

THE House of Assembly Debates

(OFFICIAL REPORT)

SECOND SESSION 1999 - 2004

Thursday, March 18, 2004

RESUMPTION

Mr. SPEAKER:

The House is now in Session. When the suspension was taken, the House was in Committee of Supply. To that, it will now revert.

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

COMMITTEE OF SUPPLY

Mr. CHAIRMAN:

This House is now in Committee of

Supply.

HEAD 23 - MINISTRY OF HEALTH

- \$242 686 007

Mr. CHAIRMAN:

The Honourable Member for Christ Church South.

Hon. J. X. WALCOTT:

Mr. Chairman, since Monday we have been discussing the economic projections and, indeed, the Estimates for this year. I think it is appropriate at this point that we discuss this Head dealing with Health, when we bear in mind the importance of the need for an efficient, equitable and easily accessible health system for the socio-economic development of our country.

Sir, at the risk of being repetitive, I will say again that this Administration remains committed and is extremely committed by its actions in investing in the social capital of this nation. Our health system is not a perfect one. It has its deficiencies. I have expressed my concerns from time to time and the public has criticised it from time to time. Some of this criticism is justified, while some is not.

Mr. Chairman, I think that when we reflect on the health system in Barbados, we have a good system

of which we should be proud. It is also one that a number of our neighbours have copied and have borrowed certain aspects of it. Indeed, the Barbados Drug Service has become a model for many of our Caribbean neighbours.

Sir, in spite of everything we hear almost on a daily basis, people come to Barbados seeking medical care. At this point I would like to commend and to thank those hundreds of health care workers who work diligently in this country, who are very dedicated and who, in some cases, go beyond the call of duty, in providing care and attention for the citizens of this country.

Mr. Chairman, I do not believe that I would be called precocious if I say at this time that the Opposition has a similar perspective of health care. I know that they understand the importance of an efficient health system for our national development.

I expect that there would be criticisms from the Opposition and of the system as it obtains. This is natural but during the coming hours I certainly look forward to not only criticisms but criticisms which are constructive, bearing in mind the importance of health care to national development. It is something that I do not think there should be a political divide over.

Sir, in this regard, this year the total request for health is \$306 702 609. The amount being required under this Head is \$242 686 007, which provides for various aspect of health care. We are now faced with numerous new challenges such as HIV/AIDS and its attack on the production group of the population, the 15 to 44 age group and the aging population.

Mr. Chairman, because of our health care standards, we are now faced with a demographic shift and epidemiological changes, where the population is changing. It is estimated that about 12 per cent of our population is over 65 and in the next 10 years, perhaps 70 per cent would be over 65. This puts additional strain on our health service.

There has been an increase in the chronic non communicable diseases while we have been all obsessed with HIV/AIDS. We seem to forget as we become more developed and as the society becomes more Americanised that we are seeing an increase in the cases of diabetes, hypertension, strokes and cancers. These are some of the things with which we have to deal. We are also faced with over-nutrition and obesity problems, with as much as 45 or 50 per cent of our females over the age of 40 being obese.

There is also an increase in violence, not only domestic but gang wars and drug trafficking. This puts an additional strain on our health resources.

Mr. Chairman, being mindful of this, the Ministry of Health embarked on a consultation in 2002 and has developed a strategic plan for health to take us into 2002 to 2012, as a means of allowing the Ministry of Health to deal with these problems of which I have just spoken.

Mr. Chairman, a number of main priority areas were identified, one being the area of health systems development. As an example of this, we have developed a strategic nursing plan and are looking at a whole system of Information Technology support for the Ministry of Health and, indeed, the Queen Elizabeth Hospital.

It deals with an area of institutional health services, which speak to the Queen Elizabeth Hospital, the Geriatric Hospitals, the Psychiatric Hospital and the various District Hospitals. It has identified an area called family health. Traditionally, the concept of family health was only maternal and child care but we have broadened it to include adolescents and male health, bearing in mind the importance of cancer of the prostate and other aspects of men's health.

H:No. 25 (154)

2:10 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

Another priority area identified is food and nutrition and the importance of physical activity, bearing in mind what I have said about the increase in chronic non-communicable diseases.

The area of HIV/AIDS and chronic non-communicable diseases, were two additional priority areas and also the area of communicable diseases, bearing in mind the recent upsurge of things like SARS and the West Nile virus.

Health and the environment is another priority area identified and we plan to deal with mental health reform. The tenth priority area was human resource and development within the healthcare system. Sir, these ten priority areas form the basis for the development of our Estimates for the next financial year.

The major areas of expenditure are expected to be allocated the following:

The Queen Elizabeth Hospital - \$115 million

The Barbados Drug Service - \$35.5 million

The Geriatric Hospital - \$26 million

The Psychiatric Hospital - \$26 million

The Sanitation Authority - \$27 million

The HIV/AIDS programme - \$9 million.

Sir, for completeness and to do it systematically, I plan, with your permission, to utilise the document as a means of reference to deal with this particular programme and subprogram. I hope that the Honourable Member for St. Philip West would be able to follow, bearing in mind he said this week that he did not believe in this document or any written herein.

The first is Program 040 which deals with direction and policy formulation services. It deals primarily with the administrative areas of the Ministry.

A new area this year is the Diabetes Foundation which has been allocated \$401 000 for next financial year. This is new because, bearing in mind what I have said about chronic non-communicable diseases, the Minister of Health has embarked on a programme with the Diabetes Foundation, members of which I have seen in the Gallery. They have received funds from English people who are interested in this country and its development and are about to set up a Diabetes Foundation to look at the management of diabetes. There will be a research component to it which will look at the sort of things that predispose persons to diabetes. It will also treat persons and provide clinic facilities. It is expected that it would be located across the street from the Queen Elizabeth Hospital thus creating a continuum of care for those who suffer with diabetes. We thought this was vitally important, bearing in mind the prevalence of diabetes which is approximately 18 per cent in our country.

Another area which is important under this programme Head is the management of funds from an EDF funding scheme. It is expected that the European Union would provide funds up to the tune of 10.5 million Euros equivalent to BDS\$24 million to be used across the health sector for assistance in developing programmes within our strategic plans over the next ten years.

The administration of this project will come from our general management coordinating services area.

The technical management services have been increased this year over the amount allocated last year. This area of the Ministry's work is very important. It has responsibility for the maintenance of the polyclinics, Geriatric Hospital and Psychiatric Hospital and to provide technical assistance to the Geriatric Hospital.

The proposed work is as follows:

At the Gordon Cummins Hospital there is provision for renovation to the females Ward 1 and 2 and to the Rehabilitation Unit to the tune of \$230 000.

At the St. Philip District Hospital there are plans to renovate the laundry, the kitchen and construct a new physiotherapy unit.

At St. Lucy's District Hospital there will be a complete renovation of the female's wards.

At the Sir Winston Scott Polyclinic there are plans to refurbish the laboratory and sections of the roof. Also, to refurbish roofs at the Black Rock, Warrens and Edgar Cochrane polyclinics and to paint the St. John's Out-patients Clinic.

There are plans to construct and renovate the Leptospirosis Laboratory and to commence work at the Children's Development Centre. Sir, this is showing our commitment to strengthening these institutions and caring for the elderly within our society.

At present, there is ongoing work at the St. Philip and Maurice Byer polyclinics and these are expected to be completed shortly in the new financial year.

In the case of the St. Joseph Out-patients Clinic, \$200 000 has been allocated in the new fiscal year for the construction of a new pharmacy to remove the problem that exists where persons have to go to the clinic and then go to the bottom of Horse Hill to access the pharmacy. Sir, the clinic and the pharmacy would now be in one place.

In addition, there is a projected cost under this same subprogram of over \$0.5 million to be involved in HIV/AIDS related projects, for construction of counselling rooms at the same polyclinic and to do work at the Ladymeade Reference Unit to expand the pharmacy and laboratory areas. Sir, those are the plans within this subprogram for the coming financial year.

Subprogram 374 deals with the Ministry's Planning and Research Unit. This is new and it should be recognised that the Planning and Research Unit (PRU) is the heart of the Ministry from where ideas should flow. There are plans to reorganise this department in the next year and to bring on board a biostatistician, health economist and an epidemiologist as none of these exist at the Ministry at this point in time. We think it is essentially important if we are to progress and be serious in health in 2004 that we should have these resources within our Ministry.

In addition, there is a plan to strengthen the information technology system within the Ministry and this unit will be the controlling centre. Already there are plans afoot to link four polyclinics to the PRU. The programme has five phases and will eventually include all polyclinics, the Geriatric Hospital, the Psychiatric Hospital and the Queen Elizabeth Hospital into a network where there will be intercommunication and exchange of information seeking to improve the efficiency of health care in this country.

Sir, \$72 320 733 has been allocated to Program 360 which has a number of subprograms. Subprogram 362 deals with maternal and child care polyclinics.

I want to speak about the extremely good work being done by our polyclinics. The Sir Winston Scott Polyclinic which was opened by the Honourable Member for the City in 1984 is the star ship around which most of the activities of these other polyclinics are centred. This is where the main laboratory and the sexually transmitted infections clinic are to be found, where the immunisation programme has its heart and where the Government eye testing and spectacles programme is located.

H25/Sequence 155

2:20 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

Sir, this year approximately \$230 000.00 is being provided for the acquisition of vaccines and \$186 000.00 is allocated for the provision of spectacles of school children. In addition, the polyclinics are expanding their services. There are plans afoot to expand and they have extended the opening hours.

Honourable Members would know that there is a fast-track system at the Sir Winston Scott Polyclinic where persons, who normally would have been accommodated at the Accident and Emergency Department, can go to the Sir Winston Scott Polyclinic. It is open normally until 10.00 p.m on weekdays and on Saturdays until 4.00 PM. Mr. Speaker, we are looking within the Ministry at extending the opening hours to a number of other polyclinics.

In addition, there are plans to expand our adolescent services and the provision of a men's health clinic. This did not obtain before because the concentration was on maternal and child health, looking after women who were pregnant during the early stages of pregnancy and children especially up to the age of five and ensuring that their immunisation status was up to date.

We have already started on two new ventures and so far they have been successful. The Change of Catheter Programme is now localised at various polyclinics. In the past, catheter could only be changed at the Queen Elizabeth Hospital and we could have a situation where an elderly gentleman would leave St. Lucy to travel to the Queen Elizabeth Hospital and wait several hours to have a catheter change, a simple procedure.

This programme started last October when we decided that it does not make sense for someone to travel from Speightstown to the Queen Elizabeth Hospital to get a catheter change when there is the Maurice Byer Polyclinic in St. Peter. I am sure that the Honourable Member for St. Lucy would be appreciative of this venture.

Sir, in addition, the Surgical Department of the Queen Elizabeth Hospital has started a sort of outreach programme where we are now having surgical outpatient clinics being held once a month at the various polyclinics throughout this island. This removes the need for persons having to be referred to the Queen Elizabeth Hospital to be given a date for an appointment to return in approximately six weeks.

Sir, patients are now currently seen by the doctor at the polyclinics and are given appointments to return to the clinic when the surgeon will be there. The surgeon would see the patient and if they need surgery, they would be given a date for the surgery rather than having to travel to the Queen Elizabeth Hospital two or three times to get an appointment for surgery.

Sir, these are some of the things that are happening in the polyclinic system. People normally associate the polyclinic with vaccines and things of this nature but, indeed a lot is happening. Over the years, the utilisation of the polyclinics has increased. In the year 2000, the number of people who visited the polyclinics was 380,000, by 2002, this figure increased to 398,051. This increase shows the utilisation of these clinics.

If you look at the statistics of the various polyclinics throughout the country, the trend continues. For example, in the year 2000, 32,000 attended the St. Philip Polyclinic and in the year 2001, this figure increased to 32,477. There is generally a trend in the usage of the polyclinics.

In the case of the St. John Satellite Clinic, there were 7,452 visits in 2000, by 2001 this figure had increased to 16,859. We have noticed the trend in the St. John Satellite Clinic and it is unfortunate that the Honourable Member for St. John is not here today because he raised his concerns.

Sir, we looked at the statistics and realised that we need to look at the Gall Hill Polyclinic. In this year's Estimates there is an allocation to provide a consultancy to look at an existing structure at Gall Hall which is earmarked to be a polyclinic to see how we can develop it for the needs of the people of St. John, bearing in mind the conditions at the St. John Polyclinic. There is overcrowding and inadequate facilities which have to be addressed.

Mr. Speaker, these polyclinics are providing a very useful service in the health sector in this country. As I said, there are plans afoot to do refurbishment and expansion to many of them.

The dental health service is an area that we do not hear a lot about. Over the past three years the Government carried out a recapitalisation programme within the polyclinic to provide dental care for pensioners and young children. This is an area that is being improved and a number of persons are utilising these services. Initially, the dental service was primarily for pensioners, pregnant females and young children but there are now persons who do not fall into those categories and who are going to the polyclinic to obtain extractions and other aspects of dental hygiene.

The environmental health officers in the country play an important role in providing care and ensuring that communicable diseases are not being spread, ensuring food safety, inspecting not only food services but hair dressing salons and the control of the aedes aegypti mosquito.

I mentioned earlier that from time to time technical assistance is being sought through PAHO for environmental officers to visit Suriname and other countries to lend assistance in the developing of food handling and food safety programmes.

This year no funds have been allocated for the sewerage project. This project is now completed. As part of the Inter-American Development Bank loan agreement, on completion this project was to be handed over to the Barbados Water Authority and this has been done. The Barbados Water Authority is responsible for the South Coast Sewerage Project.

Sir, I continue on subprogram 371, Vector Control Unit, initially I spoke a little about this but this programme entails looking after the spread of leptospirosis and deals with rodents which might be prevalent in the society. Under this Head, is the operating expense of \$900,000.00, which is a debushing programme that is carried out every year. It normally starts around the end of November or early December and continues for approximately four months to deal essentially with the cleaning of unoccupied plots of land. These areas are overrun with bush and become a threat not only to human safety but to human life.

H25:

Sequence 156

2:30 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

This is a programme within the Ministry of Health where certain lots are identified and notices are served the owners to have the areas cleared. Some lots are prioritised and these are de bushed in the actual programme. It employs truckers and supervisors and has been ongoing for the last eight years. Although it has been criticised from time to time and some people see it as not useful, I think it plays a very useful role in maintaining the environmental state of this country. There were 1 120 lots identified to be cleared this year, and so far, more than 500 have been done.

Sir, the next subprogram is 372 and this deals with the area of the Sanitation Services Authority. We all know the important role that is played by this department in health care in this country.

Asides.

Mr. CHAIRMAN:

The Honourable Member has two minutes more.

Hon. J. X. WALCOTT:

Thank you, Sir.

The Sanitation Service Authority plays a very vital role in dealing with the disposal of refuse in this country, and we are planning to improve these services. We all know of the breakdown of equipment and there are proposals to obtain new equipment, not only for garbage collection, but also to improve the situation at the landfill.

In addition, they also have the responsibility for the cemeteries in Barbados. I am sure if Honourable Members had been able to take time away from their busy schedules to visit the Westbury Cemetery recently, they would have noticed the transformation that has been occurring within that cemetery. This is all part of the work of the Sanitation Services Authority which, as I said, continues to do a good job.

I beg to move that this Head stand part.

Dr. D. C. ESTWICK:

Mr. Chairman, I want to take this opportunity to make a contribution on this particular Head, one that I consider to be most important with respect to the continued social and economic development of this country and one that I do not believe in the 21st Century, given our rich history and given a health care system that has served this country well over the years, given a health care system that has been able to transform this country's population profile, within a short 45 years to a 50-year span, from one of an underdeveloped country to that of a developed country, I have at times to reflect and also recollect that it is important to give just due where it is necessary. I would want, at the beginning, to commend all aspects of the health care system for the provision of that type of developmental service.

However, Sir, service and development do not end. Development is a continuing process and, by extension, I do not believe it is wise for anyone to come to a stage in the development of this country, and by extension, the health care sector in Barbados to sit idly by and assume that because we have achieved a particular stage of development and level of service delivery, that is necessarily all hunky-

dory and all is well. I will not be that deceitful, and I will not be hypocritical on that at all.

The other matter, Mr. Speaker, is that I am a physician, and I have respect for the health care system in this country. I will also, again, not bury my head in the sand and I will also not be deceitful to myself. I will not accept factious approaches that will tell me, because I may be a part of a system, or under any law in Barbados that I do not have the right to criticise it, Sir, I do not live in Russia, China or Cuba. I will, under all circumstances, Sir, utilise my knowledge of any system to help to advance that system, and that is the mechanism by which I opt to advance my submission today.

Mr. Speaker, something has gone terribly wrong with our health care system in Barbados. This is reflected by a general lack of confidence in the health care system that is demonstrated on a daily basis in Barbados. The evidence of that? One just has to listen to the call-in programmes and read the newspapers in Barbados. This is not my submission. This is a reflection of evidence.

I then had to sit and apply my knowledge of the system to determine whether these people were either unfairly casting blame, or whether there was some truth to what was being said. I can only say that I had to come to the same conclusion that something is fundamentally wrong with the health care system in Barbados, and I can say this from personal experience, there are administrative problems in the health care system in Barbados:

There are problems with the physical plant.

There is a problem with extremely low morale of workers.

There is a significant shortage of medical and nursing staff, which cannot be refuted by Honourable Members on That Side.

There are problems, in relation to the new Board, which I will speak about later.

Medical and nursing staff are leaving in droves, an exodus, like Bob Marley's exodus.

There is a fundamental problem in the system, because of a lack of decentralisation of secondary health care services in Barbados.

There is also a fundamental problem with the lack of decentralisation of diagnostic services that Barbadians should be able to access.

There is also a chronic problem in Barbados with the availability of certain fundamental and basic drugs in Barbados.

There is a more fundamental problem that affects the morale, that is, the politics that is played in the health care system which has no place with the delivery of health care to Barbadians, Sir, that politics is evidenced by institutional supersession at all levels. Intimidation and victimisation of health care workers. I have the evidence, if the Honourable Member wants to challenge me any time.

The very slow pace of adaptation regarding the delivery of geriatric services with respect to present

day demographic changes that we all know in Barbados, which we will speak about later. Furthermore...

Hon. J. X. WALCOTT:

Mr. Speaker, on a point of order. I am having difficulty trying to listen to what the Honourable Member is saying, but I thought he said something about institutional supersession and victimisation and he has the proof. I do not know of this obtaining in the Ministry of Health.

Sir, I would like him to prove it and I would like him to give me the information or withdraw it.

House 25, sequence 157,

2:40 p.m.

Thursday, March 18, 2004

Dr. D. C. ESTWICK:

Mr. Chairman, I will deal with these matters at another point in time.

Asides.

Dr. D. C. ESTWICK:

Mr. Chairman, I will qualify my statement if that is what they want.

I will deal with the notion of supersession. This is not an issue that was raised by me, it was raised by the union with respect...

Asides.

Dr. D. C. ESTWICK:

You cannot tell me what to...

Hon. Miss M. A. MOTTLEY:

On a point of order. There are rules to this Chamber but this Honourable Member continues to ignore them. If the Honourable Member wants to lay allegations of political victimisation or institutional intimidation, he has to bring the evidence because he is casting an imputation on the person who has responsibility for the Ministry of Health. Mr. Chairman, this House has never allowed people to cast allegations against the character of persons without laying evidence to support it.

Asides.

Hon. Miss M. A. MOTTLEY:

The Honourable Member could only be talking to you, Sir, when he talked about you, he could not be talking to me.

The reality is that he learns to respect this Chamber and the rules of this Chamber or he should perhaps

tell the people of St. Philip West that he is incapable of performing the task for which they have voted him.

Dr. D. C. ESTWICK:

Mr. Chairman, I am a physician and I understand what is being planned but I have other things to do. I will withdraw the statement and I am moving on, I will deal with that later.

Asides.

Dr. D. C. ESTWICK:

Mr. Chairman, there is no specific determination in place as to how to solve the solid waste management problem facing this country as evident by the persistence with the landfill approach as a fundamental tenet of that.

Mr. Chairman, this is just a very abridged list. This Barbados Labour Party Administration has presided over a worsening of all of the conditions that I outlined previously. The present Minister of Health is the third Minister of Health in a short number of years and he is making the same mistakes that his predecessors have made. The Honourable Member for Christ Church South and the Minister of Health appears as if he wants to micro-manage all of the institutions within the health care system from his office in the Ministry. That is how I view it.

Hon. Dr. J. X. WALCOTT:

On a point of order. The Honourable Member is again casting aspersions on me. He will have to produce the evidence on how I am micro-managing all of these aspects of the Ministry of Health.

Asides.

Dr. D. C. ESTWICK:

I caution this present Minister of Health publicly today that it is not too late to change his management style. I want the Honourable Member for Christ Church South to look at what happened to the two previous Ministers of Health, one who was unceremoniously dismissed for incompetence and the other for infringements or performance of the same thing. Neither of them has done anything to advance the health care system in Barbados. That is the reason why we now have the "Great White Hope" from Christ Church South to solve all of the problems in the health care system.

Mr. Chairman, look what has happened to the Queen Elizabeth Hospital, the once premier health care institution in the region. It is now in shambles. This institution is now plagued with these problems that I will identify one by one.

Hon. Miss M. A. MOTTLEY:

On a point of order. Mr. Chairman, the rules of this House and the Constitution of this country do not allow for people to be disparaged on the basis of racial terms. Mr. Chairman, that is offensive to this Chamber and to the Constitution of this country. If legislators are not prepared either to respect the Constitution or the Rules of this Chamber, in my submission, Mr. Chairman, you must rule and those remarks must be struck from the record. Further, it is highly insulting and disparaging of another Honourable Member in here and it cannot in any way be tolerated.

I am appealing, Mr. Chairman, to Honourable Members in this Chamber to respect the legacy which they have inherited and to respect the Rules of this Chamber. It cannot be a good thing that Honourable Members in the first Parliament of this 21st century can come in here disparaging people and referring to them as the “Great White Hope” and speaking in a manner that belies that they have manners or that they respect any elements of courtesy in relation to the Chair, to the Honourable Members of this House, to the Rules of this House and to the Constitution of Barbados. Mr. Chairman, I am deeply offended.

Asides.

Mr. CHAIRMAN:

Honourable Member I would not take...

Asides.

Dr. D. C. ESTWICK:

Have you read the book called “The Great White Hope”? I do not understand the double standards in this Chamber.

Asides.

Hon. Miss M. A. MOTTLEY:

On a point of order. Mr. Chairman, I am asking for a ruling, I did not hear you with the cross talk.

Mr. CHAIRMAN:

I said that I would not take it as a racist remark in that the Honourable Member was talking about the “Great White Hope” who is a member of the black race. Continue, please.

Dr. D. C. ESTWICK:

Mr. Chairman, there seems to be double standards in this Honourable Chamber. As a member of the Opposition, I was called “poor-rakey” and all sort of words in this Honourable House and now I can hear all sorts of nonsense now from Honourable Members when they cannot stand up and take some licks.

Mr. Chairman, I was reiterating the point that the Queen Elizabeth Hospital is now in shambles and this is what is wrong with the Queen Elizabeth Hospital. Mr. Chairman, I am aware, and specifically so, that this institution is plagued with a major shortage of doctors to provide the services required in this country. There is also a major shortage of nurses to service critical departments in Barbados at this time.

Sir, it is common knowledge that we cannot keep nurses working at the Queen Elizabeth Hospital and now they want to increase the number of hours they work to a 12-hour shift. I am aware that the Hospital wards are understaffed every day particularly at night and that the nurses are under a lot of pressure in Barbados which is a clear indication as to why there is so much absenteeism in the system.

Mr. Chairman, this Ministry of Health must immediately deal with the low morale in the health care system which has plagued all of the other institutions. That low morale exists because of extremely poor

terms and conditions of work that create undue stress and pressure without the appropriate financial remuneration. I do not blame any nurse or any physician for leaving any institution that seeks to grind them to the ground and does not seek to bring any sense of value and worth for what they have done under significant constraints. That is why they are leaving.

House 25 Sequence 158

2:50 p.m.

Thursday, March 18, 2004

Continuation of Dr. D. C. ESTWICK:

Mr. Chairman, they are not coming but are instead leaving. What we now have is that we are going down a very dangerous road at this stage, that dangerous road being used as a strategy where young doctors and nurses are being trained and are allowed to leave Barbados because Government can then import nurses and doctors and pay them less than they would have been paying those doctors and nurses who left Barbados.

Mr. CHAIRMAN:

The Honourable Member is being asked to wind up.

Dr. D. C. ESTWICK:

Sir, this is only the beginning. I am at page three. I will be back. I thank you.

Dr. W. F. DUGUID:

Thank you very much. Mr. Chairman, after hearing the Honourable Member who just sat, I will try to bring some sense and sensibility to this debate. Of course, I must say that it is not often that I would criticise a colleague but the Honourable Member who just sat needs to exercise some measure of control in these debates. Sometimes when one shouts and behaves in a manner that might be better described for the fish market, one does not necessarily get the message over. Therefore, I would suggest that my colleague and friend sometimes take the message from the Honourable Member for St. Philip West, who makes good points and gets those points over without raising his voice.

I must say that the Honourable Member for St. Philip West has made a number of good points, on which I will expand. Sir, first let me say that the health of the nation is the wealth of the nation and I would, therefore, understand and support why this Government would spend significant millions on the Ministry of Health, \$242 686 007, of which a significant portion is going to the Queen Elizabeth Hospital.

Mr. Chairman, one of the valid points that the Honourable Member for St. Philip West has made is that relating to the significant shortage of nurses at the Queen Elizabeth Hospital. Sir, we can always do with more well-trained nurses and at this time, I must salute the excellent work that the nurses throughout the health sector are doing. It is a tremendous opportunity but a difficult profession to be at the beck and call of sometimes 30 or 40 patients.

Mr. Chairman, it is true that we are seeing more and more nurses leaving the health sector or moving to other countries. We understand that, and I am sure that the Honourable Member for St. Philip West would not want to restrict someone from improving himself or herself.

If the Government of Barbados is going to tell an individual who is a citizen of Barbados that he or she cannot leave because his or her services are required in Barbados, in a situation where that individual has an opportunity to go to another country to improve his or her salary, then obviously we have to encourage that.

There was a time in Barbados when a large number of nurses were trained so much so that we could have exported them to the United States of America and to the United Kingdom. Sir, even now if one visits the United States of America or the United Kingdom, one would still find nurses who have been trained in Barbados, which says a lot for the training in Barbados. Therefore, we must understand that when professionals are trained, some of them would leave the jurisdiction in which they were trained, and would move to other jurisdictions. We cannot stop persons from improving themselves but what we have to do is, while we are training persons, we have to train more, bearing in mind that some of these trained individuals would eventually leave.

Mr. Chairman, I must salute the Minister of Health, he is doing an excellent job. The Ministry of Health is a huge and difficult Ministry covering many sectors, therefore, I must salute him for putting at the disposal of training, an increased number of nurses to be trained. I understand that in the past it used to be 30 nurses being trained but he has now put measures in place for 90 persons to receive training. I think this is fantastic and could augur well for the people of Barbados.

Mr. Chairman, in relation to the expansion of the Queen Elizabeth Hospital, the Prime Minister has said many times that an institution that was built in 1967 for a population of approximately 230 000, now with a population of 267 000, cannot now be expected to be sustained without being expanded. Therefore, I encourage and support the move of the Ministry of Health to move forward with haste on the expansion programme for the Queen Elizabeth Hospital. It is absolutely essential because not only must we be able to provide the best in basic services, like being able to cut persons' toenails, as the Honourable Member for St. John has said, but we must also be able to provide a tertiary care service and an institution for our neighbours who might not have the ability to provide it for themselves.

This is something that we are doing now and persons must understand that health and health services are expanding and progressing at a rapid pace and that we must be able to keep up to date. We must also be able to provide and to maintain the level of service that we have provided at the Queen Elizabeth Hospital.

Mr. Chairman, I understand that we are bringing on a consultant to look at the needs and at enhancing the expansion programme for the Hospital. It is something that is needed and I encourage it.

Mr. Chairman, I want to talk about the Board of the Queen Elizabeth Hospital. It is something new to the country and is still being watched but it is not new to the world, in countries, for example, like the United Kingdom. The University of Wales where I was trained as an oral surgeon, became a national health service trust in 1991. What that essentially means is that rather than taking money from the

Treasury for the provision of health services, the Government instead buys health services from the particular hospitals. This brought a certain measure of fiscal prudence to the management of the Hospital.

Asides.

Dr. W. F. DUGUID:

Mr. Chairman, could you please protect me from the Honourable Member. I am hearing a squeaking on the asides. I need to be heard in silence.

Mr. Chairman, it is something that I have always admired because it has worked well and has brought the Trust hospitals into significant management capabilities. It has enabled them to expand and to offer better and more services at a faster rate. Certainly I can speak for the Royal Brent Hospital where I worked. Sir, before it was a Trust, a waiting list to get a wisdom tooth taken out would have taken about two years. From the time it became a Trust when the Government bought services from the Hospital, the waiting list fell to about two weeks. At that time, we brought in more persons to provide those services.

I believe that the Honourable Member for St. Philip West spoke about the great need for medical staff at the Hospital. Therefore, we need to bring more doctors in, who would give a boost to the service and who would reduce the waiting period because people would be buying the services.

H:25(159)

3:00 p.m.

Thursday, March 18, 2004

Continuation of Dr. W. F. DUGUID:

I want to suggest to the Board that this is something they might want to consider.

Sir, I would like to speak about the Drug Service. I have said before in this Honourable Chamber that it is an excellent service brought in by the Honourable Member for the City when she was the Minister of Health. It is a shining example for people in the world to see that the Barbados Drug Service and the people of Barbados can access free drugs when the great United States of America cannot give free drugs to their population. Sir, this Government must be commended for its foresight and vision is implementing the Barbados Drug Service.

Mr. Chairman, I am happy to see that the contract has been revised and that there is a new contract for pharmacists. Certainly, we expect that the private pharmacists have businesses and they must be encouraged to run such a good service for the people of Barbados.

Mr. Chairman, I want to speak about HIV/AIDS. People living with HIV/AIDS in this country carry a stigma especially in the business community. Sir, a victim may apply for a job and the employer may

find out that the person has this dreaded human disease. He is further stigmatised and is not allowed access to gainful employment.

Mr. Chairman, this must stop, because HIV/AIDS is not a disease passed by normal contact but by sexual intercourse and things of the like. Sir, you cannot contract HIV/AIDS simply by normal contact in the workplace. I want to encourage the business sector to give people living with this dreaded disease an opportunity for gainful employment because they tend to shun those people. I am asking that they be given a chance to make a viable living like anybody else.

We know of the story of Magic Johnson who was diagnosed with HIV/AIDS twelve years ago but is still alive today. This shows that if you contract the disease and you get the adequate treatment you have a chance to live a productive life and be a productive member of this society. Sir, people with HIV/AIDS should not be written off because they are still productive members of the society and I urge the business sector to bear this in mind and give them a chance.

Mr. Chairman, I have to put in a plug for dentist and at page 68, I am happy to see allocations for the Barbados Red Cross Society, Barbados Cancer Society, St. John's Council, Barbados Association of Medical Practitioners, the Nurses Association and the Barbados Family Planning Association.

Sir, I respectfully ask that the Barbados Dental Association be considered for a subvention next year because in these Estimates \$1.9 million has been voted for dental services in the Government sector so we would agree that dental disease is one of the most prevalent diseases in the world and our Association would need some support as well. Sir, I hear that the Diabetes Association will get \$401 00 and I am making the plea that the Dental Association should benefit from a subvention too. If we need to apply, I will put it in train so that we can receive it next year.

Mr. Chairman, I reserve the right to speak further on the matter.

Mr. D. St.E. KELLMAN:

Mr. Chairman, I too rise to speak on this particular Head. It is clear to me that over the last nine years, the Minister of Finance has been able to deliver the requirements asked by every Ministry. The evidence is that between 1994 and 1995, this particular Ministry had a budget of \$129 391 778. Today, this same Ministry is getting a sum of \$242 686 007 which is an increase of 87.6 per cent on this particular vote. Sir, when one listens to the call-in programmes one cannot acknowledge that so much money is being budgeted and spent on this particular Ministry.

Sir, this tells me that the problem facing the Ministry of Health is not one of money. As a serious Parliament, we will have to find out what is happening within the Ministry when there has been an increase of over \$113 million over nine years to this Ministry. It is also interesting when one looks at page 113 of the Estimates to see an alarming factor. The Sanitation Service Authority in its revised Estimates is expected to collect \$750 000 but the Estimates from 2004/2005 it will collect \$3.8 million.

I am asking the Minister to tell me what new strategies have been put in place at the Sanitation Service Authority to collect an additional \$3 million in fees. As far as I am aware, there are two aspects to the Sanitation Service, the commercial side and the normal domestic side. I want to know which one will change significantly to see an increase of more than \$3 million. Sir, it cannot be the commercial side

because everyone knows that this side is well taken care of by small people in Barbados and I would hate to think that Government would want to compete with them. The Minister owes this House an explanation on this particular Head.

Sir, it is interesting to note that after this year we will not be able to debate the Queen Elizabeth Hospital as a Head.

Sequence 160

3:10 p.m.

Thursday, March 18, 2004

Continuation of Mr. D. St.E. KELLMAN:

The Queen Elizabeth Hospital will now be given \$115 million and I have no quarrel with that.

The Queen Elizabeth Hospital was expected to earn revenue of over \$8 million from services provided. I would like the Minister of Health to tell us what will be the expected revenue now that it is being treated as a separate entity? When the Queen Elizabeth Hospital was part of government it was anticipated that it would earn revenue in the amount of \$8 million, now that it is supposed to be operated by a Board how would the Queen Elizabeth Hospital supplement any shortfall?

Sir, I am not interested in whether they would be doing their own accounting, the point is, the Queen Elizabeth Hospital is getting \$115 million from this Parliament and I have a right to know these things. Whether the Queen Elizabeth Hospital is getting a grant or not, I have the authority to question them in here and I would use my position in this Honourable House to ask those particular questions. Mr. Chairman, the expenses are to be accounted for and I expect the Minister to supply the necessary answers on these matters.

It was said in this Parliament that once we have proper health care in a country that the production of the country would increase because it is said that the health of a country is the wealth of the country. It is clear to me that when one looks at what is happening within our health care sector, we need to carry out a serious study because the stress levels that I am witnessing in the public service tell me that we need to look after the workers of Barbados and that we are not compensating them properly and as a result they become ill and have to seek medical services which are being provided by the Government. Mr. Chairman, the workers are not rich like some other people who can afford private insurance.

Asides.

Mr. D. St.E. KELLMAN:

I also recognise that matters relating to the ambulance services will not be debated line by line anymore in this Honourable House. Based on what we are seeing in Barbados, I want to know from the Minister of Health how much money of the capital which will be allocated to the Ambulance Service will be used to purchase new ambulances and how many of them will be allocated in the north, east and south of Barbados?

We discussed in this Parliament the need for the ambulance services to be located at the fire stations across Barbados and we want to know when that policy will be fully implemented. I was told that it should start at Arch Hall.

Asides.

Mr. D. St.E. KELLMAN:

This piecemeal approach to health services cannot be accepted by this Parliament because we cannot be operating our health service on a piecemeal approach.

Mr. Chairman, we cannot carry out repairs at the Queen Elizabeth Hospital unless we have somewhere to put the patients while the repairs are being carried out. I am making this charge that because we did not have an alternate institution to send the patients when it is under repairs, the environment at the Queen Elizabeth Hospital is contributing to the ill health of patients because they are being treated in an unsafe environment.

Hon. K. D. SYMMONDS:

On a point of order. It is not often that I would want to interrupt my friend, the Honourable Member for St. Lucy. Certainly, Mr. Chairman, we cannot allow that type of propaganda to go over the air waves that the Queen Elizabeth Hospital, a fine and great institution that has provided excellent services for many to the people of Barbados, is now making the people sick.

There is no evidence to suggest that. The Honourable Member cannot bring any evidence to suggest that. It is just mindless propaganda and I beg that it be withdrawn and struck from the records.

Thank you.

Asides

Mr. D. St.E. KELLMAN:

The Honourable Member has a right to say what he wants to. I know that what I am saying is correct and doctors have proven it and they have evidence where the unions of this country marched it, so I do not understand, Sir.

Asides.

Hon. J. X. WALCOTT:

On a point of order. Mr. Chairman, I am really upset about this. I heard the Honourable Member say that doctors have proven that the Queen Elizabeth Hospital is making the patients sick. I need the evidence and if he cannot produce the evidence, he must withdraw that statement.

Asides.

Mr. D. St.E. KELLMAN:

Mr. Chairman, I am saying that what is required in this country...

Asides.

Mr. D. St.E. KELLMAN:

Do you want the whole thing withdrawn, Sir? Do you want me to admit that I am lying when I know that is not correct. If that is what you want, Sir, I withdraw it.

I am saying that the conditions that we are asking the Hospital to operate under, when repairs are being done and having patients in the same location is creating environmental problems for the patients and making them sick.

A country that is expanding should understand the importance of building an alternative hospital so that we could relocate patients from wards when repairs are being carried out. There is nothing wrong with that.

Sir, I am saying that our people are our most important asset and if we continue to treat them the way we do, then this country would not be productive. The way we treat our people's health tells us how much we care about them. Sir, if we do not lift the standard that we are operating under at the Queen Elizabeth Hospital, we will continue to see a deterioration in the health care service that is being delivered at that fine institution. The condition of the Hospital is not a reflection of the workers because the workers need to have an alternate accommodation for patients when repairs are being carried out. The point is, it has to do with policy.

Sir, we are provided with a golden opportunity in the North of Barbados to alleviate the problems at the Queen Elizabeth Hospital.

Mr. Chairman, at one stage we are promoting our tourism industry based on our health care services. If we are going to continue to promote tourism, we must be able to use our health care services to promote tourism.

H25:

Sequence 161

3:20 p.m.

Thursday, March 18, 2004

Continuation of Mr. D. St.E. KELLMAN:

It is not for Barbadians but Barbadians must be seen at first call, and after Barbadians are satisfied, then, you can use Barbadians as ambassadors to promote health care services.

Every day, Sir, you will hear Barbadians on the call-in programme complaining about the services provided for them. It is obvious that we are not going forward but we are creating more problems for ourselves.

Sir, I am very happy to hear that the Honourable Minister has recognised that the roof at the District Hospital needs repairing and they are going to do it this year. I also want the Minister to tell the House, and it is no fault of this Minister, how long that roof has been leaking, how the nurses have to shift the patients, left, right and centre, and how many times I complained in this House about the District Hospital in St. Lucy.

I know that the Minister is aware of the conditions of that particular institution in the North, and they cannot continue to treat the people in the North when it comes to health care like how they treat them when it comes to roads. Roads are one thing, Sir, when it comes to health care, I demand better for the people of the North.

Sir, every year I am supposed to come in here and vote for Estimates and if we are going to see increases and the patients living within my constituency have to dodge whenever the rain is falling, it is a waste of time discussing these Estimates.

I am saying that increasing it by a month does not mean anything, until we see effectiveness. This is what I am calling for, effectiveness and having an understanding for the masses of people in Barbados. Other people can afford to dodge and they can find alternative ways of financing their health care, but the poor people who worked in the fields and developed these same health care services, must be able to get 100 per cent on these health care services.

They must not be made to feel that they are begging favours of any politician, and when they go the QEH, they must get the best care. I am saying it is by these Estimates that we have to provide the resources to make sure that persons get the best from our health care services.

Some of us might not worry about this because we have health care plans, and we do not have to go and line up, so we do not know how these people feel. When you speak about it, people say you are lying. The truth is, if you have never heard about it, then you would not believe it is so, but when you are a politician who represents your constituents, then you understand how they feel and when you come to this Parliament, you must put the case for those persons.

Therefore, anybody saying that you are lying would not change my approach to these Estimates, because at the end of the day, it is the poor people of Barbados I have to represent. The rich people have the money to go elsewhere and demand medical care, but they are the ones who have to wait 24 hours in the Casualty of Barbados and sometimes, they do not get health care within the 24-hour period and they quarrel. When they call for an ambulance, they cannot get it. You cannot blame the doctors, nurses or the Director of the Hospital, you have to blame the Government of the day for not providing the resources for the people to get the services.

I am telling you, Sir, a sick worker is a sick country, so if we get our workers healthy, then the country will be healthy. Right now, we have a lot of unhealthy workers and that is why we cannot get the production we need. We have to do the things that are needed to get the workers healthy again. The best way to do it is to provide the necessary health care and the disposable income for them to have an alternative so that if they cannot get the service at the QEH, they can go elsewhere and pay for those services.

Sir, if you have depleted the resources of the working class, then it is obvious that they have to depend on the Hospital. If they have to depend on the Hospital, the Hospital must be operating at 100 per cent, because they are the workers of Barbados who have to go there to get the services.

Sir, I thank you very much.

Dr. D. C. ESTWICK:

Mr. Chairman, in reviewing the allocations to the Ministry of Health, in 1993-1994 we had an allocation of \$193 million and, in 2002-2003 we are looking at \$242 million. I would want to ask the Honourable Member for Christ Church South. In light of this significant increase of more than \$94 million, I would want him to explain to the people of this country as is evidenced in the Advisory Commission of Inquiry into the QEH, Dr. Haynes and his group, to provide the people of Barbados an explanation as to why it is that you cannot get primary medical services out of the Accident and Emergency Department, why it is that there are people in Barbados who go to the Accident and Emergency Department and sometimes have to go back home without seeing a doctor.

I would want him to also explain to the people of Barbados why it is that, based on the reports that in 1990 and prior to 1990, the waiting period for cases in the Accident and Emergency Department was 2.5 hours. In 1992, another survey was done and the waiting period was still 2.5 hours. In 1997, the waiting period again was still 2.5 hours and after a renovation, Sir, in 1999...

Hon. K. D. SYMMONDS:

Mr. Chairman, on a point of order. The Honourable Member for St. Philip West is in grave danger of misleading the House, unless he is in a position to indicate who are the authors of these reports from which he is quoting or to which he is alluding.

Dr. D. C. ESTWICK:

Honourable Member, do you have a deficit in hearing?

Mr. Chairman, I just indicated and I will make it a document of the House, and I know it is already here, the Report of the Advisory Commission of Inquiry into the Queen Elizabeth Hospital. That is what I said.

The Report indicated that in 1999 with a full renovation of the Queen Elizabeth Hospital's Accident and Emergency, the waiting period for care is still 2.5 hours. It goes on to lament, Sir, that for non-chronic cases, the waiting time has increased to 3.5 hours. These are not my words. They are the words of the Commission.

Mr. Chairman, I have grave concerns about this sort of thing. I would want the Honourable Member to try to solve the problem. I would make a couple of suggestions for him, because I know there are some problems with him when he goes home.

Asides.

Dr. D. C. ESTWICK:

I would want him to recognise that it is urgent that he increase the staff inputs of this department and

he should consider establishing a unit for non-emergency medical response in that department.

Sir, most of the time, the problem develops because an individual who believes that his condition is an emergency to him, and it is, and he goes to the Accident and Emergency, he therefore undergoes triage, is not seen as that, so I would want to say to this Minister, if I am not saying anything original, why is the unit not in Accident and Emergency. Let him answer this. The point is put a general practice unit associated with Accident and Emergency so that when the nurse does her triaging and she recognises that the case is not an emergency, that person can be shunted immediately into that area for service and move out of the so-called fast track system. The rationale as to why the person goes to the QEH because they believe that is where they get maximum and optimum care, Sir, unless you provide a full educational programme, and you upgrade the various polyclinics with the educational programme, and provide the appropriate sensitisation, they will always go to Accident and Emergency.

Mr. Speaker, there needs to be an investigation into the polyclinics in Barbados.

House 25, sequence 162,

3:30 p.m.

Thursday, March 18, 2004

Continuation of Dr. D. C. ESTWICK:

Mr. Chairman, the polyclinics in Barbados need to be looked at. In light of the reverse migration patterns in Barbados where rural development is occurring at a rapid rate and by extension the population growth in those areas is occurring at a rapid rate, it is necessary that we upgrade the polyclinics in Barbados to provide secondary level care in this country as opposed to primary level care. Because of the difficulties of trying to get a sick child from St. Lucy to Bridgetown for an asthmatic service or for any other basic service whether it is diagnostic or otherwise, it is critical that those services be decentralised in the polyclinic systems around Barbados. If the Honourable Member believes that the Ministry does not have the wherewithal, well then he has to start on a phased basis where he can start with one in the east, one in the north and one in the centre of the country.

I am aware that there are attempts at the Sir Winston Scott Polyclinic and possibly at the Glebe Polyclinic to enhance the opening hours, but that is not enough. What should be happening at the polyclinics should be elements like same day surgery and other types of medical services that can be done outside of the Queen Elizabeth Hospital in an optimal manner that maintains the safety of patients. That is the secondary level care I am talking about.

Mr. Chairman, I want to make reference to the Haynes Commission document in which there was a call for the reopening of the St. Joseph Hospital. In the face of a rapid increase of population on the north of this country where you have the West Coast tourist belt, I want the Minister of Health to tell the people of this country why it is that the St. Joseph Hospital is not functioning to take some of the pressure off the Queen Elizabeth Hospital. If the Commission did not know what it was saying, well then throw the document out. I will not sit here and see politics being played with the health of the

people of this country and not say what I have to say about it anytime and anywhere.

Asides.

Dr. D. C. ESTWICK:

Mr. Chairman, I made the charge as to the rational reason for such a facility and I will always bring my evidence. I am a scientist. In 1982 based on the criteria set out in the document, the Queen Elizabeth Hospital was defined as being overcrowded. At that time it was at 80 to 85 per cent occupancy. The Honourable Minister when he was not the Honourable Minister called the Queen Elizabeth Hospital a national disaster. That is a horrendous statement. He said so. Hon. J. X. WALCOTT On a point of order. Mr. Chairman, I did in fact say so when I was a Minister. I said so as Leader of Government Business in the Senate.

Asides.

Dr. D. C. ESTWICK:

If he said that as a doctor, it is even more incredible. I remember when he was the public relations officer for the Barbados Association of Medical Practitioners (BAMP) and I will bring every statement that he made when he was the public relations officer of BAMP. Mr. Chairman, I will wait for him, I have everything in my bag.

Mr. Chairman, in 1982 I said that the Queen Elizabeth Hospital was overcrowded making a case for an alternative hospital. That was demonstrated on the medical and surgical ward. In 1987 occupancy was 87 per cent over the criteria requirement. In 1992 it was 99 per cent and in 1997, 109 per cent. When you have a condition like that where the wards are overcrowded... I will bring further evidence to show that even the visitations to the out-patients departments demonstrate a significant increase but nothing is being done other than lip service. They are playing politics with the opening of the St. Joseph Hospital and I am not going to accept that, and people in the country should not accept it either. That is the reason why two Ministers had to be dismissed.

Mr. Chairman, in 1972 the total visits to the outpatients departments at the Queen Elizabeth Hospital was 75 776 patients. By 1997 the number of visits increased to 110 495. You can rest assured that more persons are visiting the outpatients departments today than ever. Many of those persons come from the north of the country where there are traffic jams and they cannot get into the City easily and where an ambulance cannot come from St. Philip or St. Lucy and get to the Queen Elizabeth Hospital in under three hours unless they kill somebody. There is no helicopter in Barbados. I want the Honourable Minister for St. George North to do something with the traffic or to provide a helicopter.

Mr. Chairman, this is a serious matter and if we do not take seriously the Report of the Haynes Commission as to why it is critical to have such a facility in the north with so much of a heavy tourist development on the west coast of this country, we are playing with fire and we are going to get burned.

Mr. Chairman, I want to get to appointments at the Queen Elizabeth Hospital of which I have intimate knowledge about. I will not accept that in 1993/94 we had \$139 million being spent in the Queen Elizabeth Hospital and in 2003-2004 it was \$242 million being projected for the year and you cannot get an appointment at the Hospital to see a consultant for under three months and you cannot get a surgical

operation under a year or two. I will not accept it. I will not bury my head in the sand either. If other doctors want to do that, that is their business.

Mr. Chairman, I am also aware that you cannot get back an x-ray or an ultrasound report in a reasonable time to make the test logical. Sometimes your patient dies before you get back a report. These are the realities in Barbados and I am going to say what I have to say about it. It is absolutely scandalous. That \$30 million that was spent on the Greenland Landfill could have bought an MRI machine, 10 x-ray machines or renovate the Hospital. Furthermore, half of that was used to bail out the GEMS of Barbados and half of that \$65 million spent up in Warrens could have renovated the St. Joseph Hospital, put the Queen Elizabeth Hospital right in terms of its bed capacity and increase the wages of the people up there. Let him try to get up and refute that.

I will wind up, Sir, but I will be back.

House 25 Sequence 163

3:40 p.m.

Thursday, March 18, 2004

Mr. CHAIRMAN:

The Honourable Member is asked to wind up.

Dr. D. C. ESTWICK:

Mr. Chairman, do you know how disconcerting it is for a physician to send a test or a report to the Hospital and the patient dies before the physician can get back the report? It cannot make sense in ordering a test done and doctors for weeks cannot have the report back unless that doctor pays for it. That is nonsense. The Honourable Member is talking nonsense about how great things are, and I am supposed to join the "Holier Than Thou Choir?" Sir, not me. And the same man who calls the system a national disaster?

Asides.

Hon. Miss C. Y. FORDE:

I thank you very much Mr. Chairman. I shall be very brief and I shall try to control myself. I know that the youths are out there listening and expect the best behaviour coming from the highest institution in Barbados. We are the ones who set the standards and, therefore, I shall try to be as temperate as possible.

Mr. Chairman, I wish that the honourable doctor would heal himself because anyone who can stand in here in this "blusteration" would surely burst his heart or pick up an aneurism. It would have been better if the Honourable Member for St. Philip West could have been so vocal before he had resigned. The Honourable Member should have been speaking to these issues before since the late 1990s when the situation was worse.

Mr. Chairman, from the Sanitation Service Authority to the Mangrove Landfill was one of the worst

situations ever in this island and the people of Arch Hall and other communities in St. Thomas could have hardly eaten, much more slept. Sir, under this Barbados Labour Party Administration we have been able to bring the Mangrove Landfill under control. Indeed there are plans to help to ensure that it is properly managed so that all Barbadians who have refuse can find some place where it would be properly covered and where comfort would be brought to the people of St. Thomas and the surrounding communities.

Mr. Chairman, two years ago I was a patient of the Queen Elizabeth Hospital.

Asides..

Hon. Miss C. Y. FORDE:

I am not saying that it has made anybody sick because I do not have that evidence. I can say the treatment that my friends who were there and I have received tells me that the Queen Elizabeth Hospital is operating and doing the best that it can under the circumstances. We know that there are tremendous challenges and we are not going to hide them under the cellar but must bring them to the fore. That is the only way that we could have them corrected.

Sir, I want to support the Honourable Minister in his presentation in identifying a number of areas in which Government intends to look in order to upgrade them or in those areas that are new, where Government will pay attention to them.

Mr. Chairman, I agree there is an exodus of nurses and medical staff. I do not think that is a new point at all because for generations there has been an exodus of individuals, particularly the professionals in this country. Sir, over the years we have acknowledged that our best resources are our human capital.

Sir, when I came to teaching in 1970, I came in because of the fact that a large number of teachers had left the island and went to the Bahamas, the Cayman Islands, the United States of America or to England. That was what made the opportunity for me to enter the Civil Service more than 35 years ago. Therefore, I can understand using this as a good point where we can now open up our institutions to do mass training in order for our professionals to be used locally, regionally and internationally.

Mr. Chairman, the Erdiston Teachers Training College has gone that route from September, 2003. It has brought in persons for the two-year teachers' training programme and as long as nurses meet those required qualifications, they should be brought in and trained so that they can serve both local and international markets.

Sir, we cannot train all of them and keep them all here. What would they do? We do it with persons in the Hospitality industry, the police officers, et cetera. This speaks to the quality of training that our people receive and can delivery.

Mr. Chairman, I have every confidence in the staff of the Queen Elizabeth Hospital and the other health institutions and want to laud them for working so well under some very trying circumstances. However, you would appreciate that we do have a complaining society where everybody complains. There are times when we must not only look at seniority but at suitability as well. In any system in this country or wherever we go, we have to look at the person who can get the job done. Therefore, I have

every confidence in the Civil Service Department and in others who have to do the selection.

Sir, employees are chosen by the staff of the Personnel Department and not by Ministers, Parliamentary Secretaries or Permanent Secretaries. Therefore, I do not have any problem with this department making the best decisions under the circumstances.

Mr. Chairman, the Honourable Member for Christ Church South has made mention of plans for a District Hospital. I would want to say how happy I am that we in Barbados, being acknowledged as an aging society, must plan strategically for our population.

The Honourable Member has made mention of the various aspects of the Geriatric Hospital or the geriatric services that will be upgraded and I am happy to hear of that, particularly the Gordon Cummins District Hospital where, for many years, that hospital has been unattended. In this financial year, it underwent some repairs and I am happy to learn that in the coming financial year, Females One and Two wards will be upgraded to the tune of

\$230 000.

Mr. Chairman, I wish to make it clear that the St. Thomas District Hospital not only includes individuals from that parish but from all over Barbados. These persons have already made their contributions to the growth and development of this country and, therefore, should get the best treatment in their old age.

Mr. Chairman, during the year 2002, that hospital had two centenarians, which speaks to the quality care offered for persons to be able to live that long. I am, therefore, happy for that kind of assistance which speaks to the service, both nursing and ancillary, that is being offered.

Mr. Chairman, as we all know, the Queen Elizabeth Hospital is an old institution. I know that it deserves that upgrading and extension that has been mentioned and I am sure that Barbadians would want to continue using that institution as long as they are satisfied that they will get the service that is demanded of that institution.

Sir, we know there are hundreds of Barbadians who would be willing to pay for their service when they go to the Hospital but sometimes there are no systems in place to facilitate such. I would, therefore, wish that those who know they have insurance policies or want to pay for quality service be given that opportunity so to do.

Mr. Chairman, when my father went to the Queen Elizabeth Hospital, he said that he wanted to pay for the service. I am sure that as long as those Barbadians who can pay would do so, it would help to bring in revenue for the Hospital.

H:No.25(164)

3:50 p.m.

Thursday, March 18, 2004

Continuation of Hon. Miss. C. Y. FORDE:

Mr. Chairman, I want to make two suggestions. Caribbean people who use the Hospital speak of the quality service they receive and I do not think they are singled out and treated differently than Barbadians. Sir, they say it is a high quality compared to what they receive elsewhere. Sir, Barbadians grumble even when the quality is good and it is something about our mentality that causes us to grumble.

I want to suggest to the Honourable Minister that the car park at the Hospital could be extended. I am asking corporate Barbados to assist the Queen Elizabeth Hospital by putting in the resources to help pave the car park and have it well lit because of the increased number of cars in Barbados.

Mr. Chairman, I also want to ask that the walls of the Hospital be refurbished. It does not have to be done only by Government funds but other personnel outside would be willing to paint the walls, change the furniture and decorate the wards. Sir, the Hospital belongs to Barbados and those who have benefited should give back something to our premier health institution.

Mr. Chairman, I want to talk about the excellent service offered by the polyclinics across the length and breadth of the country. The Honourable Member for St. Philip West reminded me that I was a teacher but I have never fallen short of remembering that because it has made me what I am today and I am proud of it.

I have visited the Warrens Polyclinic on various occasions and the service is of a high quality. The nurses and staff very professional and I felt quite proud of them. I told Sister Bascombe I had two old people in Hopewell and Cane Garden who needed assistance and the old people were visited within one week. Sir, that is the kind of quality care we are speaking about.

Sir, I am making a plug for the Warrens Polyclinic to be opened as a fast-track institution because we can see the growth and expansion of businesses in the general Warrens area. Sir, this would allow people to access the use of that facility rather than having to go to the Queen Elizabeth Hospital.

Mr. Chairman, in conclusion I want to congratulate Government and other agencies for the transformation at the Psychiatric Hospital. Last year when I saw it, I was extremely overwhelmed with the landscaping and exterior. Sir, when I looked inside, I liked what I saw and this told me that Government had invested well. I understand that a private agency helped with the landscaping and this is the kind of facility we need to have. Mr. Chairman, I know it is in your constituency and I am sure you had a hand in it when you were Minister of Public Works with the widening of the roads and this is important.

Sir, I want to commend the managers and Government agencies that helped to advance the environment of the Psychiatric Hospital. Before there were green gates but now it is such a beautiful building that one could mistake it for a hotel in Black Rock and I am happy to see the changes which have taken place there.

Mr. Chairman, I want to thank all the staff for all their efforts at the Psychiatric Hospital and more particular, those nurses who go into the community working with mental health patients. I want to commend these nurses for helping to change the culture around by making community visits to look after those who need it most.

Sir, the location for the Child Guidance Clinic is not quite right. When parents are recommended to visit the clinic at this location, they tell you that people may think their children are mad because it is located in the compound of the Psychiatric Hospital. Government needs to re-examine the location of the clinic and come up with one so that young people can feel comfortable when they visit this clinic to get the kind of rehabilitation which they deserve.

Sir, I thank you.

Hon. Miss H. E. THOMPSON:

Mr. Chairman, there has been much agitation from the Other Side. The issue we need to look at as a developing country with limited resources, is the appropriate structure of delivery for health care services, what type of facility the country needs, how do we adequately address the health care needs of a population of various ages and determine how to use the available resources to cater to your population based on what the health trends are. I can say that for a fact because I have been into health care institutions all over the Caribbean and outside of Barbados.

Sir, it is a fact that health care delivery is changing. In the American and international system, healthcare care delivery has moved to very high-tech interventions. There is very expensive equipment for diagnosis and a range of tests is ordered even if your finger becomes hurt.

H25/Sequence 165

4:00 p.m.

Thursday, March 18, 2004

Continuation of Hon. Miss H. E. THOMPSON:

Any developing society that will not be able to afford to keep pace with the changing technology is always going to have difficulty having the latest diagnostic equipment.

Sir, what I think that the Queen Elizabeth Hospital has is a range of diagnostic equipment which allows them to do proper diagnoses and prognoses and appropriate intervention.

The usage of the Hospital, as given by the Honourable Member for St. Philip West, does not suggest any loss of confidence in the institution, since the numbers are increasing, but persons are in fact utilising the services.

The question of the extent to which decentralisation of the health care delivery service is important

and how the decentralisation should be structured is an important one. There are several private facilities where one can obtain care. Even when one goes to a private facility for medical service, one has to wait for long periods. There is no question of your walking into any institution in the world and getting immediate care. There is always some degree of waiting time in any Accident and Emergency Department at any hospital.

Sir, what we have to question is whether the triage methodology used by the Queen Elizabeth Hospital is appropriate, and that is not a challenge that the Minister has to address but the health professionals in that institution will have to make a determination as to how they triage people and whether they pick out their most urgent cases and what time frame there should be. There should be targets to be met in respect of waiting periods in delivery of service and for being seen, even for an initial or secondary assessment to be done.

The Honourable Member for St. Philip West made the point that the Queen Elizabeth Hospital is overcrowded. I am informed that the Queen Elizabeth Hospital as a rule runs at 80 per cent occupancy, which is not considered high for public hospitals, and that the occupancy rate is usually for public hospitals much higher than that.

Therefore, there is a suggestion that because the occupancy rate is high, one needs to move to the St. Joseph Hospital as a means of decentralisation. Let us analyse the appropriateness of this suggestion. When the last Administration sought to set up the St. Joseph Hospital and to operate it as a health care facility in the North, the immediate consequence of that was the budget of the Queen Elizabeth Hospital was moved from \$62 075 493.00 to \$57, 819, 916.00 and that is the point that I was making.

In a developing country with limited resources you have to determine how you are going to apply those resources. If you are not putting them into the Queen Elizabeth Hospital, you have to divert them into another place and that is what happened with the St. Joseph Hospital. Yet, the St. Joseph Hospital never enjoyed high utilisation and that is why the owners at that time sold it.

The recommendation is now that we go back to that facility. Does it make sense? In a situation where you cannot get enough nurses to cater to the Queen Elizabeth Hospital, where are the nurses that we are going to get to service the St. Joseph Hospital? You cannot even get a full complement of nurses at that Queen Elizabeth Hospital. What are to be your training numbers? What kinds of staff and equipment are you going to take to operate the second facility?

I do not believe that we need a second facility for general care. It is my view, that what we need to do is to decentralise some of the services from the Queen Elizabeth Hospital and expand the polyclinic service so that the polyclinics are able to provide a wider range of health care services, as set up at Sir Winston Scott Polyclinic, trauma centres, and they can be accessed after hours.

Sir, as soon as we talk about setting up a full-fledged second tertiary care institution, we are talking about draining the financial and other resources from the Queen Elizabeth Hospital, which is going to be extremely harmful to the system. Sir, I was speaking to the fact that what we need there is specialist care. If we are to operate the St. Joseph Hospital, it should, in my view, be operated as a specialist care facility. We should, perhaps, use it for some of those types of intervention which cause high demand and usage of the Queen Elizabeth Hospital like chronic diseases where we are seeing a burdening

number of cases and where our lifestyles suggest that this is going to continue to be a challenge for us.

Sir, because of the number of motor vehicular accidents, personal assaults and other incidents which result in trauma to the body, whether it is a stroke or diabetes-causing disabilities, Barbados needs to have a rehabilitation centre. It is something that is urgently needed and that will cater to persons of all ages. If the St. Joseph Hospital is to be utilised as a health care facility, it should, in my view, not seek to replicate those services being offered by the Queen Elizabeth Hospital but should be operated as a specialist facility dealing with those areas which represent the greatest challenge to the health care system.

I made the point that consideration needs to be given as to how the polyclinics are presently utilised. With the late opening of the Sir Winston Scott Polyclinic, it means that some of the pressure is taken off the Accident and Emergency Department at the Queen Elizabeth Hospital and for that system to have tremendous efficiency similar services could be moved to other polyclinics. In other words, the Six Roads Polyclinic could operate after hours and also as a trauma centre. Equally, the Maurice Byer Polyclinic could operate in the same way. Hence, some of the services which are now provided after hours exclusively at the Queen Elizabeth Hospital would be accessed by people in various zones in their areas without having the difficulty having to come into town.

There are issues relative to the operation of the Queen Elizabeth Hospital that I think we need to address. With the establishment of a Board at that hospital, I believe that we need to give the Board ample opportunity for its policy framework to be established and to work. Sir, when I was Minister of Health I made the point of going back to the newspapers from the 1970s and every speech that Honourable Member is making now has been made about health care in Barbados.

Asides.

Hon. Miss H. E. THOMPSON:

The Honourable Member for St. Philip West is truly an exception in every regard. Sir, to the making of points of seriousness, one would see these things reproduced in the newspapers.

Asides.

Hon. Miss H. E. THOMPSON:

If you go back and read newspapers going back to the 1970s you will see that there were complaints about long waiting times at the Queen Elizabeth Hospital. There were complaints about people having to wait long times for surgery. There were consultants wheeling out public patients and wheeling in their own private patients. You will see that there were complaints about nurses and there were complaints about overcrowding.

H25:

Sequence 166

4:10 p.m.

Thursday, March 18, 2004

Continuation of Hon. Miss H. E. THOMPSON:

These are all of the problems about which people are complaining.

I know that some of the people who have led Health represent the best - and I am not speaking about myself, but I am speaking now in a very general term - in terms of what our educational system has produced. What we fail to admit in focussing all the time on the policy director, is that there are systemic problems at the QEH going back 30 or 40 years, which successive Administrations have not adequately addressed. Sir, greater pressure is placed on the system as certain types of diseases escalate and, as the incidence of certain diseases escalate, more burden is placed on the system.

Sir, the QEH has expanded the range of services it offers. It has gone into all kinds of hi-tech specialties which can be had outside of Barbados, and nowhere else in the region, only in metropolitan countries. Yet, there continue to be persistent problems about which the public complains.

It has to do with the fact that for whatever reason, successive Administrations have never liberated the QEH from central Government so as to allow it to properly deliver on service and to make decisions which allow it to do things rapidly.

There is no reason why a director of the QEH, who urgently needs a piece of equipment, should have to go through Central Purchasing and wait six months to get it, because when that happens, the system blocks up, everybody else is in the line waiting for service and there are problems.

The Democratic Labour Party did not fix that, Sir, the Barbados Labour Party, as an administration, is seeking to address the systemic problems. The QEH is the largest single employer in Barbados. I believe it has more than 2 000 employees. Sir, with an institution that has such a large number of employees, myriad competing unions, professionals from the level of orderly to the level of doctor, you are talking about a very complex situation. Human resource systems were not put in place and there was no Customer Care Charter. There was no particular direction that necessarily sought to give control or a Chief of Medical Staff.

The QEH is therefore now seeking to look at how the systemic problems have impacted on service delivery and to address those issues. I agree that there are problems. I do not share the view of the Honourable Member for St. Philip West but I believe that a serious effort is being made to address those problems. The finances have been systematically increased since we came to Government in 1994 to move the Hospital from \$58 million to \$115 million and, therefore, we are on the way to solving the problems.

I will come back again, Mr. Chairman.

Mr. C. A. MASCOLL:

Mr. Chairman, the QEH is now the largest statutory board in Barbados and that is very important, given the policy position outlined by the Prime Minister on Monday in this debate.

It is known that in that speech delivered a couple of days ago, that the Prime Minister complained about the galloping cost of the public service. He went on to speak about the issue of putting a cap on subventions for statutory boards in Barbados. Therein lies the very complex task that the staff, certainly the Minister of Health and all other persons responsible for the management of the QEH, would have in the foreseeable future.

In fact, having identified the need for the imposition of a cap on the subvention of the QEH, the Prime Minister has placed an extraordinary responsibility on the staff and, certainly, the Ministry, to manage most efficaciously and effectively, the affairs of the QEH, and there is where I would wish to join this debate because it is indeed a considerable task.

Sir, when you juxtapose the imposition of a cap of the subvention with the need to increase efficiency at the QEH, I am suggesting that the task is almost horrendous. I also want to say, and I repeat, that there can be no Supplementary brought to this Chamber over the next financial year for the QEH; and the reason is simple. In fact, the policy prescription outlined by the Prime Minister imposes a need for the QEH to run very efficiently.

Now, if that is so in an environment in which doctors and nurses are limited in number, it means that as a result of scarcity of the nurse and the doctor increases the value, and the overall task at the QEH is how do we make the QEH more financially viable. Having imposed a cap, you have effectively removed attempts to become more efficient. Having imposed a cap, it means that, in order to deliver quality service and care, the QEH has been charged with the responsibility of looking for additional revenue.

I do not think that my deduction is incorrect. In fact, I think it is very...

Hon. Miss H. E. THOMPSON:

Mr. Chairman, on a point of order. The Honourable Member is misleading the House. It is true that the conclusion which he seeks to put is one that is logical but it imposes a duty to manage efficiently.

Sir, if in 1995-1996, the first year of this Administration, the vote was \$62 million and it is now \$115 million, that is a considerable increase. Therefore, the Hospital has to look for the areas where there is inefficiency, leakage in the system, and mismanagement.

Sir, to give an example, and I do not mean to make a speech, 67 chairs came into the Hospital, and within a week they had all disappeared.

Asides..

Hon. Miss H. E. THOMPSON:

Sir, a chair cannot walk out. When 67 chairs disappear out of an institution, there is a cost, so it forces you to put systems in place that will manage more effectively.

The former Director of the Psychiatric Hospital already proved that it is possible to take your resources, look at your system and create effective management.

Mr. C. A. MASCOLL:

Mr. Chairman, I am indeed encouraged because in the contribution of the Honourable Member for Christ Church West, he went as far as to talk about fiscal and financial prudence and he gave an indication of his sojourn in the United Kingdom. He explained that in the course of a year or less, he saw an institution move from public to private, and deliver in two weeks rather than in two years. This was quite a dramatic and remarkable improvement as a result of the change in status of the organisation. I am hoping that he is not expecting that kind of dramatic change to occur in the context of the QEH.

House 25, sequence 167,

4:20 p.m.

Thursday, March 18, 2004

Continuation of Mr. C. A. MASCOLL:

He also went on to talk about the need to move the amount of nurses trained in a given year from 30 to 90 with the intention to utilise as much as we can and then to export the remainder to other Caribbean countries and even beyond the Caribbean shores.

Mr. Chairman, while I understood the intervention of the Honourable Member for St. James South, it cannot be denied that the increase in allocation over the last eight to nine years might have been as a direct consequence of increasing cost for drugs, for services delivered or it could have been also as a result of inefficiency. I would hardly think that the disappearance of a few chairs could have increased the cost of running the Queen Elizabeth Hospital by millions of dollars over the last several years.

Hon. Miss H. E. THOMPSON:

On a point of order. The Honourable Member is misleading the House because to say that the cost has increased because of increasing cost in the system and to cite pharmaceuticals as one of those increases is not accurate and is misleading because the pharmaceuticals come from another vote, so a rise in the cost of pharmaceuticals would not affect an increase in the Queen Elizabeth Hospital vote nor does it mean that there are increases in cost within the Queen Elizabeth Hospital system itself.

Mr. C. A. MASCOLL:

Mr. Chairman, if I did not say it, I meant the overall delivery of health not just confining it to the Queen Elizabeth Hospital. However, let us get a little deeper into this approach. It has been identified by the Honourable Member for St. Philip West that there is a need for management systems to be put in place such as issues pertaining to administration, the plant, medical and nursing staff and the implications of the new board.

When the Honourable Member for St. James South entered the debate, I suspect it was to prevent me from making the other point that in an environment where the Queen Elizabeth Hospital has to raise revenue because of the limit imposed by the policy of the Government, it means that the staff is going to be challenged to find ways and means of increasing the revenue at the Queen Elizabeth Hospital. Perhaps the Honourable Member anticipated or may be thinking that I am thinking politically by

suggesting that perhaps the only way that it can be done is if we impose a price on the delivery of service to Barbadians. I am saying to you that I cannot see an instance to which the administration of the Queen Elizabeth Hospital could proceed over the next two to three years without being extremely highly challenged by the need to raise revenue for the effective management of the Queen Elizabeth Hospital to be sustained. That is the major challenge I see in this debate.

The Honourable Member for St. Philip West would have outlined the major issues pertaining to preventative and curative care but there is a major challenge which sits within the confines of the policy outlined by the Prime Minister earlier this week.

Dr. W. F. DUGUID:

On a point of order. The Leader of the Opposition is again seeking to mislead this House. The revenue at the Hospital is derived primarily from the private wards of the Queen Elizabeth Hospital not the public wards. Because the revenue is derived primarily from the private wards, the Honourable Member is trying to suggest that there is an attempt to raise revenue on the public ward. This Government is not supporting any such, so there is no attempt to raise revenue on the public ward.

I thank you.

Mr. CHAIRMAN:

The Honourable Member for St. Michael North West continue, please.

Mr. C. A. MASCOLL:

Mr. Speaker, you see I could have anticipated the response of the Other Side because the Honourable Member for Christ Church West is indeed now suggesting that I am saying that you have to raise revenue from the public ward in order to compensate for the capping of the subvention. I never said that because I do not know what has to be done. All I am saying is that there is a tremendous challenge for whoever is managing the Queen Elizabeth Hospital to effectively and efficiently manage in an environment in which Government has put a policy prescription in place that there would be a capping of the subvention. So you are immediately constrained in terms of what you can do with the previous budget. Given the incremental nature of budgeting in Barbados, you are going to be constrained in terms of the services that you deliver to the people. Therefore, the only way in which you can get around that constraint of the subvention is to try and be more efficient and effective in the way in which you manage the affairs of the Queen Elizabeth Hospital. That is my concern, Mr. Chairman, because I see it within the context of the policy outlined by the Prime Minister earlier in this debate.

We have a shadow minister of health who clearly identified the issues pertaining to the shortcomings at the Queen Elizabeth Hospital. My remit is to look at the policy environment to see whether or not we can sustain the delivery of such services within the policy as outlined. This Administration is guilty of a severe shortcoming, that is, the ability to put in place a justification having already acted. We are being told of an entrepreneurial role. I am saying now that the real issue here is, are we going to be able to provide the quality service no matter how much we criticise it within the more recently outlined policy environment by the Prime Minister. That is the only challenge that the Ministry of Health has with respect to the management of the Queen Elizabeth Hospital. I do not know what is being planned, but I would like it to be said in this debate how the Ministry of Health intends to cope with this new environment that has been outlined to it by the Prime Minister of Barbados. That is my major concern.

How are we going to get around the issues pertaining to administration? How could we enhance the quality of service in an environment where workers complain about their present level of remuneration?

I have already said that policemen, nurses and teachers in a service-driven economy would have to be adjusted in terms of their relative worth to a service-driven economy because this country has decided that Barbados is going to become more and more services oriented. If that is so, the very persons who provide those kinds of services have to be seen within the context of a new economic thrust, a new way forward, for the Barbados economy. In that regard, it therefore means that nurses, teachers and policemen would have to be regraded within the context of a new Barbados. Mr. Chairman, if you think what I am saying is just political, look at what has happened in recent times where nurses are finding their way to the United Kingdom. I have a brother who is there who has been able to make considerably more per month. There are policemen who are going to other Caribbean territories and Bermuda. There are teachers who have been attracted to the United States of America.

Hon. Miss H. E. THOMPSON:

On a point of order. The Honourable Member is misleading the House. The Honourable Member seeks to give the impression that there is a mass exodus from the civil service arising out of inadequate remuneration. The reality is that Barbados has for many years provided teachers, doctors and nurses to many islands in the Caribbean and outside of the Caribbean.

House 25 Sequence 168

4:30 p.m.

Thursday, March 18, 2004

Continuation of Hon. Miss H. E. THOMPSON:

There was a time when the majority of teachers and policemen in Bermuda and the Cayman Islands came from Barbados. Therefore, that is in keeping with a historical trend that has nothing to do with bad conditions in the Civil Service.

Mr. CHAIRMAN:

The Honourable Member for St. Michael North, your time was about to expire but you have two minutes more.

Mr. C. A. MASCOLL:

Mr. Chairman, I sometimes get the impression that the Other Side believe that the Opposition Members and I live on Mars. I cannot believe that I now could be hearing that nurses have not been leaving Barbados in search of better wages, when, in fact, there is substantial evidence.

Hon. Miss H. E. THOMPSON:

On a point of order. Mr. Chairman, if the Honourable Member is saying that there is a substantial evidence of mass exodus, let him bring the documentation and figures, otherwise it cannot stand in this Chamber.

Mr. C. A. MASCOLL:

Mr. Chairman, I have to bring documentation that there has been an exodus of nurses when there has been considerable debate in public, when there is evidence, especially male nurses at the Psychiatric Hospital who have been moving? When there is evidence that there are others who are looking to move? I do not have to bring any evidence. Am I in a court of law? I am not in a court of law. It is very evident that nurses have, in fact, been moving.

Sir, I will come back to the issue because I need to address the institution that lies within my constituency which I have been accused of attending. This is a major fundamental issue that has to be addressed in this debate.

Mr. CHAIRMAN:

Honourable Members, I do not want to leave this point. Earlier the Leader of Government Business was concerned about a ruling that she believes should have gone in her favour and she left the Chamber feeling that way.

I want to say that if the Honourable Member for St. Michael North West said that there is an exodus, I know that people have been complaining about nurses leaving Barbados all the time. Therefore, I cannot rule and say that the Honourable Member has to produce figures for that.

Asides.

Hon. J. X. WALCOTT:

Mr. Chairman, I rise to respond to a number of queries. First, I want to reiterate as has been said from both sides, that the Queen Elizabeth Hospital is, indeed, the best tertiary care institution in this part of the region and I am sure no Honourable Member from the Other Side would get up and would differ with that statement.

The other statement is that from the time the Queen Elizabeth Hospital was built and opened, there has always been a category of patients who pay for their medical care. There have always been patients who went to private wards, who had a private arrangement with their physicians or surgeons and who paid for their care.

Sir, if one would look at the document to which the Honourable Member for St. Lucy was referring, one would see that there was always a category of revenue which was collected by the Queen Elizabeth Hospital. In 2003, it was about \$3.2 million, \$4 million in the last financial year and it is projected to be about \$5 million this year.

Sir, the Prime Minister has also spoken of fees being set in 1973 and bearing no change on those fees, they would have to be addressed. This has nothing to do with every person having to pay for private care. As I have said in the beginning, there has always been a category of persons who prefer to pay and the Honourable Member for St. Michael North West would know this.

Asides.

Hon. J. X. WALCOTT:

Mr. Chairman, the Honourable Member was concerned that it was capped at \$150 million and what was going to happen.

Sir, on Tuesday I spoke to the finances of the Queen Elizabeth Hospital. At that time, I said that it was \$150 million and that there was a guarantee of a \$25 million loan which would have gone towards capitalisation. I believe the Honourable Member was not in Chamber when I spoke about that. Therefore, it is understood that the Queen Elizabeth Hospital would be doing its capitalisation, utilising this additional \$25 million.

Sir, I want to deal with the issue of nurses and I will start where the Honourable Member has stopped. The Honourable Member has said that there were a number of nurses leaving Barbados. Sir, this information has been given to me by the Chief Nursing Officer. Indeed, over the last five years, on average there has been about 21 nurses who have left the Queen Elizabeth Hospital. If that is a mass exodus, I do not know.

Asides.

Hon. J. X. WALCOTT:

There is facility for 765 nursing posts at the Queen Elizabeth Hospital.

Mr. Chairman, the Honourable Member for St. Philip North West only believes what comes from his head. He does not have to see it, he does not have to know it, perhaps it is early onset dementia, perhaps something from association but I have no idea what it is exactly.

Mr. Chairman, over the last two years there have been about four or five nurses who have migrated to Britain. Sir, in relation to the talk about staff morale, nursing migration, et cetera, nursing shortage is not unique to Barbados unless one is living on Mars and, therefore, does not know what obtains.

Asides.

Hon. J. X. WALCOTT:

Sir, globally there is a shortage of nurses. That is why the Commonwealth Secretariat has taken it seriously enough that they have established a commission on managing the migration of nurses. Indeed, the World Health Organisation has done it and, therefore, this is not unique to Barbados.

Sir, for years nurses have migrated from the Pacific Island of Samoa and Congo to Australia and New Zealand. Nurses in Botswana have been going to South Africa and nurses from Nigeria and other places have been migrating to South Africa. They have migrated from Britain to the Philippines, and to the Caribbean.

The Honourable Member for St. Philip West said that he would not bury his head in the sand but I am putting it to him that his head is permanently buried in the sand, and I dare say that there might be nothing there but sand.

Mr. C. A. MASCOLL:

On a point of elucidation. The Honourable Member for Christ Church South is saying that there is a shortage of nurses worldwide. If there is a shortage worldwide, what would explain the movement of nurses? Why would a nurse move from one country to the other?

Asides.

Mr. C. A. MASCOLL:

Of course. Precisely!

Asides.

Mr. CHAIRMAN:

Although as I always say when I am presiding, we are dealing with health and hence hospitals, morgues and so on, I am not presiding over a morgue and I would expect excitement sometimes but I would like to have some order too. Let the Honourable Member continue.

Hon. J. X. WALCOTT:

Sir, I am trying. I have never studied economics or finance. If I say there is a global shortage of nurses and that nurses are moving from point A to point B, obviously there must be a reason why they are moving from point A to point B. If the Honourable Member is trying to suggest that in Barbados we can compete with the salaries that are being paid to nurses in the United States of America and Canada, then he has to say that. I would not want to say that is madness but it would be bordering on stupidity to believe that we in this region could compete with the salaries of the United States of America and Canada.

H:No.25(169)

4:40 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

Sir, the Honourable Member for St. Philip West says that he likes to read and that he has been reading documents and the Commission Report as far back as 1989. The Pan American Health Organisation did a consultancy in Barbados by Dr. Ellis as far back as 1989 and spoke about the needs and projections we would need to do in nursing.

Mr. Chairman, faced with the problem, every year the Barbados Community College only admits 30 students to do nursing. Recently, I had a meeting with the Barbados Community College and they told me that every year 150 should apply to do nursing in this country. Out of those 30 students, 20 of them are allocated as nursing assistants, leaving 10 places only for persons to study nursing.

Sir, it has been agreed and the Chief Nursing Officer (CNO) has today confirmed that from

September, the Barbados Community College will admit 90 students to train as nurses. Sir, within the next five years, we will have at least 250 additional new nurses.

Sir, we understand that the conditions under which nurses have to operate need to be improved. Within the Queen Elizabeth Hospital, we have created a nursing pool where nurses from other institutions have indicated their willingness to come and do shifts within the Queen Elizabeth Hospital to relieve the burden on the nursing staff there.

In addition, there has been discussion about shift allowances with the realisation that nurses who work in the evening from 2:00 to 900 p.m and those who work at night should be given some incentive to encourage them and the Board is currently discussing these things.

The Honourable Member for St. Philip West when he was ranting and raving...

Mr. CHAIRMAN:

Honourable Member, you cannot say that. Please withdraw the remark.

Hon. J. X. WALCOTT:

Mr. Chairman, I withdraw the remark. The Honourable Member for St. Philip West when he was speaking with his head embedded in the sand and another part of his body exposed said that the twelve-hour shift could not work. Mr. Chairman, nurses in Barbados have been working twelve hours before the Honourable Member was born and will continue to do so. It is done at both the Geriatric Hospital and the Psychiatric Hospital. At the Queen Elizabeth Hospital, it was not an initiative of the board of management but a nursing initiative. Sir it was not imposed by management but by a group of caring, dedicated nurses on a specific ward who took it upon themselves to devise this system to take care of their patients. They also realise it would benefit them and they would have three days off one week and four days off in another week.

We also spoke to the need for nurses to move ahead in their clinical career path. We told them that nurses should be able to go into education, nursing administration, nursing research and that we would look at these things. In addition, for years we have been saying that nurses have families and a baby creche has been created as an answer to this problem. Sir, we understand the conditions under which nurses operate and we are trying to address the situation. There is no point in constantly saying that nurses are migrating but we should get together and do something about it to help with the health care of all Barbadians.

Mr. Speaker, I thank you.

Hon. Dame Billie MILLER:

Mr. Chairman, I want to make a short intervention on this question of job migration because not only nurses are migrating. Some of us need to do more homework and read because not only nurses are migrating. We are living in a world where globalisation is the order of the day and in many areas of trade and services we are seeing interesting movements.

.....it would be far more sensible for several reasons why we should locate centres of excellence in one or another territory to which young people would move just as was done with the university rather than

have this costly duplication.

Mr. Speaker, we have to be very careful in this business of job migration.

H25/Sequence 170

4:50 p.m.

Thursday, March 18, 2004

Continuation of Hon. Dame Billie MILLER:

Sir, a number of Barbadians in the 1950s went to train in the United Kingdom, Canada and the United States of America and many of them are now retirees and coming back as returning nationals with highly specialised skills. The Honourable Member for St. Michael North West asked why would they be coming back. People move country to country for all kinds of reasons and it is not always to do with money.

Sir, I think that the Honourable Member would be taken aback to discover that in many cases it is not anything to do with money. It is more often than not to do with quality of life. That is why people would want to come to work here and this is not a new phenomenon. The Queen Elizabeth Hospital, in all of its existence has attracted doctors from Sri Lanka, India and Africa. This is nothing new. Sir, likewise, there are Barbadian doctors working all over the world, in Canada, New Zealand, Africa and elsewhere. We must not trivialise this because it is a very important aspect of what is happening as trade and service liberalise and we have to make an important decision here in Barbados.

In the 1950s and 1960s, as Sri Lanka did in the 1970s, we were training nurses and other health care professionals for export. Sir, a lot of the young women who went to the United Kingdom to join the health services after the second World War, many of them were trained here in Barbados and so they did not go as rookies to the United Kingdom. Sir, they are the ones who rose to be black Sisters and Matrons for the first time, in British hospitals.

Sir, the first black Matron, the late Ena Walters, in a Barbados General Hospital was a British trained SRN who had started her training here in Barbados. My late father was a Minister of Health at the time and he was the person who brought her back here to be the first black Matron. When I was a little girl, my mother was a nurse and I remember going to the Hospital from time to time to visit friends. In those days all of the Sisters and Matrons were white English women.

Asides.

Hon. Dame Billie MILLER:

It is of importance because what I am saying is that even then there was migration and particularly in the health field. Sir, not only with nurses but with other trained personnel as well.

Sir, we need to make a policy decision now, bearing in mind that we have domestic requirements to satisfy as to whether, as a matter of policy we should not be looking now to train health professionals.

There is a wide range of professionals that I am thinking of in the health field for export as well but we will have to be perfectly sure that we are satisfying domestic demand.

We need to protect our home base. We must not forget that the Queen Elizabeth Hospital is a training hospital of the University of the West Indies. It is the Hospital of first choice by medical students.

It is not only about those things, it is about specialties to which nurses can come if they want to relocate to Barbados. It is about specialties to which young nurses may wish to go, including public health. The reality is, in our public health history and all of those who are doctors in this Chamber will know that the public health giants who help to put Barbados where it is on the map today in terms of bringing communicable diseases under control in this country were CARICOM nationals who were not Barbadians. I am talking about people like the late Sir Maurice Byer and Dr. Vaughan Wells. Of course, there were Barbadians like Professor Ken Standard.

Asides.

Hon. Dame Billie MILLER:

Yes, it is a history lesson. Learn a little something.

Asides.

Hon. Dame Billie MILLER:

Mr. Chairman, they came from the other islands to us but by the same token, in the 1950s and 1960s if you went to any island in the Caribbean, the Headmaster of every Grammar School was a Bajan. The Chief of Police was a Bajan. The Matron of every hospital was a Bajan. So, this is nothing new but we have to bring new and post-modern Barbados needs and requirements to what we are doing now and we have to be very selective and careful in what we do.

I would like to urge upon all Honourable Members that this is not something to trivialise. It is something for which Barbados has excellent reputation. In British hospitals Barbadian nurses have a reputation like no other. If you go to hospitals all over the United States of America, you will be dealing with Philippines and Hispanics. The Hispanic community in the United States of America has now outstripped the African-American community.

Sir, we are an aging community and there are many areas of specialty that we are not yet addressing. Gerontology is one such area and I would have hoped that this is something that the Honourable Member for St. Philip West would address.

Asides.

Hon. Dame Billie MILLER:

How many trained gerontologists or nurses do we have? How many health professionals are looking to this area? Barbados is a country with a developed health profile. The chronic diseases are the ones which are going to inform our health policy for the next hundred years, at the very least.

Mr. Chairman, how many of our health professionals are addressing these concerns? It lies with the

Government to outline that wider policy and I am appealing to the Honourable Minister of Health, the distinguished Honourable Member for Christ Church South - these are matters that are entertaining him at this time and those who advise him. All I am saying is that this whole question of migration in respect of jobs in the health sector is something that we have to take very seriously and something that we have look at in a big picture way and not with tunnel vision.

Asides.

Hon. Dame Billie MILLER:

I heard the Minister making reference to many areas but I did not hear him mention health economics. That is a very important area that we have to be looking at now. These are things which have to be within the contemplation of any Government of Barbados.

Sir, we were in Cabinet today discussing certain matters to do with the National Drug Service. Mr. Chairman, that is something that we take for granted in Barbados but it is something of which we must be very proud. There is a whole new industry building around pharmaceuticals. There are new industries in health related fields which we have not even begun to contemplate and these are the things that we need to be looking at.

Sir, we need now for the Health Sciences Division of the Barbados Community College to be expanding in all of these areas. We need for Barbados to become the hub in the Southern Caribbean for this as has been our role for as long as I can remember and longer than that.

Asides.

Hon. Dame Billie MILLER:

Barbados professionals have been going down the islands and selling their services for years, to doctors, dentists and therapists and making a fortune. In fact, making more money in those exporting services than they make in the domestic marketplace.

Mr. Chairman, I would urge upon Honourable Members as they look at the horizon of this matter of job migration particularly as it relates to medical and health services,

H25:

Sequence 171

5:00 p.m.

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Continuation of Hon. Dame Billie MILLER:

that at the same time, they try to look at the even bigger picture, because this applies across a whole range of, not only professional but vocational services.

Mr. Chairman, I am much obliged to you for the opportunity to make this small contribution.

On the motion of Hon. R.C. Eastmond, seconded by Hon. Dame Billie Miller, Mr. CHAIRMAN reported progress to His Honour, the SPEAKER, and asked for leave to sit again.

SUSPENSION OF SITTING

Hon. R. C. EASTMOND:

Mr. Speaker, I beg to move that this House be now suspended until 515 p.m. today.

Hon. Dame Billie MILLER:

I beg to second that, Sir.

The question that this Honourable House be now suspended until 5:15 p.m. was put and resolved in the affirmative without division, and Mr. SPEAKER suspended the House accordingly.

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5:01 p.m.

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RESUMPTION

Mr. SPEAKER:

This Sitting is resumed. When the Suspension was taken the House was in Committee of Supply, to that, it will now revert.

COMMITTEE OF SUPPLY

Hon. R. C. EASTMOND:

Mr. Chairman, as I intervene in this debate, I want to focus on the whole matter of public health. It would be definitely true to say that notwithstanding the fact that nowadays many persons are able to opt for health care from the private sector that over time thousands of Barbadians have relied on the public health sector for the delivery of health services. There was a time in the life of this country in the 1950s, 60s and 70s when hundreds of Barbadians attended parochial clinics before the birth of babies, shortly after the birth of babies and in the early infancy of these children.

Mr. Chairman, I want to focus on something that we should not take for granted. Our immunisation programme over time has worked very well. If one were to focus on health standards in Asia and in Africa and compare them with our health standards in Barbados, then there can be no doubt that our diligent approach to ante-natal health care, to health care of infants and to a mandatory immunisation programme would have gone a long way towards ensuring that we practise proper health standards which ultimately in my view would have impacted on the fact that life expectancy in Barbados today is

on par with life expectancy in many parts of the developed world. This is a point that all Barbadians should note and should be mindful of. It can be our proud boast that today this small country with limited resources and challenged on all fronts by many an economic problem has been able to assert itself as a country that has been able to practise proper public health care and that our life expectancy is on par with the life expectancy of the big world.

Mr. Chairman, recently I was talking to some Canadians and some Americans on this matter and they were amazed to think that considering where we are with budgetary constraints and where we are as a country fairly fresh out of colonial experience that we are able today to stand out in the Caribbean as a country where our females can expect to live close to 78 or 79 years and our males to 77 to 78 years.

Mr. Chairman, I think that the programme that has been brought here by my colleague the Honourable Member for Christ Church South is a programme designed to follow the standards that have been set. Permit me, Mr. Chairman, to commend him for his policy in respect of the expansion and improvement of the polyclinic services. There are those of us who in the real world of Barbadian economy and society opt for care from private physicians and private surgeons, but there are hundreds of Barbadians whose first idea when faced with a health challenge is which polyclinic to go to.

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5:20 p.m.

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Continuation of Hon. R. C. EASTMOND:

Mr. Chairman, you would recall that it is a previous Barbados Labour Party Administration that had decided to extend and improve the local parochial village clinics into ultra modern polyclinics, so much so that we can now boast to the delivery of health care to the masses of people as a whole.

Mr. Chairman, when one hears that there are parts of the Caribbean where there are diseases such as tuberculosis which are still in existence, and compares that hard fact with our success in dealing with these problems, one would no doubt take note of the fact that at a public health level, we have had contributions from several serious professionals who have used the full weight of their expertise and efficiencies to be able to provide care for the broad mass of people in this population.

Mr. Chairman, the polyclinic services have done well over the past 20 years and I welcome the proposed policy of the Ministry of Health to extend the opening hours, to diversify and to increase the services there.

Mr. Chairman, as I prepared for this debate, I noted that there is some emphasis on prevention and on lifestyle diseases. I have also noted that adolescent health care has been identified as a special challenge. This has been identified as a challenge in the context of adolescence being perceived as a period of transition and turbulence in the lives of adolescents. My own understanding of the proposed programmes for adolescent health care, is that adolescents are going to be educated further in matters

such as nutrition and avoiding harmful health practices which, if not arrested and stopped early, could impact negatively on these young persons.

Mr. Chairman, I would also want to urge that as we go forward through the ages, we are mindful of the fact that there would have been those Barbadians who, notwithstanding the fact that they have achieved a high level of life expectancy rate, did not have the knowledge and were not living at a time when health care education was as prevalent as it is now.

Sir, I would encourage the Ministry of Health to intensify every effort towards the educational side of things, to ensure that, notwithstanding the fact that our school system exists to provide ordinary general education, this particular aspect of health care that focuses on prevention would be so carried out that our populations are segmented into age groups and are targeted with messages designed to encourage our people to approach the question of caring for themselves better.

Sir, in Barbados there is a maxim: “prevention is better than cure”, and from time to time, one would hear medical people talking about ways of living which are dangerous and which can impact negatively on health standards.

Mr. Chairman, if it is true, and it seems so, that diabetes, hypertension and strokes are common in Barbados and are at the same time preventable based on how we approach our health at the individual level as private citizens, then clearly the time has come where we in Barbados have to wake up and own up to our circumstances and make a contribution towards looking after ourselves. This does not in any way diminish Government’s responsibility in providing the setting in which health care is improved.

Mr. Chairman, there is an aspect of the proposed programme which I find interesting. In the last five or six years, there have been those far-sighted Barbadians who are of the view that fire stations should specialise not only in fire prevention and control. I note that a special pioneer project is proposed for the fire station at Arch Hall. This is going to be converted from a normal fire station into a type of emergency centre. It is already equipped and fitted for the purpose where ambulances and support systems that go with ambulances can be accommodated to respond to emergencies. I think this is one of the new initiatives of the Ministry of Health that must be commended.

Mr. Chairman, I have noticed the improvement in the ambulance service. I am old enough to know the days when an ambulance would have gone to an emergency with only the driver and an assistant but in recent years we have seen medically-trained persons on these ambulances who are able to administer first-aid and emergency medical care on location. I also want to say that as a person who is often in parts of Barbados in short time frames, I am pleasingly amazed at the rapid response which the ambulances that are called to emergencies demonstrate.

I want to commend the Ministry of Health for the foresight in taking the emergency services to a stage further in converting the Arch Hall Fire Station into a general emergency station. Sir, I would think that some time in the future, this particular approach would be expanded and improved.

Mr. Chairman, I also note that in an era when we are still at risk of certain insects and rodents creating diseases that would affect human beings, that our approach to vector control is also seeing some improvements.

Mr. Chairman, I also recognise that the Estimates prepared in the Ministry of Health have recognised that our population is an aging one and that an aging population presents challenges from a social security perspective, where in the context of an aging and declining population, there are special considerations that have to be gone into planning for social security but at the same time, as our people become older, our approach by way of new initiatives and programmes for the aged must be improved.

Sir, I am not at all pleased to say that in every constituency in Barbados I encounter a fairly severe demand for beds in geriatric hospitals. Sir, even when we go through the procedure of having the clinics' doctors verify that the patient should be submitted to geriatric health care, at the moment the demand for hospital beds in geriatric institutions is greater than the supply. Sir, we still have to have the will in this country to be able to define and to set objectives for geriatric care. I have every confidence that urged on and supported by his technical staff, the Minister of Health would be able to improve systems of geriatric care in this country.

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5:30 p.m.

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Continuation of Hon. R.C. EASTMOND:

I am happy that the district hospitals are going to see improvement because the Hospital closest to me, the one in St. Lucy, has been craving attention and has been in need of repair and refurbishment. I am also happy to see that some provision is made for the improvement of the St. Lucy District Hospital.

Mr. Chairman, I take note of a particular provision under Head 23, Subprogram 070, the Minister of Health's relationship with CERO.

Mr. Chairman, we would not want a hurricane, flood or other natural disaster to descend upon Barbados to any extent at all. However, I have had first-hand experience of a fairly severe flood occurring in the dark. I think in the context of bad weather, flooding at night is particularly dangerous. I saw diabetic people who have had amputations faced with the challenge of being moved out of their houses which were surrounded by flood waters and I recognise the severe strain and challenge to the emergency services to rise to the occasion.

I welcome the relationship between the Minister of Health and CERO but as the hurricane season approaches, in an era of global warming with terribly unpredictable weather, I would want the relationship between the Minister of Health and CERO to be so refined that both agencies are ready in the event of any particular emergency.

Mr. Chairman, in my view, the activities and programmes are well thought out. I want to commend the Minister on some very lucid and interesting interventions so far. I have no difficulty in lending my

support to Head 23 in its entirety.

Hon. R. R. FARLEY:

Mr. Chairman, I rise to speak on Head 23. This matter of health is of fundamental importance to all that we do. In fact, I am pleased with the initiatives which have been articulated not only by the numbers but having had the privilege of looking at the programme document and other plans in the Ministry of Health, I do not share the discomfort, worries and professed concerns of the Honourable Member for St. Philip West.

Sir, I was very intrigued to listen to the presentation of the Honourable Member for St. James North when he put things in context in terms of the proof of the pudding being in the eating. He spoke about the life expectancy and other profile characteristics of the Barbadian population which can only speak to the fact that we, as a nation, over the years have concentrated on life.

The challenge lies in recognising when there is a shift either in our approach to living, the nature and character of the illnesses, the disease or other health challenges that we face in ensuring that we continue to change the health system to make sure we are able to maintain the positive profile we have.

Sir, as a Government we have been able to evolve a series of programmes recognising that there are factors other than care of the ill that leads to health and well being. For example, if we look at the statistics in 1996/97 where, based on an IADB study on poverty, it was recognised that 13.9 per cent of households were operating at an income level below the poverty line. Recognising the impact it would have for our development, we created the Ministry of Social Transformation and aggressively moved through that Ministry and through the Urban Development Commission and Rural Development Commission to improve the day by day lives of the individuals in those households by giving them better housing and cleaner surrounding.

Sir, the Government through its wider programmes in the social sector also contributes to the development of a positive health profile for our people. This Government continues to put forward a well-rounded programme recognising that health is not just about providing acute care, as important as it is, but that the real contribution to health is in the area of prevention by helping people to be able to live in clean, disease-free communities and household, helping them to know what constitutes a healthy diet and even recognising the importance of physical activity.

I make this comment against the background of the need for the Ministry of Health to evolve its programme based on the realities that surround us. Sir, thirty years ago there was no need for any emphasis on physical activity because it was part of how we live. We walked miles to catch a bus, we cut canes, cleaned the yard, carried water in buckets on our heads. Generally, our lifestyle was full of physical activity but today, we largely live a sedentary lifestyle. Sir, we get into our cars and drive as far as the gate and the only walking we might do for the day is to walk two steps to the gate. We then drive to work and want to park as close as possible to the door, sit for the entire day and then drive home. Sir, even for persons who do not own a car, there is a wide availability of public transportation. We are engaged in less physical activity today than we were ten years ago. A key part of our health strategy has to make sure that our population experiences an increase in physical activity. It is recommended that we should engage in at least thirty minutes of moderate physical activity five days a week. This is one of the things that has to be identified as part of our strategy as simple as it may

sound.

We need to pursue this matter specifically. Our School Leavers Tracer Survey of 2002 asked youngsters in what extracurricular activity they were engaged.

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5:40 p.m.

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Continuation of Hon. R. R. FARLEY:

Sir, approximately 40 per cent of them were engaged in sports, 17 per cent were engaged in social or cultural music type activities, 16 per cent in service clubs or religious activity, under 8 per cent in the Cadets, Scouts and Guides, 3.8 per cent were into technical and academic extra curricular activities and 2.2 per cent in Junior Achievement. Sir, what is important is that 40 per cent of the school leavers indicated that they were not involved in any extra curricular activity.

This survey was done in the 16 to 17-year old age group and if at that age they are engaged largely in sedentary pursuits, think of the implications as they advance to the age of 40 in Barbados where some things start to happen. According to the statistics that I have seen, by the age of 40 approximately 40 per cent of the population presents itself with hypertension and 18 per cent with diabetes.

Sir, we know that based on the reports of the leading causes of death in Barbados, they tend to feature that cluster of complaints which can largely be described in the category as chronic non-communicable disease categories. For example, in 2001, strokes were the leading cause of deaths. The second was heart disease, the third was diabetes mellitus, the fourth was hypertension and benign prostate hyperplasia and HIV/AIDS was sixth.

Asides.

Hon. R. R. FARLEY:

Sir, part of our strategy for ensuring not just longevity but for ensuring that people live productive happy lives is to look at the matter of physical activity. High-tech interventions are important when people are ill but maintenance of wellness is also an important strategy in my opinion.

Sir, we in the Ministry of Education, Youth Affairs and Sports, recognising the information and statistics, have an aggressive programme for not only encouraging and enforcing physical activity in our schools, because we are concerned about inactivity, but also the continued strategy of the Ministry of Sports for providing community facilities. Every settled community must have access to a playing field and a hard court and in the regional centres, the larger areas, the provision of lights. Part of our reality is that we are a busy country and in order for us, with our shortened days, to be able to ensure that communities have the opportunity, through physical exercise to fight off these post-40 complaints, we need to provide facilities such as the 100 playing fields which the Government provide, the 45 pavilions

and 62 hard courts, on which you can play tennis, netball et cetera, so that communities would be able to make wide use of them.

Another important matter which forms part of the primary health care services on which the Ministry of Health will spend \$72 million in the coming financial year relates to community interventions. There are people who say that they do not see the public health inspectors walking around as they did before. I think that is because many of us are not at home as often as we used to be in the past. Whilst the day of the public health inspector with his brass-looking spray can and ladle moving around may not be the norm these days, I was comforted by the fact that in my constituency, Parish Land to be specific, we were able in the period leading up to Christmas to engage in a major programme initiated by the public health inspectors, now called Environmental Officers, where they recognised that they were observing a higher incidence of mosquitoes and related problems in the area than was the norm. We engaged in an exercise where an environmental committee was formed where people in the community were encouraged to take the onus, not just sit back and call and say "Come and clean up" and dirty and call again but to recognise that prevention was better than cure.

Sir, as a result, house to house visits were made by doctors from the polyclinic, the Senior Environmental Officer, the Environmental Officer for the area and, of course, the Parliamentary Representative. We were able to identify all of the areas where there were overgrown lots and through the debushing programme by Government many of these areas were cleaned. We were also able to identify bulky waste.

I trust that the Ministry of Health is provided with adequate resources throughout the year because the bulky waste issue is a major problem for Barbados. Our palings, a part of the traditional Barbadian architecture also becomes the place where in the absence of a ready facility for the disposal of the old bedstead, stove, potty, microwave, stereo and car are put in the backyard because we want the front-yards to be neat and tidy.

Sir, part of the challenge of the weekly collection of the Sanitation Authority is mainly for the plastic garbage bags and not for bulk waste but we then have the problem of the bulk waste lurking.

I want to commend the Environmental Officers who service the Parish Land area for the work that they did and say that we now have an environmental group in the area. They have now published an Environmental Report Card where, based on that visit, they have identified what was the extent of the waste that they found. There were 35 loads of waste that had to be removed from the area and I commend this part of the programme.

Sir, arising out of that exercise, we can be sure that during the coming year there will be no place for the breeding of mosquitoes. There was a high incidence of a bowel inflammatory problem spread by flies.

Asides.

Hon. R. R. FARLEY:

Therefore, my humble submission is, even as we clamour for the high-tech, skilled medical intervention which is so necessary today, we need to empower Barbadians in their communities to take

charge of the primary case services to ensure that a healthy lifestyle is instilled in our children as well as adults and they would be positive towards productivity as well as a reduction in the need of intervention at the ultimate state.

Mr. Chairman, I support these Estimates and I thank you.

Hon. H. F. LASHLEY:

Sir, I am particularly happy to join this debate at this time since I was promised by the Honourable Member for Christ Church South, the Honourable Minister of Health, that he would provide some support to us in the Ministry of Social Transformation for our alternative Care for the Elderly Programme.

H25:

Sequence 176

5:50 p.m.

Thursday, March 18, 2004

Continuation of Hon. H. F. LASHLEY:

I am particularly happy also that the Executive Staff from the Ministry of Health is here in this Chamber, because once the Minister says so, I know it will be sanctioned by his Permanent Secretary and the other members of staff.

I am particularly happy that I have the endorsement of approximately two dozen executive members of the Ministry of Health, so that we would get absolutely no stress in expediting the alternative care for the programme for the elderly. Suffice it to say, Sir, we are enjoying an excellent relationship with the executive members of the Ministry of Health.

I am saying that from time to time, both ministries collaborate and cooperate on matters, as they relate to our aging population in Barbados. Most recently, Sir, we set up an inter-ministerial committee which basically has set out to look at a number of issues. One is a pit eradication programme. Yesterday, in this Chamber the Honourable Member for St. Michael North spoke of the hardships some persons in Barbados are still enduring, having to go out in the yard to use what is called an out house or a pit toilet. He also made the emotional plea that when we get to this juncture in our development, no Barbadian should have to face that indignity.

Sir, the policy of the Government of Barbados is to eradicate this scourge from the social fabric of Barbados. We are encountering some difficulties and I am very sorry that the Honourable Member for St. Michael North is not here at the moment, but inasmuch that we would like very much to see this scourge eradicated let me say that we are encountering a number of problems.

One of the problems we are having is that of landlords. When we go to put in a water borne system, the person might be renting, and the landlord prohibits us from putting a water borne system on his

property. This is his right, as he probably has future plans for his relatives and other family.

Additionally, we have a problem where a number of these landowners are overseas, and it is very difficult to get a commitment from the Ministry that we could put in these water borne facilities. Sir, what we are doing through the Transfer of Titles Programme, we are attaching a water-borne system to every new unit that we build in Barbados.

Sir, there is also the additional problem of some persons constructing their houses in Zone 1 water areas which is posing a problem. In some areas, once we get the permission from the Town and Country Planning Department, we put in the filter bed and the septic tank. Therefore, it is not a case where the Government is not pursuing its pit eradication programme. It is a problem, Sir. We are encountering a number of legal obstacles and person owning their rights, as to what they want to do on their own land.

Sir, there is a new terminology coined, population aging, which is not unique only to Barbados. It is a global phenomenon, throughout the developed world and developing countries. Sir, Barbados' demographic profile in relation to its elderly population is basically on par with a number of developed countries. It is very similar, in terms of its aging and elderly population with that of New York City.

In actual fact, in the whole Caribbean, Barbados has the highest number of centenarians. Sir, some Honourable Members in this Chamber alluded to it, that in terms of our future planning, in terms of this drastic paradigm shift, in terms of populating aging, we will have to plan for an aging population.

This is why the alternative care of the elderly programme is so critical now, and I was talking to my friend from Christ Church South that of the \$1/4 million, I hope he could give us \$300 000 and let me say why. Sir, we have a drama group where the average age is 78. Each of these individuals has to memorise lines and know his position on stage. Sir, this programme, will probably add another decade to these older persons' lives.

Sir, this is critical because once we could find the right type of activity, rather than letting our older persons get into a kind of psychological reservation where they are shut up in their houses and then left to die, we are developing new programmes for our elderly.

For instance, the Senior Citizens Games will be held on the 17th April. Sir, as you know, thousands of senior citizens throng the National Stadium because they want to live active lives and to compete. What we are doing later this year, is that we are going to be having the regional version of the senior citizens' games at the National Stadium.

In actual fact, coming out of the senior games here in Barbados, we will be choosing a contingent to represent Barbados in the World Senior Games, which will be held in Las Vegas later this year, in fact, on October 6, 2004. In terms of developing programmes for our elderly population, Sir, Barbados must be in sync with the rest of the developed and developing world in terms of its programmes.

Sir, at the Senior Games - I am not doing a commercial - we are having a special event for persons like you who are over 50 years old and...

Mr. CHAIRMAN:

The Honourable Member for Christ Church South East. I cannot attack but you are misleading the House.

Hon. H. F. LASHLEY:

Mr. Chairman, chronologically speaking, Sir, I was just comparing my age group to yours.

Sir, we have a special race at the games where the Honourable Members on This Side will be running against the Honourable Members on That Side. It will be a 60-metres dash.

Sir, we recently had a tripartite meeting at PAHO: the Ministry of Health, the Barbados Council for the Disabled and PAHO. We are working together on a very interesting concept of community rehabilitation care for persons with disabilities. The Council for the Disabled brought in professional persons from Connecticut. They selected 18 to 20 persons from Barbados for this kind of community rehabilitative care in communities across Barbados.

Sir, if we are successfully and seriously going to tackle the problems of health in Barbados, it must be multi-faceted, multi-sectoral and certainly, the inter-ministerial collaboration is going to be very critical at this time.

If we accept the fact that Barbados has the best health programme in the Caribbean, then we cannot be selfish. Our model of health system must be replicated throughout the Caribbean because if we are talking about Caribbean integration, and all the beautiful things that we like to coin, therefore, we should have one unique health policy across the Caribbean. This is why it is so critical that when Ministers of Health from the region meet, we have one common policy as it relates to health development in the region.

Sir, additionally, the National Assistance Board, under the Ministry of Social Transformation is saddled with the responsibility of developing programmes for our elderly population.

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6:00 p.m.

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Continuation of Hon. H. F. LASHLEY:

Recently, we have appointed a new advisory council on ageing the membership of which is made up of a wide cross-section of Barbadians who sacrifice their time to develop programmes for this particular sector of our society.

Additionally, we will shortly be bringing to this Parliament a new policy on ageing under the sub theme "Towards a Society for All Ages" which we have already discussed with the Ministry of Health. This was the theme which was used in Madrid at the World Conference three years ago. Sir, Barbados

is well poised in terms of its programme for its elderly population to match and compare with any of the developed countries around the world. Because of this paradigm shift it is critical that we in Barbados analyse what is happening globally. It might become a distinct reality now that we might have to establish a department for elderly affairs or a department on ageing. In the developed countries, Australia, Britain and Canada, there are ministries specifically established to deal with this new global phenomenon.

Sir, I am speaking in this way because the National Assistance Board in terms of the rationalisation process of the Ministry must now be re-designated in terms of its focus and its mission to really cater effectively and efficiently for this new population ageing trend that is developing in Barbados. It is against that background that we are really looking now at how we could make our Assistance in Kind Programme far more effective because to date we have spent \$153 886.65 on assistance for 758 persons. This basically provided prosthesis for older persons and in some cases provided basics like kitchen cabinets and tables. This programme is not only designated specifically for the elderly. There are single mothers of large households in Barbados who are not working that this service is also given to them.

This is the area that some people would want to say that we are more or less a welfare ministry or a handout ministry. I keep making the point that we must provide the necessary safety nets for the most vulnerable sector of Barbados particularly those who would have served Barbados well and who in their twilight days cannot now help themselves. We must be able to provide that kind of security and that kind of safety net. Our home care programme is one that is undergoing a complete rationalisation. It is a bad thing that some of our home helpers, what we called the home care workers, because of the geographical landscape of Barbados have to travel miles to cater for five persons in one day. We are now trying to bring together the washing and the cooking in one central location.

Additionally, and this is not in any way meant to be derogatory or to be funny, we have home helpers who themselves really need home help which is a serious thing. Because of the fact that we have a limit where you retire at 65 years old, some of them are not really in a position to walk these miles to do five houses in one day. Therefore, we want to give them a nice remuneration package where we can help them with their house so that they could retire. What we want to do is to get some young people into the system. We want to create the necessary inter-generational links and we want to have a programme that is so designed that it could cater effectively and efficiently to our seniors.

In the last two seconds I have, Sir, I must say that the board wants to expand the educational opportunities for its staff. It planned to deliver service to an additional 100 new clients during this coming financial year, to intensify community-based education on elderly issues, to establish a programme of national certification for home care workers and to develop a volunteer course. I am looking forward for that \$300 000 from the Minister of Health and his Permanent Secretary so that we can provide a far more effective care programme for our elderly citizens.

Thank you very much.

Dr. D. C. ESTWICK:

Mr. Chairman, it is necessary for me to rise again on this particular head because I think I need to clarify a few erroneous statements that were made earlier. I can appreciate that Honourable Members on the Other Side are members of the Government and as a result of that it is necessary from time to time

for them to attempt to support everything that is done by the Government of Barbados but there are also some honest Honourable Members who sit on the Backbench who would have a different opinion from time to time as well.

Mr. Chairman, I am not concerned about any nurses in Guyana and China or whether nurses move from Guyana to Timbuktu, I am concerned about the millions of dollars of investment in training from primary school until tertiary and the fully developed professionals that are leaving Barbados. That concern was not only echoed by myself but by many eminent individuals who from as far back as 1998 advised this Government, and I quote, that the question of the internationally uncompetitive levels of pay and other conditions of services for nurses need to be addressed. Mr. CHAIRMAN: What are you quoting from?

Dr. D. C. ESTWICK:

I am quoting from the Haynes Advisory Commission of Enquiry into the Queen Elizabeth Hospital.

Mr. CHAIRMAN:

Is one of them a document of the House?

Dr. D. C. ESTWICK:

Yes.

Mr. CHAIRMAN:

Then continue.

Dr. D. C. ESTWICK:

The reason a nurse would leave Guyana and come to Barbados is because they are working for about US\$10 in Guyana. It is as simple as that. I am not going to sit down here and listen to this sort of foolishness.

Sir, I would want to make a few comments with respect to what was said by the Honourable Member for St. James South with respect to the increased utilisation of the Queen Elizabeth Hospital as was demonstrated with respect to accident and emergency visitations and outpatient visitations. What I would want the Honourable Member to understand is that there is an increase in the elderly population of Barbados and by extension there is an increase in the chronic disease profiles and an increase in the need for rehabilitation and a whole number of other services.

The point is, Mr. Speaker, that there is no other place for them to go. If the Honourable Member has a hospital hidden somewhere in St. James South, she should tell Barbadians so. Furthermore, when this Honourable Member was the Minister of Health, this Barbados Labour Party in its 1999 Manifesto said that it will, and I quote:

“Use the St. Joseph Hospital as a centre for special services such as geriatric services, physical rehabilitation, convalescence, renal dialysis and Accident and Emergency cases.”

So all I am hearing in this House is nonsense, a bundle of hogwash and untruths and I would not allow this sort of rubbish in the Honourable House, I will not allow it.

Asides.

Dr. D. C. ESTWICK:

Everything is unparliamentary now.

Hon. Dame Billie MILLER:

On a point of order. No not everything. “Hogwash” is not parliamentary language and it is always a good idea to try to be polite to Honourable Members. If the Honourable Member would shout less, we would hear more.

Asides.

Dr. D. C. ESTWICK:

Mr. Chairman, the Honourable Member for the City of Bridgetown will not tell me how to be a politician.

House 25 Sequence 178

6:10 p.m.

Thursday, March 18, 2004

Continuation of Dr. D. C. ESTWICK:

I heard the Honourable Member mention the days of the rambunctiousness of this Parliament.

Mr. Chairman, I will go on to demonstrate further the fact that what Honourable Members on that side must do is an attempt to justify whatever is said over there. That is their job, that is what they are being paid to do. If they want to bury their heads in the sand, that is their business but I will not.

Mr. Chairman, they went on to say that a committee should be established to advise on the integration of the St. Joseph Hospital into the health care delivery system of this country. Therefore, what am I hearing from the Honourable Members?

Sir, I want to turn my attention to the Greenland Landfill. I want the Honourable Member to tell the people of this country whether or not the Ministry was advised either appropriately or inappropriately with respect to putting the landfill at Greenland.

I want the Honourable Minister of Health to tell the people of Barbados if the appropriate investigations had involved an analysis of the Worldwide Environmental Protection Agency regulations that will suggest where a landfill should be placed. I will only call three. Sir, a landfill is not to be placed:

Where there are underground rivers and streams.

Where there is land slippage.

Where there is a fork line.

We all understand that.

Sir, the Greenland Landfill has failed on two of those three counts, and if the knowledge of Barbadians can be discounted in that way, it then says a lot to me. I remember visiting that area and listening to the rhetoric from the so-called experts. Sir, look at what has happened, \$35 million dollars of the taxpayers' money and additional funds have been wasted at the so-called compact location. Sir, am I to believe that this Government has any understanding about what they are doing?

Mr. Chairman, furthermore, how can I accept that it is a matter of money? Government does not have resources to do this or that but if Government had managed the public purse with more scrutiny and had prevented the millions of dollars on cost overruns on the South Coast Sewerage Project; at the National Housing Corporation building in Country Road; at Warrens; at Southern Meats Abattoir; at Greenland; or the \$3.1 million that they used to buy Eastry House - a rat trap. Furthermore, they could have used the so-called \$2.86 million that is in the HRL Reports, that was allegedly spent on it, and when the Democratic Labour Party took a team of reporters there, we could not find a single six-penny nail. Let them explain all that to the public.

Sir, this is not a Sunday School and I am not going to play any nationalist politics. I am not going to accept any statements that are untrue. My job is very simple, I am an Opposition politician, and I have a responsibility to the public and to the constituents of St. Philip West and I will honour that with every capacity of my whole being.

Mr. Chairman, I want to engage the attention of the Honourable Member for Christ Church South on the matter of care for the elderly in this country.

I do not profess to have all the experience but I have some. Sir, what I can unreservedly say is that there were no effective monitoring mechanisms to have allowed this Ministry to adapt the health care system with the type of care that was necessary to deal with the demographic changes with regard to how the population growth of the elderly has occurred.

In addition, because of a reduction in the 15 to 59 age cohorts, the manifestation of a declining dependency ratio in this country is not something that has occurred overnight. I also have a problem when the system is now faced with problems of numbers and chronic problems, with respect to disease profiles and how it is managed, et cetera, as if we could not have planned better, recognising that if we had used proper monitoring systems and used the data properly, we could have planned for this.

Sir, let us look at what we now have. There are about 1 700 bed spaces in Barbados for elderly people. We have a population that at present, if one follows the most recent World Health Organisation's statistics, those figures have been getting closer to 16 per cent and it is expected that by 2025, the total population is expected to be in the region of 20 to 25 per cent.

Sir, we have a significant backlog for patients to get into all the geriatric services in Barbados. We have a Government who has not decided whether or not they want a geriatric hospital or a nursing home. We now have a Government that has recently introduced an alternative health care programme, to which I want to speak specifically.

Mr. Chairman, what is important is that as a physician with more than eight years experience at the Geriatric Hospital and in service of geriatric medicine, I know and anyone who has had experience in that area would understand, that any mentally competent and physically competent elderly person should not be placed in an institution but in a residential component because that competent person would be able to take care of himself or herself or should be home with respect to that person's family structure. Sir, my experience tells me that the majority of persons who go into these programmes are individuals who go because of social reasons, for example, housing.

Sir, I want the Honourable Member to explain that logic to me. How could one expect to solve the problem by paying \$1 500 per month or more to keep an old person who is mentally competent and physically competent in a private sector dwelling, when there is a Ministry of Social Transformation and a Rural Development Commission which have house repair programmes? If the individual is mentally and physically competent, would it not be better to make sure that the system repairs that individual's home and the money goes into that home for that individual to take care of himself or herself? Would it not be better to create fiscal programmes to allow families to have the sort of tax concessions to promote keeping the family at home?

H:No.25(179)

6:20 p.m.

Thursday, March 18, 2004

Continuation of Dr. D. C. ESTWICK:

We have a plethora of so-called private nursing home and Government is paying \$1 500 to keep old people who are mentally and physically competent. Sir, that is ridiculous and it does not make any sense.

Mr. Chairman, if we continue to do this, we will create the type of bottlenecks that now exist and that is an albatross around the Minister's neck in respect to old people at the Queen Elizabeth Hospital because as long as the public gets to understand that the Government will pay money to keep old people in facilities, they will not keep them at home.

Sir, as soon as the Accident and Emergency and the wards are cleaned out of old people, within three months, it is back to the same position, where on average 20 to 30 old people are waiting for placement in the Geriatric Hospital and it will get worst because the concept and fundamental premise is flawed.

Sir, no mentally and physically competent person should be in an institution. If the Government wants

to do something, they should look at mechanisms to repair those old people's homes and since they are mentally and physically competent, they will be able to walk around, access the funds on their own and take care of themselves. I give way and reserve my right to speak. I thank you, Sir.

Rev. J.J.S. ATHERLEY:

Mr. Chairman, I would like to make a brief contribution to the debate on the specific matter before us at this time to put a few additional points on the table.

Mr. Chairman, I hold the view that the exercise of looking with particular consideration at the Estimates of Expenditure with reference to the accessibility and availability of the health care service in Barbados is a necessary and fruitful one. Perhaps at this particular juncture in our development nationally, the discussion ought to embrace a wider focus and engage itself with some consideration as to how we finance health care services in Barbados not only in this year immediately before us but how we finance the provision of health care services at all levels in Barbados in the foreseeable future.

The Right Honourable Member for St. Peter made a statement which passed without the attention it merited. He suggested that as a state Barbados is now approaching its carrying capacity. He was trying to suggest that though we are postured to continue the provision of social services in Barbados that it comes at an extremely high cost. Also, that in the context of budgetary constraints, the systems will begin to experience and manifest the stresses which will inevitably arise when there are tensions between the need to provide, the policy of provision and the limits with reference to constraints.

Sir, the state is and will be in the foreseeable future a high volume employer which will attract a cost. As has been the traditional custom, the state will continue to give sectoral support to critical sectors of the economy when necessary. We have done that with sugar, agriculture, manufacture and most recently with the tourism sector when it went under its recent stresses.

Sir, we in Barbados have become accustomed to a situation where there is a provision of adequate social security benefits for our population and this dynamic we expect to be with us for a while. We continue also to provide a sufficient level and a high quality of social services in this country.

Mr. Chairman, all of these things come with a cost. The question which must engage our attention is, how do we finance the provision of healthcare in Barbados for the foreseeable future as a health sector, in the wider context of social services in Barbados in competition with other social services sector like the provision of housing and education. This Government has done well and has continued the trend in the effort to ensure that sufficient provision is made for the healthcare needs of this country.

If one looks at the document that is the focus of this discussion and look specifically at the figures with reference to expenditure provided for the health sector over the past ten-year period, one sees a steady increase. In 1993, health services were provided with \$156 million, in 1994 - \$165 million, in 1995 - \$174 million; 1996 - \$201 million, 1997 - \$201 million; 1998 - \$176 million - 1999 - \$217 million; 2000 - \$229 million; 2001 - \$247 million; 2002 - \$260 million. This year's provision represents about 10 per cent of the total budget expenditure being brought before us for consideration in this exercise. It is on par with the provision for educational needs of the country and the policy needs of the Ministry of Education, Culture and Youth Affairs which has been the trend. Essentially, the point I am trying to make is that with this continuing trend upwards and in the context of all that is happening around us the

question does inevitably arise:

H25/Sequence 180

6:30 p.m.

Thursday, March 18, 2004

Continuation of Rev. J.J.S. ATHERLEY:

How are we going to finance the provision of health care services in Barbados for the foreseeable future?

Today we live in a society which is very readily impacted on by the international economy and, perhaps, the strongest dynamic operating in the international economy is both the precept and practice of marketisation of the society. That holds implications for all of our social services, especially against a culture rich with abundant provisions for us and how do we continue this. There are obvious implications for us, not only for agriculture or manufacture but for the social and health care service provision.

Marketisation of society implies market-friendly policies. I do not think that when we come to the understanding of the policies already enunciated by the Minister and Ministry of Health, one can come to the conclusion that the dynamic of marketisation of a society has overly influenced the policy positions of the Ministry of Health, the Minister of Health and by extension this Government.

Sir, the tendency in other circles is for that to be the case, that there are market-friendly or market-oriented policies arising out of that. In that particular context, social service policy also becomes subject to that market dynamic. Sir, that is the model that obtains in industrialised countries. That is a model which obtains in developed countries. It is a model from which we have not borrowed and hopefully will not borrow. If I understand the true contents of the view put by the Prime Minister that we have just about reached the point where we are approaching our carrying capacity, it is just to acknowledge the reality and, therefore, we have to be creative in finding ways forward to continue to provide as sufficiently as we now do, the kind of quality and range of health services which our people deserve and need.

Sir, we do not aspire to borrow that type of model from the developed world, even though we aspire to become a developed country. So, we do not necessarily aspire to borrow from that model.

The issue before us is a real one. How do we finance health care services in the medium and long term? This discussion is for me, not so much about the immediate provision for primary health care services or sanitation services, those who would care to talk about Greenland or Mangrove, or the provision of preventative or therapeutic medicine. Sir, not so much is in discussion about the provision of drugs or free drug service, though I have some concerns as to the wastage which is attached to the matter of distribution and use of medication in Barbados. Perhaps, a study needs to be done about that.

I do not know if it is a matter of over-prescription or a lack of education but I believe that millions of dollars are lost through provision of medication which is not fully used by those for whom it is

prescribed. That is a problem to be addressed. Sir, as I understand it, that also adds further health problems when one fails to comply with the prescription one gets from one's medical consultant.

Mr. Chairman, the growth of private health care in Barbados is a necessary thing and, indeed, a welcomed thing. I hold the view that the Ministry of Health, and I hope that I have the ears of the Minister of Health, must make evident some effort to further facilitate the growth of private health care in Barbados. I am not saying that Government ought to privatise the health care system and service. I am not saying that at all. That is not the Government's position. I am simply saying that in so far as the growth of private health is a reality and is very evident, it is an area to which the Ministry of Health should give some attention in terms of policy formulation insofar as facilitating that further growth of that sector for those who might be able to benefit from such.

Sir, having said that, I have a concern. Does the cost which attaches itself to accessing private health care in Barbados, in fact, bear a relationship to the inputs involved in providing that care whether there are professional skill inputs or other inputs? Are we, in fact, paying more than we ought to be paying for private health care in Barbados? In plain terms, are we being ripped off by those who, through use of skill in responding to our needs take advantage of a situation? I am not saying that is the case. I am just raising that question as to whether or not the cost of providing the service really bears a true relationship to what we pay.

Sir, access to private health care out of necessity inevitably in Barbados will bring to the fore the issue of class division because there will be those who can access private health care and those who cannot access private health care, therefore, the issue of the class divide. Sir, that dynamic is brought to the fore.

Mr. Chairman, it cannot simply be the policy of a conscientious government in looking out for the needs of the poor, working-class people in a country simply to go to the position where you provide public health care but, in fact, there must be a policy posture or orientation which allows government to be or to create watchdog mechanisms to ensure that working-class people in Barbados, through strength, effort and upward mobility, even though they remain working-class, are able to access that care.

We cannot allow a situation to develop where people who practise the provision of health care are allowed to be guided by motives of ultra profit making, profiteering, to the extent of persons who might be disadvantaged. Therefore, the state must ensure that does not happen in addition to providing for the public health care needs of the country.

I believe that there is possible scope for Government-facilitated programmes and incentives for participation in health insurance arrangements both at the level of the individual as well as at the corporate level. I am saying that part of the Ministry's health policy should be to put in place the kind of mechanisms that would foster and facilitate the creation of health insurance.

Sir, of course, we are talking about strategic partnerships with insurance companies and other entities using mechanisms of incentives or other similar mechanisms.

My personal view is, that there is scope for Government to facilitate and, perhaps, encourage and be involved with strategic partnerships with faith-based organisations in the business of providing for the

care of people. That is the principle focus of faith-based organisation.

H25:

Sequence 181

6:40 p.m.

Thursday, March 18, 2004

Continuation of Rev. J.J.S. ATHERLEY:

Whether it is counselling care, health care, psychological care, medical care, the care of the elderly, whatever you call it, there are, Mr. Chairman, existing in our midst, faith-based elements who have a track record of being involved in such schemes, regionally and internationally.

I have seen with my own eyes these things in operation. I would really like to urge that some consideration is given to that, either through some umbrella arrangements for faith-based organisations or some denominationally specific entity which might be identified.

Mr. CHAIRMAN:

Honourable Member, you will have to continue later.

Mr. D. St.E. KELLMAN:

Mr. Speaker, I rise again to enter this debate and to say from the outset, that we need to have some changes in the way we look after the aged in this country. I am asking the Minister of Health to speak to the other Ministers on his side about this particular point, for the simple reason, that it is creating problems for his Ministry. It is not fair to have a situation in Barbados where you have an old person living in a house, and it so happens that somebody who is young decides to live in that same house with the old person to look after the old person, that the agencies of Government decide that they cannot any longer look after the old person, because they believe that they are doing something on behalf of the younger person.

I honestly believe, Sir, that there should be an integration where you allow young people to live with old people. Furthermore, we should be doing things to encourage the young people to retain their rights to live in the homes with the old people, instead of having a situation where those old persons are taken to the QEH and left at the Hospital to get care.

I feel that we are obligated to provide the necessary finances to make sure those older folks who would have worked hard to develop this country are given the necessary back up, to look after themselves. It is unfair, Sir, and what is also very clear is that money cannot be the solution to the problem. If money was the solution, the Ministry of Health would have no problems considering the large increases that they have received over the years.

Sir, I am calling on the Government to carry out a feasibility study to find out what is really happening within our health care sector, because too many old people are suffering in this country, after working so

hard to develop this country. We claim to be caring politicians but I am not seeing the action.

It is clear to me, Sir, that some of the persons on the Front Bench, honourable men and women, need to learn the strategy of fishermen, because it is clear to me that fishermen use a little to get a lot. It is also clear to me that the Minister of Finance has given a lot and has not received a lot in return. He has given more than what he has received from his Ministers. This is something that has to be corrected.

This belief, Sir, that you can develop areas to put old people, is not for our country. It might suit tourism but it does not suit our culture. We have to encourage young people to understand that they have an obligation to remain with their older ones, instead of dumping them. They have to understand that they have a commitment to these persons.

What is worse, Government policy is encouraging young people not to look after old people. This is not fair. Young people should not be punished because they are looking after older ones. Sir, instead of dumping them, they have to understand that they have some commitment to these persons.

I am saying, Sir, that the Ministry of Housing and Lands, the Urban Development Commission and Rural Development Commission, the persons who operate within these Ministries must be told that when they give a house to an old person, the old person cannot be punished because there is somebody living in it.

Then, you have a situation that they tell the old persons we cannot pay your water bill, we cannot pay your light bill, or we cannot pay your telephone because a younger person is living in the house. This is utter foolishness. We have to decide whether the obligation is towards the older person, and that it is complemented by having that younger person assisting that older person.

If we continue to have that attitude, Sir, we are going to encourage young people not to care for old people. Government policy should not be seen in that light. I hope that the Minister of Health would understand what I am saying and stop looking at a Manifesto and trying to prove a Manifesto as a policy. I also hope that the Minister of Health understands that the Manifesto which has been accepted, is the Manifesto of the Barbados Labour Party, and he has an obligation to implement the best policy to look after the older ones in this society.

I am also saying, Sir, that I have seen in these Estimates, that there is a position made for the closure of Mangrove Landfill. I want a clarification on this particular matter.

Asides..

Mr. D. St.E. KELLMAN:

Mr. Chairman, it is found in the notes under this particular Head. Sir, to the best of my knowledge, instead of closing the Mangrove Landfill, the Mangrove Landfill will be expanded. This is misleading the public and giving the impression that we are going to be going to Greenland shortly, and the Mangrove Landfill will be closed.

Sir, one got the impression, listening to the Members of Government that this particular matter would have been addressed and dealt with. If anyone doubts what I am saying, one only has to look at page 74

and the explanatory note on the opposite page.

Hon. J. X. WALCOTT:

Mr. Chairman, on a point of elucidation. In case the Honourable Member for St. Lucy thinks that he is on to something, he should have read that it also provides for the closure of Mangrove Landfill, Phase 2.

The Honourable Member would remember that in November, we debated the Mangrove Landfill, Phase 3. This makes provision for the closure of Phase 2 which is not now in use.

Thank you.

Mr. D. St.E. KELLMAN:

Mr. Chairman, I cannot accept that, Sir, when I look at the amendments to these Estimates, I do not see any such note. As it stands, it also provides for the closure of the Mangrove Landfill, and until we see an amendment, we cannot accept the Minister's words. We have to accept what we see in these Estimates.

We need to know, Sir, seeing that there is going to be a closure according to these Explanatory Notes, when Greenland would be opened, because what we are seeing here, Sir, is that they are closing Mangrove and they have not made any provision for Greenland.

Sir, am I to believe that there is an incinerator to be used somewhere in Barbados that we are not aware of? Is it the Cement Plant? Is it the Airport, or is it the Sea Port that they would be putting together? Based on the information in front of me, Sir, I can only be convinced that there can be no closure at the Mangrove Landfill, until they correct certain structural problems. This is only my interpretation because they are not lodged anywhere in the notes opposite page 74.

House 25, sequence 182,

6:50 p.m.

Thursday, March 18, 2004

Continuation of Mr. D. St.E. KELLMAN:

I hope that we understand that old people must remain where they have lived all their lives and so we must continue to keep them within their districts. I do not believe that we should continue to remove them from their districts and add to the revenue of the undertakers. Asides..

Mr. D. St.E. KELLMAN:

If one understands what is going on here one could easily interpret that the Government might be saying that it is easier to pay the undertaker bill than to provide health care for the old.

I thank you, Mr. Chairman.

Mr. T. A. PRESCOD:

Mr. Chairman, I want to make an intervention here to bring clarity to a couple of distortions. I also want to assure you and all others that I am not on my feet to prosecute because that appears to be the expectation. I only prosecute when there is injurious conduct by others. In this case, I come to defend an important cause.

The Ministry of Health and the Ministry of Social Transformation are relevant to many of the issues spoken about. Many Honourable Members raised the issue of institutionalisation and the need for housing for persons as we move in that comprehensive programme of institutionalisation. I want them to know up front that special provision is being made for that.

Mr. Chairman, it appears that when you speak on different social issues and make certain logical points in some cases based on participatory observation which is a methodology in which one can deduce evidence there is a new one-track approach in the Chamber that demands that you produce empirical evidence based on data as though that is the only measurement available to men of scientific brains to make analysis of concerns. There are all forms of ontological approaches, deductive approaches and the principle of the science of reality that you sometimes use for deductive approaches to make logical premises and then seek to justify those premises by logic.

Logic plays a role equally as important as the statistics that one use. Man could not make progress if he had to wait on life experiences without making assumptions. Sometimes we have to make assumptions and carry assumptions down to the logical conclusion. If we should gag people who approach social issues by telling them there is no rule anywhere that will make sense, that can always relegate commonsense down to producing statistical evidence. Those persons in the early days had to make assumptions in order to arrive at where we are today, therefore, I was a little surprised to hear people making this point over and over. So I am just assuming that it is a special parliamentary technique in order to put people off track.

Mr. Chairman, there is a sound marriage between the Ministry of Social Transformation and the Ministry of Health. I have heard Honourable Members saying what a great job they have seen over the years in the Ministry of Health. I know sometimes new personalities put their will and their intellect into managing these departments and are subject to questioning for political reasons. However, I believe that the present Minister of Health and the Minister of Social Transformation are both committed to sound principles of humanitarianism. There might be differences sometimes in how their techniques might be applied but both of them believe in humanitarianism. That kind of principle underpins the method of administration that enables them to carry forward the practices within their ministries and to urge the required agencies and personalities to carry forward the policy of the Ministry of Health and the Ministry of Social Transformation.

An argument has been advanced about persons in the Geriatric Hospital at Beckles Road, an institution that was once looked upon as a hospital that is inferior to the Queen Elizabeth Hospital because the problems at the Geriatric Hospital and the Psychiatric Hospital are always seen as secondary to what is happening at the Queen Elizabeth Hospital. The Psychiatric Hospital is the madhouse for some people and therefore it escapes the focus of discussions sometimes, and these people can be banned from mainstream. Unfortunately today, much emphasis has not been placed on the interest of persons who

are mentally challenged in the system itself.

Mr. Chairman, the Ministry of Social Transformation and the Ministry of Health are engaged in discussions focussing on these specific problems in the society of persons who are at present living within the Geriatric Hospital who are quite capable of being reintegrated into the society, but the reality is that in some cases they have nowhere to go. The State or the Government cannot stand indicted for the callous behaviour of black families across Barbados who take their families to the Geriatric Hospital and sometimes to the Queen Elizabeth Hospital and do not go back for them. Persons, especially senior persons, are abandoned in all of the Hospitals in this island. Although there is a deep institutionalisation approach by the Government, those people do not have anywhere to go. The marriage between the two ministries at present is in order to find a solution for such problems.

We are also concerned not only with those persons who are mentally able that might have the challenges of the Alzheimer disease and the unfortunate behaviour of their families but there are also persons who traverse the City of Bridgetown day in and day out whom people perceive as a threat to the general public and we are engaged in discussions with an effort to help those persons.

One aspect of it deals with homelessness and another with the mental capacity of those persons and how do we establish that those persons cannot make a decision for themselves. We have to take into consideration other aspects of the law and how can we do these things. You cannot walk around in a country... Probably I would be arrested already. If the authorities are given the right to do certain things and your behaviour is perceived as subnormal or dysfunctional in the system you might be abandoned in a state institution whether it is Glendairy Prison, the Psychiatric Hospital or one of those institutions.

So, it is a technical legal problem as well that we have to address. What I will suggest is that we have an inter-ministerial committee where all the agencies to which those social problems apply could express their perspective and address the problems that are relevant to the particular ministry or department. That is what we have to go through in the meantime.

House 25 Sequence 183

7:00 p.m.

Thursday, March 18, 2004

Continuation of Mr. T. A. PRESCOD:

Mr. Chairman, in recent times, we in the Ministry of Social Transformation have carried out a fairly extensive research programme. I know there are studies in the Ministry of Health because I have seen such papers that are to address some of these social issues. Therefore, it is not fair to charge the Minister, whichever one the charge is being levied against, for not once finding homes for persons in those institutions in Beckles Road, when the problem is one that we have to address at the family level.

Sir, what the State is attempting to do in order to facilitate them is to devise an extensive signature

programme...

Dr. D. C. ESTWICK:

On a point of order. There is no Honourable Member on this side who has attempted to indicate that the Honourable Minister was being indicted with respect to trying to find housing for elderly persons from the Geriatric Hospitals.

Mr. T. A. PRESCOD:

Mr. Chairman, there are also other programmes but I want to say that the homelessness the Honourable Member is talking about would be addressed. At present, there is \$500 000 in the Estimates in addition to the funds allocated to both the Urban Development Commission and Rural Development Commission. This programme of homelessness was before addressed by the National Assistance Board. What we have done this year is to add additional funds to the traditional allocations, in order to address the problem of homelessness.

Sir, I can assure you that according to the discussions, persons who are extreme cases in the scale of preference would be those persons who roam the streets and those who are abandoned, who ought to be able to live a comfortable life like any other human being in this society.

Sir, the other aspect which has been highlighted is the manner in which younger persons sometimes treat older persons and in some cases, where young people in a genuine and legitimate way stay at home and assist senior citizens. That is on the agenda, but with refined thoughts and discussions, we will come to establish extensive and comprehensive programmes, which are inter-generational programmes, to see how we could imbue the required qualities in young people to recognise their commitment in helping to cultivate the kind of atmosphere and relationship that they ought to cultivate with older persons. The programme would also help to develop a more humane-spirited society as a consequence of the practices of young people but, obviously, there must be a strong ideological base to understand their commitment to elderly persons in the society.

Mr. Chairman, I am sure that both departments are focussing on those social issues. They are not just health issues, there is an inter-relationship between those two Ministries in relation to social problems. I have absolute confidence that the programme would extend itself into the society where we would follow up these issues, and that even when we put the mechanisms and instruments in place within the Ministry of Health, where those persons are reintegrated into the society, the programme will reach out to those persons in an aftercare programme, to make sure that the required services would be taken to the communities to service those persons because we have to make sure that we follow the individual's right where we no longer have any use or purpose in trying to be of assistance, which is to the point of death.

Mr. Chairman, sometimes it is unfortunate when we slant discussions and suppress objectivity in order to impress upon people that there is some ill being perpetrated by individuals. I believe that a fair position should be taken with a degree of objectivity. We cannot move the country forward if we distort reasoning for the sake of a partisan objective, especially when it comes to enhancing the quality of life for people in general.

Mr. CHAIRMAN:

The Honourable Member has one minute more.

Mr. T. A. PRESCOD:

Mr. Chairman, I want to assure you that kind of national signature programme would be placed on the landscape as a consequence of this inseparable relationship between the two Ministers and that the policies of the two ministries to address the problems of the elderly and those other marginalised persons in this society who are considered as the mentally- deficient, would be addressed. There is going to be a very strong humanitarian drive sometime in the near future.

Mr. Chairman, I thank you.

On the motion of Hon. R.C. Eastmond, seconded by Hon. Miss H. E. Thompson, Mr. CHAIRMAN reported progress to His Honour, the SPEAKER, and asked for leave to sit again.

SUSPENSION OF SITTING

Hon. R. C. EASTMOND:

Mr. Speaker, I beg to move that this Sitting be suspended until 755 p.m.

Hon. Miss B. A. MILLER:

I beg to second that.

The question that the Sitting be suspended until 7:55 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the Sitting accordingly.

H:No.25(184)

7:08 p.m.

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RESUMPTION

Mr. SPEAKER:

This Sitting is resumed. When the suspension was taken this House was in Committee of Supply, to that it will now revert.

Mr. CHAIRMAN:

This Honourable House is in Committee of Supply. This Chair recognises the Honourable Member for St. George North

Hon. G. A. CLARKE:

Thank you, Mr. Chairman. I am indeed honoured to speak in this debate. I believe if there is one

thing that seems to be evident in this debate is that we agree that the health service and the Queen Elizabeth Hospital of Barbados have received tremendous funds over the last three years in particular. I must also say from the outset that the Opposition agreed that is not starved of funds at all.

This Government, over the last three years has provided funds for the Hospital each year and this year the Hospital will be receiving \$115 million. Last year it received \$112 million and the year before that \$105 million.

Mr. Chairman, this is a large sum of money. In fact, Queen Elizabeth Hospital gets more money than the entire Ministry of Public Works, than the Ministry of Social Transformation and more money than the Ministry of Housing, Lands and the Environment.

Sir, I believe there need to be management by objective and the Minister has put the necessary management in place to move the Hospital forward. Sir, if workers are moving from place to place, Government cannot be blamed for this. Our managers must put a plan in place and be able to organise the Hospital.

One member said earlier on that if we look at the Manifestoes of both political parties there are many similarities. The health service cannot be managed from inside Parliament and this is why we appoint manager to do this and they must be accountability to the Government. Sir, both sides must agree that the health service must be held accountable to this Parliament because \$115 million is a large sum of money in today's society.

Sir, when we look at the health service, it is receiving 12 per cent of the expenditure and this is second only to education.

Sir, I must say from the outset that we have a good hospital. Many visitors to that institution have praised it; but there needs to be better control. Also, security needs to be beefed up at the Hospital because it is a shame that persons can go into the Hospital after hours and do all kinds of violent things. We have to send a signal to the managers of the Hospital, not to the Minister, that better should be done.

Sir, it is a good thing when workers can move from one institution to another. I lived in Canada for many years and nurses move from hospital to hospital. Many of them work with institutions and are able to work at a different hospital every weekend. Mr. Chairman, it is also a good thing when nurses can move from one country to another because they are able to learn what is happening in another country and get that experience; and we must encourage this, Sir.

Sir, I am not like the Honourable Member for St. Philip West who would want to keep the nurses stagnant in one institution. Sir, how will they learn and what experience will they receive?

H25/Sequence 185

8:00 p.m.

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Continuation of Hon. G. A. CLARKE:

Sir, when people move from one institution to another, they get experience.

Mr. Chairman, over the last 50 years many Barbadians migrated to Panama and London to work in various capacities. They later returned to Barbados having gained experience in many areas.

Sir, it is stated in these Estimates that there are plans for the expansion of the Queen Elizabeth Hospital. In addition to that \$26 million are allocated to the Psychiatric Hospital, an increase of \$1 million. The Government has also allocated \$26 million on the Geriatric Hospital.

There is a need for a comprehensive plan for the development of the Queen Elizabeth Hospital as it responds to the new challenges in our society. There are plans to expand this institution east to the Enmore site and south to the site which is currently being occupied by the Ministry of Health where there are several buildings that are in need of repairs, for example the old Nursing School. Sir, \$100,000.00 are provided in these Estimates for consultancy services regarding the expansion of the Queen Elizabeth Hospital and the Enmore Centre.

I am hoping that during this financial year we can have a comprehensive programme to utilise those buildings that are located on the Ministry of Health compound as well as those located at the old Enmore Centre because the environs of the Enmore Centre are very disgraceful and something must be done to rehabilitate those buildings.

Sir, the Ministry of Housing and the Ministry of Health will be engaging in meetings in the next few weeks in order to prioritise and bring into focus a new plan to house the Ministry of Health.

The Queen Elizabeth Hospital which was opened in 1964 was built to accommodate 600 beds and it is still the same today. There are several offices in this hospital which could be relocated to other locations at the Enmore Centre or the Ministry of Health compounds and this would allow for better utilisation of the space currently occupied by these offices. Therefore, it is important for us to renovate those buildings. I think that we need to see the plan for the expansion of the Hospital being brought to this Honourable House during the current year.

Mr. Chairman, I am aware of the services being offered by the polyclinics and these services have improved over the years and we have seen a number of new initiatives by the Minister of Health. However, I would want to see The Glebe Polyclinic's opening hours being extended, at least three times a week, to accommodate the number of persons now visiting that institution. I believe 35,000 persons visit The Glebe Polyclinic on an annual basis. This polyclinic is central and accommodates persons from St. John, central St. George and St. Joseph and I think that we need to see a plan for that institution.

I made the point before that there are persons who purchase lots in developments and sometimes it takes in excess of five years before they build houses. During the time that the lots remain vacant the bush grows and the Ministry of Health has to debush these vacant lots. I am calling on the Ministry of Health to introduce a programme to recover some of the money that is being spent to clean these lots. I am not sure that such a programme is in place now.

Sir, the Ministry of Health must be more aggressive in its approach to recover some of the cost. There

are several developments in my constituency and many of these lots were bought by Barbadians as an investment for their children but they do not keep these lots clear. Something must be done to ensure that when people own land that the land is kept clear of bush. I also notice that a number of plantations are out of production and we have to look at that.

I believe that the Ministry of Health must carry out programme where bulk waste is collected on a regular basis. In my constituency there are a number of old vehicles and appliances on the outside of persons homes and I think that we need to have them removed as soon as possible.

Mr. Chairman, the Ministry of Public Works and the Ministry of Health had some meetings to look at Martindales Road. This road which leads to the Queen Elizabeth Hospital is heavily used and we have had complaints from that institution and the public. In the next few weeks we will be carrying out some work at Martindales Road. We may have to make some changes in the flow of traffic in this area. A one-way street is proposed from Taylor Gap to Ena Walters Roundabout. We will be meeting with the Hospital in the next few months in order to look at that street.

Currently, a number of public service vehicles use that road. Many nurses usually take the bus at the eastern end of Martindales Road so we will have to make arrangements to reroute the vehicles to either the west of the Hospital,

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Sequence 186

9:10 a.m.

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Continuation of Hon. G. A. CLARKE:

or we may have to allow the buses to go into the compound of the Hospital on the western end; but something has to be done on that street. They tell me that right now, many persons using that street do not understand that it is a silent zone.

Mr. Chairman, when you were at the Ministry, you were trying to do something about that, and it has been passed on to us. In the next month or so, we will have meetings with them. It will not be easy but through a number of initiatives, we are hoping that we could help the public to understand what we are trying to do.

Mr. Chairman, I will come back, because, as I said, I have to talk about sanitation and other items under the Ministry of Health. I think they are doing well, but more can be achieved if proper management is put in place. I want to ask the Honourable Member for St. Philip West when he was a member of that institution, if he made one valid suggestion in order to improve that hospital.

I am thankful, Sir.

His Honour J. M. EDGHILL:

Mr. Chairman, I rise to make my input under this Head. First of all, I would like to commend the Honourable Member for Christ Church South and the Honourable Minister, who has done an excellent job over the last three years, since he assumed the management of this particular ministry. There is no doubt that significant improvement has been made in the last few years, and more so, in the last year. This, no doubt, is due to the Minister, the Honourable Member for Christ Church South.

Sir, about two weeks ago, I went to the Hospital to visit a few people I know and when I got there I was able to see the improvement to the physical plant. I could remember going to Ward A1, and considerable progress was made to that Ward. It is now in an excellent condition for the well-being of the patients.

Later that evening, I also recognised that significant work was being done to Ward A6, and as I said, one could see the amount of work which has been done to the Hospital over the last year. I must say that during the last few years there have been significant developments and improvements at the Hospital. There is no doubt, that this is a first class institution. I do not think there is any better than this within this region. Indeed, it could be compared to any such institution within the western world.

It is unfortunate that we very often tend to criticise what is wrong without recognising the fact that this hospital was built some 40 years ago as a general hospital. During the course of those 40 years, many specialties have been added. Obviously, the Hospital would come under pressure from time to time, because it may be necessary to expand the Hospital.

I was talking to the Minister not too long ago, and he assured me that there are plans ahead, so that the Hospital could be improved and some of the services which are not accommodated as well as they should be, would be better accommodated.

I am very happy to see that a surgical clinic is being done at the polyclinics once a month. This is indeed, a great thing, especially for the elderly population, many of whom find it a bit inconvenient to go to the QEH. It is good when people in Christ Church can go the Randall Phillips Polyclinic, where some of the elderly population may have a problem, and there is a surgeon at that institution. Then, if it is necessary for that person to be operated on, that person could be dealt with at the QEH.

It is amazing to see that the QEH is now doing open heart surgery free of cost to Barbadians. I think this is the only country in the world in which any Barbadian could go and get free, open heart surgery at a hospital, and this is indeed an achievement.

It is also good to see that the Surgical Units at the polyclinics are able to remove and replace catheters. We have a lot of old men who have prostate problems and instead of having to go to the QEH, the polyclinics can look after these persons.

I am also happy to realise that almost all the operating theatres at the QEH are working. This obviously would benefit many people in Barbados. I remember the days when you went to the Hospital and sometimes had to wait three or four months to get surgery. Right now, I know that it is not going to take as long as that because I have a very good friend, who was told two weeks ago, that it was necessary to get surgery. Sir, that is, on Monday he went to the Hospital and today I understood that he

had his surgery, in just three days. It is good to see that a lot of positive things have happened at the QEH over the last couple of years

I also realise that the electrical supplies have been upgraded. I understand that most of the electrical problems associated with the Hospital over the past five or six years have been solved. There is no doubt that Barbadians are beginning to feel very proud of this particular institution.

I would like to go a bit further and talk a little about the Barbados Drug Service (BDS). During the course of the last year, I do not think any Barbadian could tell you about any real problems associated with the Barbados Drug Service. For years we have been having a lot of problems with the non-payment of money to pharmacists, and over the last year, in recent times, now that the Ministry has been taken over by the Honourable Member for Christ Church South, that problem is no longer exists.

I understand that the money has been spent in such a way that the Barbados Drug Service does not have to come to this Parliament to ask for additional money, because the accounting in the Drug Service has been improved. I think that the Minister of Health, the Honourable Member for Christ Church South has been able to ensure that everything would work out well to the benefit of Barbadians.

I would like to say that the Barbados Drug Service is, indeed, second to none in this world. People are very often amazed at the type of drugs which are given to the Barbadian population free of cost.

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9:20 p.m.

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Continuation of His Honour J. M. EDGHILL:

There are many areas in which you can get drugs free of cost. What is very impressive is that in the area of hypertension, diabetes and cancer, especially prostate cancer, the Barbados Drug Service has been able to make a very wide range of these drugs available to those particular situations. We know that hypertension and diabetes are serious problems within this community. If one looks at what the Barbados Drug Service offers to hypertensive patients, we have some first class drugs such as Glucotrol, Aldomet, Tritace and Norvasc. If you go to any of the European countries you would find that these drugs are very seldom used as they are using a lot of generic. So this is something that we as Barbadians should be very proud of.

In the last financial year the Government spent about \$35 million on the Barbados Drug Service so as to give Barbadians a chance to use the very best drugs available. In these chronic areas, we are using basically brand name drugs and very few generic, and this is indeed a great achievement.

Under this Minister of Health, the health services have improved significantly and I am looking forward to an even greater improvement over the next few years because I am quite sure that this Minister will be given that responsibility for a considerable time in the future. I would like to tell the

people of Christ Church South that it is so important to have a man of this calibre on board. This is the first time for a very long time that I have had any real confidence in any Minister of Health. As a matter of fact, over the last 30 years I do not think I have had as much confidence in any Minister as I have in this Minister, the Honourable Member for Christ Church South. There is no doubt about that. That is my honest opinion.

Mr. Chairman, I would also like to talk a little about this nonsense of shortages of nurses. I was a bit disappointed to hear the Honourable Member for St. Philip West giving people the impression that this is only so in Barbados. Let me tell you the truth, the shortage of nurses is nothing strange. This is a worldwide problem. Even in Russia and the United Kingdom there is a shortage of nurses where the United Kingdom has been hiring a few nurses from Asia, Pakistan, India and even from the Middle East. This is a problem right through. We have a situation in Barbados where the United States of America is relatively close to us. We have connection to the United Kingdom. The fact is that they pay their nurses a little better than we could afford to pay ours and there are some nurses who would rather go to those countries. But we have plans whereby from next year we would be able to turn out more nurses than we have been turning out. I would imagine that over the next two to three years we will be able to have an additional 90 nurses which I think would help to solve our shortage of nurses. In the last few months, especially the last year, significant progress has been made in terms of how our health has been managed and I look forward to greater improvements because although the Queen Elizabeth Hospital is a first-class institution, it is still always necessary to keep improving it. So I am sure that in the not-too-distant future, the Minister of Health, the Honourable Member for Christ Church South, will be able to do that. On that note, I would rather sit and come back later. I thank you.

Hon. J. X. WALCOTT:

Mr. Chairman, Honourable Members have been speaking about the care of the elderly which is a very important facet of the Ministry of Health's plans for the coming year. We have heard about the changing population and the changing demographics in the society and the projection that there is a percentage of people who are over the age of 65 that would reach about 17 per cent by the year 2010. Government is mindful of this and we understand the sort of crisis that potentially could be occurring if we were not taking the necessary precautions, but it is not as simple as the Honourable Member for St. Philip West would have us believe.

Within this society there is a problem of abandonment of the elderly for a number of reasons. Before in our society, people use to stay at home to look after the elderly but this is changing through the increase in employment and the need for both persons in the home to go out and work. In a number of these cases persons are unable to care for the elderly but there are some cases of unscrupulous relatives who abandon their relatives in the Queen Elizabeth Hospital and in some cases rent out their houses. This is the sort of problem we are faced with.

In the 1990s there was basically a problem of overcrowding in the Geriatric Hospital and a number of persons were being abandoned at the Accident and Emergency Department. So this Administration, the Ministry of Health along with the Ministry of Social Transformation got together to develop a plan, Care of the Elderly Programme, which the Honourable Member for St. Philip West spoke about to deal with this problem.

This plan is managed through the Geriatric Hospital. I am sure the Honourable Member for St. Philip

West will be very familiar with it because the persons involved in evaluating and assessing persons for admission into the Care of the Elderly Programme or into the Geriatric Hospital come out of the Geriatric Hospital comprising nurses, social workers, gerontologists and, indeed, the doctors who work at the Geriatric Hospital. So I was more than surprised to hear him speaking about the deficiencies in the system and how in a number of cases these persons can be dealt with at home with home help because this is indeed provided for in the arrangement with the Ministry of Social Transformation. Indeed, the Honourable Member was one of the doctors who would have been involved in assessing and evaluating some of these persons.

Dr. D. C. ESTWICK:

On a point of order. The Honourable Member for Christ Church South is misleading the House. I never indicated that the problems could be dealt with through the home help programme. That is not what I said and I will rest on that point.

Hon. J. X. WALCOTT:

Mr. Chairman, be that as it may, the Honourable Member would have been part of the assessing team on a number of occasions. Therefore, I find it surprising that a person whom I know cares about the elderly who is very concerned about them and their welfare would have gone along for five, six or eight years in a situation like this care of the elderly situation realising that people are abusing the system where people who are being taken in at some of these private care institutions should not be there and would not seek to advise or speak to anyone within the Ministry of Health about the system; but I will move on.

The system has been very successful so far. It has been able to relieve some of the strain off the Geriatric Hospital and it has been gradually expanding.

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Continuation of Hon. Dr. J. X. WALCOTT:

The Ministry of Health monitors these private institutions and has a corps of persons who visit them on a quarterly basis to make sure that the standards are maintained. Provision is made for doctors to make visits to these facilities to ensure that the treatment and conditions are appropriately kept. This is expanding, and as I speak, I believe that approximately 140 persons are being kept in this way.

Mr. Chairman, as I said, the programme started in 2000. There was a review of it in 2003 and a number of the care providers indicated that the rates were too low. After some discussion, we agreed to an increase in the allocation of money to this area. These facilities are now paid \$65 per day for the care of the elderly and \$75 to those who are classified as ill, who require more than the basic three meals and baths per day.

Mr. Chairman, having said that, we realise that there is more to the care of the elderly than providing a bed and three meals. The understanding in the Ministry of Health is that we are developing an entire programme, including a rehabilitation programme, for the care of the elderly, realising that in a number of cases these persons are only hospitalised and kept like zombies. There is not enough stimulation of them.

Mr. Chairman, we are in the process of developing a global rehabilitation programme for the island of Barbados. We have begun plans to expand the St. Philip Geriatric Hospital and the St. Michael District hospital to accommodate these plans. However, in the plans for this year, we are looking at doing a number of refurbishments. We are mindful of the administration building at the Geriatric Hospital, which is about 100 years old and is in dire need of repairs. We are looking at some of the roofs. I believe there are two wards where there have been frequent leakages. We are also looking at the kitchen facilities and the chapel, which have been neglected over the years. There are plans a-foot to have a centralised laundry facility for both the Psychiatric and Geriatric Hospitals to be located at the Geriatric Hospital.

Mr. Chairman, we are mindful of the role that these persons have played as builders in this society but what I find a bit strange is that when I heard the Honourable Member for St. Philip West speaking with passion and devotion about the care of the elderly and what should be done about them, I then looked at the Manifesto of the Democratic Labour Party for 2003, "A Fair Share for All" to see what were the plans for the care of the elderly. At page 23 I see:

Refurbish District Hospitals and rename them Centres for the elderly.

Train more persons in the area of gerontology.

Establish a preventative blindness programme, especially at geriatric hospitals.

The grounds and the buildings now occupied by the Psychiatric Hospital at Black Rock will be turned into a Village for the Elderly and Homes for the Homeless on completion of the new hospital for mental health.

Mr. Chairman, there is nothing in this Manifesto about alternative care for the elderly and nothing about utilising the Ministry of Social Transformation to provide improved housing for the elderly. Instead we are getting a lot of talk.

Mr. Chairman, what I found interesting was the issue of mental health because they spoke about a new Psychiatric Hospital. Sir, this is 2004. We are all aware throughout the world, that there is talk about mental health reform, the need for destigmatisation and the need to have emphasis placed on community mental health care. Sir, I have read from page 28 of the Democratic Labour Party's Manifesto.

Build a new Psychiatric Hospital and restructure the delivery of mental health services in keeping with first-world standards. The dehumanising spectacle we now see of sad faces behind green bars along Black Rock will disappear.

Encourage families to care for their relatives at home by giving tax allowances.

Mr. Chairman, the Democratic Labour Party's concept of community mental health services and mental health reform, is to encourage families to care for their relatives at home by giving tax allowances. This is how we are going to care for the mentally ill in this society, at a time when we are seeing globally that one in three persons suffers from some kind of depression. Therefore, if we look over there we can get some assessment about how many people over there who might be suffering from depressive psychosis.

Mr. Chairman, we have heard the Honourable Member for St. Lucy speaking about the ambulance service and about the need to have ambulances in the north to be deployed when necessary. I do not know why the Honourable Member would be saying this. Was it because he was being carried live on radio? I spoke about this two days ago in here.

Mr. D. St.E. KELLMAN:

On a point of order. I must forgive the Honourable Member because this is his first term in Parliament. He has spoken about this two days ago but I have been speaking about it for ten years. I would even want to remind the Honourable Member that it goes further, where the Honourable Member for St. Thomas had promised that there would have been a fire station at Nesfield and an ambulance service would have been allocated there too.

Asides.

Hon. J. X. WALCOTT:

Mr. Chairman, the Honourable Member for St. Lucy might have said that five years ago but we will see who manages to implement it.

Mr. Chairman, as I have already said, the ambulance service is being reorganised. In January we have recruited a number of persons to be trained as emergency technicians and, for the first time in Barbados, I believe there are approximately thirteen individuals being trained to the level of paramedics. It is envisioned that over the coming months, more and more of our emergency medical technicians would be trained to that level.

Mr. Chairman, as part of the \$25 million capitalisation programme, in this financial year there are plans to acquire six new ambulances. We have had discussions with the Barbados Fire Service. We have had a site visit at the Arch Hall Fire Station. Initially that site was constructed to accommodate an ambulance service and this is what we plan to do. We plan to deploy one ambulance initially, then two eventually. As I said, it is a pilot project.

Mr. Chairman, statistics would indicate that there in the catchment areas of Six Roads and perhaps in the northern part of the island, not necessarily St. Lucy, would be the two ideal locations. The Arch Hall Fire Station is already there and we would be utilising that facility with the understanding that, for argument's sake, if there is an accident at the roundabout in St. Thomas, the response time would be remarkably reduced, rather than an ambulance having to travel from the Queen Elizabeth Hospital to St. Thomas.

We do not know when the facility at Six Roads would be developed. That is planned and will take a

number of years. Indeed, I do not know what are the plans for Moon Town in the future.

Mr. Chairman, there are emergency medical technicians who are being trained to the level of paramedics and it will be necessary to have amendments to the legislation to allow them to do certain things rather than simply going to scenes of accidents and only controlling bleeding. If they are trained to paramedic level, they must be able to use difibulation and other things when necessary.

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8:40 p.m.

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Continuation of Hon. J. X. WALCOTT:

As I said, this is an initial project and we expect in the next five to six years that it will be expanded to various sites in Barbados.

Mr. Chairman, I want to commend the Macada Trust for its role in this whole project. The Macada Trust came about after some time in 1998, unfortunately, when a British couple was on holiday in Barbados with their son who was involved in a motor vehicle accident and subsequently died and the family set up this trust in the United Kingdom to assist with the improvements in our emergency system.

Mr. Chairman, the Honourable Member for St. Lucy has been asking a number of questions and has made some ridiculous and ludicrous statements. Sir, he made the statement that the Hospital is making people sick. He also made the ridiculous suggestion that in order to refurbish the Queen Elizabeth Hospital that Government should build another hospital for the patients.

Mr. Chairman, all over the world hospitals are refurbished by closing off wards while the refurbishment is in progress.

Have you ever heard this level of nonsense, Mr. Chairman, that you would have to build another hospital?

Mr. D. St.E. KELLMAN:

Mr. Speaker, on a point of order. Mr. Chairman, the Honourable Member has to withdraw those remarks because he is reflecting on the Chair.

Hon. J. X. WALCOTT:

Mr. Chairman, I will return to speak again. I thank you.

Mr. M. A. LASHLEY:

Mr. Chairman, I rise to enter this debate because I have heard the Ministry of Housing articulate the point of decentralisation of health services in this country. I have a particular interest because of the Six

Roads polyclinic located in St. Philip which services my constituents.

Mr. Chairman, I say this because when we examine the transportation problems in St. Philip North, if some time late at night a person suffers with an asthmatic attack, he would have difficulty in gaining transportation to receive the appropriate medical attention. Sir, I am not pulling down the Ministry of Housing in relation to decentralisation of health services nor in relation to the ambulance services because I believe it is important if we are seeking to advance and improve health services in this country.

We have had instances where persons suffered injuries and in order for them to get the appropriate attention, they had to be rushed to the central hospital or they had to pay to go to the twenty-four hour clinic in Belleville.

Mr. Chairman, I have noticed throughout my practice in law that many persons came to the Magistrate's Court and we could see clearly that those persons are not of the mental capacity even to plea or understand the Commissioner of Police's charges against them. Sir, those persons are then placed in Glendairy Prison which is not the place for them as they need special treatment. Mr. Chairman, I am asking what the system is doing for those particular types of individuals because they will continue to be involved in acts which would only affect the moral grain of this society.

Mr. Chairman, I have perused the 1994 Manifesto of the Barbados Labour Party and at page 24, paragraph 2, it states that the Barbados Labour Party Government will foster programmes of education for both employers and employees on safety in the workplace in an effort to reduce the incidence of underutilisation of protective equipment and the resulting injury to eyes, ears and other parts of the body.

Asides.

Mr. M. A. LASHLEY:

Sir, the Honourable Member for St. James Central was a member of the Democratic Labour Party and he criticised the Government at that time.

Mr. Chairman, the incidence of job-related injuries, as a former Chairman of the National Insurance said, impacted significantly on the National Insurance Scheme. I am saying respectfully, that concomitant with this, we need to create the correct environment. Also, in the Barbados Labour Party's Manifesto is a promise of certain pieces of legislation which will go hand in hand in improving the health of workers in this country and protecting them from job-related injuries to their eyes, ears and other parts of the body.

Mr. Chairman, I respectfully want to ask what is the status and what information is in the possession of the Minister of Health that he can give us an update on any educational programme or pieces of legislation that would foster an environment for workers in this country.

H25/Sequence 190

8:50 p.m.

Thursday, March 18, 2004

Continuation of Mr. M. A. LASHLEY:

I would again submit and I will refer to their Manifesto. It is said that we cannot speak unless we produce evidence. However, in the Barbados Labour Party's 1999 Manifesto they promised the decentralisation of ambulance and health services and we are still awaiting these things. I know that the Honourable Member for

St. James Central is nodding his head in agreement with me. If we accept the theory that a Manifesto is a social contract then I would respectfully say that social contract has been breached by this Government.

I want to close by saying that I hope that the Six Roads Polyclinic would benefit from the decentralisation of the health services. We need an Asthma Bay at the Six Roads Polyclinic and if we are going to decentralise the ambulance services, please, let us have an Asthma Bay at this polyclinic.

I thank you, Sir.

Mr. D. St.E. KELLMAN:

Sir, the Minister of Health made some statements in this Honourable House today which I think, on reflection, he should correct. He made sport by making a comment about mental health and referred to certain Honourable Members on this side. He pretended that he was making those comments in a negative vein and I do not think that we can have a Minister of Health poking fun at persons as it relates to mental health, because mental health in Barbados is a very important aspect of health and it cannot be coming from the mouth of the Minister to poke fun at mental health in this country.

Hon. J. X. WALCOTT:

On a point of order. Mr. Chairman, I do not want the Honourable Member to continue to mislead the House. I was not making sport at anything. I said that the World Health Organisation statistics have indicated that one in three persons suffer from some sort of depressive illness. Sir, within this Chamber there are 30 Honourable Members. Thank you, Mr. Chairman.

Aside

Mr. D. St.E. KELLMAN:

Sir, the Minister has not made mention of a recommendation made by me and it is clear to me that his accounting knowledge is not good. There is something called revenue expenditure and capital expenditure and one knows that you cannot approach capital expenditure as though you are dealing with revenue expenditure. Sir, when one undertakes capital expenditure, one would expect it to be substantive and not piecemeal in its approach.

It is clear to me that if the Minister continues to carry the piecemeal approach to the refurbishment of the Queen Elizabeth Hospital, we will never see the completion of the refurbishment of the Queen

Elizabeth Hospital because as soon as you complete the refurbishment of a ward, five years after you have to come back and work on it and you will never be able to complete the job.

I am recommending a holistic approach to the repairs at the Queen Elizabeth Hospital by allowing the management of the Hospital to have access to a number of rooms at a particular time to carry out refurbishment. If we continue to repair the Hospital with patients in wards close by or in adjoining rooms, we will never be able to complete the works. I am saying that health care cannot be treated like that. It is not like working on a building that someone is not occupying. You have to understand that you are dealing with a situation where health care is needed by the patients and you cannot carry out work in that manner. The Minister must understand what he says when he speaks about health care and as it relates to the refurbishment of the Queen Elizabeth Hospital. Sir, that is all that I want to say.

Hon. H. F. LASHLEY:

Sir, I did not anticipate that the Honourable Member for St. Lucy would have sat down so quickly. He is my friend and I thought that he would have elaborated some more on this Head but he raised some very vital points in his presentation earlier, which I am also paying very close attention to.

Sir, I worked at the National Assistance Board for thirteen years with a previous dispensation. When I was at the National Assistance Board I was basically responsible for a number of areas in relation to the development of our senior citizens. A very popular Barbadian folk artist, Richard Layne, penned a very famous song, which I call the national anthem of our senior citizens. He said, “Don’t abandon them, lend a helping hand”.

Sir, the senior citizens of Barbados are the pillar bearers of our society. They are the ones who have sacrificed beyond the call of duty and they are the ones who would have built this society over a period of time.

I believe that too many of our senior citizens, as enunciated by other speakers, have been defrauded, abandoned, raped, robbed and a lot of atrocities have been committed over a period of time against them. What are we doing? Sir, under our policy on aging, we are basically looking to enact a Senior Citizen Protection Act, which is being drafted to look at the incidence of maltreatment against our senior citizens.

We are also trying to develop a memory bank so that we can tap the resources of our elderly and store them for posterity. There is a similar system in Jamaica and Trinidad has a system at the University of the West Indies at St. Augustine called the “Old Prep” system. I think that it would be a wonderful thing if we could have similar establishment here in Barbados where we can speak to our senior citizens about a number of historical things that had developed in Barbados and tap their memories because they would have experienced them.

I also want to touch on the aspect of housing. There was a time in Barbados when you could easily have recognised a house that was set aside by Government for a senior citizen. You could have identified it because it would either be painted in brown and cream or cream and brown and they had in louver windows. We have changed the style of housing for our senior citizens and have given them modern housing with verandahs. We have also attached rails to the verandahs for persons who have disabilities. We redesigned a new type of welfare house. I hate to hear the word “welfare” because we

are talking about integrating our senior citizens into the main stream of society rather than abandoning them.

In addition, we have a number of senior citizen homes across Barbados. I would first like to touch on the Jorris Dunner Senior Citizens Home in my constituency which was previously called the Golden Rock Senior Citizens Home.

H25:

Sequence 191

9:00 p.m.

Thursday, March 18, 2004

Continuation of Hon. H. F. LASHLEY:

It has been renamed the George Dunner Senior Citizens Home, after a prominent senior citizen who departed from us last year. This institution provides residential care for the elderly who are unable to cope with the challenges of independent living or who are experiencing housing challenges.

Sir, during the period under review, which is this current financial year, the Home maintained its full complement of 24 residents, 15 females and nine males. However, most of the other Homes which I would touch on, all of them are full. What are we doing to cope with the number of requests that we have for housing for our seniors? We are expanding during the coming financial year, 2004-2005, the Jorris Dunner Home in Golden Rock so that we could cater to a wider number of senior citizens.

Sir, we have decided that we will fence in the entire facility so that we can provide a safer facility but we do not want to take that approach, we want to take the community approach, and we want to have the seniors linking with our younger people so that we could create the necessary inter-generational links that are necessary for our seniors to live harmonious lives.

I think the Honourable Member for St. Lucy alluded to this. The fact is, Sir, in order for us to deal with the problems that face our seniors, we have to take a very holistic approach. Again, every sector of our society must play a critical role in this process.

Sir, I also want to compliment the private sector in Barbados and the service clubs like the Barbados Red Cross, the Soroptimist Club, the Kiwanis, et cetera for doing a wonderful job in providing the necessary services for our seniors, particularly, Sir, those who are institutionalised.

Sir, I believe that at some time we, as a conscious set of citizens must pay some respect or homage to Olga Lopes Seale for the wonderful work she has been doing with our seniors across Barbados. There are many persons who believe that when you volunteer your services to help those that are less fortunate than yourself, or our elderly persons, that you have to do it; but persons who provide those kinds of services for our seniors do that from the bottom of their hearts and because they have a caring heart.

Sir, additionally, I would want to look at another facility which provides service for our elderly, the Black Rock Hospital. This facility offers accommodation to our elderly persons, the homeless, and indigent persons. Accommodation is provided for another 25 persons, 13 males and 12 females. Right now, we are going through a plan for the financial year, 2004-2005, to further improve this facility and also to refurbish the washroom, the laundry room and the food storage area.

In actual fact, this is one example where we have a direct linkage with Ellerslie School. The children from that school not only come and meet the elderly persons at the Black Rock Hostel but also provide a number of programmes, in terms of drama, song and dance along with their frequent visits.

Sir, additionally, we have 13 recreational activity centres across Barbados for the elderly which meet from Monday to Friday. These are: Christ The King Centre in Rock Dundo, The Church Hall at St. Bartholomew Church in Christ Church, St. Elizabeth Sports Pavilion Centre in St. Joseph, St. Peter Bus Terminal Centre in St. Peter, The Annex at St. Matthias Church, St. Marks Resource Centre, The Valley Resource Centre in St. George, The Annex at St. Patricks in Christ Church, White Park Centre at the Wesleyan Church, Edgecliff Wesleyan Church in St. John, James Bryan Sports Pavilion in St. George and North Star in St. Lucy.

Mr. CHAIRMAN:

Honourable Member, your time is up.

Asides..

Hon. H. F. LASHLEY:

Thank you, Sir. I am obliged to you.

Hon. N. A. LYNCH:

Mr. Chairman, I sat and listened to submissions from This Side and from the Opposition.

Let me first, Sir, lend my support to Head 23 and give my commendations for the Honourable Member for Christ Church South and to the members of the Ministry, for a job very well done.

Mr. Chairman, I want to first commend them for the sound policy direction that has come to the Ministry of Health. I want to commend the Minister and all associated with the Ministry of Health for the restoration of confidence of the Barbadian populace relative to the health care system in this country. Mr. Chairman, I want to commend them for starting to clean up many of the doubtful areas that had existed in the system, and for restoring the system's regional reputation as well.

Mr. Chairman, much has been said here this evening by the Opposition about all that is wrong with the health care system in Barbados and the QEH. I have been looking at some of the recommendations.

I have had first-hand knowledge with a family member who became ill in the United States of America and who had supposedly the best of medical insurance. What has happened to that particular individual is that she ended up in Barbados with very little money at this time and even with such a supposedly secure medical insurance system, has now had to depend upon our system, and has made the comparisons with the system in Barbados and the system in the USA Sir, let me say that person has

been left with numerous of bills outstanding and she still had to rely on the system in Barbados which she commends as a much better system than the one that she was subjected to in the USA.

Mr. Chairman, we have in Barbados a first class system of health care which the Democratic Labour Party did their best to destroy. So, they have no moral authority to speak on health care in Barbados. I say this, Sir, you know that dear to my heart, and not only my profession or my stewardship at this time, but it is obviously the health care system as it relates to the development of tourism in Barbados.

Sir, while the Barbados Labour Party has outlined in our Manifesto areas related to health tourism, and how we would develop a proper health care system as related to tourism, the Manifesto of the Democratic Labour Party is devoid of anything that speaks to the issues of health tourism at any level.

Mr. Chairman, I will cite the areas in which the Barbados Labour Party Manifesto had spoken to that, but let me say, Sir, that it is important for us to recognise health tourism as a potential area of tourism development for our country.

House 25, sequence 192,

9:10 p.m.

Thursday, March 18, 2004

Continuation of Hon. N. A. LYNCH:

Last year we welcomed to our shores approximately 100 000 visitors from within CARICOM and out of that total approximately 2 000 of them came for health care services. Sir, health service is part of the marketing tool for tourism as any of the other things that we take decisions on when people are choosing a destination. Sir, the main deciders for people when they are choosing destinations are physical health, whether or not quality health service is available, and security. Sir, Barbados rates second in the entire region relative to its health care services as a potential for tourism marketing. Sir, in our Manifesto we stated that we will partner with the private sector to make the St. Joseph Hospital the first tourism related international medical centre in the Caribbean. Sir, there is nothing in any of the Manifestoes of the Democratic Labour Party that speaks to how they would deal with health care.

Asides..

Hon. N. A. LYNCH:

When I made the point that the Democratic Labour Party has no moral authority to speak on the issue of health care in our country, I come back to the issue of the Greenland Landfill, and I am sorry the Honourable Member for St. Lucy is not in his seat. Sir, I read in their Manifesto that the proposed landfill at Greenland will never be open under a Democratic Labour Party Government and that it will be turned into a heritage park. Sir, the reason we are at Greenland in the first place is because of the Democratic Labour Party.

Asides.

Hon. N. A. LYNCH:

We went there because of the Democratic Labour Party because in 1994 the Democratic Labour Party took a Cabinet Paper determining that they would open Greenland. Sir, at that time the Chief Town Planner commented that the choice of Greenland raises a number of planning concerns. Very high on the list was the location of a national landfill within a national park and how it was going to impact on the tourism product. Those were the concerns that existed at the time relative to how we would deal with Greenland particularly as it relates to the development of our tourism product.

Asides.

Hon. N. A. LYNCH:

Whatever the reasons are and whatever decisions were made coming out of the study, the fact remained that we were there in the first place because of the Democratic Labour Party.

Mr. R. L. SEALY:

On a point of order. Mr. Chairman, the decision to place a landfill in Greenland was because of a deliberate Government decision made by this Barbados Labour Party Administration.

Asides.

Mr. R. L. SEALY:

To quote from what civil servants said back in the Democratic Labour Party time does not matter. The same way they took the decision to shut down the eye care centre so that people cannot get eye care and the same way they took the decision to shut down the St. Joseph Hospital, they could have taken the decision to not go into Greenland. To go to Greenland was a decision taken by this Government, it is as simple as that.

Mr. CHAIRMAN:

That is no point of order.

Hon. N. A. LYNCH:

Mr. Chairman, the facts are here. I am reading from a Cabinet Paper. We can talk until the cows come home, the issue is this....

Asides.

Hon. N. A. LYNCH:

It is a document of the House. It is Cabinet Paper Note 94777 MOH 3, An Integrated Solid Waste Programme for Barbados.

Asides..

Mr. R. L. SEALY:

On a point of order. The Honourable Member said he was referring to a Cabinet Paper, so he should withdraw what he said.

Asides..

Mr. R. L. SEALY:

He cannot quote from a Cabinet Paper and he knows it.

Asides.

Hon. N. A. LYNCH:

I have a good memory, Sir. Mr. Chairman, it is clear in every one's mind...

Mr. R. L. SEALY:

On a point of order. The Honourable Member refers to recommendations from the Chief Town Planner. We want to see the document he was reading from. It is as simple as that. He should make it a document of the House.

Asides.

Hon. N. A. LYNCH:

Mr. Chairman, I will withdraw the quoted comments but the issue is this...

Mr. D. St.E. KELLMAN:

On a point of order. Mr. Chairman, the Honourable Member is misleading the House by giving the impression that it was the Democratic Labour Party that took a landfill to Mangrove but that is not true. The reason why a landfill went to Mangrove was because the Barbados Labour Party was kicked out of Kingsland and were threatened by a lawyer who represented the Barbados Labour Party at the time and they had to pack up and they ran to Mangrove without preparing Mangrove in a proper way and that is where the problem started.

Hon. N. A. LYNCH:

Mr. Chairman, the facts are that whatever the Democratic Labour Party may like now to say we are at Greenland because of the Democratic Labour Party decision to go there. That is a fact which they will never be able to refute.

Mr. R. L. SEALY:

On a point of order. The Honourable Member is going to give this House evidence of a Democratic Labour Party decision to go to Greenland.

Asides.

Mr. R. L. SEALY:

The decision was taken after 1994 by the Barbados Labour Party Government.

Mr. D. St.E. KELLMAN:

On a point of order. The Honourable Member is misleading the House for the simple reason that he cannot produce any documents to prove that the Democratic Labour Party or the Barbados Labour Party

have ever put any garbage at Greenland. Therefore, he cannot accuse the Democratic Labour Party of going to Greenland because it was the Barbados Labour Party which constructed the Greenland Landfill. So, the Honourable Member have to withdraw those remarks as he is misleading the House and lying to the House.

Hon. Dame Billie MILLER:

On a point of order. Mr. Chairman, one Honourable Member cannot accuse another Honourable Member of lying to the House.

Mr. CHAIRMAN:

Honourable Member for the City of Bridgetown, the Honourable Member for St. Lucy was on a point of order. When you resume you can raise it.

Asides..

Mr. CHAIRMAN:

Are you finished?

House 25 Sequence 192

9:20 p.m.

Thursday, March 18, 2004

Mr. D. St.E. KELLMAN:

Mr. Chairman, at this point I will withdraw because Honourable Members cannot accuse other Honourable Members of lying, neither can Honourable Members lie to the House.

Hon. N. A. LYNCH:

Mr. Chairman, I know that the truth will always bother the Honourable Members of the Opposition relative to an issue such as this. We have said that the Opposition has no moral authority to speak on the issue of health. I would not even tell what they had done in relation to the Sanitation Service Authority and about the trucks that we had to get when we came to Government.

Mr. Chairman, I make the point that the Democratic Labour Party had intended to take us to Greenland in the first place. They had intended to go into the national park against the best advice and that will be the milestone around their necks forever. Whatever decisions that would have been taken, the Democratic Labour Party were the people who would have taken us there in the first place.

Mr. C. A. MASCOLL:

On a point of order. The Honourable Member cannot say that the Democratic Labour Party had intended without providing evidence. You cannot!

Asides.

Mr. D. St.E. KELLMAN:

On a point of order. The Honourable Member is misleading the House and until he can provide evidence that the Democratic Labour Party actually went to Greenland, opened Greenland, and delivered garbage to Greenland, the Honourable Member cannot continue to make those remarks against the Democratic Labour Party. He is misleading the House and he knows better because nobody can charge anyone based on intentions.

Hon. N. A. LYNCH:

Mr. Chairman, I will not get myself into any discussion with the Democratic Labour Party's Members on the issue anymore. The facts are already written into history and we know what went on.

Asides..

Mr. D. St.E. KELLMAN:

On a point of order. The Honourable Member is making a very serious comment. He said that the facts are already written in Hansard, which he is saying that even though he knows he is wrong, these comments are already in Hansard and he could use them at a future date. Therefore, I would like them struck from the records.

Mr. R. D. JONES:

On a point of elucidation. The Honourable Member has said that it has been written into history and I think that the way to settle this would be to call for the notes from Hansard. He clearly said that it has been written in history.

Asides.

Mr. D. St.E. KELLMAN:

Mr. Chairman, we are asking for your ruling because we have now had confirmation by the Honourable Member for St. Joseph that it has been written in history and the only history we have in this House is the Hansard of Parliament.

Asides.

Mr. CHAIRMAN:

I am going to let the Honourable Member for St. Michael South continue and wind up his speech.

Hon. N. A. LYNCH:

Mr. Chairman, in this issue of solid waste management, I want to commend the Sanitation Service Authority for the outstanding job they have been doing relative to the environs in and around Bridgetown. It has been a shot in the arm, particularly for our cruise tourism development.

I am obliged to you, Sir.

Hon. Miss H. E. THOMPSON:

Mr. Chairman, this debate is going to go into a solid waste and I want to speak to the issue of broad policy. I will start at the point of 1994. I am not going to argue who did or did not take us to Greenland, suffice it to say that I have seen the files and I know the answer to that question.

Mr. Chairman, as politicians we have sought to treat to the issue of solid waste management in a highly political and controversial way. During the last election campaign one heard all sorts of bogus figures being attributed to this Administration's expenditure at Greenland but there is a broader issue.

In 1994, there were a number of substantial issues both at the policy and political levels facing the Democratic Labour Party, the Government of the day. One of those issues related to the management of solid waste in Barbados. It had reached the stage where there were, I believe, three changes of Ministers in the Ministry of Health over a very short time, and one of those Ministers had said that if the situation at Mangrove had gotten worse, he would have resigned.

Sir, solid waste management turned out to be one of the issues which caused great consternation for the Democratic Labour Party and it continues to be a difficult issue for this administration. Sir, I would like to urge us as a Chamber and as policy formulators, to move beyond cursing each other about landfill choices and let us look to the global policy issues.

Sir, Barbados is becoming a consumer society in very much the same way as America is a consumer society. We are generating vast volumes of solid waste and as we become more sophisticated and discard much of what we use, more and more items are going to be processed by some method of management for waste disposal.

We have to deal with the issue of waste disposal at the Queen Elizabeth Hospital. There is the matter of other liquid and related waste such as blood, slug, oils, et cetera. There is the issue of incineration at the Bridgetown Port, at the Queen Elizabeth Hospital and at other facilities, for example, the new airport where there might be some contemplation to go to incineration.

Mr. Chairman, while we are a population of 260 000, as more tourists come to Barbados, we are immediately exacerbating our solid waste management. Therefore, as a nation, we have to look for effective methodologies for managing our waste disposal generally.

Sir, even though we have developed a policy framework, I believe that as an administration we have been too slow in bringing to the point of implementation that broad policy framework that not only deals with solid waste management, where there is the greatest controversy but is addressing issues such as recycling and reuse, for which there is no culture in Barbados. We need to sensitise people to both issues of indiscriminate dumping and indiscriminate littering which continue to pose a problem in relation to health generally.

H:No.25(194)

9:30 p.m.

Thursday, March 18, 2004

Continuation Hon. Miss H. E. THOMPSON:

Sir, part of the problem which the Government of the day had in 1994 and which continues to confront us as an administration was an absence of financial resources. When we came to Government in 1994, there was a deep financial crisis in the country and part of developing solutions to solid waste required the application of sufficient resources to address the problem. It was determined initially that one of the problems with Mangrove was not just its location on a hill but the absence of financial resources.

It is incumbent on us as an administration, in my view, that we do not now let waste management in Barbados become such a controversial issue for us that we have to confront it in the next election. Whatever solution we are seeking to put in place we must do so soon. While there is a broad policy framework, it is time now to carry it to the stage of implementation, get the population to buy into it and make a determination about the financial resources to be allocated over the long-term to the issue of solid waste management in Barbados.

One of the questions we have to ask ourselves is whether, as a small land mass, landfilling as the sole option should be continued to be used for solid waste management. Even in applying that solution we are still not maximising revenue generation from the activity because we are not seeking to generate the waste or do any degree of recovery of materials which can be recycled. Sir, people keep asking why we cannot incinerate but we need to be upfront with people in terms of the cost of these various options. In 1994, when the Democratic Labour Party sought to look at incineration, the IDB was providing the funding and they always insist that you use the least cost option. When you compare landfilling to gasification, incineration and other new technological approaches, landfilling was the least-cost option and since the IDB was the source of funding, both administrations, given the financial strictures of the day, were guided in that general direction.

Sir, even if we go for incineration or gasification, there will still be a need for a landfill to provide a facility for some of the inert material that will be the by-products of the method chosen so you cannot escape having a landfill but the location would be a different matter.

Sir, a key strategy in dealing with waste is to get Barbadians to reduce the volume of waste being generated on a large scale as people throw things away without thought of reusing the items or recycling them. We have seen activities emerge as people make a point of collecting pep bottles because they can get revenue for them whereas before they were thrown out.

Therefore, when you look at the Manifesto of the Barbados Labour Party, it speaks to the implementation of a number of incentives in order to bring about a particular change in the attitude in the way in which we treat waste as a people. While we seek to politicise the issue of waste, there are a lot of major policy decisions and challenges we have to confront as we develop solutions not only for solid waste management but how we deal with waste generally in Barbados.

Sir, if we are going to talk about the possibilities of recycling, there was a fledgling recycling industry in Barbados but with that there was a challenge because Barbados is so small that we cannot provide the kinds of volumes that make recycling attractive and economical. The market internationally is not stable and we will always have difficulties seeking to fill the recycling market, given our size. Any attempt to implement waste recycling as a policy construct, will require a careful analysis of what revenue can be

generated, where the recycles will be stored, the fluctuation in the international market and if it makes sense from an economic perspective and the extent to which we will recycle.

Sir, the Democratic Labour Party now seeks to distance itself from the decision because at the time the financial constraints were forcing us towards landfilling as opposed to incineration and the prevailing view was for Greenland in relation to a location.

Mr. D. St.E. KELLMAN:

Sir, we are now hearing about the landfills that the Democratic Labour Party wanted but no one on the Other Side has read the complete files. If they did, they would see that the Board recommended that we move away from landfills and towards incineration. Sir, the work on incineration was far advanced and we need to hear about this also.

Hon. Miss H. E. THOMPSON:

Sir, the information which the Honourable Member seeks to put before the House only exists in his head.

Mr. D. St.E. KELLMAN:

Mr. Chairman, on a point of order. The Honourable Member is misleading the House and must withdraw those remarks.

Hon. Miss H. E. THOMPSON:

Sir, I am happy to withdraw because frankly, I believe he has no head.

H25/Sequence 195

9:40 p.m.

Thursday, March 18, 2004

Asides.

Mr. D. St.E. KELLMAN:

Mr. Chairman, I am saying categorically that the Democratic Labour Party and the Sanitation Service Authority carried out studies on incineration and these studies were given to the Ministry of Health and the Sanitation Service Authority. Anybody who is coming to this Honourable House to deny that no studies were ever done on incineration could not have read the complete files and that is why the Ministry of Health is in so much trouble.

Hon. Miss H. E. THOMPSON:

The Honourable Member seeks to confuse us out of the abundance of his own personal confusion. I have never said that there was no contemplation of incineration. I made it clear, both administrations...

Mr. D. St.E. KELLMAN:

On a point of order. The Honourable Member continues to mislead this Honourable House. The only way that this point can be clarified is if we call for the files from the Ministry of Health and we need to

call for them because we need clarity on this matter.

Hon. Miss H. E. THOMPSON:

Sir, in the near ten years that I have now sat in this Chamber, I have never seen clarity touch the mind of the Honourable Member for St. Lucy and I do not believe that the bringing of any files will assist him.

Sir, let me make the point that in post-1994 this country saw two Governments, a Democratic Labour Party Government in the first three-quarters of this period and in the latter quarter of the year there was a Barbados Labour Party Government. I am saying that both Governments considered incineration. However, our relationship - that is what I saying from the start and that the Honourable Member was confused.

Sir, I made it clear that part of the difficulty at the time was that financial constraint and our relationship with the Inter American Development Bank and their least-cost option, which is how the Inter-American Development Bank always structures their policy and the basis for their loans, forced that administration to go toward land filling. No matter what studies were done, a determination was made that the least-cost option which had to be pursued was land filling. When this Administration came into office and we revisited the issue, we found the same thing.

Sir, prior to our coming to Government, the reality is that the preceding Administration had set up a multi-disciplinary committee from across the civil service...

Mr. D. St.E. KELLMAN:

On a point of order. The Honourable Member is misleading the House. If we were to call for the records of this Parliament, we would recognise that when we were discussing the sewerage plant, the Honourable Member made that same point and I retorted by saying that if we could find so much money to build sewerage plants to represent a part of Barbados, that we could spend the same money building one incineration plant for the whole of Barbados. This is in the records of Parliament.

Hon. Miss H. E. THOMPSON:

The problem is, while he made that point, he was not able to persuade his own side to accept it. So, a multi-disciplinary committee was set up by the previous administration and the majority of the committee voted in support of going to Greenland.

Mr. CHAIRMAN:

Honourable Member, please wind up.

Hon. Miss H. E. THOMPSON:

I am making the point that one of the things that we have to do is to make a decision about location. One of the challenges that we have as a people is "the not in my backyard syndrome". Nobody wants to have a landfill near them.

Mr. CHAIRMAN:

Honourable Member, you have made your point. The Honourable Member for St. Philip West.

Dr. D. C. ESTWICK:

Mr. Chairman, I know that it is getting late and I would like to make one final intervention on bringing a new look to the notion of housing for the elderly in Barbados.

Mr. Chairman, I do not believe that any man or woman in Barbados sits down and plans to allow their house to run down. They do not sit down and allow their property to become dilapidated. The problem must necessarily argue that this House look at the financial implications and look very closely at financial strategies that may very well be adding to this particular problem of the elderly.

I raise that point because when I refer to the Civil Establishment Orders with respect to salary increases and pensions that were debated in this House, I became very concerned when a pensioner who received a pension prior to 1976 had an increase of \$5 per month. I also became concerned when the average pensioner who would be getting a non-contributory pension had a \$40 increase per month. It cannot be logically argued that a non-contributory pension for elderly persons in Barbados, who live alone, can necessarily provide them with good sustenance, clothing and the capacity to put a shingle or to change a sheet of galvanise on their houses. As far as I am concerned, the problem with respect to housing in Barbados has a financial component that the Minister of Finance must necessarily address as a matter of urgency.

Sir, as far as this particular Head is concerned, we can speak as much as we want about the capacity of the Rural Development Commission to repair houses or the capacity of the Ministry of Social Transformation, if we do not allow the elderly a pension that is not subsistence but is one that allows for them to provide for themselves in an adequate manner, the problem will become an albatross around the necks of this Government. It is already becoming this way with the recurring expenditure.

I have looked very closely at the Ministry of Social Transformation expenditure with respect to the housing repair programme and it is escalating at a rapid rate.

Asides.

Dr. D. C. ESTWICK:

The significance here is the impact, Sir. If you do not allow an individual the capacity to buy proper food, you end up with an individual who, obviously, will have an impaired capacity, not only to execute defence mechanisms against infections et cetera but you also affect the individual's social circumstances. Many of the individuals that are admitted for care are there because their house is run down and all the boards are rotten.

I do not think that any man or woman would want to live in that state. It is simply because they do not have the financial capacity, that is all that I am saying.

Asides.

Hon. K. D. SYMMONDS:

On a point of order. The reason why I rise is because the Honourable Member for St. Philip West is grossly misleading the House. He was a Member of this House when we visited the issue of land taxes in Barbados on the basis of they becoming a burden to many pensioners.

Sir, the fact that up to \$120,000.00 in property value became non taxable means that the argument the Honourable Member is making is invalid.

Asides.

Dr. D. C. ESTWICK:

Mr. Chairman, I have never heard a more disconnected argument in my life. It bears no relationship at all to anything that makes sense, none whatsoever. A tired mind, Sir, but I will proceed because I want to get to a more critical point which has to do with the elderly being integrated in a more significant way in the production capacity in this country.

H25:

Sequence 196

9:50 p.m.

Thursday, March 18, 2004

Continuation of Mr. R. D. JONES:

I do not believe that as we are about to face the perils of labour competition, we can continue to believe that the elderly are not supposed to be integrated fully in the production capacity. We should necessarily remove all discrimination with respect to their capacity to access loans and insurance because it is the only way we will survive. We need all hands on deck now in the face of CSME.

I want to make another fundamental point, and that has to do with the economic rights of every citizen of Barbados, under the UN Charter that we were a signatory to since 1966. This Charter, Sir, mandates this Government to have an obligation to make sure that every citizen has the right to see employment or to have a remuneration or a pension that allows them to provide for themselves and a family. This is the point, Sir, I would not listen to that sort of statement.

Mr. Chairman, let me make the point succinctly and concisely for tired minds.

Asides.

Mr. R.D. JONES:

Mr. Chairman, if a young man or woman or an old man or woman, Sir, working at the NCC for \$300 a week and that worker believes that they need to have \$600 a week, in order to provide for themselves and their family, I have a problem when the public service restricts that capacity to that position, and denies them the opportunity to go out there if they have to work two jobs, three jobs, four jobs, five jobs to take care of themselves in Barbados.

It is a fundamental, illogical concept in the face of a CSME and a FTAA where there is going to be regional labour competition. This is what must occur in Barbados. Sir, what is even more telling about

this is that if we continue that premise, we confine those people to perpetual poverty, and I have some fundamental concerns about those things.

I do not believe any Government has the right to determine what is the earning potential of any individual, who is employed in legal work. This is not the work of a Government. What is important is that, as we liberalise, it is necessary for us to provide all of the capacities to make sure our citizens, those in the young, middle and older working age groups that have those flexible capacities to be able to take care of themselves, and not necessarily depend on the resources of the Government security net.

I believe that something is wrong when you say to an older man or woman, an individual who does not have the resources to buy a new pair of glasses or dentures, the basics, that it is all right for this Government to say go to the National Assistance Board. If that person is mentally and physically competent and can take care of himself, you need to adjust the economic base of the individual.

Sir, to take them back in a welfare concept is dehumanising. It is undermining their dignity, self value and self worth. The point is that this all stems from an economic premise, so what is important is that we require a more integrated process, a more significant integration with respect to elderly care, applying not only the welfare relations, but integration significant with the financial elements in order to solve this multifaceted problem.

At times, I am concerned because it seems as though we want to solve the problem by dealing at the top, repair the house, put in a new roof, put in a new toilet and bath. Yet, the individual cannot put on a board on their own. What are we doing? We are creating a recurrent problem that will escalate because the population is getting older. The problem will worsen. We need to solve it at the economic base and that is the point. Sir, until this Government understands that is what they must do, they will continue to flounder, and I will have to continue to talk.

Mr. Chairman, I know it is late in the night and I will rest myself. I have more energy than anyone in here, rest assured of that, all of them put together.

Asides.

Mr. R. D. JONES:

I thank you, Sir.

Hon. R.C. EASTMOND:

Mr. Chairman, I rather regret that the Honourable Member for St. Philip North is not in his seat because I rise primarily to make a response to some of the queries raised by him.

However, while listening to the last intervention made by his colleague, the Honourable Member for St. Philip West, whom, I think, was urging on this House the need for an integral policy on aging and the aged. Sir, if he had been in his seat, and I take it that he is almost always in his seat, so enthusiastic he is as a young Member of this House that he does not waste time either in the corridors or the Members' gallery.

Sir, if you were here the day before, you would have heard when the Honourable Member for the City

lamented the fact that able bodied persons were often required to retire, when they still had a lot of energy in them.

I came across a gentleman who was 90 years old and still rendering productive service. I rather apprehend that the honourable, priestly and sacerdotal member, the Honourable Member for St. Michael West can verify that. If you doubt me, he is a man of the cloth and of the truth and he can tell you that what I am saying is true.

I came across another man in this country, 80 years old, also rendering productive work. Clearly, in a situation, Mr. Chairman, where the population is aging, the challenge to us is to plan properly for the aged and we will, therefore, have to re look things like policies on the retirement age, the degree to which we offer health and other care to the aged, the degree to which we so rehabilitate and care for our aged as to be able to get any productive capacity they have, to be factored into our effort for national development.

The Honourable Member for St. Philip North, had, in reading from the 1994 Manifesto of the Barbados Labour Party, raised some issues to do with occupational safety and health and injuries at work. There is a statutory requirement, Mr. Chairman, that when people are injured at work, they should report to the Chief Labour Officer before doing anything else.

Sir, as I said, if a person is injured at work, under the legislation, including the Factories Act, the person must report to the Chief Labour Officer. The Chief Labour Officer, unfortunately, is never able to present proper information because people just do not report. There are many employers who witness accidents at their work places and do not report. What they do is what we call in Barbados, "soft soap" the injured, give them some token assistance, perhaps pay their medical bills and such like, but where we get more accurate or less than accurate information is, if a claim is made on the national insurance.

When we check the total quantum of claims from the NIS, against the total number of reports to the Chief Labour Officer, there is always a big disparity. Now we are moving towards working on this problem.

House 25, sequence 197,

10:00 p.m.

Thursday, March 18, 2004

Continuation of Hon. R. C. EASTMOND:

At the moment there are employers who have established safety and health committees at work under the voluntaristic system. In the near future, the Government will be moving towards a system of having a mandatory, statutory system of safety and health committees at work which will involve certain employers especially those in industries, those whose work involve chemicals and those who may have equipment that might lead to carpal tunnel syndrome. Some of these are already in existence under the voluntaristic system, but it is anticipated, as we modernise our legislation, that we will move towards a more desirable regime.

Mr. Chairman, even though I have said that there are employers who encourage safety committees in their workplaces under the voluntary system, the real position is that as we move towards a statutory regime we have been forced into a number of consultations. In a situation where you can have 400 employers, each employers' business place having its own distinctive characteristics, its own type of technology, differences in machinery and such like, these consultations tend to take a very long time. However, Government is mindful of the fact that in an era where occupational safety and health matters enormously that we do need improved mechanisms in the workplaces to ensure that when things happen they are dealt with even at the level of reporting.

I invite the Honourable Member for St. Philip North to check the Labour Department and verify the reports made there of industrial accidents. He well knows as an attorney-at-law that with any major factory accident when the matter goes to court, the court must always see a report from a definite factory inspector as part of the process by which the matter is heard, but we want to improve these things.

I welcome the intervention by the Honourable Member and I just want to give the House the assurance that we are doing a lot of preparatory work, we are making use of the best available advice and we are also making use of the standards set by the International Labour Organisation. This is all taking time, but it would not take ten more years. In the last few weeks we had some serious consultations with major players in factories and we are confident that we would be able both to develop proper parent legislation and some serious regulations to deal with these matters.

Mr. Chairman, in the context of health care, I think that there comes a time when an Opposition could fault a Government on policy matters. If the Opposition is of the view that there are policy deficits or shortcomings in Government's policy, the Opposition is free to comment. However, a lot of the challenges in health care today are not really challenges in policy, but are very highly technical in a very challenging era.

Mr. Chairman, as much as we have seen differences come from the Other Side, this debate here, as my colleague the Honourable Member for Christ Church South would say, has been a debate that has met a very high standard. I think that the issues raised were of great national importance. I think that there is still a divide on the troubling question of solid waste management. There are times when one is tempted to go back years to ascertain the truth and there are times when one stops short of going back years. However, I think that we will ultimately come to a stage where we would be able to deal with this problem. The Honourable Member for St. Lucy would have had a head start on most Honourable Members by being a member of a certain statutory board that had a remit to deal with this problem, not that the problem was solved because even after his remit ended, the problem still stare us in the face.

Mr. Chairman, I will make bold to second my colleague's, the Minister of Health, proposal that Head 23 stand part, but of course I am sure that he would have certain comments and remarks to make in conclusion.

I thank you.

Hon. J. X. WALCOTT:

Mr. Chairman, as I rise to wind up the debate on this Head, I want to thank all Honourable Members, especially those of the Opposition who made contributions tonight. I was almost tempted to say stellar contributions but then I remembered what the Honourable Member for St. Lucy said about building a new hospital to refurbish the old one.

Sir, before I get into what I have to say in conclusion I just want to say, as the Honourable Member for St. James North said before he sat, that we still seemed to be in a state of divide about solid waste management. What I want to say, and this is for the record, is that an integrated solid waste management programme was developed in 1993 which is some 11 years ago. We have heard from the Honourable Member for St. James South about the feeling at that time regarding landfills and incineration.

This is now 2004 and technological advances have come about. Incineration has improved, gasification is on the scene and indeed there are other technological developments and the whole process of anaerobic degradation. As my colleague said, they all involve, at the end of the day, some need for a landfill that has to do with the capacity and a percentage reduction in landfill space. At this point in time what I can say is that we have a consultancy going on to look at all of the alternative technologies to make a definite decision on this matter. No doubt I will report to this Honourable Chamber when a decision is made in that regard.

Mr. Chairman, I want to say a few words about the Queen Elizabeth Hospital. This is the most substantial area and accounts for \$115 million in this financial year. Although the Honourable Member for St. Philip West was referring to the Haynes Commission Report ad nauseam and quoting from it all night, we are yet to hear from him and indeed the Opposition if they are committed to a board of management and if they see that there is a need for a board of management at the Queen Elizabeth Hospital and how they think the Hospital should be governed and managed.

As I said at the beginning of this debate, I was looking for constructive criticism and suggestions but somehow for the entire night we were going all over the place. We even had an economic discourse on pensions and the elderly, but I am yet to hear about the governance of the Queen Elizabeth Hospital as to what is the ideal and if they are supportive of having a board of management recognising that this is the way to go globally to improve efficiency to the delivery of health care at our main health care institution.

Sir, all Honourable Members are aware that there is a process of transition at the Hospital at this point in time. The management team has developed a code of conduct and a term of condition of services and plans to enter into discussion with the unions next month. I said unions because one gets the impression that only one union is involved in this entire process, but there are five unions which are involved, the

Barbados Association of Medical Practitioners (BAMP) which represent the doctors, the Barbados Registered Nurses Association (BRNA) Nurses Assistant Aides Association of Barbados (NAAAB), the Barbados Workers Union and the National Union of Public Workers. We have created all the posts and there is no intention to displace anyone as the intention is to bring all of the workers on board.

I have spoken about the better conditions proposed for the nurses. Indeed, at the end of the day persons employed at that institution would have a choice as to if they want to come on board or if they want to be allocated to some other part of the civil service. It is expected that this transition would come about around July this year.

In this financial year we also plan to continue doing some refurbishment to the Queen Elizabeth Hospital to improve the service. You heard the Honourable Member for Christ Church West-Central speaking about the improvements that are already noticeable. In this financial year we plan to spend some \$5 million towards establishing a new cardiac unit with the ability to do angioplasty, cardio-cauterisation and the like.

House 25 Sequence 198

10:10 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

In addition, we plan to have the continued development of the Queen Elizabeth Hospital Information System, seeking to have the Hospital completely computerised and, in this instance, looking to link the Records Department, the Pharmacy, the Radiology Department and the Accounting Department, eventually utilising the wards and accessing the laboratories so that there is continued inflow of information regarding patients. It will also assist in the collection of outstanding monies.

Mr. Chairman, this summer there are plans to refurbishing the kitchen and we would have heard in the news about problems there. It is expected that we would utilise the School Meals Department in the summer while having the kitchen refurbished. A new boiler has been ordered and the refurbishment of the other boiler has been ongoing to alleviate the problem of hot water. Indeed, the long overdue upgrade of the electrical system and the provision of emergency generators are expected to be done in this financial year at a cost of \$3.5 million. One would appreciate that the emergency generators at the Queen Elizabeth Hospital are almost 40 years, not efficient and, therefore, unable to run the Hospital in times when the power is lost.

Mr. Chairman, there are plans to refurbish the incinerators, which is a problem that is mentioned from time to time. We have also acquired new autoclaves.

In this financial year we also plan to go about the relocation of the Dialysis Unit, to be in a position to accommodate more patients with care. One would appreciate that two years ago we had acquired new dialysis machines but the number of persons requiring this service continues to increase because of the

incidence of non-communicable chronic diseases such as diabetes and hypertension. It is expected that we would have an expanded unit to accommodate these individuals.

Mr. Chairman, Honourable Members have spoken at length about the redevelopment of the Queen Elizabeth Hospital. This is a process that we are planning to commence this financial year. Provision has been made for consultancy service and it is expected that the consultants would be selected by June this year and that we would have a report by December this year, looking at the functioning of the Hospital and its requirements for the next 20 to 30 years. We will be looking at the space requirement and the need for increased clinical spaces.

We have heard the Honourable Member for St. Philip West speak of the overcrowding of some wards and we appreciate this is especially so in the medical department where there is the need for additional wards.

Mr. Chairman, over the years we have been expanding the service within that institution and the Hospital has not been in itself expanding, only the services. Therefore, there are some fairly cramped conditions which we think need to be addressed in this redevelopment process.

In addition, the Out-patients Department has always been one that has been uncomfortable for patients. It is crowded and hot, and we think we need to look at a completely new Out-patients Department to accommodate our patients. We have to look at the allocation and location of departments within that institution, for instance, we have to look at the fact that the Out-patients Department is at one end of the Hospital, with the Physiotherapy and Occupational Therapy Departments at the other end. Therefore, in cases where persons who need to have physiotherapy they have to labour to get to the other end of the institution. These matters need to be addressed if we are looking at a serious redevelopment of the institution.

Mr. Chairman, the Honourable Member for St. George North spoke about the proposed possible expansion and about the fact that we might have to go across the road to the Enmore Complex to do this expansion. We are also bearing in mind the Ministry of Health's plan for Information Technology and the development of an entire wide network across the health services.

We also think it is time that we link the Hospital to those institutions that are near it, for example, the Sir Winston Scott Polyclinic and the LRU in the Ladymeade area. We are planning to establish a Leptospirosis Laboratory and a Cancer Registry for the first time.

The Diabetes Foundation which I have spoken about is expected to be established in the area of the Enmore Health Centre and the ambulance service will be upgraded. Indeed, a development of a Food Bank and a Walk In Centre for those persons afflicted by HIV/AIDS is to be accommodated in the Ladymeade Unit, which would create a sort of a health enclave in that area.

I am pleased to have heard the Honourable Member for St. George North speak about traffic plans for the front of the Queen Elizabeth Hospital. As I said, we are looking at developing that entire area, expanding it and making it in connect to all of these other areas.

Mr. Chairman, in spite of what has been said from the Opposition, all is not doom and gloom, things

have been improving at the Queen Elizabeth Hospital. As the Honourable Member for Christ Church West Central said there are improvements and we continue to see improvements.

The operating theatres were reopened in September and are functioning properly. A number of persons who were put on a waiting list have been able to obtain surgery since then.

In the area of the Pharmacy, we heard a number of complaints in the past about the long wait patients have had to undergo. We have hired three new pharmacists and, indeed, we do not hear of this long wait anymore. On afternoons, as one visits the Pharmacy, one would be surprised at the fact that things have improved.

I mentioned the surgical clinics which are being held at some of the polyclinics to address the problems of persons having to travel long distances for appointments, then having to go home, then to return for those appointments. We now have a system where these persons could be treated at these polyclinics. Sir, the change of catheter programme with which the Honourable Member for St. Lucy would be very pleased, where someone from Checker Hall or wherever would not have to venture to the Queen Elizabeth Hospital to have a catheter changed but could indeed have it done at the Maurice Byer Polyclinic.

Mr. Chairman, there are ongoing improvements and as I said in my opening speech, it is not a perfect system. It has its deficiencies but I think that in spite of what the Honourable Member might have said, at the end of the day, I think they must appreciate and agree that the technocrats in the Ministry of Health have been dedicated in their work and have been playing a very important role. They understand and have a vision for health care in this country. They see where they want to take health care for the next ten years in this society, realising the importance of health and an efficient health care system to the social development of our country.

Mr. Chairman, in closing I want to address a number of comments. It is unfortunate that the Honourable Member for St. John is not in his seat but yesterday he made references to situations at the Gall Hill Polyclinic and about persons being unable to have their toenails clipped, while we were indulging in laparoscopy surgery.

When I checked the information at Gall Hill Polyclinic, I noticed he said that patients were frustrated and were not going there. Sir, in 2000, 7 452 persons attended the St. John's Polyclinic for services. In 2003, it rose to 15 529. Indeed that is a significant increase for persons who had become frustrated and did not want to go there. What I would say is that based on these statistics, we in the Ministry of Health have seen that the size of the polyclinic is inadequate to accommodate the number of persons who need to be seen there and we have committed this year to having a consultant looking at that Gall Hill structure which was built for either a massive Polyclinic, a hotel or whatever else, to see how best we could utilise part of that as a clinic to provide for the residents of St. John and St. Joseph.

Sir, the Honourable Member for St. John has said that persons cannot have their toenails attended to but I would like to tell him that there is a podiatrist who attends that clinic twice monthly on Fridays and if he would be so kind as to pass on that information to that dear old lady who he said could not have services rendered to her at the St. John Polyclinic, thus giving the impression that this was a deliberate policy against persons living in St. John.

Finally, I must come to my dear friend and colleague, the Honourable Member for St. Philip West who has touched almost every facet of health care delivery.

H:No.25(199)

10:20 p.m.

Thursday, March 18, 2004

Continuation of Hon. J. X. WALCOTT:

He did not speak about the HIV/AIDS programme within the Ministry. I do not know if it had to do with the fact that when we spoke about it a month ago he had a lot of disparaging things to say about the programme in spite of what we were able to achieve. I noticed he was amazingly silent this evening.

He also said there was a lack of confidence in the health care system and quoted figures from the Haynes Report. Indeed, those statistics show that the number of persons attending clinics at the Queen Elizabeth Hospital is increasing, that 85 000 attended the Queen Elizabeth Hospital and that by 1999 it was up to 110 894.

The Honourable Member said there was a chronic unavailability of drugs and I wonder if this unavailability is where he operates his clinic from time to time but I do not know. Sir, over the years the funds expended by the Barbados Drug Service have been steadily increasing. We heard the Honourable Member for Christ Church West Central say that over the past months the pharmacists had no problems with the Ministry of Health, that they were paid on time, that there was no shortage and, indeed, there was no supplemental for that service.

Mr. Chairman, the Honourable Member asked a lot of questions and I intend to answer all of them. He spoke about the waiting time in The Accident and Emergency Department. He quoted four consecutive years and said that the average waiting time for each year was two hours and a half and that he wanted me to say why it had not changed. Sir, as an international standard the average waiting time in the Accident and Emergency Department is three hours and if we have to wait there two and a half hours, we are doing okay. Sir, I believe what he quoted was nonsense.

Sir, when it suits the Honourable Member he reverses the report from the Haynes Commission. I am yet to hear him speak about the board of management which the Haynes Commission recommends for the Queen Elizabeth Hospital. He spoke about the need for a general practice clinic adjacent to the Accident and Emergency Department but this is not new because as we speak there are discussions within the Ministry to establish a similar facility near to the Accident and Emergency Department.

Sir, the Honourable Member should not come in here and act as though he is a latter day Christopher Columbus who has all the ideas and solutions for the health service. I know he feels passionate about health care and the care of the elderly and this is why he has walked away from the Geriatric Hospital.

It has nothing to do with the Honourable Member having a private practice, being a junior doctor and not being allowed to do so.

Dr. D. C. ESTWICK:

Mr. Chairman, on a point of order. I would like the Honourable Member to tell this House where is my private practice.

Hon. J. X. WALCOTT:

Mr. Chairman, I would expect the Honourable Member to know where his private practice is. Mr. Chairman, in spite of the noise, we have had a useful debate this evening on a most important Head dealing with the health of this nation.

Sir, I believe both sides are committed. I do not believe there is a divide, it is what they are saying but that is not what is in their hearts.

In the circumstances, I beg that Head 23 stand part.

Hon. R.C. EASTMOND:

I beg to second that.

On the motion of Hon. R.C. EASTMOND seconded by Hon. Dame Billie MILLER, Mr. Chairman reported progress to Mr. SPEAKER and Mr. SPEAKER resumed the Chair and reported accordingly.

SUSPENSION OF SITTING

Hon. R.C. EASTMOND:

Mr. Speaker, Sir, I beg to move that this House be suspended until 1000 a.m.

Hon. Dame Billie MILLER:

I beg to second that.

The question that the House be suspended until 10:00 a.m. was put and resolved in the affirmative without division and Mr. Speaker suspended the House accordingly.

H25/Sequence 200

10:22 p.m.