not placing that blame on the Minister.

There are things that the Minister and the Ministry must take responsibility for, but this ethos that we have in Barbados needs to be cracked open and at the centre of reform has to be the customer, the patient, or however best he wishes to describe it. If that is the focus, as the Honourable Member for St. Thomas said, then yes, we will have successful reform at the QEH, if the patient is at the centre of it.

There are hospital facilities elsewhere in the world where you have a patient’s charter and they tell you what it is, as soon as you enter the door: “If anything goes wrong here, these are the things you can do to deal with it. You can carry it to this Tribunal, then it goes to the High Court, if you do not like that outcome.” You go through that procedure so the professionals themselves understand that they have an obligation to explain what they are doing to make people feel comfortable and to counsel people who are ill.

As I say, many people go into the Casualty Department where there are doctors who are overworked and operating there under great pressure but even in those circumstances, the complaints that people often get have nothing to do with the quality of their medical advice or the physical surroundings. As I say, it is the professional relationship that they often have to contend with and then when the patient complains to the nurse, there is no solidarity. The nurse tells you, “He is always getting on like that.” That does not make the patient feel any better so the patient then starts to feel that there is a division of opinion between the health professionals and that something is indeed wrong with the doctor, or the nurse as the case may be, which leaves a very sour taste in the mouth.

No health institution is going to get everything right because in every health institution, you are going to have professional jealousy, you are going to have people bad

talking professionals and so on. You understand that, but there is a modicum of standards that you require to enhance patient care in any medical health facility, whether private or public. It does not mean that because the QEH is public, we must accept substandard conditions because in terms of public or private, I believe that ethos transcends all medical health institutions in Barbados. I do not know if it makes a difference. As I say, it is part of the way in which we operate but it has contributed to the perception of professionals, which I think is not healthy.

Sir, the average Barbadian can put on Discovery Television, as I do at night, and watch people getting heart operations, brain tumours removed and so on. You can see it being done so you are not dealing with idiots or people who are ignorant. They know what it is like to see those procedures being done and, therefore, when you come to deal with them, they are going to have a different attitude to my grandmother at 98 years old who is having a cataract removed. She will tell you that she is in the departure lounge and, therefore, what you tell her is going to be different from what you tell somebody who, as I say, has knowledge, who travels, who watches "General Hospital" or some other medical programmes on television and who have formed perceptions of how a hospital should function and then is faced with an environment in which their expectations cannot be adequately met. So I think that is very important.

Sir, if I may get on now to the actual provisions of the QEH Bill, let me assure the Honourable Member for St. Thomas that the Opposition has no quarrel in principle with the establishment of a board to administer the QEH. The Honourable Member for St. Thomas said that from the outset in 1966, we put an Act on the Statute Book which was never proclaimed and which is now being repealed by this piece of legislation which would support the establishment of a hospital board in Barbados.
2.15 p.m.

I understand it went further than that. The Honourable Member for St. Thomas did not mention this but a board was established under the Chairmanship of Mrs. Carolyn Barrow which was supposed to be the precursor to the formal establishment of a board under the provisions of the 1966 Act. She was appointed as Chairman by Dr. Caddle in the 1970s. The big hurdle that was in existence then and which created problems with the Port and other entities was how do you transfer public officers over to statutory corporations and preserve their rights. Over time, we have been able to sort that out and people, therefore, do not feel that when you make such a transfer that it is impossible for you to actually preserve those rights under the new legislation which replaces the old policy that existed.

Therefore, as long as the civil servants accept the new terms and conditions and as long as the new legislation

actually preserves the terms and conditions under which they were previously employed, there cannot be any objection in principle with a piece of legislation which establishes a board to overtake the operations of an entity which was previously run as a department of a ministry. Therefore, we do not divide on that and we are, in principle, still in favour of the establishment of a board to run the Hospital.

The St. Joseph Hospital was established along those lines with a statutory board which had full legal powers and capacity in which the Minister was given the right to give policy direction to the Board from time to time on matters of general policy.

The Honourable Member for St. Thomas told me many years ago that he was moving toward a position which I had expressed in here about the provisions of legislation where Ministers gave general policy directions to Boards. I felt those directions should be laid in Parliament because since there are policy directions – I am not saying Parliament can hold them up. In other words, I am not saying that they must be laid in here prior to or that we must give approval, but if the Minister of Education tells the National Cultural Foundation (NCF) that she wants them to launch a development programme in X, Y or Z there is no reason why that initiative should not be laid in Parliament and if I want to debate it or another Opposition Member, the Shadow Minister wants to debate it, that note is taken of the direction and then have a debate on the policy. It does not make sense waiting until the Estimates debate when a Minister may or may not give you a full representation of the Ministry's policy to debate matters which may have been dealt with during the course of a year.

Therefore, if they are going to have a piece of legislation in the year 2001 which gives the Minister the opportunity to give general policy direction to a statutory corporation, in my view, those directions should be laid in Parliament and we should have the opportunity to debate them as policy issues. What happens when you do not have that scenario is that Chairmen of Boards and even individual board members, who have the ear of the Minister, consult informally with the Minister and they treat that, by and large, as policy directions.

In all the years I was a Minister I never had to write a policy direction to a board and I doubt there is any Minister over there who ever wrote formal policy directions to any board because it is not done that way. Therefore, when conflict breaks out between the Board and the Minister it is always, by and large, on the issues that they have discussed informally for which the Minister is not willing to say yes and for which the Board is not willing to accept. Alternatively, we dispute those instructions.

We want to have a serious development in administrative law in Barbados on the way in which public affairs are conducted. I believe that we need to insert into all the legislation where Ministers are given general powers to give directions to statutory boards that those directions must be laid in Parliament. It is a development that has been occurring in Britain relative to new statutory entities that are established and I believe they may very well have even made amendments.

I have actually seen a document which sets out policy directions given by a Minister to a state corporation which was then debated by a House Committee; telecom, health, prisons, guidelines which are then sent as direction. We then have a House Subcommittee that debates them as substantive matters of policy and both members of the Back Bench and the Opposition have an opportunity to look at how the Minister is seeking to undertake his responsibilities as Minister.

The Minister has not told us relative to the Queen Elizabeth Hospital whether the staff is, in fact, agreeable to the establishment of a statutory board. That was one piece of information that I think is very important. Have the unions agreed? Have individual staff members agreed? I think the Minister needs to make that clear. It can be done without their consent but if they do consent one assumes it would be necessary for the Minister to set out that he has taken them into his confidence, that they have some perception of what the change will mean for them in terms of their status and that they are agreeable to the changes as proposed. There are a couple of other aspects to the Bill that I think needed to be looked at.

I compliment the Government – this is one compliment I would give – on the manner in which the Board has been constructed. I am of the belief that far too many of our statutory boards in Barbados are selected exclusively on the discretion of the Minister rather than by legislation establishing that certain entities are entitled to have representatives, for example, the social investment fund and the poverty alleviation fund. The Boards that administer those funds should have representatives of Non-governmental Organisations (NGOs) that are involved in these areas or have been involved and have historical records sitting as of right. It makes them more accountable, more transparent and it adds confidence.

Therefore, I believe that the proposal to have persons from the Barbados Association of Medical Practitioners (BAMP), the Barbados Registered Nurses Association (BRNA), the Congress of Trade Unions and Staff Associations (CTUSAB), the Private Sector Agency, the Barbados Christian Council and the Barbados Association of Retired Persons is a desirable development and it should be supported.

I want to add that I am still of the view that the composition of the Board should exclude any Member of Parliament from serving on the Board. I do not think that relative to an entity like the Queen Elizabeth Hospital that it should be opened to a Minister to appoint a Member of Parliament either as Chairman or as a member of the Board. Therefore, I urge the Attorney General to insert that in the legislation as a desirable development in order to keep the relationship between the Minister and the Board pure, where he gives policy directions but that after that the persons who serve on that Board have no direct political role to play as Members of the House – Members of the Senate are neither here nor there.

The Honourable Member would not be aware but in clause 6 of this Bill it speaks of patients' rights. Under clause 6 of the Bill it dealt with the question of patients' rights. I saw that in the first draft.
2.25 p.m.

Asides.

Mr. D. J. H. THOMPSON: Anyway, let me talk to the general principles. We can talk about that as we go into the draft. I believe what needs to happen is that included in clause 6 – maybe it was there before and now has come out – it is vital if you are saying that “the functions of the Board are to ensure that the Hospital is used for the purposes set out in section 3” and if you are saying the patients should be at the centre of the new structure of operations of the Queen Elizabeth Hospital then you should insert a clause under the functions of the Board which would make it clear that a very critical and important part of its responsibility is to deliver a patient-centred service and also to include a patients' charter.

If you are going to go the route of a patients' charter it should become a function of the Board to ensure that the patients' charter is implemented as a fundamental aspect of the Board's responsibility. No doubt, the Minister knows that there is a PAHO study in the Ministry of Health or the Queen Elizabeth Hospital, obviously catching dust, which dealt with the question of patients' issues and the development of a patients' charter and many of the callous wrongs that have been visited on patients of the Queen Elizabeth Hospital down through the years. It has actually been documented and I believe that that would be of great assistance to the Minister and to the drafters of this legislation and also to the persons who deal with the question of administering a hospital in which the care is patient-centred in the future.

It is also desirable to deal with the question of infection control and a function of the Board's responsibility because we have had far too many instances in Barbados of

equipment, including the air conditioning system and so on, being susceptible to infection and also passing on infection to patients. It is very important to establish minimum standards relative to the operation of hospital equipment so that the people who go into the Hospital are not themselves going to leave the Hospital with serious infections as a result of using hospital equipment.

There should be every attempt to have hospitals in Barbados accredited to international accreditation authority which establishes standards of nosocomial infection, cross infections acquired within a hospital among other things. It is very important.

Aside.

Mr. D. J. H. THOMPSON: I was reading from that. I am not an expert but you can test the information.

The other issue that is very vital is the question of hospital accreditation. The Honourable Member for St. Thomas, I think, alluded to it because I made a note relative to hospital accreditation where you are going to be functioning in a global environment, although we are already in that kind of environment, but in a scenario where obviously you are going to have to be playing host to more varied arrangements for health care, including having to offer perhaps additional health care facilities for visitors to the island or for persons who are here for other reasons other than visiting on vacation. If you want to become a major centre for international conferences or relative to the students at the university, you can think of a whole range of requirements and obligations that the Barbados Government has in Barbados. It means that it is necessary to ensure that our hospitals come under a hospital accreditation programme, that they are inspected regularly and that they can in fact meet the standards of hospital accreditation that are desirable.

Beyond that, from the point of view of staff morale at the Hospital, it is important that they go through an accreditation examination. It enhances staff morale when persons carry out such an analysis and can accredit your institution as an institution that is performing to international or regional standards. It has in itself an effect on the morale and the performance of your health professionals, as it would prison officials or as it would police departments, which are being accredited. Once people know that they are meeting international standards they feel good about the level of service, the comradery in the institution and they therefore tend to perform in particular in relation to patient care at a much higher level. Therefore, you should not see hospital accreditation only as something that is being imposed from outside but you have to see it as something that is inherently good in terms of boosting the performance of the institution as a whole.

I believe it is also important for the Minister to indicate quite clearly that the status of the Chief Executive Officer of the Hospital is not going to be diminished by the impact of clause 9(2) and (3). By that we mean that the Board not only appoints the CEO but the Board also appoints the Chief of Medical Staff, the Director of Nursing Services, the Director of Human Resources, the Financial Controller and the Director of Corporate Affairs. It then goes on in subclause (3).

“All persons employed by the Board, shall act under the general superintendence and direction of the Board in the performance of their duties.”

A clause like that could have serious ramifications where you either have an over zealous board, or Minister for that matter, since the Board is carrying out his overall policy.

I believe that particularly in a scenario where your major hospital has been operating on a doctor-driven basis, if you want to change the culture and ensure that it is administered on a patient-driven basis, you have to appoint a good CEO and give that individual the full authority to carry out the running of the institution based on a mandate that you are interested in developing a patient-centred and patient-driven medical health facility in Barbados.

We know that the QEH is to this day still very much doctor-driven, and I assume that much of what is in this legislation is an attempt to unravel that, but if you do not go far enough you will find that doctors can still influence the Board significantly, and that is natural in a medical health institution, and will be able by virtue of clause 9(2) and (3) to continue to ensure that the Hospital is operated in a manner that best suits their desires rather than in a manner which is in the interest of patients in Barbados. I think that is very important.

Another positive in the Bill is the development that allows for virement. I heard the Honourable Member for St. Thomas describe it. It is something that between 1993 and 1994 we permitted regularly whereby Ministries, not just statutory corporations, if they could identify savings in other areas of their operation, would be allowed to apply those savings for expenditure in critical areas.

What we have had for years in Barbados when you go through the Estimates and money is allocated under a specific Head, it must be spent under that Head or you must return to Parliament for a supplementary to spend it under a different subprogram. You cannot manage anything when you do not have the discretion to change expenditure priorities.

I support this development because I believe that part of the problem with public sector institution is that even if you give the Board of that institution or the Ministry a budget that it is to carry out the overall budget of the Ministry for one financial year and that there should be some discretion or leeway to make adjustments in the way in which the expenditure is allocated.

Relative to this Section, since it is being brought under a statutory board, why is there the need to have virements? If it is a statutory board, it is given a grant and it has full discretion to spend its money in a given fiscal year so the issue of virement does not then arise. It would arise in a Ministry because you may want to shift expenditure and instead of buying a typewriter you may want to buy a waste paper basket and because of the way in which Estimates of Expenditure is designed, it does not allow for that flexibility, but where you have a statutory board and it is financed by borrowing or issuing of bonds and has its own global budget, why would you need to have virements unless you have an accounting system for the Board in which you are going to have line items of expenditure? I would not recommend that because I believe the Board should have a global budget and should be made to carry out its obligations under that budget which is the way statutory corporations in Barbados function at this moment.

For example, if you have an entity like the National Housing Corporation and it is given a grant of \$10 million in a given fiscal year, that grant is applied to the operations of the National Housing Corporation. One of the reasons why you may have a problem is that the Ministry of Finance makes a distinction between expenditure on wages and salary and tends to want to control and manipulate that over the amounts used for other expenditure. So far, we have had situations in here where Ministers had to come to Parliament and indicate that even though the total budget had not been affected, the amount relative to wages and salaries is either insufficient or needs to be supplemented.

I believe the Honourable Member for St. Lucy on previous occasions have spoken about that lack of flexibility in being able to apply statutory and non-statutory expenditure.

You need to decide very clearly how you are going to structure the Queen Elizabeth Hospital subsequent to this Board being established to ensure that you can have some flexibility if you need to change spending priorities particularly in relation to supplies, materials and equipment during a given year.

The Minister needs to tell us why there are Heads of Estimates relative to statutory corporations because I am not

familiar with it other than what appears in the Government's Estimates.

Mr. Speaker, relative to Clause 22, I think the Minister needs to spend some time explaining to us whether Government is going to be giving guarantees relative to the funding of the operations of the Queen Elizabeth Hospital because, as far as I can remember, the Hospital has some flexible arrangements and the Board has the authority to borrow, issue bonds and do other things. I believe that it is important for us to know whether the Crown is going to guarantee these loans for the simple reason that the Board does not have the authority on its own to pledge the assets of the Hospital. Those are the concerns relative to the specific elements of the Bill that we would like to address.

Mr. Speaker, let me reiterate that I strongly believe that today presented a good opportunity for the Minister given the brief to outline a strategy which the new Board would have to implement relative to the operations of the Queen Elizabeth Hospital and that if this is truly the beginning of fundamental change in the operations of the Hospital, that it is important for it to be outlined and debated here today. It is not enough for the Minister to defer the details of that strategy to the Senate. It is not enough for him to say that the Haynes Report has been delivered, that the Board will read the Haynes Report, shift out those things that it wants to implement and those things that it does not want to implement.

It is vital for the Minister himself to set out the policy issues relative to the changes at the Queen Elizabeth Hospital to the standards that we expect, to focus on the patient-centred care that is to be delivered in the Hospital, how we are going to deal with the issue of the shortage of nurses, how we are going to focus on the underestimation of organisation and administrative requirements, how we are going to deal with the fact that nurses and other health professionals are being overburdened, how we are going to deal with the issue of strained staff relations at the Hospital, how we are going to get around the bureaucracy and the procedures which have infected the Queen Elizabeth Hospital and which have had such a negative impact on the way in which the Hospital delivered its services and, as the Honourable Member for St. Thomas said, how we are going to focus on the issue of nurses leaving Barbados and travelling to other countries to work because the terms and conditions are inadequate, and also whether the new structure of the Hospital is going to deliver the improved administrative arrangements which the Minister spoke about.

Mr. Speaker, this debate has to be viewed against the background that everything this Government did relative to the Queen Elizabeth Hospital has failed. The removal of the

top management had no effect, dramatic though it was, neither did the increase in resources made available helped, despite the proclamations of the Minister of Finance that he would make sure that there would never be any shortage of money relative to health issues in Barbados.

2.45 p.m.

Despite all of that and 50 per cent increase in the Budget, the delivery of services at the Hospital continues to decline, the fiscal plan continues to deteriorate and there are even more problems. Despite the fact that the Cabinet itself was responsible at one time on a monthly basis for reviewing management decisions taken at the Queen Elizabeth Hospital, the situation continued to deteriorate.

I believe that it is incumbent on the Government, therefore, against that background to accept that none of those initiatives have worked and to hope sincerely that the changes that are proposed by this Act will, in fact, have some effect in ensuring that our premier health care in this country sees a dramatic improvement, not only for the benefit of Barbadians but for the benefit of other persons in the Caribbean who use that facility; for the benefit of the students of the University of the West Indies and the teaching staff, for the benefit of the people in Barbados who do not have health insurance programmes or the resources to pay for private health care and who have been burdened with the long delays, the equipment failures, the shoddy patient care they get and all of the other problems that have been attendant relative to the operation of the QEH in the recent past.

It is our very sincere hope that this legislation might have some impact on improving the QEH for the benefit of all Barbadians.

I thank you.

Hon. Miss M. A. MOTTLEY: Mr. Speaker, I rise to give my strong support to the Bill which is currently before this Honourable Chamber and to say that when the modern history of early independent years of Barbados is written, one of the things that students of history will have to spend a considerable amount of time on, is the study of the delivery of health care, particularly in the context of a small, newly independent country such as ours with limited financial and human resources and in the context in a changing profile, both in respect of its population as well as in respect of the numbers of persons coming in and out of the country, therefore, the demands on the institution within its public infrastructure.

Mr. Speaker, I start at this point because it is clear that one of the things that first confronted this country back in the 1960s, was the quality of management attaching itself at the

Queen Elizabeth Hospital. It is not an instance where in the year 2001 or in the 1990s, all of a sudden there was a massive deterioration in the quality of management at the Queen Elizabeth Hospital in respect of the delivery of health care and that this Government or, indeed, the previous Government who was equally bedeviled by problems in respect of the health sector, had to face it for the first time.

I think we have to be balanced in this debate. I think that one of the first things we have to admit is that while there are still serious problems at the Queen Elizabeth Hospital, it is still a fact that the Queen Elizabeth Hospital is still the premier health institution anyway in the Eastern Caribbean. While we are being harsh with ourselves, we must remember the role that this institution has played over the course of the last 40 years. Sir, given the size of this country; given the size of the human resources pool that we have and given the financial resources that are available to us as a small developing country, I believe the record speaks for itself. It is significant that the Leader of the Opposition, as he wrapped up his speech just now, referred to the fact that large numbers of people throughout the Eastern Caribbean continue to rely on the Queen Elizabeth Hospital for serious delivery of health care in order to be able to maintain the quality of life they would wish to do at a reasonable and affordable cost, rather than to be flown out of the region.

Mr. Speaker, having said that, there can be no doubt that the institution has had its share of problems and there can be no doubt that a large part of the reasons for those problems has emanated generally, in my view, from the general decline in the management of systems and the management of people within the entire public service of Barbados. I believe that one of the things we have not done well as a Government over the decades is to be able to manage those well. Many of us seem to feel that the same systems of management that existed when institutions were small, can directly be used when those institutions grow beyond the capacity for which they were originally designed.

Sir, the Queen Elizabeth Hospital is an institution in which over 2 000 people are employed within that small geographical space. Over the years it has grown gradually. Yet many of the systems used in the hospital, clearly from a reading of the Haynes Commission Report, did not change with the growth of the institution or the demands of the institution. You have an institution in the year 2000, and in 1999 when the Report was filed, where there is not a 24 hour a day, seven days a week cleaning service in spite of the fact that on any one day you have over 2 000 people, not to mention the patients inside that institution. Therefore, there must be a vulnerability in respect of the quality of cleanliness of the institution. You have an institution in this day and age servicing that number of people where the laundry does not work seven days a week and then we would wonder why it is that people cannot have access to clean linen on a ready

basis. You have an institution where the rules relating to the procurement of goods, whether it is food or equipment, do not match the need of the institution.

Sir, for the first time I am suggesting to you, that a Government is prepared to look behind these systems and see how these systems have handicapped the effective management and the creation of cost efficiency within the context of the Queen Elizabeth Hospital, rather than just simply believing that working within the old style of rules and the old systems of management can make a difference.

I am suggesting that this was so in respect of which Government is in place. The reality is, we now live in a Barbados where the quality of health care is something that everybody considers to be paramount in respect of determining what quality of life this country enjoys.

The other reality is, we live in a Barbados where the changing nature of the kinds of diseases, the kinds of sicknesses that people suffer from is now something that seriously affects what kind of health care we can deliver. Sir, you have a population that is no longer as active physically as it was 40 or 50 years ago in a largely upgraded society. You have a society where the dieting has changed substantially and you have a population where the incidence of chronic diseases such as diabetes and high blood pressure is far greater than it ever was. In those circumstances, there must be obvious consequences in the delivery of our health care system that have to be specifically planned for both in terms of an institutional arrangement as well as in terms of the individual circumstances of citizens.

Therefore, we have to recognise that the delivery of health care in the early 21st century must be of necessity vary substantially from that which was envisaged in the 1950s when this institution was built. In a very real sense, this represents the first comprehensive look by a Government, in respect not only of the physical arrangements but, indeed, of the management arrangements, as it relates to the quality of staff, professional and non-professional in terms of the health fields but as well as the range of equipment opportunities that are available.

2.55 p.m.

The Minister of Health is not represented in this Honourable Chamber, but were he here, he would have been able to speak voluminously of the fact that there is serious physical expansion planned for the QEH, particularly the Out-Patients Clinic. It is recognized that in order to create space in the existing building, a number of departments will now have to be relocated and that in addition to the new Board being established, the Ministry of Health will have to focus on the provision of accommodation for those

displaced departments – the Out-Patients Clinic, the Blood Banking and Collection Departments, and certainly other areas of general administration, nursing services and administration, laboratory services, social services, the library and also the dialysis units.

The design is that once we are able to locate these services out of the major buildings, it then frees us up to be able to properly rehabilitate that building. Now, most Barbadians, Sir, will not know that the Ministry of Health has been systematically rehabilitating two major wards per year, but it is clear to us that that is not sufficient and that the pace at which we are going, must be far greater, given the increase in demand and expectations of the population. In these circumstances, therefore, that decision by the Ministry of Health to accommodate these divisions is one that I believe all Members of this Honourable Chamber should welcome. But it does not stop there, Sir.

We have also recognized that the question of human resources is a serious one. There is no doubt that there is a shortage of nurses in almost every developed country in the world. This is not a problem that plagues Barbados alone, but almost every developed country as well. We suffer a little more because those countries that have greater purchasing power than us come here, once we have trained our nurses and are able to offer them better terms and conditions. We, therefore, have had an exodus of nurses over the years.

There are those who want to suggest that the same thing is happening now within the teaching profession, but suffice to say that contrary to the newspaper report, only 27 persons have applied to the Ministry of Education to go overseas to teach. The time will come when that profession too, will be under threat and, therefore, it is both the views of the Ministry of Education and the Ministry of Health that over the next five to ten years we must reach a stage in Barbados where we are training surplus persons in the area of health care and education, so that we are capable of exploiting the market that exists outside of Barbados for the employment of nurses and teachers in particular, but also looking at other allied health care professionals because there is a whole range of other health care professions; laboratory technicians, for example, for which there is a demand as well.

I believe, Sir, that that is the medium to long-term goal that we should reach in respect of the provision of adequate human resources within the Hospital in respect of nurses and all allied health care professions. It is also recognized that there must be an immediate response in the short-term to stem the difficulty. That immediate response, in my humble submission, Mr. Speaker, must not only be the expansion of nurses being trained at the Barbados Community College, as we have started to do in September of last year, but it must

also require a review of existing practices in the human resources department of the hospital where when we send persons to be trained in a specialized area of nursing that those persons are not being forced either to transfer or are not enticed to transfer for reasons of promotion and thereby we lose the benefit of that specialist training. Therefore, it could be as if you had never sent them on training, but are now poorer because you have expended the money for them to have received that specialist training.

I believe there needs to be a more sensible approach to these issues, not just at the QEH, but throughout all of the Government service as how we deploy persons after they have received specialist training. For example, a person receives special training in cardiac surgery and all that is required in that area. Then, in order to be promoted that person now has to abandon that specialized training in order to get a promotion.

Those structures need to be urgently reviewed, Mr. Speaker, because they are making a nonsense of Government's training programme and not just in the Hospital or in the Ministry of Health, but throughout the entire Public Service. I believe that training must continue in all the different aspects of health care and which must be seen as being part and parcel to which national development scholarships have been granted. While we recognize that there is limited opportunity, for example, in training of doctors at the QEH to become interns, there must be a certain ratio maintained in relation to the number of interns to the number of beds within a teaching hospital.

We believe we have to accept internship at other Caribbean teaching hospitals as being equally valid if we are to ensure that we can increase the number of doctors trained overall, without putting tremendous burden on the QEH and compromising its standards at that Hospital. This issue has come up within the context during the last few years, because we have had to put limits on the number of persons being trained at the University of the West Indies (U.W.I.), because the QEH could only guarantee us that it can appoint so many numbers of persons as interns to maintain the adequate ratio. At the same time, in the first few years, the U.W.I. was not able to assure the Government that it could use other teaching hospitals in the region to train the surplus numbers.

I am happy to report in this Honourable House, Sir, that we have had instances in the last few years where Barbadian student doctors have been accepted at other teaching hospitals in the region and it, therefore, means that there can be some relaxation on the number of persons going into the U.W.I. Unlike some other professions, you cannot become a doctor if you are still an intern and, therefore, there has to be the guarantee by the U.W.I. that once one is accepted in that first year one can, in fact, receive his professional

qualification which requires a period of attachment to a properly accredited teaching hospital.

Mr. Speaker, this brings me to the issue of accreditation. One of the things we must not forget is that while we do not necessarily have links with a standard international accreditation programme, the fact that the QEH is a teaching hospital means that it goes through a process of examination towards accreditation in the context of the U.W.I. Medical Programme.

I know about this, Sir, that example, the British Medical Association will, in fact, be accrediting all of the U.W.I. Medical Programmes very shortly. There are things that the QEH, like the University Hospital at Mona, Jamaica, Mount Hope Hospital, Trinidad, would have had to do over the course of the last year or two, to put itself in gear to ensure that we can maintain the accreditation from the U.W.I. Medical Programme.
3.05 p.m.

Sir, this is a serious thing because we have always prided ourselves on the quality of education delivered to medical professionals in this region. It therefore means that even in spite of scarce resources, there still has to be a modicum of standards maintained in respect of hospitals in the region.

I want to suggest to this Honourable Chamber that the QEH may have problems in different aspects of its management and, certainly, in its physical appearance we have generally maintained the standards of quality, the standards of cleanliness and the standards that are necessary to constitute a valid teaching hospital and, had we not done so, we would have lost accreditation at an earlier period in time in our history.

I want, Mr. Speaker, therefore to say that much has to be done. It is no secret that this Government has carried the budget of the QEH from just over \$60 million in 1994 to over \$95 million in the year 2001, an increase of over 50 per cent, without there being a concomitant increase in patients being seen. I want to stress that point, Mr. Speaker, because on the same number of hospital beds, on generally the same level of services being delivered – with one or two minor exceptions – we have increased the QEH's budget by over 50 per cent when there has not been that level of increase in the cost of living in this country. It therefore means that we are providing a greater level of funding per patient at the Hospital but in spite of that, problems persist for a number of reasons.

I am one of those who, like the Leader of the Opposition, believe that one of the fundamental problems is the culture of the people whom we have working generally,

not just in the QEH, but indeed many areas of service in Barbados, where people do not feel that their duty is to the person who is coming to them for the service and who is paying them for the service. When you add that feeling of not having a duty to the general fact that Barbadians, as a whole, have become very complacent and lacking in charm in respect of how they deal with people who they do not know, then, you have a serious problem. Also, when you add to that the context of where a person, not only now wants just general interaction, but requires that additional pampering, or that additional level of concern, or compassion or empathy, then we have a major gap between the expectation of the patient and the actual delivery of what they receive from the health care professional, from the maid, from the orderly, from the security guard or whoever, in that institution.

I believe, Sir, that you are not going to solve a lot of those problems in the QEH just so because that is a national problem and that is a problem that requires us to look at how we do business in this country, also, how we treat one another in this country and what we expect when we interact with people in this country. The sooner we come to that realisation, Sir, the better, not just for business, the hospital or tourism but the better for each and everyone of us.

We have developed, Sir, a very short attitude in dealing with people whom we do not know or to whom we feel we do not owe a special duty. It is wrong and it will affect every area of service delivery in Barbados. We cannot be serious about having a future that is built on a range of services and industries and then display this attitude.

Sir, I want to suggest that the problem is not the Minister of Health and it is not this particular doctor or that particular nurse. The problem is a culture. It is culture that has taken root in our society, in the same way that we have a culture that has people asking, "What can I get out of this? What freeness can I get from this?"

That level of freeness, or the Trinidadians will call it "levity for all" has taken root in this country that the level of pilferage, whether in Government institutions or private institutions, is becoming something of concern for all of us. I make that point because all of us are well aware that this is the Crop-Over Festival and three or four years ago, Red Plastic Bag could have sung easily about the level of corruption that took place with air conditioners that were ordered and never used or the level of pilferage that takes place in the kitchen or the laundry.

The reality is, Sir, that we have serious problems addressing this society. They become more acute in the context of a hospital which we are dealing with now. The risks there, in fact, relate to whether a person lives, whether

they heal better, whether they feel worse or whether they die. Therefore, the impact of that negative behaviour appears to be greater in the context of a hospital than it does in a hotel, where people's expectations relate to pleasure and leisure and not health and well being.

I want to suggest, Sir, therefore that we are going to have to address those fundamental issues if we expect the quality of health care to change in this country. I also want to suggest, Mr. Speaker, that one of the handicaps of being a public sector institution, in the context of being the only major deliverer of health care at the primary, secondary and tertiary levels in this country is a recognition that we are locked in to public sector terms and conditions of employment.

Sir, what do I mean by that? I believe that Governments of the future will have serious problems in being able to attract professionals to work as clinical officers, engineers, health care professionals, lawyers and in almost every discipline, largely because the gap between what is paid within the public sector for those core services and what is paid in the private sector for the same services, is becoming wider and wider. In those circumstances, we may well have to look at new ways of being able to attract persons who are professionals delivering a technical service into our public service, rather than just simply relying on the salary which they are paid.

It may require us to look, Sir, at giving them an accrued form of pension for coming and serving a five-year or a ten-year period. It may require us to look, Sir, at treating them outside of the context of service, purely on contract with a gratuity, without having the security of tenure that persons normally get when joining the Public Service. It may require us, Sir, to be creative in a range of ways but the mental point is this, that when a doctor can earn x amount by setting up a private practice but can only earn x/y , the sum being half of what is earned privately, you are going to find that that doctor, or that engineer, or that lawyer is going to want less and less to join the ranks of the Public Service to deliver those technical skills.

We therefore are going to have to look at creative ways across the Public Service, particularly, in critical institutions such as a hospital, to attract the best quality of personnel available, while at the same time, Mr. Speaker, being able to give them compensation that is not totally out of whack but, in fact, properly compensates them in relation to what they may otherwise earn.

3.15 p.m.

Sir, you have signalled to me but I just want to say before I sit that the one thing that must be paramount in any debate on the restructuring of the health care system in

Barbados is that we have a total set of variables that are upon us. We have an aging population. We are going to have to look more and more at the delivery of community care as part and parcel of the health system.

We have already a network of polyclinics which were designed by this Barbados Labour Party Government to take the pressure off the acute health care system at the Queen Elizabeth Hospital. We have a system that allows for limited access on a free basis for pharmaceuticals in this country. We have an opportunity where other persons suffering from chronic diseases can benefit from the delivery of free health care. If we want to continue to maintain that level of health service to the general population, it is going to require that we be far more proactive and flexible in responding to the changing needs of the health care system.

The delivery of health care is a problem everywhere in the world but it becomes more and more of a problem if you want to maintain a level of services to your population that is as high as what we have become accustomed to in Barbados. I want to suggest that it is going to require a far greater level of multi-disciplinary approach that is rooted in understanding that there must be a commitment to understanding the cultural values of each individual because personal behaviour more and more is affecting the kind of profile that our health care system must deal with whether it is in terms of things like AIDS or drug addictions or in terms of road accidents and that kind of criminal behaviour.

We are going to have, therefore, to look more and more at spending money and effort on prevention and not simply curing. We are going to have to look at balancing what may be the best technology with what is the best technology we can deliver given the level of training that is available in Barbados. We are going to have to look at training for allied health workers, including nurses for export, as well as for domestic use and not simply feel that we must only train for the needs of the Queen Elizabeth Hospital in the year 2001. We are going to have to look more and more at importing specialty services in health care in respect of being able to meet some of the needs and demands of this population as it becomes far more sophisticated in respect of their expectation because they are living better and living a higher quality of life than they were necessarily living 20, 30 or 40 years ago.

I believe the question of health care is going to be an issue that is going to require a national approach both in terms of the joint efforts of the public and private sectors for the delivery of that health care and not simply to believe that a small developing country can do it all on its own with providing both the primary, secondary and tertiary level of health care in this country and that we are going to have to create the fiscal environment within which that can happen

more readily by a mixture of policies at the level of Government and by appealing to the private sector to become more involved in it.

I want to suggest that this is a Bill that requires the support of both Sides of this Parliament because it is one in which there is no partisan divide in terms of the administrative mechanisms but one that is necessary if we are to transform the culture as well as the type of governance at the Queen Elizabeth Hospital.

Hon. R. N. GREENIDGE: Mr. Speaker, I will not be too long. I promise you that.

Mr. Speaker, I was very pleased this morning when the Leader of the House, the Honourable Member for St. Thomas, kicked off this debate. In fact, he went back to 1965 and quoted from a veteran politician, Mr. Ernest Mottley, and some of the things which he quoted that Mr. Mottley said, sounded very, very familiar.

I say that, Sir, because it emphasizes a point which I want to make very early to the Opposition and it is this. The ills of the Queen Elizabeth Hospital did not begin in 1994 with the Honourable Member for St. James South nor two years ago with the present Minister of Health. The problems at the Queen Elizabeth Hospital are not new. Indeed, Sir, I would go as far as to say that the problems at the Queen Elizabeth Hospital began from the day there was a Queen Elizabeth Hospital. In fact, may be even earlier than that when there was a general hospital at Jemmotts Lane. As long as you have a situation where the State decides that it is going to be responsible for the health care of the nation there will be problems and the relevant Minister, whoever is Minister at the time, is going to get some lashes that will have nothing to do with his or her stewardship. That is the point I want to make.

The Honourable Member for St. John reminded us on about three occasions during his speech that a lot of the problems at the Hospital have to do with the ethos of the Hospital and I agree with that. Our Hospital concentrates on the delivery of health care rather than on making a lot of money and that is a fact. That is how our Hospital operates and anybody who heads an institution such as that and with an ethos such as that will eventually get some lashes, straight and simple. I am saying, Sir, that no Minister, whether it be a Barbados Labour Party Minister or a Democratic Labour Party Minister, will be able to do much better given the ethos of the Queen Elizabeth Hospital.

The fact of the matter is that successive Governments – the Barbados Labour Party Government and the Democratic Labour Party Government – have quite correctly frowned on making our poor people pay for their health care. Our Hospital undertakes to give every Barbadian citizen the

best health care possible because we know that the ordinary citizen would not be able to access proper health care if he or she has to pay for it.

Another point is this. All of the hospitals all over the world that have made money are hospitals which do not concentrate on giving free health care to poor people or to the indigent who cannot pay. Those hospitals the world over that make money rake in a lot of money from insurance companies and from payments by individuals and this money revolves — this is the point that I am making — to purchase equipment, drugs and so forth. Therefore, we consider them to be successful hospitals but the moment you enter one of those you have to sign a form; money. Before you get your operation, you have to sign a form because they concentrate largely on making money.

The point I am making which the Honourable Member for St. Lucy wants me to explain is this. Ours is very little different to welfare. Ours is almost like a welfare system. That is what we have in place. The point has to be made that drugs are very expensive, doctors are very expensive, equipment is expensive in the hospital and that health care is generally expensive. If countries that operate hospitals similar to the Queen Elizabeth Hospital, and they had to give those hospitals every single thing that the hospitals need in order to make them perfect institutions and free from criticism, then I am saying that those countries would never be able to build another road, they would never be able to build another school, sports facility or children's home. It takes so much money to run one of those hospitals free from criticism that it would not be possible to achieve that.

3.25 p.m.

Sir, the point I am making is that the Queen Elizabeth Hospital will always be a challenge for us given the level of our population which is growing and given the level of resources at our disposal.

The Honourable Member for St. Thomas when he was speaking this morning, made the point that from time to time the Hospital is the subject of intense political debate. I would describe that statement, Sir, as a euphemism and I say that, Sir, because hospitals the world over are institutions which concentrate first of all on curing illnesses. They concentrate on saving lives and, therefore, they will continue to be used as political footballs. Some institutions, Mr. Speaker, make better political footballs than others because of their sensitivity.

As I said, Sir, hospitals concentrate on illnesses and saving lives and, therefore, the Queen Elizabeth Hospital is one of those institutions that will always be in the political

limelight. But I want to make the point, Sir, that the Queen Elizabeth Hospital is indeed a very good institution and neither the Government nor the Opposition should seek to give our people or our visitors the impression that it is otherwise.

The people who work at the Hospital, Mr. Speaker, want to hear some of the kudos too. Our Matrons at the Hospital possess excellent nursing and managerial skills. I would think, Sir, that they are among the best you can get anywhere in the world. Our Open Heart Surgery Unit is an excellent one. Perhaps it is as good as any in the world. We have trained doctors who have left the Queen Elizabeth Hospital and who have gone the world over and become tops at other institutions largely because their foundation was based on the training they received at the Queen Elizabeth Hospital. I would think that we have good doctors and nurses generally, Mr. Speaker, and that the Queen Elizabeth Hospital gives extremely good nursing care.

Ever so often, Mr. Speaker, we read in our daily newspapers where we see letters from visitors who have come here from the United States, Sweden, England and Germany and who have gone to the Hospital as patients. They have written in the newspaper to say what excellent nursing care they have received at the Queen Elizabeth Hospital. You can see that in our newspapers almost weekly. People are always commenting on it.

I would think, Sir, that in spite of all we have said about the Queen Elizabeth Hospital that our success rate in our surgical operations is extremely high. I do not think that anyone of us in here can say that we know of instances where patients died in operating theaters in Barbados. I am sure, Sir, there will be occasions when we will have what we can consider to be a successful operation, yes, and then the patient may very well die a month or two after. But the point I am making is that maybe that patient would have died anyhow.

Sir, we kick the Hospital about and we treat it, as I said, like a political football. I personally would have no fear whatsoever of being admitted to the Queen Elizabeth Hospital. I have been a patient there. I have seen too many of my good friends go in there very sick and they have come back out after a very serious operation in fine spirits and in good health. Mr. Speaker, even though I do not wish to get personal, you yourself are testimony to this. I have gone to the Hospital and looked for the Honourable Member for St. James North. The Honourable Member for Christ Church South has been there. All of us can bear testimony that the Queen Elizabeth Hospital is indeed a good institution and we kick it about.

I want to say something, Mr. Speaker, and it may not be the best time to say this. I believe that some of our

Oppositions in the region have pulled down our institutions only because they want to get political upmanship from the Government, but deep within themselves they know that they are doing the wrong thing. I believe we have been hurting the Hospital only because of politics. That is the way I feel. Barbados is included with that Opposition, yes.

Mr. Speaker, I know of a Trinidadian who has money, too, who had a choice of going to Miami or going to the Queen Elizabeth Hospital and believe you me, Mr. Speaker, he chose the Queen Elizabeth Hospital. Yes, Mr. Speaker, nurses have left the Queen Elizabeth Hospital recently but, Mr. Speaker, nurses have left before. Indeed, when the Honourable Member for St. Thomas was reading from a 1965 debate on the Queen Elizabeth Hospital, Mr. Mottley was saying that nurses were leaving. Nurses have left before. Do you know what the beauty of that is, Mr. Speaker? When our nurses leave these shores and when they reach their destination, Mr. Speaker, they can hit the ground running. Sometimes when they walk into the institution overseas, they walk into the institution better trained than the ones who are already there. That is testimony, Mr. Speaker, of the training which they received at the Queen Elizabeth Hospital. We have badly criticized the Queen Elizabeth Hospital and yet to my mind there are more successes at that institution than there are failures.

I believe, Sir, that once we have got certain things out of the way then we can appreciate what is happening with this Queen Elizabeth Hospital Board. Once we admit that we should not turn away the poor and the indigent, especially people from Gall Hill, St. John, Checker Hall, St. Lucy and Marley Vale, St. Philip and the City and once we admit there is a price for that free health care that we give and we have limited resources to operate, then I believe we can look and see what is going wrong. We should try and remedy them as best as possible.

3.35 p.m.

I believe that the Board is the first step in creating good management and as I look at the composition of the Board and, indeed, the Honourable Member for St. John has complimented this type of Board – basically he has a big heart – it is not a board that you can say that people on the Board are the friends of the Minister. It is a board that has a catchment of good skills and persons who understand how to run a hospital. You are not chosen because you are the Minister's friend and so forth.

We are seeking to put in place a team to ensure that proper management systems are in place to counteract some of the negatives which have been identified at the Hospital. Mr. Speaker, the Hospital is a big institution and it has a mammoth working force. We are dealing with all types of

staff, from doctors to maids, and I think you will need very good human resource management to deal with some of the problems there. We believe that the Board will go a long way towards addressing those problems.

To my mind, Sir, one of the main problems the Board has to look at is that there are too many persons still in acting positions at the Hospital. People have acted for four and five years. I know matrons who have acted for four years and went home still holding an acting position. Even now, the matron there is acting. Even now, the assistant there is acting for four years and this type of thing. I do not think that is good. I believe that if the person who is acting as matron now is qualified that the Board almost immediately should see that she is appointed. I think it is unfair to keep persons like that acting for so long. It cannot be good for an institution, especially an institution such as the Queen Elizabeth Hospital.

Acting in a position like that at the Queen Elizabeth Hospital breeds insecurity. Acting in a position like that at the Queen Elizabeth Hospital breeds lack of confidence. It breeds lack of forcefulness. On the other hand, Sir, if the person who is acting as matron is not qualified, advertise and get somebody who is qualified and put in place and let us move on. The Board clearly from its mandate now has the power and can rectify this particular situation.

What I want to say, and this is not only at the Queen Elizabeth Hospital but in the Civil Service generally, something for which we have to be watching, is that there are some people who are very qualified where training is concerned. They go on training course after training course. They hop in and hop back out and never spend enough practical time on the job. I do not think, Sir, that these are the ones that one would want to appoint at an institution such as the Queen Elizabeth Hospital so that we have to be very careful that in choosing those persons we choose people who also have that practical skill, not just running off to training courses one after the other. I think this is something which the Board should look at.

There will be numerous administrative problems from time to time. Yes, Mr. Speaker, the dialysis machine like machines will break down. I believe we have more people on dialysis machines now than at any other time in the history of Barbados. When I was a boy I hardly knew of this. I think there was some other procedure.

Aside.

Hon. R. N. GREENDIGE: As the Honourable Member for St. Thomas said, I did not even know the word.

I remember a meeting that we held at the Springer Memorial School and the Minister of Health was there and

I was stunned at the number of dialysis patients there. We are going to have these problems. We would want to correct the problems and the areas in which we can see wastage and I think that this is another matter that the Board has to look at carefully, the whole question of wastage.

As the Honourable Member for St. Thomas was saying this morning, the matters are too many and these administrative things are too varied in this day and age for a single director to be the last call on every single issue. That clearly is not a situation that we would want to perpetuate. There are too many responsibilities for him to be always saying that I am the last call and all of these are my responsibilities.

Mr. Speaker, I would want to commend the whole idea of putting a board in place at the Queen Elizabeth Hospital. I think that it will help us to make the institution a much better and manageable institution than it is now. I think the Queen Elizabeth Hospital can continue to be a success and I believe the Board will perform a pivotal role in this regard.

I am obliged to you, Mr. Speaker.

Mr. D. St. E. KELLMAN: Mr. Speaker, I rise to speak on this Bill and to say from the outset that it is one thing to come to Parliament and bring a Bill to set up a statutory board, but it is another thing to come to Parliament with a plan to correct the medical ills of one's country.

It is clear to me, Sir, that if we believe that only in setting up a statutory board we are going to create and solve the problems we now find before us we would be fooling ourselves. I am not happy with the idea of running the Hospital by a statutory board because if one looks at the operations of the Hospital as it stands one would have expected that there would not have been a lot of political interference. The truth is that because of the system we operated previously, if there is political interference in that system, even though the system is set up as it stands, should not be tampered with by politicians and we are hearing about a lot of tampering by politicians and the causing of deficiencies within the system, one must ask oneself what will happen when you have a statutory board to run the Hospital.

We have to recognise that we are in a world where globalization and trade liberalisation are important and we must recognise that in order for our country to be very competitive that our people must be healthy people. That is why it is important that our Hospital be not under stress and we recognise that because of the demands of the world and not necessarily the demands of the country, it is important that the people and those especially at the mass based end find that they have access to the health care as they demand.

As I speak to you, Sir, the truth is that we cannot brag of that fact. It is far from the truth, and that is why we sometimes wonder why our productive sectors are not performing the way they are performing because every single thing in Barbados is under stress. When one looks at the location of the particular Hospital, one would realise that we are in a situation where that Hospital has many environmental problems. If we are to improve the health care of that particular Hospital, we must first look at the environmental problems that it is confronted with at this particular time. When one looks at Martindales Road, and one considers the pollution that patients who are supposed to be resting and breathing in fresh air are forced every day to inhale, not what we would call fresh air, but something which is very much polluted, we must ponder.
3.45 p.m.

Sir, it is not only pollution in terms of the air that we breathe, but the noise level that the patients have to put up with. One expects when in a hospital, not to have to put up with such things. We believe that we must not expand the Hospital even though it is bursting at the seams and there is no place to put any more patients. One would have thought in the year 2001 that Government would recognise the need of looking at a second hospital to relieve the stress at the Queen Elizabeth Hospital.

We have another major problem in our society where the accessibility to get to the Hospital is not as easy as it used to be, thanks to the Minister of Public Works who has now created mass confusion on the roads in Barbados. I believe that the Minister of Health should bring in some helicopters to fly patients to the Queen Elizabeth Hospital.

Sir, we must do a case study. We must ask ourselves as politicians how many of us have contributed to the death of many people in this country because of lack of ambulances and accessibility to get patients to and from the hospital. Sir, these are serious matters and they cannot be dealt with if we continue to run the Hospital in this manner.

Sir, we also have to recognise that the Hospital cannot be seen as a political football. I know of no statutory board in this country that can be regarded as a political football. We have a situation where every year the Auditor General writes in his Report about the abuse of Line Items, but now a clever Government that does not want to get the wrath of the Auditor General, who happens to be an independent person, will confuse the Auditor General by introducing virements.

Sir, a smart Government who wants to confuse the Opposition will make it sound as if they are doing the best thing in the world, but the truth is that these virements will not only haunt the Opposition, but they will haunt the

taxpayers of this country because at election time there will be certain Line Items that will be abused by smart people somewhere to meet their political ends, and instead of patient care improving, you will find friends improving their wealth because of this particular action. Instead of having more scrutiny, we will move away from the system where we can come to Parliament and question people on these matters.

Sir, I can understand why sometimes people want to agree with these matters because they want flexibility but we have to look behind the wall and appreciate what can happen. Sir, it is regrettable that the Minister of Finance is not here because I would challenge him whether he agrees with this virement.

Asides.

Mr. D. St. E. KELLMAN: I am saying that the Minister of Finance does not agree with this and I want you to get up on a point of order and tell me that he agrees with this.

Hon. D. A. C. SIMMONS: Mr. Speaker, on a point of order. A Bill, before it comes to Parliament, must have the approval of Cabinet and Cabinet is collectively responsible for that Bill. I can say that the Prime Minister agrees with the provisions of this Bill even down to the composition of the Board.

Mr. D. St. E. KELLMAN: Sir, I am glad to hear that the Minister of Finance who is supposed to look after our finances feels good to know that he has now given leverage to officers and Ministers to find a loophole to abuse the funds of the taxpayers.

Mr. SPEAKER: Honourable Member, I will not accept what you are saying about an Honourable Member finding a way to abuse the funds of a taxpayer. I think you are imputing improper motives to an Honourable Member.

Mr. D. St. E. KELLMAN: Sir, I will correct that. I am saying that previously when somebody overspent a particular Head with no justification now with the new amendment there is nothing to hold the Member back. The Member can now decide to pump up certain Heads and spend the money under the excuse that there is money and they can do whatever they like.

Hon. Miss B. A. MILLER: Mr. Speaker, on a point of order. If the Honourable Member would look at Clause 18 it says:

“...expect that the total expenditure for the financial year must not exceed the amount approved for that year.”

Sir, it is not a question of doing as you like.

Mr. D. St. E. KELLMAN: Mr. Speaker, the Deputy Prime Minister who sometimes acts as the Minister of Finance is saying that no Member waits until close to the financial year, looks around and to see which Head has savings under it, and goes on a spending spree. I am sure the Deputy Prime Minister is quite aware that there are Members who shop around to see what they can buy which they would not normally purchase within a particular year before March 31st.

Hon. Miss B. A. MILLER: Mr. Speaker, on a point of order. I take no delight in interrupting the Honourable Member but I will read the entire Clause 18. It says:

“The Board may apply savings realized under any Head of its estimates or surplus over estimated receipts to meet the deficiencies under another Head of the Estimates; except that the total expenditure for a financial year must not exceed the amount approved for that year.”

You cannot go out and buy a bus or boat if it is not already in your estimates. It is saying that if you are underspending in one Head you can apply virement to achieve something under another head but you cannot import something new for which you did not go to the Minister of Finance and which was not voted. The Honourable Member is trying to imply that people would go on a wild spending spree.

Mr. D. St. E. KELLMAN: Mr. Speaker, now the Deputy Prime Minister who sometimes acts as the Minister of Finance tells me that you must have the permission of the Board.

Mr. SPEAKER: Honourable Member for St. Lucy please let us get on with the debate. The explanation is very clear about the intent of the Bill.

Mr. D. St. E. KELLMAN: Mr. Speaker, I must say that the power is in the hand of the Board and not the Minister of Finance and I would like this power to go back to the Minister of Finance and not given to the Board. The Minister of Finance needs to study this particular proposal.

Sir, I have expressed my opinion and the Other Side expressed their opinion and we will watch it.

I also want to ask the Other Side if this would limit the powers of the Auditor General. Will the Auditor General continue to report on this matter in the same way that he reports on overspending? As a Member of Government I am here to protect the interest of the citizens of this country.
3.55 p.m.

Hon. D. A. C. SIMMONS: On a point of order. The Honourable Member must read the Bill. Clause 15 (1) of the Bill says:

“The Board shall, in respect of its functions under this Act, keep proper accounts and adequate financial and other records to the satisfaction of and in accordance with the directions of the Auditor General or any auditor appointed under subsection (3) for the purpose of auditing the accounts.”

The accounts have to be set up with the assistance of the Auditor General and, indeed, the Accountant General, before the Board can function, must keep the records according to what the Auditor General requires.

In addition to that, we go further into Clause 15 (5)

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

The powers of the Auditor General are not in anyway limited under this Act and the Board has to comply with the accounting system that he approves.

Mr. D. St. E. KELLMAN: Mr. Speaker, this is a scenario that one must look at. Why is it that the Government has a position as it relates to the Hilton Hotel? They believe that in order to improve the Hilton Hotel they had to implode the Hilton Hotel because they could not work around the Hilton Hotel even though there is a season called a slow season.

The Queen Elizabeth Hospital that is bursting at its seams, they want to work on the Hospital at a time when it has in 100 per cent or more patients in it.

Asides.

Mr. D. St. E. KELLMAN: If you say that the Hospital can hold 200 patients and you put in 201 patients, it is more than 100 per cent.

Asides.

Mr. D. St. E. KELLMAN: I want to know, Mr. Speaker, why the interest of the tourists is more important than the interest of the masses that have to go to the Hospital. You cannot do any work on the Hilton Hotel as it stood because there were tourists and you could not work around it. You got rid of the Hotel and the tourists and now you want to work around the Hospital with patients in it. Sir, they

do not care about the environmental impact on the poor people of Barbados but we are interested in how it affects the tourists.

The Government knew that they wanted to carry out work at the Hospital and that they were going to introduce this Board, yet they allowed the St. Joseph Hospital to run to ruins when they could have easily used that as a buffer to ease the pressure on the QEH and, at least, do the work at the QEH in stages. I do not understand how a Government that pretends that it cares about the masses of people in Barbados will continue to carry out the work at that Hospital the way they proposed to do it. Am I to believe, as the Honourable Leader of the Opposition said, that there are certain people who have health insurance and they can go elsewhere but the masses who have to rely on the QEH have to continue to suffer under the system?

Am I to believe that setting up a Board will change these things for the masses, Sir? I await the reply from the Honourable Member for St. Thomas to tell me how health care will be improved when they set up a statutory board. I am awaiting the reply from him if that Board would use political pressure to influence the decisions that have to be made at the Hospital, whether the working conditions at that Hospital will be better than before and whether the workers are going to be happy working under a Board?

I know, Sir, that many workers would prefer to stay where they are because they do not have to worry about political appointees making decisions.

Asides.

Mr. D. St. E. KELLMAN: If we were in Government, the Honourable Member for the City would have been making the same point and would even be making a stronger point and would have stretched it further.

Asides.

Mr. D. St. E. KELLMAN: Mr. Speaker, if the Honourable Member for the City is saying that as it stands, the Ministry is being accused of political interference, tell me if you have a Board, whether you will get political interference? There is no department of Government that gets more political interference than statutory boards. We have to be serious about this and recognise the point. This Bill is supposed to be about health care, not strengthening the hands of politicians, but it is supposed to be strengthening the health care for the masses in this country.

Asides.

Mr. D. St. E. KELLMAN: I hope, Sir, that the people recognise what is going on and that their interest cannot be

in a statutory board, and that they continue to hold on to what they have.

Asides.

Mr. D. St. E. KELLMAN: The Sanitation Department is a statutory board and it cannot get any trucks and am I to believe that the Sanitation Department is going to be any different from the Queen Elizabeth Hospital?

I am saying that the people of Barbados need to recognise that a statutory board is not going to solve all our problems.

Sir, I recognise that the new Board has the power to borrow money but I do not see anything in this Bill which tells me how they are going to repay the money.
4.05 p.m.

What is also interesting, Sir, is that at the same time they mentioned the capacity of the Board to borrow loans, they did not mention about the capacity at which the loans will be repaid.

There is another section dealing with fees and, therefore, I would like to have a clear picture on fees. I do not want them to be clouded. I want to know who will have to pay them, because if you tell me that the Board can borrow and did not tell me what they would have to repay, I want to know. Do you know what is amazing? The Honourable Member for St. Philip North made an amazing point about fees. You study what he said. Do you remember when he said that I replied, "fees?" The point that the Honourable Member for St. Philip North made about most hospitals that are doing well are those that collect fees. Do you remember making that point? Now I am being told that, because of its structure, this new Hospital will be doing well.

I want to know if there is a linkage between fees and doing well, and I want the Government to tell us whether the QEH will continue to be financed the way it has been before, or whether there is going to be a new structure in place to finance it? It is very important for me to know, because I also understand that where previously if the QEH wanted to acquire new land, they would have done so through the Ministry of Housing and Lands, but now they come to themselves in order to acquire that land. That is the amazing thing.

You all could laugh as much as you like, the truth is that you all cannot beat those points. You need to tell me how they will finance these new things that they are now responsible for, because it is not coming from the Consolidated Fund. They will now get a grant to finance

their operations and bear in mind, there are also new charges that they now will be responsible for, but would now not have been responsible for in the past.

I want to say to this Parliament, that even though this Bill looks simple and seems to be in the interest of the masses, it needs a detailed study and, therefore, I am calling on those public officials who have the interest of the Government and the public of Barbados at heart, to take this Bill, analyse it and let us get more debate on it. This Bill is not as good as it looks. The cosmetologists have done their work and have prepared a beautiful face to the public of Barbados, but it is the actual implementation and workings of the Bill that one has to fear. The spin doctors will feel great to see how this Bill has been flaunted in Parliament and the Public Relations experts are proud of the way the Government has been able to bring this Bill to make it look so good, when in truth and in fact, when it is being delved into, there is a hidden agenda. I hope that those who understand the effects of these matters on the people of Barbados would recognize the point that I am making.

Again, from an environmental point of view...

Mr. SPEAKER: The Honourable Member has two minutes.

Mr. D. St. E. KELLMAN: No problem, Sir. Any minutes given to me can be used wisely. Sir, I will not claim the time as the second Speaker on the Other Side, but one would hope that the Honourable Member for St. James North would discuss this matter from an environmental point of view. I remember once saying in this Parliament that the biggest problem in Barbados to our environment is stress and the whole House laughed at me, because I had never explained it. One of the things which I would like to leave with this House...

Asides.

Mr. D. St. E. KELLMAN: No, I can go back, because I have facts to stand on and people forget that we live on plants and plants live on us and, therefore, if we are not healthy, automatically we will make the plants sick and *vice versa*. I thank you, Sir.

Mr. SPEAKER: The Honourable Member for the City.

Hon. Miss B. A. MILLER: Mr. Speaker, Sir, one would have hoped that after all these years the matter of health care in Barbados would have ceased to be a partisan, political matter, but apparently, as far as the QEH is concerned, Members on the Other Side are prepared to perpetuate bipartisanship in respect of it. It is sad because, Sir, the QEH as has been said and can bear being repeated,

is the only general hospital in Barbados and, therefore, we do not need any others. It is one of the very few teaching hospitals of the U.W.I.

From my own knowledge, I can tell you that it is the teaching hospital of first choice for medical students at the U.W.I. and we are discovering now, some even outside of the U.W.I.

The reality is, Sir, that we have reached a place where our student/patients ratio is higher than the ideal. The QEII is a general hospital with 600-odd beds, more than adequate to service a population of 267 000 persons in Barbados, those who visit Barbados and those who come to us from CARICOM countries for medical aid.

Indeed, Mr. Speaker, Sir, the reality is that the number of doctors per 1 000 of our population is superior to what you will find in most developed countries of the world, and that is a fact.

As a young, green Minister of Health in this Chamber, I remember being harried and harassed by Members on the Other Side. We were trying to put the National Health Service on the table. Just let me say a word about that, Sir...

Asides.

Hon. Miss B. A. MILLER: No, I hope and pray that I will live long enough to see it come around. We have a National Insurance Scheme in this country, Mr. Speaker, Sir. It was left on the desk of the Minister of Social Services in 1961 and the DLP put it on the ground. In the National Insurance Scheme, to this day 2001, we have a Maternity Benefit, Sickness Benefit, Death Benefit and Funeral Benefit, but the one thing that modern Barbados does not have is a Health Benefit. And all that this BLP Administration was trying to do between 1976 and 1981 was to put a medical or health benefit in the National Insurance Scheme, so that the old ladies in Gall Hill, St. John, Moon Town, St. John, in Chapman Lane, St. Michael, would be going to their doctors today without having to pay for the service at point of delivery.

In essence, what we were trying to do was to give every General Practitioner in Barbados a panel of no more than 2 700 persons. That would not have stopped him from having a private practice too, but those 2 700 persons in their catchment area would be going to the doctor today without paying for the doctor's service. Therefore, I do not believe in the sincerity of the Honourable Member for St. John when he tells me about the little old lady who now has to pay the doctor and does not have any insurance to cover it. When we were trying to put that opportunity before Parliament, the

medical profession fought me tooth and nail. What I did put before Parliament was a National Drug Service.
4.15 p.m.

I will defy any Government in the next 200 years to try to take it away from the people of Barbados. That is a National Drug Service that gives drugs freely, at a point of delivery, to every child under the age of 16 and every person over the age of 65. Also, special categories, such as diabetics, cancer patients, people who have hypertension and we are now about to put every HIV/AIDS positive person in Barbados as another special category within the Drug Service.

Sir, that is part of my record as a Minister of Health and I hope that I live to see the day when we will put a medical benefit in our social security system. I know of my knowledge that all the insurance companies in Barbados which run health schemes, run them at a loss. I sat on the Board of Life of Barbados (LOB) for years and I know whereof I speak.

Mr. Speaker, we have to look at the truth and the reality. I am distressed that Honourable Members on the Other Side would stand up in here today and seek to distort what they know is reality and what they know is truth. Also, Sir, some of them who should know better are out there now trying to distort and tell lies on the UNDP Report.

Barbados continues to be the leading developing country in terms of human development.

Aside.

Hon. Miss B. A. MILLER: Read the Report, do not distort it. Barbados has been overtaken by some developed countries, not developing, developed countries which are only now catching up to us and it is not that we have slipped back. Our rating has improved, but among the developing countries, we are still number one. I cannot believe that someone, who is a former Minister of Health – I know he hated it while he was the Minister of Health – should now be seeking to distort the truth of that Report.

Asides.

Hon. Miss B. A. MILLER: You are going to hear all of that and you do not see that on the front page of the newspaper. Moody has just given Barbados an excellent report, you do not see that on the front page of the newspapers but what you are going to see on the front page of the newspapers is who married who, but let me get back to the matter before the House.

Asides.

Mr. SPEAKER: Order, please.

Hon. Miss B. A. MILLER: This is the reality, Mr. Speaker, but it was never news in Barbados. It is news outside of Barbados but it was never news in Barbados. Let me get back to the point I am making here now.

Mr. Speaker, the QEH, like the Barbados Bridgetown Port and the Grantley Adams International Airport, and many other installations, is 40 years old. In fact, a lot of people overlooked the fact that this Barbados Labour Party Administration, before 1986, put the first major extension on the QEH, but in the years when we should have been upgrading that, we were starving the QEH saying that we are putting a hospital at St. Peter. For what purpose? For all of the money that was spent on it, it was like the crematorium that the late Dr. Caddle was building at Warrens. Hundreds of thousands of dollars have gone all down to Australia. Do you understand what I am saying, Mr. Speaker? All of these millions that were spent at St. Peter and we still did not have a hospital. It delivered one baby. Women deliver babies in Barbados all over the road. They get delivered in taxis, buses and all about the place so it is not a claim for sale that a baby was delivered at St. Joseph Hospital. Sir, my taxes and your taxes went into a structure which, in the end, could not be certified by "Ding Ding." That is what we had in here, but let me get back to my point.

Sir, the fact is that the QEH is 40 years old and we have to retrofit and expand it. The capacity is there for it. All of the lands where the old General Hospital used to be, are more than adequate to build any eight-storey building, custom designed for expanding services at the QEH. We have to do this because we have to be able to service a Barbados of the early 21st century. We should be doing this now so that for another 50 years, the Hospital can do its work.

The QEH was designed to service Barbadians down to the year 2000 and it has done that adequately and done it well. It should not be in our place now to curse it. Our place now is to make it so that it can carry us for the next 50 years.

Mr. Speaker, let us face facts and we have to decide what our priorities are. We, in Barbados, are prepared to spend \$100 million on the Bridgetown Port. We are prepared to spend \$120 million on the Grantley Adams International Airport. We are prepared to spend \$100 million on roads. We have to be prepared to spend \$200 million or even more on the QEH and nobody is quarrelling about it because we recognise our immediate and future needs.

Asides.

Hon. Miss B. A. MILLER: Yes. More than a new one because, Mr. Speaker, every day new specialities, disciplines

and technologies are working magic in the area of health and medicine and we need to be as close to the cutting edge as we can. We are not doing badly now, but we are not going to be able to improve unless we are prepared to make this investment.

At least with the QEH, we can see where our tax dollars are going, or we used to be able to see where our tax dollars were going. We have developed around the QEH, an entire health care industry. All of Belleville is moving in that direction. You have the Sir Winston Scott Polyclinic which is part of that network. Ladymeade Gardens is now turned into a place of private clinics. The Children Centre is there. The Cancer Society and the Heart Foundation are going over there, so that you are looking at an entire complex now in and around the QEH which can deliver health care in a modern Barbados in the early 21st century.

We do not need any satellite hospital to help us to do that but what we need to be looking at now also is to expand our geriatric hospital services because like any developed country, we have a health profile which is showing us a rapidly aging population and those are the services we should be looking to expand at the secondary and at the tertiary levels. The QEH can do what it has to do, if we will allow it.

The reality is that in the year 2001, we cannot continue any longer with a situation where a modern airport and modern hospital will be run from a desk in a ministry. In modern Barbados it just is not on. A perfect example is the Bridgetown Port which has been run by a Board for many years and it is a profit making centre for us.

Asides.

Hon. Miss B. A. MILLER: Why do you think the QEH should not also be a commercial entity? The QEH has many services that it can sell outside of Barbados. I would like to think that this new Board, which is going into place now, and I fully approve of it, should be looking to see where it can out-source certain non medical services in the QEH and even some of the medical ones. Can you tell me why the QEH needs to have a laundry on the premises? Out-source that. Can you tell me why catering and medical records cannot be out-sourced with the new technology?

I understand that even a west coast hotel in Barbados is planning now to contract out food and beverage.

Aside.

Hon. Miss B. A. MILLER: Food and beverage, Sir, and that is where the money is made, not accommodation and they are about to out-source that.

The QEH in a modern Barbados must look at these because modern hospitals do that. Medical records – is there any reason why you should not out-source that? We are making records in Barbados for companies in the United States and all over the world. The new technology allows us to do it. You do not need to take up precious square footage on Martindales to do that. Out-source it and you do not have to out-source it outside Barbados because there are Barbadians who are skilled and can do it. There are catering establishments here and, if we can cater for airlines which are flying all over the world, we can cater for the QEH and we do not have to do it on the premises.

The new Board, I hope, is going to take an open view and look at these things. If you look at the services, engineering and plant maintenance, that can be out-sourced, Sir, and we have well-trained Barbadians who can bid for that service, many companies, small businesses, medium-sized businesses and big businesses.

The Honourable Member who is the Minister in charge of small business development, I am sure would want to support me on this. Small and medium-sized businesses are out there and can deliver these services. I hope the new Board is going to have the foresight and the courage not to ignore these services as options for contracting out and in other words, out-sourcing.
4.25 p.m.

Landscaping, equipment, plant, cleaning and the maintenance of these things – in many modern hospitals in the world now, in hotels and in other big offices these things are out-sourced. You have a big business building but you do not ask the businessman to get into the cleaning business, you hire a cleaning firm to do that. If we are, in fact, looking to build up small and medium-sized enterprises, we must give them some avenues and this is a perfect example.

So I feel, as has been said in the debate already, that the major function of this Hospital must be for the highest quality patient care and the Hospital management should be focussing on that and not focussing on who is carrying away sheets, and that they do not have any toilet paper. That cannot be a matter for the Matron or the Manager of the Hospital every Monday morning. There are far more important medical matters which go directly to quality of care to deal with that.

Mr. Speaker, I believe, as I have said, that a modern Queen Elizabeth Hospital can have services which we can sell. All of the support services which we see in Belleville and around Barbados now are selling services even further afield in CARICOM as we speak. People are now doing medicine.

I saw a documentary on the television just a couple of weeks ago where doctors are now using robots and the doctors are sitting at a little console, sometimes not even inside the operating theatre, and so on. Doctors in Australia are literally conducting or superintending certain operating procedures at a distance of thousands of miles. Now, this is not new to us in the health care services in Barbados. Distance teaching really started with the University of the West Indies and in the faculty of medicine and we need to perfect these things and we need now to be leading in these things.

We have shown in this Barbados that small is not only beautiful, it is manageable, it can work and it has worked. This is part of what we are trying to persuade the developing world to understand. They must not try to stamp down on a little country like Barbados that is doing well. They should be looking at Barbados as a model for other developing countries to say it is durable, it can be done and it can be done well. All of us in here know that what I am speaking of is true. All of us in here know of people who have come from outside of Barbados for medical services in Barbados.

I have been ill from time to time like anybody else. I have had my share of it. I too have had a life threatening illness. When a doctor said to me he can begin my treatment in a particular country, I said, “No, no, thank you very much, I will go back to Barbados.” I have full confidence in the medical fraternity here. I have full confidence in the quality of care here. I have full confidence that the Queen Elizabeth Hospital is capable of providing good health care and that we have the capacity and the capability for it to continue to be the premier hospital in the CARICOM region.

So, Mr. Speaker, Sir, I would like to persuade my colleagues on the Other Side of the House that this is not an issue for bipartisanship. This is an area where we want to close ranks. This is something that we can show to the world that is good which is coming out of Barbados. There is a lot of envy you know, Sir. We must not fool ourselves because there is a lot of envy in this CARICOM. There is a lot of old time resentment going back to the days when other people’s nurses, teachers and policemen had to be trained here in Barbados. Naturally, from that I remember in my younger days that the majority of Headmasters, Commissioners of Police and the Matrons of hospitals in the Eastern Caribbean were Barbadians and because we have continued to build on that and to do well there is that little resentment inside, but we must not be turned back by that and we must not be afraid of what these things would cost us.

In the late 1950s and the early 1960s the Barbados Labour Party Administration out of sugar – there were no World Bank and no Inter-American Development Bank to look to – built a hospital, a modern airport, a modern port, three housing estates and four secondary schools. We did

that then. We cannot do that today with today's dollars and the way at which development moves today but we have to move forward now in today's terms.

As I said, we are at a place here where we are prepared to spend \$100 million to keep our Port so that it is ahead in the region. We will do the same with the airport, the road systems and the other facilities.

Asides.

Hon. Miss B. A. MILLER: We have to spend that kind of money on the Queen Elizabeth Hospital. We have to remember too that the Queen Elizabeth Hospital does not operate by itself and I want to close on this point because the Leader of the Opposition raised it in a provocative manner which, in my judgment, is not helpful.

The Queen Elizabeth Hospital will operate within the wider context of the national health policy of Barbados. It cannot operate as a kingdom within itself. It is one of the major underpinnings of that policy and it must continue to be so. We do not want those days where little petty dictators felt that they and only they knew where to go. This Bill that is before us is not speaking to the wider national health policy but is speaking to a component of it which is a major sector of Barbados.

It is all right for the Honourable Member for St. John to try to pooh-pooh it but moving the management of the Queen Elizabeth Hospital now from the desks of functionaries in a Ministry to modern management systems under a board of management is a major step. It was a major step when we did it for the Port and it will be a major step when we do it for the Airport because old habits die hard. We have to be very careful because some of the same people who want the *status quo* to remain are going to be the same people who you will want to help you to make the transition to a new way of doing business and a new way of management.

So the Board is not going to have easy passage but I wish it well. As Members of Parliament, representatives of the people, we have, in my judgement, a duty and an obligation to lend our support to this Board, particularly in the early days when we know it is not going to have easy passage. It is easy to make cheap political points on these issues, but as somebody said in here already today, all of us are going to get to that Hospital at some point in time. Ninety-nine percent of the babies born in Barbados have been born there and the majority of people who died in Barbados died there. The late Cameron Tudor once said, "Do not spit in the soup because everybody got to drink from the pot." So it is in all of our interest. I do not see how we can be bipartisan on this. The Hospital is there for the use of all of

us. I am not only talking about all of us in here, I am talking about Barbadians generally.

4.35 p.m.

Aside.

Hon. Miss B. A. MILLER: Imagine that the whole substance that he can bring to the debate today is that I travel often. Imagine the Leader of the Opposition drawing a massive salary and all that he can bring to this debate, and said it at least six times, is that I travel. I keep making the point Mr. Speaker, that I was travelling before I was a Minister. In my years in Opposition, I travelled more than I travel now as a Minister. I have miles that I can give you. Do you want more travelling to do? Man, leave it off! Deal with something of substance here! You see life in terms of who can travel. We island people always travel. It is no big thing now.

Get a new tailor! That is your biggest problem here today.

Mr. SPEAKER: Please! Do not let us get into that.

Hon. Miss B. A. MILLER: I am being helpful to him. From his boyhood, I have been trying to give him guidance in these matters. He will tell you that I have told him there are certain colours that he must not wear. They do not go with his eyes.

Asides.

Hon. Miss B. A. MILLER: When you have hair and eyes of a certain colour there are certain colours...

Asides.

Hon. Miss B. A. MILLER: Mr. Speaker, Sir, I see this which is before us as a beginning in a new century and in a new era and I look forward in our time, Sir, to a Queen Elizabeth Hospital which goes back again and again to service Barbados for years and hundreds of years to come. We have a network of polyclinics to support it. This is something that people forget. When we left Government in 1986, we had a network of polyclinics where doctors were in the polyclinics up to 10 o'clock at night, taking the load off what was then called the "Casualty" and now called "Emergency".

People forget that a man called Keith Simmons was a Minister of Health in this country. He didn't last long and that is why people forget it, but when the DLP came back into Government in 1986, they made him a Minister of Health and he changed the polyclinics back to an eight to four operation. It was wrong then, and it is wrong now. We

have to open it up to 10 o'clock. I raise a child. I have taken a child to a polyclinic at 10 o'clock a night to get her foot stitched up. In my constituency when people phone, you could tell them to go to the polyclinic it is open at 8 or 9 o'clock. I have been to a polyclinic at 9 o'clock at night.

Keith Simmons came in here and the DLP and put the polyclinics back on an eight to four footing. That is foolishness. Polyclinics should be open at 7 o'clock on mornings. Mothers carry their children to the Hospital before they go to school. The Board has to look at these things because that is partly to take some of the load off the Queen Elizabeth Hospital.

A lot of care nowadays, particularly in the psychiatric field, is now out-patient. Mind you, there are a lot of psychiatric out-patients about Barbados. You might even have one or two in here, Sir. That has always been the case. A lot of that care is out-patient care. The whole nature of care is changing.

We are soon going to get to a stage where you can sit down at your computer and have an examination with your doctor. All those things are happening now, Sir. We live in a modern Barbados where the Honourable Minister of Social Transformation is about to put computers in community centres. We live in a Barbados where every Bajan is soon going to have an e-mail address. This is where Barbados is.

We will be coming to a Barbados where your main hospital will be a place where you go on appointment to do certain things and the outpatient services do not have to be delivered on the physical grounds of the Queen Elizabeth Hospital. Mercifully, because of good planning in the early days we have lands available to deliver on this. So, I very much commend the Minister of Health in this regard and I am glad that this matter has finally come to this House. I will tell you this, one of the last things I did as a Minister of Health was to put... In fact, we actually got to the stage where I even named the members to the Board, but it did not come to pass.

I have learned after many long years in this House, Sir, that sometimes the timing is not right and sometimes you have to wait until people are ready for some things or until circumstances have evolved to a place where a concept which is new or different would fly. I have learnt to acknowledge that in my life. That is why I have confidence that one day we will see a medical benefit in the National Insurance Scheme so that my little old ladies in Chapman's Lane, in New Orleans and in the Pondsides will be able to go to their doctors if they feel the need to do that and that we would really only be going to the Hospital on a referral basis, not on a walk-in basis. Walk-in basis is for the polyclinics and the GPs, not the Hospital.

I commend the new Board and I hope that those who work, and I am making this last statement deliberately, in the health care system and in the support service system, and particularly in the Queen Elizabeth Hospital, will give their support to this new Board. I thank you, Sir.

Hon. Sir HAROLD St. JOHN: Mr. Speaker, I am very grateful for the opportunity to participate in a debate of this nature. I have been in politics for well over 30 years and the problems of the Hospital in Barbados, the problems of its administration, the problems of service delivery have been the subject of numerous debates in Parliament, irrespective of the Government in power at the particular period of time.

This matter has a long history. One only has to look at the Laws of Barbados to discover that in Barbados hospitals have been run by Boards, hospitals have been run as Government departments. Attempts have been made to change them from Government departments into Boards and now we are back to the position where the Government is passing the legislation once again to create a board to administer the affairs of the Hospital.

Why I say "passing the legislation" is because of the fact that on the Statute Book of Barbados, Cap. 54, there is a Bill which had as its objective much of the same provisions as this Bill has. This Bill, in fact, will now be repealing an existing law, Cap. 54.

The members on the Other Side, and all of us are debating this matter in the context that for a long period of time it was felt that the best way of administering the affairs of Barbados' General Hospital was in a structure in which a board would be in overall charge subject to directions of a policy nature from the Ministry of Health for its day-to-day administration.

Indeed, a comparison of the provisions in Cap. 54 with the present Bill would indicate that in some areas they have fundamental similarities. I, myself, have caveats about some things in this Bill.
4.45 p.m.

I feel that the Board is a representative Board of a lot of conflicting interests and I believe it will cause problems in the future. It is true of that Board, but it does not have the majority.

I am concerned about the principle of governance with conflicting interests of participants in decision making. You will find at the operational level that alignments will be formed, and it will be a question of today you vote for me, tomorrow I have to ask for your support. These are matters of human nature and we have to be very careful. I believe that

the public and everybody who is interested in health will appreciate that the structure of governance is one that has in it a possibility of conflict.

Sir, I also want to say that running a hospital is not an easy thing. One only has to compare our position with positions in the rest of the world. It is true to say that there are Governments who decide that it is their philosophy to be responsible for providing health care for all of the population. This Bill does not interfere with the view point that the Government of Barbados is responsible for the delivery of health care to the vast majority of people, in particular for those who cannot afford to pay for it. This is a fundamental tenet of this political party and I believe that it is one of the other political party too.

I believe it is an area in which there has never been a divide in Barbados. If you do not have that situation, you will be living in a country in which health care is rationed and we do not wish to live in that society. One only has to analyse the great societies in the world like the United States of America, and one would discover that if there is an area in which they are deficient, it is in the delivery of health care.

One of the great criticisms of the United States of America, as I understand it, is the fact that there is a large percentage of people who cannot get access to medical care because they are unable to pay for it and existing governmental schemes are not sufficiently wise as to be able to help them. On the other hand, if you look at a place like Cuba, one of the great things about Castro's revolution is that universally they are admired for the fact that health care is provided to each and every citizen. One has to look at this in relation to the fact that what we are trying to do here is to create a mechanism which will provide for a better delivery of health care.

I do not believe that the health care delivered in Barbados is bad. As a matter of fact, I am still a patient of the Queen Elizabeth Hospital and I have nothing but admiration for the care I have received. But then, some people might say that I received that care because it was me, but that is not true. I believe that, to a large extent, with the exception of the Accident and Emergency Department, because problems were there long before I came into politics, and there will remain there until there is a fundamental understanding in Barbados as to the distinction between a free medical clinic and the Accident and Emergency Department.

Sir, all of us as Members of Parliament will receive complaints periodically about the Accident and Emergency Department because there are people who wish to have operations and cannot get these operations either because there is a shortage of beds, operation theatres or doctors to perform these operations.

One must admit that there are problems in the Accident and Emergency Department. There are unquestionably problems in the delivery of health care, particularly operations to people who want them, and there are problems with the attitude, as the Honourable Leader of the Opposition mentioned. Mr. Speaker, I do not believe that there is any legislation that can cure that problem. Some people believe it can be cured by dismissing the recalcitrant people who do not provide health care.

One of the arguments I always heard for having a board is that by having a board one would be able to deal with the number of cases which require quick and swift disciplinary action which you cannot get from that enormously disappointing institution known as the Public Service Commission. There is absolutely no doubt that one of the greatest defects in the Constitution of Barbados is the Public Service Commission. Every country that adopted the Westminster system of Government has found that the abortion which was created called "the Public Service Commission" has failed.

Asides.

Hon. Sir HAROLD St. JOHN: It is a fact. Do not let us fool ourselves about it. You only have to be a practitioner in any area in Barbados and you will recognise it if you have to deal with a situation in which the Public Service Commission has to come into play. Mr. Speaker, it is evident even with appointments at the Queen Elizabeth Hospital.

One of the problems at the Queen Elizabeth Hospital that is a recurring decimal is that people know that doctors have a contract, that it will expire and that it has to be renewed, yet doctors are still not appointed in time so that those who go out will synchronise with those who come in. It is felt that by the creation of a board, and the creation of machinery within the Board to appoint people that this will get rid of these problems. Sir, I have had experience in many areas and I am not so sure that it is going to be an automatic cure, but we have to remove that excuse.

In the Bill there are represented organisations on the Board and the first thing these representative organisations do is to ensure that their salaries are protected because if there are not members, they cannot get their salaries. Mr. Speaker, it is felt that a less cumbersome machinery in relation to hiring and discipline will come into existence because you have replaced it with a board.

Sir, it is also felt that the existing operations are such that because of the constraints and the inflexibility of the Financial Rules and Regulations that money is very often available at the Hospital to do things which need to be done,

but because of the structure of the Estimates, you cannot move from one Head to another Head without going through a tremendous procedure, so very often money lapses when there is a need for it in other departments.

This Board, it is said, will get rid of that problem, but it will also depend on the quality of people running the financial department because unless your accounts are up-to-date, and your income and expenditure well-known, one will not be easily able to discover whether there is money available or not available.

Mr. Speaker, I want to make it clear that my understanding of the legislation is that there are elaborate provisions in here to provide for accountability. Obviously, the Government will be the greatest provider of the funds. The Queen Elizabeth Hospital cannot generate money from its fees to be able to pay its bills. The Queen Elizabeth Hospital Vote is somewhere in the vicinity of \$102 million, so there is absolutely no way that you could have fees structured that would pay for that.
4.55 p.m.

I understand that they have private hospitals in Barbados. There is one private hospital in Barbados. Sir, from what I have read they barely break even. They do not make a lot of money. It might appear that they are making money but they are not.

Sir, we do have a situation where the Government will continue to be a major provider of the money and there is no question of privatisation of the health service in Barbados. No modern country can do that. The United States of America is now trying to see how it can improve theirs and that is supposed to be a free-paying place. We do not contemplate that. What we want to do is to ensure that those who wish to have the privilege of using the private wards of the Hospital, that they should pay their dues for them because most people are insured. This is where insurance comes in.

Sir, the United Kingdom, that has a national health service, it is a proven fact that the majority of the unions in the United Kingdom have their own health insurance and their members do not go through the National Health Service, they go through BUPA. Barbados will be no different from any other country of the world. There will be a section of the public that will want to take advantage of the fee-paying part of the hospital. They will have private insurance that will cover that. What we have to ensure is that when they use the public institutions that they pay the fees because they have the insurance. The only beneficiary of that will be the insurance company.

Sir, this is a problem we have been debating in here for many years. You have people who have motor cars and are

involved in accidents. Theoretically, when they have an accident, one of the vehicles must be at fault. The occupants end up at the Queen Elizabeth Hospital. There is no mechanism I know, although the Law provides it, to ensure that as part of the insurance expenditure, that the treatment they receive at the Queen Elizabeth Hospital is paid for. I know when one looks at it, particularly now that we have a record number of accidents, theoretically the Hospital should be recovering from the insurance companies.

Asides.

Hon. Sir HAROLD St. JOHN: All of the nursing care and the other things that you have to do that arise out of the accident that they pay premiums for, I do not know of any mechanism we have to collect payment. It is something that we hope, now that we have a Board, will be closely looked at. I expect that with a board, the sources of revenue that are self-generated should be improved, Sir, not because there will be increase charges but because there will be a better and more efficient system of collecting the pre-existing charges. That is what my understanding is. Sir, I know everyone that is on the Board and the Advisory Committee. You argue it out like you have been arguing out for the last 30 years. This is a recurring decimal.

Sir, people may ask why if this is so, why has it not been implemented before? The answer is simple. Mr. Speaker, if you go through this Act, you will see that the Governments were not able to persuade the interested parties in the form of the various employees of the Hospital, that it is a good thing to allow them to give up their privilege status to become members.

I think we have reached the stage where the community has come to the conclusion that the interest of the 2 000 who are employed is not greater than the 268 000 people who have to depend on the Hospital. We have had a revolution, a change in thought. Regardless of the obstruction you may have had in the past, I do not think that is in existence now, although I must warn all members that I know there will be some reaction. As soon as we question the evaluation of the number of jobs and the evaluation of the work to be done, there will be reaction. There is no question about it. Barbados is no different from any other part of the world.

My understanding is that there are 2 000 people who are employed at the Queen Elizabeth Hospital in a 660-bed hospital. The ratio is more than three employees to one bed. Why in that circumstance do we not get the best care in the world? I do not understand. Ask yourself the question. Why do we not get the best? It may well be that you have more staff in one area and too few in others. It may well be that.

I do not expect a smooth passage in the introduction of this Bill. I think we should not fool ourselves that this is

going to be smooth. Sir, this is only the beginning. I want to say I feel that there is a lot we can do with respect to the physical structure of the Hospital. There is absolutely no doubt that if you have a building that is over 30 years old, one cannot expect that building could continue to function, particularly as the amount of money for maintenance that should be granted yearly, had not be granted.

The Honourable Member for St. Lucy is an Accountant and he knows that one of the things that the accounting profession has never been able to solve is, that they have never been able to persuade income tax authorities that the depreciation is a legitimate charge of income because you have to maintain buildings. They have always said that you cannot get depreciation off for any kind of purposes because buildings do not become obsolete. Now, that is a nonsensical thing because since the emergence of electronics, the need for installing new electrical, plumbing and air conditioning systems are such, that one has to take into account that when you get depreciation for those areas, you still have to have depreciation for the structure of the building because you have very often to cut out the walls.

Therefore, there is a thing called "obsolescence" that creeps in year after year. Government accounting does not make provision for maintenance of buildings whether it is at the Hospital, or all the public buildings across the country. It is something that people who are involved in the application of money have to take into account.

I believe that it is possible to refurbish this hospital by doing like what many people do that is parallel with the refurbishment. Sir, you build a new wing and while you are refurbishing the Hospital, you are using that new wing for the purpose of accommodation of the existing wings which were housed in the Hospital. In other words, you have a parallel operation and I believe that is the way it will be done.

5.05 p.m.

I also believe that when we talk about the cost of \$200 million, that is not a large amount of money because this is a million dollar economy that we are dealing with. This is not a large sum of money to be spent on the Hospital and the money will not be spent at one time. As I understand it, the money will probably be spent over a five-year period.

The other interesting thing is that in public finance hospitals, like prisons and a few other institutions, have attracted what is called "public/private sector initiatives". You get combinations of banks, builders, architects and specialists all coming together and providing a total scheme to Government to be repaid over a 30-year period.

I am confident that in a country like Barbados we could be specialists in that area. All over the world, Canada, United Kingdom, United States of America there are specialists who will provide the physical infrastructure to do so. As the Honourable Member for the City has said, hospitals all over the world are now being managed by a large amount of out-sourcing and it does not necessarily mean that one has to go outside because one can encourage existing workers to form companies to do the out-sourcing. That is a fundamental point and a challenge.

I cannot understand how the engineers cannot maintain the air-conditioning at the QEH. Something must be fundamentally wrong. I do not understand the Data Processing Department. I keep saying that Barbados does itself a disservice when it says that the Government cannot provide data on the Government departments, because we sell ourselves to the world as being data processors. How is it that we cannot have computerization fully understood and implemented in our institution? This is a challenge to the Civil Service. One thing the Civil Service can do is to investigate why that cannot be done. Why are we selling ourselves to the world as a data processing service and we cannot do it at neither the Income Tax Department, the Customs Department, the Hospital or anywhere else? That is a serious problem and it is a reflection of ourselves. Subject to the claims of the Act, Sir, I am hopeful that this will result in an improvement of the situation.

I want to emphasize that I still believe, and as the Member for the City has said, that though we recognize that there are inefficiencies at the QEH, we must also recognize that there are also areas of good service.

The last point I would like to make deals with the Accident and Emergency Department. When Mr. Joy Edwards was Minister of Health, he once prided himself that he would get to the bottom of the problem with the Casualty and decided that he would dress up in short pants, put on an old cork hat, put on old shoes and would walk into the Casualty Department with a stick to see what would have happened, but it only took the staff there one or two days to recognize that that was the Minister coming in, but he was not able to improve the situation.

When Don Blackman was also Minister of Health, he was going to do the same thing. He was going to clean up all the bad service in the Casualty. Neither was not able to do it. He did make the point that Barbadians misunderstood the primary function of the Accident and Emergency Department, as opposed to a general practitioner institution. We went through this in Cabinet for 10 years and the intention was that those services in the Accident and Emergency Department that were of a general practitioner nature should gradually be phased out and be provided by the Polyclinics.

The siting of the Sir Winston Scott Polyclinic next to the Hospital was deliberately done because it was felt that the people were so accustomed to going to the Casualty, that an institution would have to be put next door so that they would still feel as though they were part and parcel of the Hospital, but unfortunately, the period of time when those services are needed... Do not let us fool ourselves, there are a lot of people needing those services, who have asthma or recurring problems. They do not want to miss a day's work. They do not want to go between 8.00 a.m and 4.00 p.m., or 7.00 a.m. and 4.00 p.m., or 7.00 a.m. and 5.00 p.m. They want to go to work first and then return to the Casualty for attention later, but when they come in, they will not be treated the same way as someone with a stab wound or being sick so that, obviously, the priority is going to go to those persons, so this is part of the problem. This will not work unless there is a massive educational programme among the populace to let them understand the true function of the Accident and Emergency Department but, at the same time, we must increase the availability of services at the Polyclinics throughout the island, and we ask the Honourable Member and his lady from Hothersal, St. John to go to the St. John Polyclinic...

Asides.

Hon. Sir. H. St. JOHN: Oh, if she has an emergency like asthma, a broken foot, or about to born a baby, she should get attention at the QEH, but for colds and coughs, et cetera, that is for the Polyclinic. That is something we have to recognize as being parallel with those other things and all in all, I feel that we should give it a try.

We should be bold enough to do what we were not bold enough, in 1966, to do and that is to implement the Act. We must implement and recognize that it will not necessarily be perfect because we are human beings. The only imperfection one may have may be in the administration of these services. As is agreed, it was not a question of resources, because \$102 million is not stinted, it is a question of how to use that human resources which we hope we would be able to transform into the kind of people we would like to see as caregivers. I thank you, Sir.

Hon. D. A. C. SIMMONS: Mr. Speaker, I rise to wind up. It is very oppressive in here, because the air-conditioning has failed us for some time. The Members are labouring, and so I am not going to make any long reply, but just to answer a few points that were made from the Other Side.

The Advisory Committee has, in fact, prepared a Patients' Charter and when the Board is in place, this is one of the things that will be looked at and adopted. They are also looking at hospital accreditation. All other outstanding matters will be dealt with by the Board, but I think there was

still some misunderstanding about the relationship between the Minister expounding macro-policies and the Board developing micro-policies, in section 6. I just wish to reiterate. I have never known a bill coming here to establish a statutory Board in which the Minister outlines all of his policies. The Minister explains what the Bill is about but, at this stage, he does not divulge his policies because certainly in the case of the Hospital Board, the Law mandates the Board to develop policies which would then go to the Minister and inform his overall policy, which is unusual, as I pointed out earlier in section 6.

5.15 p.m.

At this stage, he does not divulge his policies because, certainly in the case of the Hospital Board, the Law mandates the Board – which is unusual, as I pointed out earlier, in section 6 – has to develop policies, which will then go to the Minister to inform him of its overall policies. At that point, the Minister will have a number of policy guidelines in respect of the various areas of operation of the hospital.

I think it would be presumptuous for anyone presenting the Bill at this stage, before a board has met, to say that these are the policy guidelines of the Ministry, especially where the Law now says that those ministerial guidelines should be informed by the Board itself, so I understand that and we will agree to disagree on that, Sir.

Asides.

Hon. D. A. C. SIMMONS: Sir, some of the matters the Honourable Leader of the Opposition raised, I think, will find their way more appropriately in the regulations that have to be made and those are being drafted at this stage. Therefore, in due course, Sir, I think a lot of the matters in the mind of the Honourable Member for St. John, will be addressed.

I understand the point made by the Honourable Member for Christ Church South that people on the Board will be pushing various interests and protecting various interests, but you have that when you are a nominee of an organisation, or if you are a ministerial appointee. A lot depends on the strength and eminence of the Chairman of the Board, and I hope that this Board will function in a way that recognises the relationship between the Minister and the Chairman.

Some Boards, as soon as they have a chairman, decide that they are free to do as they like. They do not communicate with the Minister. The Minister phones and they do not phone back. When you ask them to check something for you, they never call you back and they become independent republics. These people have to develop a relationship between the Minister and the Chairman.

I can speak at length on these matters, Sir, because I have been Chairman of several Boards in my time.

Asides.

Hon. D. A. C. SIMMONS: I wish to just finish on the same note that the Honourable Member for Christ Church South finished on before we wind up and, that is, we are trying something now that for over 35 years, Governments have not had the courage to see through. They went as far as drafting a law and putting it on the Statute Book but we never followed through and more and more the problems at the Hospital multiplied and they have almost become detractable. I think that it behoves all of us to give this Board an opportunity and let them try to change things at the Hospital.

When I was first on the Public Accounts Committee after the 1976 Election, I remember the late Right Honourable Errol Barrow complaining, as Chairman of the Public Accounts Committee, because he was calling consistently for the accounts of the Hospital without success. He finally called the officials and said, "I give up on you all" because when he was trying, when he was the Minister of Finance, to keep all the supplies of materials within the boundaries of the Estimates, and every year there were requests for supplementaries. He said that we had to give up because there were two parallel operations going on at the Hospital. This is prior to 1976. Where were the supplies and materials going? People were raiding them.

I do not know if that was a malfunction of the central Government bureaucracy. If it has been, I hope that this new Board will be able, by the institution or implementation of various financial strategies and policies, to clean up that.

I also wish to point out to the House that the Honourable Member for Christ Church South made a very strong point that we have tended to neglect the maintenance aspect of the Hospital over the years. I checked the Estimates and there is no 611 Vote for the Hospital. There is a 211 Vote, Maintenance of Property but that is for computers and contracts to pay people and so on, but building maintenance and physical maintenance is not here.

Asides.

Hon. D. A. C. SIMMONS: What you have is a structures vote for \$4.4 million that is capital but I agree that every year, \$1 million or \$1.5 million should be put in the Estimates to do maintenance to the Hospital.

The reason why the Regional Police Training Centre is the best kept public building in Barbados is that every year we spend \$50 000 or \$60 000 doing basic things like

painting and that has been so before my time. It is near to the sea but it is in excellent condition.

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

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

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

On the motion of Hon. D. A. C. SIMMONS, seconded by Hon. Miss B. A. MILLER, the House resolved itself into Committee, Mr. D. CARTER in the Chair.

COMMITTEE

Mr. CHAIRMAN: This Honourable House is now in Committee.

Clauses 1 to 25, inclusive, were called and passed.

The Schedule was called.

Hon. D. A. C. SIMMONS: Sir, I beg to move that the Schedule be amended in terms of the Schedule that has been circulated today, dated 17th July, 2001.

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

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

On the motion of Hon. D. A. C. SIMMONS, seconded by Hon. Miss B. A. MILLER, Mr. CHAIRMAN reported to His Honour, the SPEAKER, the passing of one Bill in Committee with amendment and Mr. SPEAKER resumed the Chair and reported accordingly.

On the separate motions of Hon. D. A. C. SIMMONS, seconded by Hon. Miss B. A. MILLER, the Bill was read a third time, passed and cited as the Queen Elizabeth Hospital Act, 2001.

ADJOURNMENT

Hon. D. A. C. SIMMONS: Sir, that concluded Government's Business for today and I beg to move that this Honourable House do now adjourn until Tuesday, 24th July 2001 at 11.00 a.m.

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

The question that the House do now adjourn until Tuesday, 24th July, 2001 at 11.00 a.m. was put and resolved in the affirmative without division and Mr. SPEAKER adjourned the House accordingly.
5.25 p.m.

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