
THE House of Assembly Debates

(OFFICIAL REPORT)

FIRST SESSION OF 2003-2008

HOUSE OF ASSEMBLY

Tuesday, June 21, 2005.

HOUSE OF ASSEMBLY Pursuant to the adjournment, the House of Assembly met at 10:20 a.m.

PRESENT

His Honour I.A. ROETT, G.C.M., B.A., Dip.Ed.(Speaker) His Honour J. M. EDGHILL, J.P. (Deputy Speaker) Mr. D.J.H. THOMPSON, LL.B.(Hons.) Mr. L.R. TULL, Q.C., M.A. (Oxon.) Mr. G.W. PAYNE Hon. R.C. EASTMOND, B.A.(Hons.), Dip. Ed., LL.B.(Hons.), L.E.C., J.P. (Minister of Labour and Social Security) Hon. R.R. FARLEY, B.Sc., J.P. (Minister of Education, Youth Affairs and Sports) Hon. G. A. CLARKE, B.Sc., Dip.Ed., J.P. (Minister of Public Works) Hon. R.D. MARSHALL (Chairman of Committees) Hon. H. F. LASHLEY (Minister of Social Transformation) Mr. R. St.C. TOPPIN, LL.B.(Hons.) Mr. D. St.E. KELLMAN Hon. Miss H.E. THOMPSON-McDOWALD, LL.B. (Minister of Housing, Lands and the Environment) Hon. Miss M.A. MOTTLEY, Q.C., LL.B. (Deputy Prime Minister) (Attorney-General and Minister of Home Affairs) (Leader of the House) Mr. T.A. PRESCOD, B.A. Rev. J.J.S. ATHERLEY, B.A., B.Sc., J.P. (Parliamentary Secretary to the Attorney-General and Minister of Home Affairs) Hon. N.A. LYNCH, B.Sc., M.B.A. (Minister of Tourism and International Transport) Hon. Miss C.Y. FORDE, L.C.P.,

J.P. (Minister of State, Ministry of Education, Youth Affairs and Sports) Hon. J.X. WALCOTT, M.B., B.S., FRCS (Edin.), J.P. (Minister of Health) Mr. R.D. JONES, B.A.(Hons.), M.A.(Ed.), J.P. Dr. D.C. ESTWICK, B.Sc., M.B., B.S. Mr. C.A. MASCOLL, B.Sc.(Econ.)(Hons.), M.A. (Public Finance) (Leader of the Opposition) Hon. D.D. MARSHALL, LL.B. (Hons.) L.E.C., (Minister of Industry and International Business) Mr. M.A. LASHLEY, LL.B.(Hons.) Hon. K.D. SYMMONDS, B.A., LL.B. (Minister of State, Ministry of Foreign Affairs and Foreign Trade) Dr. W.F. DUGUID, B.D.S. (Comm.), F.D.S., FDRCS, J.P. Mr. R.L. SEALY, B.Sc., M.B.A.

Prayers were led by Pastor Dale Brathwite.

Mr. SPEAKER: This House is now in session.

MINUTES

Mr. SPEAKER: The Minutes of Tuesday, June 14, 2005.

Hon. Miss M. A. MOTTLEY: Mr. Speaker, I beg to move that the Minutes so cited be confirmed, subject to any omissions/corrections and/or observations.

Hon. R.R. FARLEY: I beg to second that, Sir.

Mr. SPEAKER: If there are no corrections,

observations and/or omissions, then let those Minutes stand confirmed.

ANNOUNCEMENTS BY HIS HONOUR THE SPEAKER

Mr. SPEAKER: I am to report to this Honourable House that I am in receipt from the Accountant-General of the Accounts and Statements for the month of February 2005.

PAPERS

Hon. Miss M.A. MOTTLEY: Mr. Speaker, I am commanded to lay the following

- 1.The Ombudsman (Salary) Order, 2005.
- 2.The Civil Establishments (General) Order, 2005.
- 3.The Civil Establishments (Teachers)(Amendment) Order, 2005.
- 4.The Parliament (Administration) (Salaries) Order, 2005.
- 5.The Ministers and Parliamentary Secretaries (Remuneration and Allowances) Order, 2005.
- 6.Senate and House of Assembly (Remuneration and Allowances of Members) Order, 2005.

GOVERNMENT NOTICES

Hon. Miss M.A. MOTTLEY: Mr. Speaker, I beg to give notice of the following

- 1.Resolution to approve the Civil Establishments (General) Order, 2005.

2.Resolution to approve the Civil Establishment (Teachers) (Amendment) Order, 2005.

3.Resolution to approve the Ministers and Parliamentary Secretaries (Remuneration and Allowances) Order, 2005.

4.Resolution to approve the Senate and House of Assembly (Remuneration and Allowances of Members) Order, 2005.

5.Resolution to approve the rate of salary and allowances applicable to the post of Personal Assistant to the Prime Minister.

6.Resolution to amend the Schedule to the Governor-General (Conditions of Service) Act, Chapter 6.

FIRST READINGS OF BILLS

Hon. Miss M.A. MOTTLEY: Mr. Speaker, I beg to give notice of the following

- 1.The first reading of the Final Appropriation Bill, 2004-2005.

Hon. R.R. FARLEY: I beg to second that, Sir.

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

SUSPENSION OF STANDING ORDERS

Hon. Miss M.A. MOTTLEY: Mr. Speaker, I beg to move the suspension of Standing Orders 6, 16, 18, 20, 42(5), 43 and 44 be suspended for today(s Sitting.

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

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

Mr. SPEAKER: Government Business is now the order of the day. Order No. 7.

GOVERNMENT BUSINESS
ORDER NO. 7 - THE QUEEN
ELIZABETH HOSPITAL
(AMENDMENT) BILL, 2005

Mr. SPEAKER: The Honourable Member for Christ Church South.

Hon. Dr. J.X. WALCOTT: Thank you, Mr. Speaker.

As I rise this morning to speak on this Bill, Mr. Speaker, it is with a sense of nostalgia and commitment to an institution which has played a major role in my professional development. I think, Sir, you would appreciate and understand the feelings I have for the Queen Elizabeth Hospital (QEH) and that invisible bond that exists between that institution and me.

Indeed, Sir, I was a medical student at that institution. I did my Internship there. I worked for several years in various departments in that institution. I had most of my surgical training at that institution. I lectured in surgery at that Institution. I spent many sleepless nights in various Wards in that Institution and I have been a patient at that Institution on more than two occasions. Therefore, you would understand the sincerity with which I would say that the time has come for a complete change in the way business is done at the Queen Elizabeth Hospital.

It is time for change in management at the Queen Elizabeth Hospital. The time has come for change in the organisational structure and the way that business is carried out at that institution. The time has come for a change in attitudes and in the way the institution relates to

the public. Indeed, Sir, the time has come for a complete change in the modus operandi of that institution, but change is never easy.

We embarked on this change in 2001 with the passage of the Queen Elizabeth Hospital Act. Today, Sir, we must ensure that we implement and cement those changes for the good of all Barbadian citizens. I repeat, change is never easy and I believe it was the late Robert Kennedy who said that progress is good, change is the motivator of progress but change always has its enemies. I repeat, progress is good, change is the motivator of progress but change always has its enemies. This holds true in this case but we need to look at the wider good of all Barbadians in providing health care in an efficient setting, versus that of narrow self-interest, but I will come to that later.

Sir, how did we get to where we are with the Queen Elizabeth Hospital today? The Hospital was opened in 1964. It will celebrate 41 years of existence in November this year. At that time, it was seen as a flagship of health care in the eastern Caribbean. I dear say it still is, contrary to popular opinion on the other side and, indeed, if you listen to some of the call-in programmes, but the Queen Elizabeth Hospital still remains a beacon in health care in the eastern Caribbean and it is still an institution to which hundreds of people are referred to every year for care and treatment, from as far north as Anguilla to as far south as Guyana.

In 1964 the Queen Elizabeth Hospital started as a 450-bed institution. At that time, you would appreciate that the focus was more on communicable diseases and infectious diseases. People were dying from pneumonia, influenza and various respiratory ailments. This has shifted over the years to a situation where now we are faced with a virtual epidemic of chronic non-communicable diseases like diabetes, hypertension, heart disease and cancers. Therefore, you will notice that the whole

disease profile and the demographics of the society have changed over the years.

In 1964 when the Queen Elizabeth Hospital was established, the life expectancy in Barbados was about 62 to 63 years and as I speak to you, it is currently about 78 years. Certainly, in those days, they were not faced with the overcrowding because of the extended family situation that existed in Barbados. Sir, we are faced now, where development has occurred in the society, with this phenomenon of people abandoning their elderly in the hospital, and most times leading to added pressure on the management of that institution.

In addition to the disease profile, the Queen Elizabeth Hospital was established and recognised as early as 1966, two years after it was opened, as a teaching hospital by the University of the West Indies. This has continued until this day, and has played a very important and vital role in the education of many doctors who now treat patients throughout the Caribbean and, indeed, the wider world.

Sir, with this in mind, it is obvious that the Queen Elizabeth Hospital over the years, would have to expand and modify as various medical advances occurred, such as advances in therapeutics and in technological advances in medical care. It would be necessary that the institution would expand.

Sir, over the years, we have had the necessary expansion. Some may argue that in some cases it has been unplanned expansion, which has resulted in congestion and sometimes you are unable to deliver care in the best circumstances. The initial start was with the specialities of internal medicine, general surgery, obstetrics and gynecology, ENT and ophthalmology.

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

Over the years it progressed and expanded to include specialities such as psychiatry, oncology, radiotherapy, haematology and neurosurgery. In more recent times it expanded its services further by providing laparoscopic surgery, open heart surgery and joint replacement surgery. It moved from a situation where in the early days there was no intensive care facility to a place where you have today a medical intensive care unit, a surgical intensive care unit, a paediatric intensive care unit and a neonatal intensive care unit.

Sir, as advances occurred in health care throughout the world, the hospital tried to keep abreast with the situation but this has resulted in certain difficulties. From its inception the Queen Elizabeth Hospital has been plagued with problems of management and the maintenance of vital equipment. This it is not something that happened suddenly, it is something that has been occurring progressively.

Mr. Speaker, we have been focussing on expanding care facilities, providing different modalities of treatment for persons with diseases but we have not essentially focussed on the management or the strengthening of the management of that institution and of course dealing with matters of engineering.

Mr. Speaker, over the years this has led to intense public criticism. People criticised the standard of care they were exposed to and how they are treated when they go to that institution. This is a matter that had dogged and bothered both administrations over the years.

Mr. Speaker, as a result, various studies were done. In 1990 the previous administration did a study on the rationalisation of health care

within the Queen Elizabeth Hospital. In 1998 this administration having been faced with a problem of near crisis proportions where there were mass complaints about the running of the hospital and access to care, established the Haynes Commission of Inquiry into that institution and gave it a remit not only to review the deficiencies in the system and how the hospital is delivering health care but to make specific recommendations to deal with improving the governance and the operations of that institution to make it a stronger place for the teaching of medicine in general and also to make a ten-year plan for the development of the Queen Elizabeth Hospital.

This Commission was comprised of some very prominent Barbadians. It was led by Dr. Richard Haynes, now Sir Richard Haynes, and included Sir Carlisle Burton, Mr. Leroy Trotman, now Sir Roy Trotman, Sir Keith Hunte, Professor Mickey Waldron, Professor Hassell, Dr. Bertie Graham, Peggy Rickinson and the late Branstons Collymore and Wendell McClean. This Commission worked very hard and held numerous consultations with individuals and groups throughout the length and breadth of Barbados who had an interest in health care and the provision of health care and delivered a report in December 1998, which gave an outline of the situation and various recommendations.

Mr. Speaker, I would like to add at this point in time that throughout all those deliberations with the Haynes Commission that all the entities and the people who are involved made individual presentations to the Haynes Advisory Commission, but one specific union, namely the National Union of Public Workers absolutely refused to have any interaction with or to have any input into the Haynes Advisory Commission.

Indeed, I am told, that when the Commission realised that every time they set a date for the

National Union of Public Workers to make a presentation and it did not do so, they decided in the end that it was a situation of Mohammed and the mountain and a few of them decided to go to the National Union of Public Workers headquarters to have an audience with them to see what were their specific recommendations and how they felt about the whole Commission and the review of the hospital, but even that was unsuccessful as the leadership of the National Union of Public Workers were not available. So throughout all of this consultation and all of the deliberations about the Queen Elizabeth Hospital and trying to assess it and make it more efficient, the National Union of Public Workers absolutely refused to be part of this consultative process.

However, Mr. Speaker, the Board, as I said, did its work. It had its mandate and it presented the final document, which I believe is a document of this House, a Report of the Advisory Commission of the Inquiry into the Queen Elizabeth Hospital, which spoke to a number of recommendations. It spoke to the need to change the governance structure within that institution. It spoke of the need for a Board of Management at the Hospital to give the hospital greater autonomy, more efficiency and certainly to bring a level of accountability within that institution.

Mr. Speaker, added to that was the realisation that we led in terms of health care in the Eastern Caribbean but trailed in terms of hospital management because the hospitals in the Caribbean islands are managed by Boards of Management. This was certainly not a new concept. There was a Queen Elizabeth Hospital Act in 1966 which was never proclaimed. In doing some research, I was able to find out that although it was never proclaimed, a Chairman was actually named in 1970 by the then Minister of Health, the late Rameses Caddle. This Chairman was the late Carolyn Barrow, who happened to be the wife of the then Prime

Minister of this country.

Mr. Speaker, the Report went further and spoke of the need for a board, but one that needed to encompass the views and the opinions at the broadest community, not only the statutory boards that we are accustomed to in Barbados and in the region, but a statutory corporation with a difference. It was to be a ten-member board, and for the first time in the history of Barbados you would have a board established where the Government or indeed the Ministry of Health would not have a controlling majority.

Mr. Speaker, the Minister was allowed to select three persons out of the ten and the other positions on the board would be allocated to various interest groups in the island. Indeed, the Barbados Registered Nurses Association, the Barbados Association of Medical Practitioners, the Congress of Trade Unions and Staff Associations of Barbados, the Barbados Christian Council, the Barbados Association of Retired Persons and the Barbados Chambers of Commerce would all have a representative as well as the University of the West Indies bearing in mind their importance and the important role which the institution was playing in the education of doctors throughout the region. As I said there was to be a ten-member board in which Government would have had controlling interest of only three, something unheard of in this part of the world.

Sir, a lot has been said by the union and in here recently by Honourable Members of the other side about the patience of the union and about the Minister and the Ministry of Health not wanting to engage in discussions with the unions about the matter of the hospital board. Mr. Speaker, when I became the Minister of Health in October 2001, the first trade union I met with was the National Union of Public Workers on November 20, 2001 and the main agenda item was discussion about the proposed

board of management for the Queen Elizabeth Hospital. At that time the union made it absolutely clear that they were not interested in any board for the Queen Elizabeth Hospital.

Mr. Speaker, I should add that prior to that they launched a campaign, I guess you can call it a propaganda campaign, and published a brochure which was entitled (The National Union of Public Workers Case Against a Board of Management at the Queen Elizabeth Hospital) which was distributed throughout the hospital. That brochure spoke in detail about why there should not be a board at the hospital and that they were fundamentally opposed to a board at the hospital. They gave misinformation about the composition of the Board and told the people that the Minister would be choosing five or six people. They spoke about what a bitter pill a board would be and what other remedies would the Government prescribe.

Mr. Speaker, they said that this would be the start of a privatisation process of our health care system. They said that we must keep our health care system public. They spoke about political interference. They spoke about the unfortunate situation at the St. Joseph Hospital, where a board had been established under the management of the other side and used that as one of the arguments against the proposed establishment of a board for the Queen Elizabeth Hospital, without looking at the composition and how completely different that board that was established under the previous regime for the management of the St. Joseph Hospital, was from what was being proposed for the Queen Elizabeth Hospital.

Mr. Speaker, the National Union of Public Workers advice to the workers was not to agree to any secondment and not to accept any directives from any board, that no one could force appointed workers into secondment.

House 69 Sequence 4

10:40 a.m.

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Continuation of Hon. J.X. WALCOTT:

that no one could force appointed workers into secondment. This was the advice of the National Union of Public Workers to the workers who are employed in providing health care to the vast masses of Barbadians. This advice came from a union that refused to take part in consultation, refused to have any input or to deal with the Haynes Advisory Commission. Sir, if they say they are so keen about the representation of their workers, they would have found time to deal with the Haynes Advisory Commission and let their voice be heard on the part of these workers that they care so much about but, Mr. Speaker, it never happened.

Mr. SPEAKER: Honourable Member, you will have to make that a document of the House.

Hon. J.X. WALCOTT: Sir, I will make it a document of the House but I believe it is already one. The Honourable Member for St. Lucy said that he helped wrote the document but I am not sure of that.

Mr. Speaker, I find it ironic that the National Union of Public Workers launched a propaganda campaign telling the workers not to accept any board but the same National Union of Public Workers writes to the Minister of Health asking to sit on board. Sir, I do not want to call it convoluted nonsense or madness but, suffice it to say, these are the people who are looking after the interest of the workers who are engaged to provide to provide health care to Barbadians. They have advised the people not to support the board but are writing

to the Ministry asking to be included in a board which they are telling the workers not to be part of.

Mr. Speaker, having met with the National Union of Public Workers and hearing their solution in November, we decided that we need to move on with the process. The Ministry called three meetings in 2002 with the unions yet they said the Ministry was not engaging the union in the process and that we were not interested in moving the process forward.

Mr. Speaker, meetings were held in February, August and September 2002 and at each of those meetings were representatives from all the trade unions encompassed by CTUSAB were represented. Sir, National Union of Public Workers was also invited to those meetings and they attended as part of the CTUSAB umbrella.

Sir, at the meeting held in February, it was clear that we were going to have problems because within CTUSAB the various representatives of the organisations spoke. The Barbados Registered Nurses Association spoke and said they were supportive of a board.

The Barbados Association of Medical Practitioner spoke and indicated their support for a board.

The Nursing Assistants and AIDS Association of Barbados attended that meeting and said they were in support of a board.

The Barbados Workers Union which represents 90 per cent of the engineering staff at the Queen Elizabeth Hospital spoke at that meeting and said they were in support of a board. The National Union of Public Workers again indicated that they were not in support of any board.

Mr. Speaker, from the above you could see

that we were going to have problems because the doctors, the Registered Nurses Association, the Nursing Assistants and AIDS Association of Barbados, the Barbados Workers Union were all in support of a board but the National Union of Public Workers was still opposed to the board. Sir, all five of the entities represented persons working in the hospital who are engaged to provide care and attention for the masses of Barbados.

However, Mr. Speaker, we pressed on and continued to have meetings where issues were raised and discussed like the right of appeal to the Privy Council and these things are now included in the amendments. I believe it was Patrick Frost who compared the situation to Section 65 of the Education Act in relation to terms and conditions of individuals who were transferred from one part of the Government service to another part.

Mr. Speaker, in September, I indicated to CTUSAB that we were on the point of naming (10:45) the Board and that I needed the name of a representative from CTUSAB to sit on this board. The minutes of that meeting indicated that the General Secretary of CTUSAB said in the presence of the representative of the National Union of Public Workers that they were waiting for a name of the representative from National Union of Public Workers to sit on the Board and who would represent CTUSAB.

Sir, that never occurred and at the eleventh hour CTUSAB gave the name of a person to represent it on that board. The National Union of Public Workers still insisted at that point in time that they would be no board and that they would have no part in the process. Sir, that meeting was the last meeting where all the unions met together because the National Union of Public Workers indicated that in future the Ministry of Health or the Queen Elizabeth Hospital would have to meet with

National Union of Public Workers separately because they would not sit in any meeting in which CTUSAB was involved, although it is my information that National Union of Public Workers still comes under CTUSAB but, Sir, I do not understand the workings of certain minds.

Mr. Speaker, we pressed on with the process, the board was named and proclaimed and we decided to set up a transition team which would include representatives from the Ministry of Health, the Ministry of Civil Service, Queen Elizabeth Hospital and members of the board to look at how we would move the whole transition process forward.

Mr. Speaker, the board was announced towards the end of December and after the transition team was put in place the National Union of Public Workers immediately indicated that we were talking of the possibility of secondment of workers to the Queen Elizabeth Hospital board, that this would not be entertained and that they would court, as it was within their right to go to court to challenge the process of having workers seconded so we backed off.

Mr. Speaker, the National Union of Public Workers said there should be no secondment and we decided to go into a transition phase where the workers would be the responsibility of Ministry of Civil Service and the board would deal with the general issues of policy. Sir, there were some positions which were given to the board as part of whole transition process to deal with legal matters, audit, ordering of supplies and things that were occurring in central Government, which were now transferred to the remit of the board.

Sir, these posts were created and individuals were hired for these posts.

Mr. Speaker, the position of National Union

of Public Workers as that no employees were to take any instructions from the board or any representative of the board.

Indeed, it came to a crisis when the board set about to put its senior management team in place in a fully transparent process in which the National Union of Public Workers had no issued. Sir, some of their representatives were fully involved in the process and were eventually, in some cases chosen to be part of the senior management.

Mr. Speaker, when the Chief Executive Officer (CEO) was announced, the National Union of Public Workers made it pellucidly clear that they were not going to entertain him giving any instructions to any member of staff of the hospital. Sir, this meant that the CEO could not give instructions to the staff. We backed off again and tried to rectify the situation to appease the National Union of Public Workers and to allow the entire process to continue.

Mr. Speaker, we had meetings with the Ministry of Civil Service, went to Cabinet and agreed on a policy that the Ministry of Civil Service would create parallel senior management posts under the structure of the civil service, in the interim, for this transition period to allow those individuals who had been selected to be senior managers in the Queen Elizabeth Hospital to be able to give instructions to workers who were to provide care and attention to the masses of Barbados.

Mr. Speaker, you had a union which was telling its workers in a situation where they are dealing with life and death and the survival of Barbadians that they were not to take any instructions from any employee of any board.

H67/10:50

Sequence 5

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Continuation of... Dr. J.X. WALCOTT: Sir, it was

life and death situation but this National Union of Public Workers was telling people that they were not to take any instructions from any employee of the board. Sir, where is the caring?

Mr. Speaker, we backed off, we amended the situation, we created a paralleled post to allow the hospital Managers to function. We had meetings with the National Union of Public Workers in November 2003, where they made certain requirements to discuss the process of a board and the whole process of devolution to a board of Management that we needed to assure them that all persons working at the hospital prior to November 2003, who were acting in clear vacancies for two years prior to November 2003, had to be appointed for them to sit down and enter into any discussions about the terms and management document.

Mr. Speaker, we again acceded to the request because we were concerned with providing health care and not having any disruption of the medical services at the Queen Elizabeth Hospital. We started the process but it was tedious going through the list of staff getting this process started where we referred names of persons to the Public Administration Department (PAD) to be recommended for appointment. Again, this was one of the requests of the National Union of Public Workers and this is something that we went along with.

Sir, as I mentioned before, there was this issue initially of the right of appeal to a Privy Council and the fact that there should be an additional Clause in the Act speaking to the

transfer and the rights of people to no less favourable terms. You would note in the proposed amendments that these have been included. Again, we have acceded to the requests.

Sir, they said no secondment and we backed off. They said no instructions from employees of the Board and we went through paralleled post to allow the hospital to function. They said that they wanted appointments for persons who were acting for two years in clear vacancies prior to November 2003, we backed off and agreed to allow the process to continue. They said that they wanted the right to appeal to the Privy Council, we backed off and agreed to this to allow the process to continue. They said that they wanted a Clause inserted speaking to no less favourable terms of employment, we backed off and agreed to that to allow the process to continue.

Mr. Speaker, yet I can read that a Shadow Minister of Health is saying that the union had been patient. Well, I suppose that patient has a different meaning depending on which side of this Floor you sit.

Mr. Speaker, they asked for a separation package. It is not within the remit of the Ministry of Health to determine if there is a provision for a separation package. The union said that is one of the things that has to be agreed to before they settle on a document. I should say that, along with all of these requests and our acceding to their requests, we developed a document within the hospital, the terms and conditions of service for employees of the Queen Elizabeth Hospital. There were meetings separately, at the request of the National Union of Public Workers, with Congress of Trade Unions and Staff Associations of Barbados and National Union of Public Workers and we were tediously going through page by page, comma by comma, full stop by full stop and with the necessary

amendments that both groups requested.

Sir, I can say that in the negotiations on the terms and conditions with Congress of Trade Unions and Staff Associations of Barbados, we made extreme progress and we made progress quickly. There were certain things that they wanted amended and certain changes that they wanted done and we acceded to these changes.

Mr. Speaker, you would appreciate that where you had to meet separately with Congress of Trade Unions and Staff Associations of Barbados and the National Union of Public Workers, if Congress of Trade Unions and Staff Associations of Barbados wanted a meeting here, and National Union of Public Workers wanted her in the same place, you are going to be having problems. This sort of made the process more tedious. However, progress with Congress of Trade Unions and Staff Associations of Barbados was made.

Sir, many times when we met with National Union of Public Workers we found, for instance, that we would have a meeting and reached a certain part of the document and agreed to reconvene to continue looking at the document and working out the necessary amendments, but we found that the National Union of Public Workers then wanted to go back to page 5 and would want to introduce something completely different on the table prior to any further discussion.

So, you got the impression, I am not saying that it was the intention of the National Union of Public Workers, that they wanted to stymie the process. I want to be clear on that. One would get the impression that they stymied the entire process. I am not saying that it was their intention.

Mr. Speaker, I believe that it is clear that we have been patient and we have been trying. We

realised the importance of having the Queen Elizabeth Hospital functioning efficiently, giving care and attention to the masses of Barbadians. Having said that, the purpose and function of a hospital are to provide care to the people in that community. I am not saying that the workers are not important but we must understand the whole purpose and function of a health institution. First and foremost we must understand and appreciate that it must be to provide care to the citizens of that country and there must be proper procedures, greater efficiency and accountability on the part of persons for their actions within a health institution.

It is not like any other Government office or Government ministry. It is a health care institution and I repeat, making life and death decisions, so you need this efficiency and accountability.

Sir, it must be realised that you cannot continue to have a situation, as it existed prior to the Board starting in 2002, where to hire a doctor in the hospital you had to go through, I believe, twenty-two stages. The file had to go to twenty-two different persons to hire one doctor. In most times when you try to recruit a doctor, by the time process is completed the doctor would have found somewhere else to go.

Mr. Speaker, the situation still obtained, until two years ago, when you had a situation where you were short of bed linens and the amount of money which was allocated in your vote for the provision of bed linens and you had exceeded it but you need bed linens, there was no urgent process. The Departmental Head would have to communicate to the Financial Controller, who would then have to develop a Cabinet Paper, which would then have to be sent to The Hospital Director, which would then have to be sent to the Permanent Secretary in the Ministry of Health, which would then have to be sent to the Minister of Health to sign off on, then it has

to be sent to the Ministry of Finance, then back to the Ministry of Health to be amended if necessary, then to be submitted to Cabinet and to be laid in Parliament to have a debate before the hospital could have access to additional funds to purchase linens.

Mr. Speaker, you must see the merit in having a devolution and change in governance and management structure that would bring greater autonomy and efficiency to the institution.

Sir, as I said before that we have tried and in the last few weeks we thought that we were reaching an accord where we knew the Congress of Trade Unions and Staff Associations of Barbados was ready to sign off on the terms and conditions and we had been assured that the National Union of Public Workers were in a similar position. Again, last Saturday we are still having this behaviour where the impression is given that the process is being stymied. I do not know if it is a deliberate attack where you are told that prior to signing this document, we must know about a separation package and they want to see a list of the appointments and they want to be recognised as the sole bargaining agent for all of the employees of the hospital.

Mr. Speaker, the National Union of Public Workers now wants, the Board, to recognise them as the sole bargaining agent for the employees. Yet, you have BAMP representing the doctors, BRNA representing the nurses, NAIAD representing the nursing assistants, the Barbados Workers Union representing a cadre of staff but the National Union of Public Workers wants to be recognised by the Board as the sole bargaining agent. So, you can interpret that as you wish.

Mr. Speaker, I am going to say that the transition must come to an end and the transition period for the Queen Elizabeth

Hospital is almost at its end. As I speak to you, letters have been drafted and have been vetted by the Solicitor-General's office, letters to the members of staff of the Queen Elizabeth Hospital, letters from the Board offering them employment and letters from the Personnel Administration Department telling them of their future plans. These letters are ready and will be issued within the first week of July.

Sir, along with that there will be a sensitisation process with staff. We want it to include the representatives of the union to show partnership and to show us moving together caring about the health of the patients of the Queen Elizabeth Hospital and general Barbados. We also want the process to move together. It seems as though the sensitisation will go on without the National Union of Public Workers's input.

Sir, as I said, these letters will be issued during the first week of July and it is expected that workers will respond within two weeks to these letters. We are working at this point in time when an operational date for the full movement to a Board of Management at the Queen Elizabeth Hospital for August 15, 2005.

H 69: 11.00 a.m.

Sequence 6

Tuesday, June 21, 2005

House 69, sequence 07, 11:00 a.m.

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

Sir, we have to move at this point in time. I believe it was in Julius Caesar, it is said that there is a tide in the affairs of men, which taken at the flood, leads on to fortune. I am fearful that if we do not act at this point...

Asides.

Hon. Dr. J.X. WALCOTT: Mr. Speaker, the Honourable Member for St. Lucy has difficulty with my quotation from Shakespeare in Julius Caesar. I know that his specialty is in Accounts, that is what he would have us believe. I do not know that he has any involvement in the literary aspects of development but again, the tide has come in now and it is right for us to move to a change. We cannot afford to allow that tide to recede and leave us on the shore and, I believe that it is time for us to move full speed ahead in bringing this Board into full control at the Queen Elizabeth Hospital.

Sir, that is just one aspect of the problems that we have at the QEH. The impression will be given that all of our energies will be spent with negotiations and the Union but there are various challenges with which that institution is faced. There are challenges in engineering. There are challenges in staffing. There are challenges of security - I believe the Shadow Minister of Health spoke about the challenges of security, because he saw that as a major challenge ahead of engineering and the other issues because that is what he has highlighted - and there are other major challenges.

The Board and the members of staff, many of them hardworking, and I am going to be honest, not every single member of staff, like any other sphere of activity is hardworking, but the vast majority are extremely hardworking persons, who go beyond the call of duty many days and improvise in the interest of patient care, understanding the importance of their role they are playing.

Sir, engineering, which is an old plant, as I said it is over 40 years old where there are old plumbing and old electrical fittings. There is also new and obsolete equipment. Over the years there have been poor maintenance programmes and non-existent maintenance

programmes in some point in times. Sir, despite all of this, the Engineering Department is responsible for the general upkeep of the buildings, such as painting, roofs, water, electricity, plumbing, the biomedical equipment,

which is very important throughout the Hospital, the laundry equipment, the mortuary, the kitchen and, indeed, the grounds.

Again, the Engineering Department has all of these responsibilities and you could well imagine the difficulty in managing a department like this. Therefore, the Act has been amended to include the Director of Engineering, giving recognition to the importance of Engineering Department, which is like the heart of the entire hospital. This was not done in the original Act and this is one of the Amendments that we are dealing with today.

Sir, having said that, the Hospital recognises the issues, difficulties and the challenges of engineering and equipment failures and has been working. You would appreciate, Sir, that the Hospital and, indeed, the Ministry of Health is just one facet of the Government(s financial pie and it has to be distributed for all of the different agencies and ministries for which the Government has responsibility.

In the circumstances, the Hospital has been going on, doing refurbishment, retrofitting and ordering new equipment. In 2002/2003, \$6.5 million in new equipment was ordered. In 2004/2005, I believe it was about \$5 million in new equipment that was ordered, and I will speak to the plans for ordering new equipment again this year and in the future.

Suffice it to say that the Engineering Department, mindful of some of the conditions and the criticisms which persons have voiced about the appearance of the Hospital and in

some of the Wards, has engaged in the process of refurbishing on average two Wards every year.

I know the Honourable Member for St. Lucy has a difficulty with this because he has expressed the opinion on more than two occasions since I have been in here that the solution would be to build a hospital and relocate all the staff and patients and then retrofit your Wards. I heard him say that over and over again.

Asides.

Hon. Dr. J.X. WALCOTT: Mr. Speaker, they have been embarking on the process of continuing to do a phased refurbishment of Wards.

The kitchen last year was completely refurbished and given new equipment because it was in a dire state. It was deported and threatened with closure by the Ministry of Health. I believe that additional equipment is being ordered in this financial year for the kitchen.

The nurses, who drive the hospital, complain about the state in their nurses facilities and their lounge and this was refurbished to make it more comfortable.

Sir, from time to time, we have heard complaints about smoke emanating from the incinerator. We admit that there have been problems with the incinerator at the Queen Elizabeth Hospital. Again, it is old and is in the process of being refurbished.

I must mention at this point in time that parallel with that, the Government has entered into an arrangement with a consultant to look at the entire disposal of medical waste in Barbados, which has been neglected over the years. Sir, no doubt, the proposal would be for

a new incinerator in the future but in the meantime, we have been retrofitting the incinerator at the Hospital and bringing it back into use so that it is not a danger to the Hospital population or those who live in the surrounding areas.

We have been upgrading the electrical system. I do not know that many Honourable Members would be aware of the problems that the Hospital would face from time to time. For example, when there is a power failure, the emergencies systems in the hospital have been very erratic. This is all I would say on that at this point in time but we have embarked on an expensive programme of refurbishing the entire electrical system, with the purchase of new transformers and generators to allow us to increase our capacity and our efficiency on the emergency electrical system in the Hospital.

Earlier, I mentioned the water and for years, Mr. Speaker, the emergency water storage supply at the Hospital was something like 28 000 gallons. We discovered at the height of Hurricane Ivan last year that we only had capacity to serve the Hospital effectively for four hours. Again, this year, we have realised that is certainly not the state of affairs we want to be in and we are in the process of expanding the capacity to 135 000 gallons to give us at least a 24-hour supply of water, in case of an emergency situation like a hurricane.

Mr. Speaker, there is provision this year for the refurbishment and the retrofitting of the air-conditioned system in the Lions Eye Care Centre.

Over the years, some of the clinics had to be shifted and cancelled because of problems with the air quality. It was felt that you would need to remove a lot of the ducts and chillers and replace them. This is also planned and provision is made for that in this financial year, understanding the importance of having the

Lions Eye Care Centre up and running, in which the Accident and Emergency Department is sited and the Eye Ward is sited.

While I am on the Accident and Emergency Department, I should mention that there are also plans to expand that facility this financial year to utilise a basement which is adjoining, since we realise that there is a lot of congestion. Again, sometimes because of persons waiting to be reviewed but also because on most days, there are up to three elderly persons waiting for care in what we call, the Holding Bay, at the Accident and Emergency Department. Sir, with the increasing number of asthmatics, we feel that it is absolutely necessary to expand the Accident and Emergency facilities. As I said, work is expected to take place on this in the present financial year.

Still on the Lions Eye Care Centre, Sir, and I spoke about it in this Honourable Chamber already, we were lucky to secure funding from the European Development Fund in the Ministry of Health to the tune of 10 million Euros. A portion of this has been allocated to the development of a fully equipped Cardiac Unit within the Hospital and also for the development of a complete IT Programme (Information Technology) for the complete computerisation of the Queen Elizabeth Hospital. Approximately, \$9 million to \$10 million have been allocated to the QEH, for these two specific projects and in this financial year, \$4.195 million has been allocated to be utilised in setting up this Cardiac Unit and also providing hardware for the Information Technology system. This is something that is ongoing.

Over again, you have heard the problem about elevators in the Hospital not working. The plan is to fit five new elevators in the Hospital. We presently have provision for eight elevators and this will increase it to nine. One will be a dedicated service elevator, which

is the normal practice in health institutions. This is what we propose to do this year.

House 69, sequence 07, 11:1014

Tuesday, June 21, 2005

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

There are also plans to relocate the Central Sterilisation Department and to focus on the X-ray Department. As I speak, negotiations are ongoing with a view to replacing all of the large pieces of equipment, the Cat Scan, the Ultrasound machine and the thoroscopic unit which are now old because sometimes it is difficult to source parts and the relevant manuals and we have to wait until people come in to restore them.

Mr. Speaker, as I speak to you, I cannot give you the specific details, there are ongoing discussions for the replacement of very vital equipment in the X-ray Department before the year ends. There are also plans to relocate and expand the Dialysis Unit. This was a contentious area. It is an area dear to the heart of the Honourable Member for St. Michael North West for reasons that will remain between him and me.

Asides.

Hon. Dr. J. X. WALCOTT: The Honourable Member for St. Thomas said and her, so perhaps she knows something that I do not know. I do not know if the Honourable Member for St. Michael North West has told her.

Sir, this is an area that was fraught with controversy. We have had problems with the dialysis machines but they have been rectified. We have been faced with a situation of overcrowding, with an increase in chronic noncommunicable diseases, an increase in

diabetes and hypertension and persons are faced with an increase in kidney diseases and require dialysis treatment. The Government pays an average of \$45 000 per year for 34 persons to have dialysis treatment in the private sector because we have passed our capacity within the Queen Elizabeth Hospital. Therefore, there are plans to relocate the Dialysis Unit to provide a larger space for those who need to have dialysis treatment.

Mr. Speaker, the nurses and other members of staff spoke of having to work long hours and having problems in finding persons to care for their children. The Board understands this. This is one of the good things about having a board and they realised that there is a need for a common touch and a humane approach and there are plans afoot for the construction of a creche across from the hospital.

Sir, these plans for the Queen Elizabeth Hospital should not stop there, they should be seen in a wider programme. The Government has recently agreed and has entered into negotiations with a consultant firm to commence, I have been informed, in two weeks the creation of a master plan for the redevelopment and expansion of the hospital that would take the hospital into 2020, 2030 and probably beyond bearing in mind the increase in some specialties in medicine.

Mr. Speaker, they would be looking at space utilisation. It is expected that they would have consultations with the various departmental heads looking at their plans for the future of the hospital and where they see health care in their various departments moving in the next 20 to 30 years. They would also be looking at the flow of traffic.

Mr. Speaker, there is a situation at the hospital where you have the Outpatients Department at one end of the hospital and then a poor person who needs physiotherapy has to

trek, creep, crawl or be carted down to the Physiotherapy Department at the other end. Again, you can see that everything was not taken into consideration in the planning in the 1960s and you would need to look at the redesign of your patient floor to make it more patient-friendly in the next couple of years.

We are looking to see if there is a need to have the Accounts and Administration Department right on site, and if we should not focus more on the clinical areas within the main structure of the hospital and have our ancillary services not in the building but in close proximity. These are some of the things that the consultancy is supposed to report about.

Mr. Speaker, we are also looking at accommodation for the University of the West Indies. I mentioned at the beginning that it was named as a teaching hospital in 1966. As part of that arrangement, in 1966 the Government of Barbados made certain arrangements with the University of the West Indies where it would provide a library, classroom facilities and laboratory facilities. The University of the West Indies has expanded and the number of persons applying to do medicine have increased. It is figured that this consultancy would look at how provisions can be made for an expanded University of the West Indies medical faculty within the confines of the Queen Elizabeth Hospital.

Mr. Speaker, it has to look at the whole issue of accommodation for nurses and medical students. This is a problem which we are faced with. We have problems with nurses migrating and we have to look at actively recruiting nurses. In Barbados the requirement, as obtained 20 to 30 years ago, was that nurses would stay in accommodation which was near the hospital because it was convenient and economical for them to live near the hospital. It is proposed that the consultants should also

look at the provision of accommodation for nurses and medical students in close proximity to the hospital.

Mr. Speaker, as one of its main issues, it should also focus on looking at the outpatients department. In 1964, when the outpatients department was constructed, it was catering to about 36 000 patients per year. These days the outpatients departments are seeing well over 100 000 persons per year. In 1964, there were about nine clinics in a week, these days well over 80 clinics are being held in the hospital in any one week. This would certainly be a major part of the space requirements and location which the consultants who are looking at the Queen Elizabeth Hospital redevelopment would have to look at it. It is expected that this consultancy would take approximately four weeks so there should be a comprehensive plan for the redevelopment or expansion of the hospital before the end of this year to take us as I said into the year 2020.

Mr. Speaker, I mentioned earlier that there are plans to purchase new equipment this year. Mr. Speaker, I will choose my words very carefully because the Act is being amended to allow the Government to guarantee loans for the Queen Elizabeth Hospital Board. This has not occurred before and we have attempted to get a loan and ran into some difficulties in this respect. Mr. Speaker, you would notice that one of the amendments speak to this.

The Government has agreed that the Queen Elizabeth Hospital would be able to borrow \$25 million in this financial year for the purpose of purchasing equipment and to carry out various capital works. It is expected that \$17 million would be spent on equipment. This equipment will be purchased in this financial year for various departments of the hospital such as the Anaesthetic, the Blood Collecting Unit, the various laboratories, the Engineering Department, the departments of Medicine,

Neurology, Nursing, Ophthalmology, Obstetric and Gynaecology and Orthopaedics. Sir, I would not go further into the details or the specifics of that but suffice it to say that we understand the difficulty and we are committed to the recapitalisation of the hospital plant and equipment.

Sir, this brings me to another challenge, the nursing shortage which we are faced with at the hospital. Sir, I believe that you might have heard a programme over the weekend speaking to some of the result of the challenges of nursing as it relates to bedsores in general. Sir, this is a direct result of a shortage of nurses in Barbados. Sir, we have had a debate in this Honourable Chamber about that.

Sir, the shortage of nurses is not something that is unique to Barbados. It is not something to try to score political points on or to do political grandstanding on, it is a global problem. There is a global problem of a shortage of nurses as nurses tend to migrate to places where their economic chances are certainly more lucrative. Nurses have been migrating from Canada to the United States of America, from the United Kingdom to the United States of America and indeed from our region to the United States of America and the United Kingdom.

In our situation nurses have been migrating from Guyana to Barbados and to Jamaica. If you go further in the Pacific, nurses from Western Samoa and Fiji are migrating to New Zealand and Australia. Within the African continent, nurses are migrating from South Sahara Africa to South Africa and Botswana where they think it is more lucrative. So it is a global phenomenon with a shortage of nurses, as nurses are moving more or less to greener pastures.

Mr. Speaker, we have been addressing this problem. We have not shouted and raise our

hands in the air wishing for a miracle. We set about in a methodical way to try to deal with the problem. Previously the Barbados Community College admitted 30 nursing students every year for the general nursing programme and we have embarked on a situation where from September last year we increase this to 90, so every year rather than having 30 general trained nurses, if they pass their exams, graduating you would now have 90. Of course it takes three years to train a nurse, so this would take some time before the results of this are seen.

House 69 Sequence 8

11:20 a.m.

Tuesday, June 21, 2005

Continuation of Hon. J.X. WALCOTT:

In the interim, we have introduced the concept of flexi allowance. There is a provision where nurses can be paid \$25 an hour as a flexi-allowance. This allows nurses who have worked one shift, where there is a shortage and a nurse is required in a particular department to work extra hours. Sir, this has helped to some extent to ease the pressure.

Mr. Speaker, the Queen Elizabeth Hospital has established the concept of a nursing pool. This is something which exists in many developed country where nurses put their names on a list so that if a nurse is needed for a shift, you can look at the list and a nurse can be called in. Sir, at the Queen Elizabeth Hospital, we have created a nursing pool of nurses trained in general nursing who might not necessarily be working at the Queen Elizabeth Hospital but at the Psychiatric Hospital or the Geriatric Hospital who are allowed to come and do sessions. On calculation and extrapolation, the number of hours being done by way of the nursing pool, have accounted for nine nurses

per month.

Mr. Speaker, we need nurses in Barbados and like other countries who are recruiting nurses, we have embarked on the process of trying to recruit nurses from abroad and agencies which are indulging in this. We have had a number of application and expression of interest from over 100 nurses in coming to Barbados and these are being processed by the General Nursing Council.

Mr. Speaker, a group, Man Power Inc. is recruiting nurses from India and so far there are 30 applications with the General Nursing Council. Another group is recruiting nurses from the Philippines and we have 34 applications from them.

Sir, in the case of the Philippines, they have taken over the role of producing nurses to many countries throughout the world. They have seen it as an investment in services and Government actively pursues it because they see it as a way of utilising the skills of their people and they benefit from remittances.

Mr. Speaker, 15 persons have applied from the United Kingdom and some have responded to advertisements in the Nursing Times. Sir, in all about 100 nurses have expressed an interest and have applied to the General Nursing Council in Barbados to see if they can be registered in Barbados to practise nursing. We have looked at a number of areas.

We have increased the number of positions for nurses to be trained. We have introduced flexi times. We have introduced the concept of the nursing pool and we are recruiting nurses actively. Sir, also in the case of nursing assistants, we have increased the number from 30 to 60 and this has been going on for the last three years. This will assist the nurses who are stretched most of the times.

Mr. Speaker, along with this, the board, recognising the importance of training, has made it possible for four nurses to be in Jamaica at this point studying nursing education with a plan for them to become nursing tutors when they return to Barbados to help in this whole process of nursing education and have outfitted one of the houses at the Lady Meade Complex to assist the Community College. It is a classroom-cum-skills training centre.

Mr. Speaker, we are addressing the shortage of nurses and also having active discussions with the Ministry of Civil Service with a view to introducing a sort of differential for those nurses who have to work unsociable hours especially at nights. We are actively pursuing that at this point in time, Sir.

Mr. Speaker, the financial challenges are also to be faced. My good friend, the Honourable Member for St. Philip West, likes to speak about the allocation to the Queen Elizabeth Hospital and that it seems to be decreasing. This year in the Estimates \$108 million was allocated to the Queen Elizabeth Hospital.

I spoke of the loan for \$25 million which Government has made possible for the hospital to have access to. I spoke of the \$4.1 million by way of the European Development Fund. In addition, a number of persons pay for services at the hospital, laboratory, x-ray and in the private wards and since the movement to the Board, funds which are collected by the hospital, which would normally go to the Consolidated Fund, would now stay with the Board of Management. This amount is approximately \$5 million a year. Sir, in effect, you can see that the hospital in this financial year would have approximately \$140 million at its disposal as compared to 1994/1995, when \$58 million was allocated to the Queen Elizabeth Hospital.

Asides.

Hon. J.X. WALCOTT: Mr. Speaker, in 1994/1995, \$58 450 207 was allocated to the Queen Elizabeth Hospital and I have just outlined that the figure available to the hospital this year would be \$140 million. Sir, in 1991, \$67 million was allocated to the hospital but you would appreciate what happened between 1991 and 1994 when the allocation for the hospital went from \$67 to \$58 million. There was an institution referred to at that point in time as the St. Joseph Hospital, which is the subject of a Commission of Inquiry.

Mr. Speaker, suffice it say, \$140 million is good but there are other things which need to be addressed and I have highlighted some of these. There are nurses challenges and then there is the whole problem of attitudes of members of staff within the hospital which is something that has to be changed. We are not going to change this by means of dollars and cents. Sir, again I must say that the vast majority of staff at the hospital are extremely hardworking and that they go beyond the call of duty every day but there is a small cadre of persons who set bad examples and you get a resulting generalisation about the state of affairs at the institution or how staff behaves.

Mr. Speaker, the Human Resources Department has started the process of in-house training in customer relations and patients relations with the members of staff. It is planned that every member of staff would have to be exposed to this. Sir, I am not saying that this would happen overnight or that the result would be seen overnight but at least it is a start.

Mr. Speaker, we must be mindful when we speak about the hospital, the attitude of the staff and how people deal with the public that the hospital is just a microcosm of the society of Barbados. This is something that pervades the

society in 2005, where people are short and ill-mannered with each other. This is how people in the society interact on a day-to-day basis with each other and the hospital is just a microcosm. Sir, the behaviour that is displayed in communities and homes is brought to work and the hospital is not unique in this regard.

Mr. Speaker, having said that, it is something we need to address. We are certainly working at making ourselves much more user-friendly. In this regard, I must highlight again and commend the Department of Surgery for having an outreach programme where rather than persons having to trek to the hospital from St. Lucy or St. Philip to have an outpatient visit, the surgical clinics are now being held in the various polyclinics throughout the country so that the poor, unfortunate persons in St. Lucy can have access to Surgical Clinics at the Maurice Byer Polyclinic as opposed to coming to the Queen Elizabeth Hospital.

Similarly, for those who have indwelling catheters, old men who have problems with prostate and urinary retention, it is now possible to have their catheters changed at the Maurice Byer Polyclinic in the north of the island. Mr. Speaker, there are various clinics throughout Barbados rather than have persons trek to the hospital, and wait for hours to have a catheter changed and then to be transport home.

Sir, the hospital recognises the importance of being seen and becoming more user-friendly in this regard. I thought the Honourable Member for St. Lucy would have commended us for this at this point in time.

Mr. Speaker, we also need to look at the whole concept of risk management. It has been brought to the fore by a weekend programme which I will not speak about at this point in time. Sir, before that the Queen Elizabeth Hospital administration had enter into discussions with the Medical Production

Society, looking at the whole concept of risk management and how to reduce the incidences of malpractice within a hospital.

Mr. Speaker, they have started on a system of embarking on seminars to members of staff. We have started with the medical staff to look at the whole area of malpractice.

H69/11:30

Sequence 9

Tuesday, June 21, 2005

Continuation of... Dr. J.X. WALCOTT: At present we are doing an audit of the hospital to look at the processes and how efficient there are and if we need to have certain protocols to deal with patients in specific areas. This is the sort of work that the Board has embarked on in conjunction with the Medical Protection Society out of the United Kingdom. Sir, these are things that would not see results immediately and it would not be addressed by \$140 million but these are the important things that need to be done.

Mr. Speaker, the amendment also speaks to the inclusion of the Ambulance Service under the auspices of the Board of Management. Over the years, you would appreciate that there were many challenges faced by the Ambulance Service in Barbados. From time to time we heard that people could not have access to ambulances, there were only one or two ambulances available but we have made tremendous progress. I am not hearing the Honourable Members on the other side speak to this. They are not speaking about the progress that is being made.

Mr. Speaker, we received seven new ambulances this year, six state-of-the-art ones in January and one, which was donated by the

Insurance Corporation of Barbados. We must thank them for it. For the first time in Barbados these seven ambulances are well-outfitted.

Sir, we have also embarked in training in conjunction with the Barbados Community College, the Max Utter Trust and the Essex Emergency Services in the United Kingdom, on a process of retraining of all our emergency medical technicians. Not only ours, but we also encompass those in the private sector, the police and the fire service, recognising persons who have to respond in an emergency, to be well-trained, rounded and be able to make decisions realising the importance of life and death.

Mr. Speaker, for the first time in the English-speaking Caribbean, in Barbados, we have established a programme for the training of paramedics. That is a level higher than those of the emergency technicians. We have had thirteen persons graduating from that programme. They spent six months at the Barbados Community College, again with the Essex Emergency Services of the United Kingdom, and they did an internship period where they were taken through various departments of the Queen Elizabeth Hospital and were exposed to various aspects of emergency care.

Sir, as I speak to you, we now have a cadre of thirteen paramedics who have been trained, who can commence IV infusion, resuscitation and can give certain important drugs. This is the sort of progress and the changes that we are making and implementing in the health sector in this country in emergency services, yet I do not hear anything from the other side.

Sir, we went further, we recognise that it is essential in terms of emergency health care provision, that a response time in responding to a crisis or an emergency is vitally important. We also recognise in a situation in Barbados

where we had a central Ambulance Service and you have a call from Checker Hall or Moontown, St. Lucy, perhaps, of a severe food poisoning, where the person is vomiting with the possibility of severe dehydration and collapsed at Moontown, it would take approximately thirty-five minutes to get an ambulance from Jemmotts Lanes to Checker Hall or Moontown. Recognising that it is important in saving lives, to reduce that response time, we have embarked on a decentralisation process where we have placed two ambulances at the Arch Hall Fire Station, which was outfitted to accommodate ambulances and to reduce the response time in emergencies in the north of the island.

Mr. Speaker, this was opened on April 1, 2005. It is my information that there have been responses of 236 emergencies in the north of the island, including 38 in the parish of St. Lucy, since this process has been embarked on, reducing considerably the response time in terms of emergencies. Sir, you could understand the resultant and the concomitant saving of lives. It is planned to expand the process in the coming years to different parts of the island, looking at the South and the East of the island. Mr. Speaker, we recognised the importance. We had a facility in the north of the island which was ready and was not being used and we saw that we could allow the people in St. Lucy to benefit by having quicker access to an ambulance service.

Sir, this is not all that we have done in terms of emergency services. I am sorry that the Honourable Member for St. Philip North is not in his seat today.

Mr. SPEAKER: Please.

Dr. J.X. WALCOTT: Over the years you had to deploy emergency medical technicians...I do not know if there are ambulances at Sandy Lane or the Arawak Cement Plant. The

Honourable Member would know if there are ambulances at Sandy Lane or the Arawak Cement Plant because he is always in those places.

Mr. Speaker, in the past when you had to deploy Emergency Medical Technicians (EMTs), who would normally be available to go out on ambulances, you had to use them to take calls. We have gone further than that. We have recruited persons and they have been trained as dispatchers. In fact, one or two of them from St. Philip North have been trained. Dispatchers have been trained to answer these calls to allow us to utilise our EMTs to respond to emergency calls. These are some of the changes that we have implemented in terms of Emergency Ambulance Service. These are the things that we need to hear the Opposition speaking about.

Mr. Speaker, we understand that the Opposition would criticise and we expect that of them but we expect that when we are making progress in a vital area, like looking after persons in cases of emergencies, that we would hear something from the loyal Opposition supporting us as we endeavour and try to continue saving lives in this dear country of ours. Those are the things we expect from the Opposition.

Sir, I will say this especially for the benefit of the Shadow Minister of Health, who is concerned about security. You heard all the challenges I mentioned but his main focus is security, not engineering, not malfunctioning equipment, not the nurses shortages, not overcrowding, not abandonment of elderly persons, not the ambulance service or decentralisation but his main concern is security. He was able to go the hospital without anybody accosting him. He wanted somebody to search him.

Asides.

Dr. J.X. WALCOTT: The reality is, in January 2002, we had an experience in the Queen Elizabeth Hospital which I would not like to see again in our lifetime.

Asides

Dr. J.X. WALCOTT: There was an episode that I would not like to see being repeated in our lifetime where a nurse was held a hostage, where a man was trying to shoot a patient and he held the nurse as a human shield. This is an issue that we had to deal with. We appreciate that the whole issue of hospital security is very important in our modern world.

Sir, two years ago, in the Bahamas, a nurse was shot while caring for a patient. Someone was attempting to shoot a patient when she was administering medication and she was shot. As a result of that, there were demonstrations throughout Bahamas. This is an area that we have also been looking at.

Sir, I am pleased to tell the Shadow Minister of Health that we have been looking at the whole concept of hospital violence. We have introduced proper identification cards; erected the parameter fence and have brought in scanners. Of course, we have had difficulties because as it existed has not moved to a Board fully. We depend on Defence and Security to provide security guards. If there is a shortage and Defence and Security is unable to deploy security guards to use the scanners, that is a fact of life. That is what we are faced with.

Mr. Speaker, I can say that the Board is actively looking at having its own in-house security once we have made that complete transformation through a Board of Management. There are also plans to introduce close-circuit televisions. So, the Honourable Member should be quite pleased to hear this. We are mindful of the issues regarding

security.

Sir, there is one major challenge that has to be put on the table, that is pharmaceuticals. Sir, the pharmaceutical bill at the hospital is between \$12 to \$14 million per year and it keeps rising. You have newer drugs, more expensive drugs; you are expanding your specialties; for example you have introduced a rheumatology clinic and you have agreed and supported the members of the Hope Foundation in having medication for Lupus being included on the drug formulary; this medication is very expensive, and all of these have costs.

H69: 11.40 p.m.

Sequence 10

Tuesday, June 21, 2005

House 69, sequence 11, 11:40 a.m.

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

Therefore, you will find that a challenge the Board will have to be looking at carefully is the whole concept of the cost of providing pharmaceuticals for those within the Hospital.

Sir, I thought it was necessary to give an overview of what is happening in the Hospital, in the time as it relates more or less to the amendments that are being made today. Specifically, Section 6 of the Queen Elizabeth Hospital Act is amended to provide for the management of the Emergency Ambulance Service, which is what I spoke to early. This has been under the ambit of the Queen Elizabeth Hospital for the past 25 years, but was not included in the original Act.

Section 9 of the Act is amended where we are streamlining the titles of the directors and to include the important area, Director of Engineering Services which was not included

in the initial Act. We are speaking of an amendment in Section 4, to make it more specific because the impression was given that the Minister had to be informed of every piece of property and equipment being purchased or dealt with, and this has been amended to give the Board more freedom.

Section 13 of the principal Act is amended by inserting, and I spoke also to this in terms of the \$25 million loan, to allow the Government to give a guarantee. Now, it is being inserted that the Government may, by a Resolution of both Houses of Parliament guarantee the repayment of a loan, authorised in accordance with this section. You would expect, bearing in mind what I have said, that this Resolution would be coming to Parliament, soon after this Bill is adopted.

Section 19 of the principal Act and this is the important amendment which I spoke to earlier that the Unions were concerned about, and this is being amended to allow first of all, a new section to 2.A, where an Officer who has been appointed to the public service, on or before the 1st October 2004, and who is transferred to the staff of the Board, not later than the 1st September, 2005, shall - and this is what the NUPW wanted essentially - to continue to be employed on terms and conditions that are no less favourable than those enjoyed by a public officer of proximate rank or public officer performing comparable duties. And, (b) would have a right of appeal to the Privy Council in respect of any decision by the Board, that would render a person referred to in this subsection, liable to the penalty of dismissal or reduction in rank.

As I said, these were the two areas that CTUSAB and the NUPW were concerned about and they asked that these be included and this has been done. Those are a summary of the proposed amendments.

Sir, all I want to say in closing is that we all recognise that the Queen Elizabeth Hospital has a very important role to play in this society. It has certainly moved from a situation where it was providing just basic or primary care to a situation now where it provides the best in secondary and tertiary care, which is comparable to that in most developed countries. We have a range of services that most of our neighbours, both in CARICOM and, indeed, in Central and South America, marvel at how a country like ours could provide these thought of services in a tertiary health institution free of cost at the point of delivery. This happens nowhere else in the Caribbean.

There is nowhere else in the Caribbean, Sir, where today, you could have open heart surgery, laparoscopic surgery, dialysis, and joint replacement surgery, free at point of access. Indeed, in the United States of America that we are so often trying to compare Barbados with, you would be hard fetched to find an institution where you can go and have access to this type of care and attention, free at point of delivery, unless you had some form of medicare or health insurance. This is something that I believe we need to be thankful for and we should commend this institution.

I know we have some difficulties there. The Hospital has its inefficiencies and deficiencies but I ask over and over again when I am engaged in discussion, and I am yet to get an answer, for someone to identify for me, a single hospital in this entire world that does not have its problems, does not have deficiencies, and does not have problems of equipment malfunction and failure.

Indeed, Sir, I am still waiting for an answer of a single Hospital that is free from all of these deficiencies and equipment malfunctions. Sir, by dint of the sort of activities that a hospital is involved in, it will happen. The variety of biomedical equipment, you will have

equipment failure and breakdown. The large numbers of persons who are employed in the institution, you will have problems in management. At least, Sir, we are trying to make an effort to bring about a change in the way that things are done, and in the way that health care is delivered in your most important institution.

Thousands are admitted every year to the Queen Elizabeth Hospital. We have a mortality rate of about 5.2 per cent. The mortality rate in the United States of America in hospitals varies from 4.8 per cent to 22 per cent and we get here and beat up on ourselves and we try to give the impression that the Queen Elizabeth Hospital - that is the impression that Barbadians try to give to themselves - is indeed perhaps the worse health care institution this side of the equator and it is not, Sir.

Mr. Speaker, some very excellent work is done at that Institution day after day and I believe that you are testimony to that, Sir. We seldom hear of the important work that is done. We seldom hear about the challenges that the staff are faced with and how they go beyond the call of duty, in addressing some of these concerns.

Again, I think that we must as a people support what we have, understand the value and the worth of the Hospital and realise that, of course, we can improve. We need to improve, and that is the whole purpose of this discussion here today. We need to see how we can improve the health care at our main tertiary institution, how it will be a benefit to all Barbadians, not those who can fly overseas for medical care but for all Barbadians who live here. This is all we have been trying to achieve in the process of consultation with the unions.

We have trying to move the process forward. I have highlighted, Sir, how we have acceded to their various requests, in an effort to move

the process forward as smoothly and seamlessly as possible to achieve that goal that we would have an institution, in which we would have improved management, improved maintenance, improved processes and improved efficiency and accountability, which can only redound to the benefit of all Barbadians.

We are certainly not satisfied with the present state. Sir, I have spoken to the plans that we have, those that we have embarked upon and those that we plan to introduce in the planning months. This is why I think a debate of this type is important at this point in time, when I heard a disturbing programme on the weekend speaking about an unfortunate situation at the Hospital and I believe it was repeated again last night.

It is unfortunate. I understand the sentiments. I understand the hurt of the relatives but when on the radio waves you could have some persons saying that, and I shudder to repeat it, Sir, that you do not need a gallows, you just send people to this Hospital and they will die. What is that, Sir? Sir, that was broadcast throughout Barbados, the Caribbeans, now there is access to the Internet, people who tune into VOB can hear it, wherever, saying that you do not need a gallows that you just send people to the Hospital, because your relative has died.

Sir, in the United States of America that we hold up as a beacon of everything, 195 000 people die every year. Over the past three years, over 600 000 have died from medical negligence, mistakes and malpractice. Sir, have we come in our society, because a person died in unfortunate circumstances, to say that you do not need a gallows that you can send them to the hospital? Are we serious as a people? Is that what we are indulging in as a nation? Is this how we build our nation by tearing down all the important structures and edifices in the society?

House 69, sequence 11, 11:5014

Tuesday, June 21, 2005

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

Sir, I must apologise for my passion.

Asides.

Hon. Dr. J. X. WALCOTT: Sir, I am emulating the style of the Honourable Member for St. Lucy.

Mr. SPEAKER: Please, just a minute. The Honourable Member, your turn will come to speak, please.

Asides.

Hon. Dr. J. X. WALCOTT: The Honourable Member for St. Michael South is saying that he regrets that but I am looking forward to it, Sir.

Asides.

Hon. Dr. J. X. WALCOTT: Mr. Speaker, I will go further. We heard from a physician that we are concerned in this country about open heart surgery and dialysis and not about the basics and bedsores.

Mr. Speaker, throughout the world people get bedsores. In 2003 there were 139 patients with bedsores at the Queen Elizabeth Hospital but 49 of these persons were admitted from home with these bedsores. In 2004, there were 154 patients with bedsores, but 47 of these were admitted from home.

Mr. Speaker, when we compare that to these countries where people are coming from and telling us that we do not concentrate on bedsores, that we are into the elegance of medicine, the same United States of America

had over 511 000 bedsores patients. Sir, what are they concerned about? They are going to come from there to try to tell us that we are neglecting an area. Of course, the occurrence of bedsores is a problem and wherever they occur, it reflects on nursing care.

Mr. Speaker, there is a shortage of nurses so you are battling with that situation. If you have one nurse on a ward at night because of a shortage of nurses, persons who are unable to turn themselves would get bedsores because you need to be able to turn that person every two hours.

Sir, if they are saying that we are concerned about the elegance and the glory of medicine, tell me how providing a lift or a hoist for patients is going to help a situation in a hospital where you have wards on every floor. In effect they are telling me that every time they need to turn a patient every two hours somebody is going to take this lift or this hoist to this patient to turn them. Is this the sort of thing that we are indulging in, we are speaking about and we are so excited about?

Mr. Speaker, why are we tearing down our edifices? The hospital is vitally important to all of us. I spoke at the beginning about that invisible bond which I have with the hospital, which I am sure the Honourable Member for St. Michael South Central would speak to later and perhaps how I should go back to it. I guess he would say so because he is easy to anticipate.

Sir, we understand the circumstances. We recognise that there is a nursing shortage and we have to address it. Sir, the occurrence of bedsores in hospitals was a topic in the recent British election. Sir, if one individual gets a bedsore in Barbados, does this makes it the worst hospital in Christendom. Is this what we have come to?

Mr. Speaker, it was stated that our professionals do not want to stay here anymore because conditions are terrible, but every year Barbadians who go abroad to study return to this institution. Our health service is manned essentially by Barbadians who have been abroad and benefited from training and returned here because they have a contribution to make and they feel that there is something in their hearts that binds them to Barbados and indeed to the Queen Elizabeth Hospital. So there is no matter of being flamboyant and talking about people not wanting to come back, that is nonsense.

If a person goes overseas to study medicine and specialise in an area and they have a connection with their country and they feel they have a role to play, they will come back to their country. They do not boast that they were over there for 10 and 20 years and that nonsense. If they have a commitment to their country they would come back and demonstrate by dint of hard work what they are concerned about.

Asides.

Hon. Dr. J. X. WALCOTT: Sir, they will come back to their native land and try to play a role to improve the situation in their country of origin, to improve the situation in the hospital which helped to train them as a physician. They never thought that they could get together with a group and have a tea party or something like that and try to assist the situation.

Sir, at this point in time I believe I have said enough. I believe, as I said before, that we cannot lose this opportunity. I will repeat for the benefit of the Honourable Member for St. Lucy who had a problem with it. In Julius Caesar it is said that there is a tide in the affairs of men, which taken at the flood, leads on to fortune; whether he likes it or not. Sir, we cannot allow this tide to recede and leave us behind. It is time that we in this Honourable

Chamber make a decision and agree that it is essential at this point of time for us to have a transformation in the way things are done at the Queen Elizabeth Hospital and that it is essential that we support the Board of Management in its endeavours to improve the standards and the efficiencies of the delivery of care at that institution.

Sir, through you, I would want to entreat the Honourable Members of the Opposition and the population of Barbados to give their support to the Board and allow it a chance to make a change at the Queen Elizabeth Hospital.

Sir, with these words I am obliged to you and beg that this Bill be now read a second time.

Hon. R. R. FARLEY: I beg to second that.

Mr. R. L. SEALY: Mr. Speaker, in the realm of sport it is said that the best defence is often a very good offence. It is clear to me that perhaps the Honourable Member for Christ Church South had that mantra in his mind, certainly that was before he started to grovel towards the end by asking for everyone to come and rally behind him.

Mr. Speaker, I believe that the Honourable Member for Christ Church South would know as indeed would the constituents of St. Michael Central and St. Michael South Central and indeed to all Barbadians in general that what is going on at the Queen Elizabeth Hospital and has been going on now for a protracted period is unsatisfactory. The Honourable Member for Christ Church South is obviously anticipating that he is going to get some lashes in here today and that might have explained why he started out on that note.

Sir, I want to say at the outset that the Democratic Labour Party has a very proud record where the delivery of health care to this country is concerned. We certainly see health

care as something of primary importance. Certainly, our premier health care institution, the Queen Elizabeth Hospital, should not be kicked about as a political football. Mr. Speaker, as much as we believe that health and development form a very tight nexus and therefore we as a country cannot go anywhere unless we treat to health care seriously, we still must allow our voice to be heard when it appears as though things are going wrong.

House 69 Sequence 12

12:00 noon

Tuesday, June 21, 2005

Continuation of Mr. R.L. SEALY:

Mr. Speaker, this upset certain people I know on the other side. Sir, everything that comes to Parliament, the Opposition is supposed to agree but that is not what we are here for. We hear from platforms of the Barbados Labour Party during the last general elections that there is no need for an Opposition. Honourable Members on the other side would be happy to look across the isle and see vases and potted plants perhaps but that is not how the system works. This is a parliamentary democracy. I did not wake up in North Korea this morning and came to Parliament. Sir this is Barbados. Mr. Speaker, we must look at what is going on in health and the Queen Elizabeth Hospital in that context.

The Minister of Health, the Honourable Member Christ Church South, spent at least one hour attacking and lambasting the worker(s) representative body at the Queen Elizabeth Hospital, the National Union of Public Workers and for what reason I do not know. Sir, I have no brief for the National Union of Public Workers because they do an excellent job standing up for their own right. There is nothing wrong with the workers(body standing up and allowing their voice to be heard and

ensuring that whatever changes are proposed by whichever Government are done in the interest of the workers.

The National Union of Public Workers had less than flattering things to say about the Democratic Labour Party but that is their right. I would be substantially more mature insofar in dealing with what I believe are the well-intention comments of the workers at the workers(body insofar as the Queen Elizabeth Hospital is concerned.

Mr. Speaker, on that note allow me at the outset of my presentation to laud all the health care workers in Barbados. They work under tremendous pressure, under challenging circumstances and by and large, they do a wonderful job under those circumstances. I want the more than 2 000 workers at the Queen Elizabeth Hospital and those beyond to know that the Democratic Labour Party appreciates and recognises the tremendous contribution they are making to this country.

Mr. Speaker, the Honourable Member also regaled us with his love for the hospital. In so doing, he basically read from his resume, which shows that he had a long career associated with the hospital as a student, lecturer, surgeon, et cetera. His resume forgot to say that he was once the President of the Barbados Association of Medical Practitioner (BAMP). In that capacity, he had a lot to say about the hospital. I do not propose to regurgitate all that was said but suffice it to say, I remember some grand statements. He said that the (grand old dam(in Martindale(s Road was in a mess and that the administration should address these things right away. He spoke about the shortages of supplies, the situation with the nurses and on the ward. He was a good and effective President of BAMP. Sir, insofar as telling us about his stellar career at the hospital as a worker, he should also tell us about his stellar career representing the workers at BAMP

against what was at the time was described as the worst Minister of Health this country ever saw.

Mr. Speaker, I believe that the Honourable Member for St. James South may or may not still carry the title but the two Ministers that followed her have been determined to see that she is surpassed and are not content to jostle for position.

Mr. Speaker, I do believe that he was speaking from his heart back in those years in the late 90s when, as President of BAMP, he expressed a number of concerns about the hospital. Sir, the Barbados Labour Party had an awful lot to say when they were in Opposition. In fact, I heard the Honourable Member Christ Church South spoke about how paltry the vote was back then, how much money is being voted now and his colleagues thumped their desks at the time but clearly the problem is not money. It cannot be about money because in 1994 whatever problems we might have had in terms of the economy and what the then able Government of the day was doing to get Barbados through an economic crisis, at no point in time did the situation at the Queen Elizabeth Hospital reached where it has reached today.

Mr. Speaker, the Government of Barbados cannot seriously expect to come to House of Assembly today, June 2005, having taken office since September 1994 and tells us that the solution to all these problems is to reorganise the Board. Sir, as far performance of the Government, I have looked at the Report of the Barbados Labour Party for 2003 which came out just before the last elections. One would have thought that they would have had a lot to say about the improvements of health care delivery.

Mr. Speaker, you have to hand it to the Barbados Labour Party because the Report is a

pretty document which you must have enjoyed giving to your constituents.

Mr. SPEAKER: Honourable Member, you should know that you cannot make that type of comment to me.

Mr. R.L. SEALY: Mr. Speaker, I did not mean you, I meant it collectively.

Mr. SPEAKER: Honourable Member, you will have to withdraw that statement.

Mr. R.L. SEALY: Mr. Speaker, I withdraw the statement. I will review the statement because it is ambiguous, Sir.

Mr. R.L. SEALY: Sir, the Barbados Labour Party must have really enjoyed delivering these throughout the length and breadth of Barbados. Mr. Speaker, there are lovely pictures in here but what do we have to say by way of a report. They say they have developed a new management structure for the Queen Elizabeth Hospital. They have a new Board, a Chief Executive Officer, a Director of Nursing, a Financial Controller and all such like. This is stated at the top of their list for their report insofar as it relates to the Queen Elizabeth Hospital but we are now here amending that. Apparently, the main achievement was not an achievement but a quasi achievement so we now have to come here to complete it so that they have an achievement.

Mr. Speaker, it says it will extensively refurbish the Queen Elizabeth Hospital but I would like to know what part of it has been extensively refurbished. Sir, Martindale(s Road has been refurbished but the Queen Elizabeth Hospital has not been refurbished.

H69/12:10

Sequence 13

Tuesday, June 21, 2005

Continuation of... Mr. R.L. SEALY: Sir, there are lovely coloured pictures. Sir, there is equipment here and that looks like it should be in (Buck Rogers) in the 25th century but what I am reading here is not squaring with the reality that I encounter.

I cannot pledge to have any long-standing personal professional relationship with the Queen Elizabeth Hospital, but what I can say is that the constituency, which I have the honour to represent, indeed, has a very close relationship with the hospital. Several of my older constituents had a hand in constructing the facility and many of them, of course, worked there. I do not have any data to support it but I would venture to say that, perhaps, there are more employees and former employees of the Queen Elizabeth Hospital living in St. Michael South Central than, perhaps, any other constituency. So, I hear a lot from my constituents and, of course, I feel their pain. It is not with any sense of authority or joy that I have to share these issues. We need to be very honest to ourselves insofar as dealing with the hospital.

Mr. Speaker, not satisfied with attacking the union, the Honourable Member for Christ Church South also thought that there was some benefit to be had from attacking the Shadow Minister of Health, for making what I thought were just a few statements. He seemed to be very bothered by the fact that I asked a question about security. His response first of all suggested that I wanted to be searched. I do not want to be searched by any Minister of Health, let me make that very clear. Any searching will be done by someone from the other gender.

Asides

Mr. SPEAKER: Order, please.

Mr. R.L. SEALY: Let me say very clearly on the security matter that he took so much pride in reporting to us, that there is a malfunctioning metal detector that has been sitting there for the past four years...

Mr. SPEAKER: On what do you rise?

Dr. J.X. WALCOTT: Sir, on a point of order. I never mentioned the word malfunctioning with any scanner. I said that the scanners are there. The security of the Queen Elizabeth Hospital is provided by the Defence and Security. We requested personnel to man the scanner and Defence and Security said that they were short staff. I never said anything about malfunctioning scanners.

Mr. SPEAKER: Honourable Member, that would be on a point of elucidation.

Asides

Mr. R.L. SEALY: I thank you for elucidating. Mr. Speaker, suffice it to say that we would not want a nurse to be used as a human shield in another shootout and to have that explanation offered to them. This matter of security, perhaps, he can treat to it very glibly but I can tell you that the workers and the former workers who still have an interest in this facility think that it is a serious matter. The Honourable Member can treat to it glibly, use it for banter and a big joke but it is no joking matter.

Sir, there were other issues that were raised by the Shadow Minister of Health, which he of course, decided to treat to as well in his presentation. I want to deal directly with some of what we have in front of us here today, that is, the adjustment to the Queen Elizabeth Hospital Act, as it relates to rights of workers going over from the public service to the Board. I think that it is important to say that

the whole idea of a Board running the hospital is not new.

Sir, the Minister made the point that the Democratic Labour Party had, in fact, put a piece of legislation in place in 1966 that was intended to have a board run the hospital. Even if you wanted to fast-forward a bit, he alluded to it but during the last administration it was decided that the St. Joseph Hospital would be best run by a board. We on this side have no problem with a board as such. I think that you would recognise that it is how services are delivered to patients and to the public, that is the critical point.

Sir, a board in itself is really not any panacea. In fact, if the Barbados Labour Party had strong feelings on a board to run the Queen Elizabeth Hospital, it could have easily proclaimed the legislation that was there in 1965, when the able and competent Honourable Member for the City of Bridgetown was the Minister of Health, at least in her words, she always talks about her achievements, she could have proclaimed it then. It was recognised that the Board issue really was not central but rather it came down to how we treated the delivery of services.

It is a fact, that the Democratic Labour Party had never instituted the Board but that did not stop the then Government from modernising health care in some very unprecedented ways. Mr. Speaker, I believe that is what the focus should be.

In my humble opinion we have made too much heavy weather over the whole issue of the Board. The Haynes Commission led by Dr. Haynes, made a number of very useful recommendations as it pertained to improving the management and the management systems at the hospital. Certainly today, we have heard nothing about these systems. I daresay that at other times we heard spokesmen for the

Government, we do not hear much about some of the other recommendations of the Haynes Commission that could have improved the smooth running of the hospital.

Mr. Speaker, let me say that the Board, as it is presently constituted, looks to me like it could be a recipe for confusion. I must say that the late Sir Harold Bernard St. John, I remember him speaking publicly on this and it is something that I agree with him totally, this notion that you can have a board where a Minister only nominates three persons and the overwhelming majority are all ex-officio, nominated by other organisations. Sir, that seems to me like it could lead to confusion.

The Minister of Health is responsible to Parliament, to us, as Parliamentarians, through us, to the country for what goes on at the hospital. How can he preside over this confederation? I am taking anything from the individuals who are presently part of the Board, I am taking anything away from these wonderful organisations, but I mean the Barbados Association of Retired Persons, the Christian Council and the Private Sector Agency, it just seems to me that these are bodies that are interested in seeing quality health care in Barbados and improved standards at the Queen Elizabeth Hospital, but do we need to have a board so constituted?

Mr. Speaker, what is going to happen when these groups, all with their entrenched interests, bring competing views to a Board meeting and gridlock obtains. You might have a Board that works well now, what about future Boards? It just seems to me that the Minister should have the majority say on who constitutes the Board of the hospital so that he can stand up in here and take responsibility for what is going on the hospital.

Sir, we are talking about putting over \$100 million of the taxpayers' money into the

hospital. It is true they will be generating their own revenue but to the extent that they still have a responsibility to Parliament, I would think that the Minister should have a majority of persons on the Boards, both the Boards. The original Queen Elizabeth Hospital Act, as well as the St. Joseph Hospital Act, make it very clear that the Minister has the majority say in whom are the members of the Board. Therefore, he is totally responsible.

I mentioned the role that BAMP has played in criticising the hospital in the past. I sincerely hope that we are not just appointing persons from different groups in an attempt to somehow stymied what they may have to say that is critical of the hospital.

H69: 12.20 p.m.

Sequence 14

Tuesday, June 21, 2005

House 69, sequence 15, 12:20 p.m.

Continuation of Mr. R.L. SEALY:

Mr. Speaker, I am just suggesting because we have heard it already when the Workers Union wanted to express some concerns about the Board, they were told that they were part of the decision because Senator Trotman was a member of the Commission that recommended the Board. I am only saying that I sincerely hope that these organisations that have formed part of the Board of the QEH, will in no way feel that they are being fettered - I see the Minister is smiling because he probably knows exactly what he is doing and why this Board is structured this way - and they will not abrogate from their public responsibility and in my mind, speak out where they have to, as far as the Hospital is concerned.

I mentioned earlier, Mr. Speaker, that there

were other recommendations made the Haynes Commission Report and, to my mind, there may be a role for some of these bodies as well. The Haynes Commission had made the point that these internal hospital policy committees had not been working and there was a need to revive these Committees. It actually suggested that in the case of the Operating Theatres Users Committee, this is something that should be done urgently with a view to get the operating theatres running smoothly again.

Mr. Speaker, the committee system that apparently has fallen into disuse and should be made active again, is perhaps an opportunity or avenue for not only some of the nominating agencies who have representatives on the Board to participate but there may even be a role for others. Granted they are internal committees but there may be a possibility, for example, of where it may seem appropriate to involve someone from the Christian Council or even someone from the Private Sector Agency. It may be an occupational safety and health matter.

Mr. Speaker, there was room for some more creativity there, perhaps, and room for the Government to embrace some of what was recommended in the Haynes Commission Report in a more holistic way. I see a monster with many heads running the Hospital and a hydro headed monster. Of course, the Minister likes his Greek mythology, so he is comfortable with that, you know he was talking about his literary skills.

The point is, Mr. Speaker, I think that is a point of view which frankly I heard from Sir Harold and find it quite salient. Some may want to see the Hospital run down. There are even suggestions that some may deliberately try to run down aspects of the Hospital, in order that parallel private entities will offer some of the services that the Hospital is not capable of offering are allowed to flourish.

I heard what the Minister said about the lack of capacity where dialysis is concerned, and having to pay monies to private sector providers of that service. I am not suggesting that the private sector does not have a role to play, insofar as providing health care in Barbados and supplementing the work of the Queen Elizabeth Hospital. I would certainly want to be very clear in stating the Democratic Labour Party's position that all of the departments of the Hospital must work well. Sir, if there is any hint or any suggestion of anybody, do not care how important they are, may be deliberately, through negligence or consciously, seeing that equipment falls into disrepair, in order that entities outside of the Hospital may benefit, I would sincerely hope that would be dealt with, Sir.

Mr. Speaker, this has been talked about and I know the Minister is not hearing this for the first time. The public of Barbados is not hearing it either, but there is a lot of animosity out there, held by members of the public who have found themselves being told that if you wanted basic things done at the Hospital, particularly insofar as the investigation works, the x-ray and CAT scan and such things, that you have to go the private sector and pay top dollar?

I sincerely hope, Mr. Speaker, and the Government would recognise, and now that they have this very efficient Board in place, they would see to it that these matters are addressed so that no one is deliberately denied an opportunity to get the very best health care that is possible.

Mr. Speaker, I had a constituent who called me about a matter involving the X-ray Department. I understand what the Honourable Member for Christ Church South said about attitudes and I am not sure that we can indict the entire institution because of the behaviour

of a few bad apples but when we hear these things repeating themselves constantly, we have to wake up and take note. When a patient, a pensioner by the way who had trouble getting her cheque from the National Insurance Scheme, is being told that if you want to get an x-ray, go to the Diagnostic Clinic and pay \$210 because the machine is not working. This is a very serious matter.

Asides.

SUSPENSION OF SITTING

Hon. R.C. EASTMOND: Mr. Speaker, without prejudice to the right of the Honourable Member to continue after we resume, I beg to move that this House be now suspended until 130 p.m. this afternoon.

Hon. R.R. FARLEY: I beg to second that, Sir.

The question that the House be now suspended until 1:30 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the House accordingly.

House 69, sequence 15, 12:2729

Tuesday, June 21, 2005

RESUMPTION

Mr. DEPUTY SPEAKER: This sitting is resumed.

Mr. R. L. SEALY: Mr. Deputy Speaker, before we took the break for lunch I was illustrating by way of example, a case of a pensioner who was told that they needed to seek imaging services, specifically an x-ray, by private sector sources at a cost of \$210 which would be prohibitive considering who is

involved.

From what I understand, Mr. Deputy Speaker, this situation is replicating itself throughout the hospital system and such being the case I believe that it only strengthens the point that I was making earlier that the hospital under a board or management system should view as a priority dealing with the question of equipment not functioning. It is something that has bedevilled this institution for too long. It is something that was recognised by the very Minister of Health in his earlier career and therefore it is simply not good enough for Government to come in here and say that they are still dealing with that. It is time to speak not so much in the future but a little more in the past and present tense particularly where this matter of the hospital is concerned.

Mr. Deputy Speaker, I am not naturally pessimistic but I must say that one really does not get much hope on the basis of what has happened today. It would really be less than genuine of Her Majesty's loyal Opposition to certainly give the impression that this question of the Board for the Queen Elizabeth Hospital which has now formed the centrepiece of this Government's health policy, is all the Government has done by way of the Queen Elizabeth Hospital.

Mr. Deputy Speaker, you may recall, because it was certainly publicised a great deal, when the persons who were running the hospital, the Director, the Deputy Director, the Chief Financial Controller and the Head of Engineering, were unceremoniously defrocked from office. They were beheaded as part of a process as we understood then to deal with the situation at the Queen Elizabeth Hospital. It was a little unfortunate that all of the woes at the Queen Elizabeth Hospital were put at the feet of these Barbadian citizens who had given yeomen service to the health sector in Barbados. They were held up as being the ones

who were responsible, so they are going to move out these four individuals and as a consequence of the new management that was put in place, all would be well at the Queen Elizabeth Hospital. Mr. Deputy Speaker, that has not been the case.

Indeed, it may be a bit of poetic justice, but certainly took long time for them to get paid. Mr. Deputy Speaker, this may have predated the Honourable Member for Christ Church South tenure but the Government must still stand indicted because we always hear about the collective responsibility of Cabinet and such like. At that time, if I remember correctly, the Hospital was required to submit monthly reports to the Cabinet of Barbados. Cabinet was, in essence, micro managing the Queen Elizabeth Hospital, I am almost sure that was the case, so the Government must take the blame.

Mr. Deputy Speaker, having decided that these four gentlemen were the problem, Government came up with a solution. Indeed, as poetic justice would have it, one of the same four gentlemen is now in the (hot seat) trying to get the Government to get its act together at the Queen Elizabeth Hospital. It is really a case of poetic justice because here it is that they were held up as being the source of the problem and now we are hearing that 25 per cent of the problem is now the solution insofar as getting the hospital back on track.

Mr. Deputy Speaker, I have the right to take what I hear from this Government with a (pinch of salt), by way of promising grand solutions to solving all the woes at the hospital.

Mr. Deputy Speaker, we hear time and time again about how much money was being spent. The minute you have to highlight a serious issue that is occurring, very often a human resource issue at the hospital, we hear about how much money is being spent on this and on

that. Mr. Deputy Speaker, it is not always to do with money. In fact, Dr. Haynes in his report had an entire section on recommendations that do not cost one cent to implement. Maybe what the Government can do is to report to us what they have done in that respect. Money is not all were health is concerned. Sometimes you can spend money and it can be poorly spent.

Mr. Deputy Speaker, it is very possible that the mosquito that gave me dengue fever three years ago, probably has relatives that are breeding in the \$20 million pond in Greenland. There you have a case of where spending money can actually negatively impact on the health of a nation, so by suggesting that you are just spending money and that is the solution to all the woes of health, is really not necessarily anything that we need to take on board.

House 69 Sequence 16

1:40 p.m.

Tuesday, June 21, 2005

Continuation of Mr. R.L. SEALY:

We should understand that there need to come up with a management strategy for dealing with the issues of health.

Mr. Speaker, I am left to ask what are the amendments before us today really meant to achieve. The Honourable Member Christ Church South listed all the problems that confront the hospital. He spoke about the overcrowding, the shortage of nurses, the inadequate maintenance of ambulances, problems with engineering and pharmaceuticals but the Honourable Member should detail some of the solutions because we have been hearing this now since 1994. Sir, apparently chopping off the head of the hospital did not work and apparently doubling the money voted from the Consolidated Fund did not work

either. Apparently creating the Board in 2001 did not work. Evidently, today we are making minor adjustments.

Mr. Deputy Speaker, the issue is how is the Board going to tackle some of these problems, not just say that they exist, apologise and grovel on a continuous basis. Sir, you heard the Honourable Minister of Health, a physician, treat with derision the plaintive cries of a family in pain who lost two relatives in the space of six months, an elderly gentleman through and infected bed sore and then his daughter due to not getting attention at the Accident and Emergency Department on a timely basis. The first section under patient care that is dealt with in the Haynes Commission has to do with delays in the Accident and Emergency Department.

Mr. Speaker, as far back as 1998, this Government has been told about the situation in the Accident and Emergency Department but still we now hear of someone dying because they did not get attention for six hours while sitting and waiting for attention in the Accident and Emergency Department.

Mr. Speaker, the Minister of Health should treat to that issue.

Hon. J.X. WALCOTT: Mr. Deputy Speaker, on a point of elucidation. I heard the Honourable Member say that the person spent six hours in Accident and Emergency Department without receiving attention. I believe the records would show that this person arrived in the Accident and Emergency Department at 1130 and was seen at 140, not six hours later but two hours later.

Mr. R.L. SEALY: Mr. Deputy Speaker, we could get in here and nitpick or get into the semantics, gymnastics over two, three, four, five or six hours but it does not erase the pain felt by this family. Sir, fortunately or

unfortunately the same lady which lost her life has an articulate daughter who is a doctor and a brother who is a well-known former sportscaster and they were able to highlight this case.

Mr. Deputy Speaker, what about the people who have lost their lives due to diligence at the hospital? Sir, recently I attended a funeral of a constituent who died while waiting years to get an operation. Sir, these things are happening too often but when you realise that this is nothing new, that these issues have been raised repeatedly with to Government. It is unfortunate that the Minister of Health could come here and basically attack a family who is doing something out of reluctance, not because they want to, but because they do not want what happened to them to be repeated.

Mr. Deputy Speaker, I did not plan to speak to this but when I heard the programme on Sunday and heard the way in which the Minister of Health dealt with the matter, as Shadow Minister of Health, I have to say something on this matter. Clearly, Mr. Deputy Speaker, the issue of delays, particularly in the Accident and Emergency Department, is something that we cannot necessarily treat to very glibly.

Mr. Deputy Speaker, the Minister spent time talking about the shortage of nurses. In fact, he explained that nurses are moving all over the world as if to suggest that nurses are some migratory species and that it is unique to nurses. Sir, there are several professions in demand all over the world. We have a problem with nursing attention in our hospital and anyone who know anything about hospitals would tell you that nurses make a hospital and not doctors and that the difference between good hospital care and poor hospital care very often has to do with the attention one receives from the nursing personnel and not the doctor. The Honourable Member Christ Church South

would also tell you this as a physician who has some sort of compassion.

Mr. Deputy Speaker, I do not buy into the notion that because there is a global demand for nurses because there is also a global demand for pharmacists, computer specialists, educators and several other professions. Therefore, what the Ministry of Health needs to do is to look for ways and means of retaining as much as possible th nurses who we are investing so much money to train. We agree that we must train more nurses than need because there would always be persons who want to go overseas to be with relative or to seek greener pastures to improve their training.

Mr. Deputy Speaker, there is nothing wrong with that because it has been a trait of Barbadians to go abroad, not only nurses, from time in memorial. It actually works quite well even from an economic perspective. The Honourable Member for St. Michael North West would tell you that remittances from persons living overseas at one stage formed such a significant component of foreign exchange earning that it had it own Line Item.

Mr. Deputy Speaker, we on this side do not necessarily buy into any notion that nursing moving around is a problem. Sir, now that we have so many nurses abroad, the Minister of Health should look at recruiting some of those nurses abroad and encourage them to come back home. I remember a certain former Minister of Health was crucified because he took it upon himself to try to encourage nurses who were resident in Great Britain to come back and inspire leadership in the Ministry of Health. Sir, there is nothing wrong because we need to put a programme in place to encourage several of these nurses to come back home.

Mr. Deputy Speaker, I am suggesting that many Barbadians work in many different fields who make a lot of money in their jobs abroad

but would still like to return home.

H69/13:50

Sequence 17

Tuesday, June 21, 2005

Continuation of... Mr. R.L. SEALY: ...may be enjoying better monies and a job abroad but very often they still want to come back home. Sir, if you talk to the nurses that work at the Queen Elizabeth Hospital, the problem is the conditions under which they work. If the conditions were improved, there is no doubt in my mind that many of the nurses, certainly the ones that I spoke to, would, in fact, not necessarily look at the bottom line. There is no place like home. Many of them leave out of frustration and out of an intense sense that they have reached their wits end; having no regard or hope that anything meaningful can happen here, they find themselves traveling abroad.

Sir, I am suggesting that if a lot of the concerns that the nurses have raised; exposure to hazards, working unsociable hours, overtime, issues such as the numbers or lack thereof having to attend to a ward full of patients and compensation for those things. These are the issues that, may be if the Ministry of Health can deal with, would eliminate or reduce the problem of nurses migrating.

In so far as recruiting personnel from abroad is concerned, the Minister of Health need not jump up and remind Honourable Members on this side that the Queen Elizabeth Hospital has always relied on professionals from overseas to fill the positions. There was a time when a lot of the doctors were from outside of Barbados and I believe that is still the case to some extent. Perhaps, even the same nurses and other professions.

Sir, I would certainly hope that where recruiting nurses from some of our regional friends are concerned, I remember the Honourable Minister mentioning Guyana. Sir, Guyana has its own peculiar problems in its health sector; certainly if we are still involved in the Caribbean Single Market and Economy, I believe there is an article that speaks to promoting regional health and social security systems. There is no point plundering the slim resources of another Caribbean Single Market and Economy member just to deal with our situation which, as I said, could be dealt with by some more creative health policies and in essence impairing the situation in other territories.

Sir, I would sincerely hope that the...

Dr. J.X. WALCOTT: On a point of order. I heard the Honourable Member say that I made reference to Guyana and he went on to speak about Caribbean Single Market and Economy. Indeed, I made reference to the global movement of nurses. I said that within the region nurses from Guyana are moving to Barbados, Jamaica and Trinidad. However, when I spoke about the recruitment of nurses, I spoke specifically to the agencies involved and I made reference to three countries, India, Philippines and the United Kingdom.

Mr. DEPUTY SPEAKER: Honourable Member.

Mr. R.L. SEALY: Mr. Deputy Speaker, I remember him mention the Republic of Guyana but to the extent he is saying that the Ministry is not recruiting that is certainly good news but it should not be with any joy that we hear Guyanese nurses are coming to Barbados in their numbers to our hospital, because that does not necessarily help us.

Mr. Deputy Speaker, on the issue of a shortage of pharmaceuticals, the Honourable

Member for Christ Church South spoke extensively about the decision that the Ministry has taken to see to it that adequate pharmaceuticals are made available to patients that deserve them. He singled out the treatment for Lupus patients. I understand that some representation has been made to the Ministry dealing with the issue of doctors prescribing one course of medication and patients going to the Pharmacy at the hospital and only getting part of that course because of shortages and the usual problems of administrative issues in relation to the Queen Elizabeth Hospital.

I would certainly encourage the Honourable Minister to treat to that matter in a very serious way. Sir, as someone with a medical background, I am sure he would understand that it cannot be right, and the Honourable Member for St. Philip West would also agree with me on this, that when you have been prescribed a particular course of medication, that should not be compromised necessarily for economic reasons.

I do not know to what extent this is occurring but if it only happened to one patient that is one too many. Certainly, that is another area that was outlined by the Honourable Minister in his speech. Clearly, that is something that needs to be dealt with.

Mr. Deputy Speaker, another area that I think we need to spend some time on is the question of the Consultants at the Queen Elizabeth Hospital. Some concern on the issue of the Consultants was expressed in the Haynes Commission. That was one of the recommendations Dr. Haynes and his Commissioners spoke about in their Report. There is no shortage of doctors on that Commission but they found it necessary to criticise their colleagues for practices that were, in fact, working against the interest of persons at the hospital who cannot necessarily afford to have care under the instructions of a highly

paid private Consultant. If, indeed, Consultants are, in fact, putting public patients on the back burner while private patients are given priority, certainly, I would expect that should be addressed. It is in black and white in the Haynes Commission Report. It is nothing that I am making up. It is nothing that the Opposition is hatching from anywhere. It did not come out of a clear blue sky. It is there in a Report that the Government has adopted to form, as I said, a serious health policy document.

Sir, I have not seen anything else, and to that extent I believe it should be mentioned. I have already spoken about persons who were supposed to have work done; they have been told to get services outside of the hospital and persons scheduled for operations have them postponed constantly. Sir, this conduct needs to be looked at and looked at seriously.

Mr. Deputy Speaker, my position and that of the the Honourable Minister, clearly, identifies a number of issues for this Board to address. Certainly, where the Government of Barbados has been falling down recently and where the Honourable Minister fell down flat today, was in detailing precisely a solution for these ills.

Sir, it is not good enough to merely say these are the problems. We have been hearing that since 1994. Mr. Deputy Speaker, I will go a step further. I said already that a Board will not necessarily solve all the problems. The Urban Development Commission had a Board and what happened there? In fact, the Urban Development Commission had tasks returned to central Government, tree trimming and so on. Sir, a Board in itself, a statutory Corporation is no panacea.

The Honourable Member for St. George North is smiling because he knows the headaches, like the Barbados Water Authority and so on. These Corporations have Boards but

it does not necessarily mean that efficiency automatically follows. We can mention the Sanitation Authority and we can go on.

Sir, the point is, and I know that the Honourable Member for St. John has strong views on this. My view is, a statutory corporation should be mandated to declare its policy in Parliament, rather than voting money to spend. A Statutory Board should be governed by policies set by, and answerable to Parliament; it should not be allowed to function independently of Parliament.

Sir, it is even more critical when you are talking about a hospital which impacts so many people's lives. It not only employs 2 000 people...

H69: 14.00 p.m.

Sequence 18

Tuesday, June 21, 2005

House 69, sequence 19, 2:00 p.m.

Continuation of Mr. R.L. SEALY:

Mr. Deputy Speaker, it is even more critical when you are talking about a hospital that impacts many people's lives. It not only employs 2 000 people, but as a facility probably employs more people on one spot than any other facility in Barbados and we need to be kept abreast, Sir, of what exactly is the overall policy that governs that Board. I have already described the Board as a confederation. It is to my mind, a recipe for confusion. I believe an overarching policy that governs still needs to be put on the Floor of this House, certainly on an annual basis, if not more often.

Sir, having accepted that this Board, under the amended legislation that we have here is going to solve all the problems in health, what

does it say for the Geriatric Hospital? What does it say for Psychiatric Hospital? What does it say for the Polyclinic network that the Honourable Member for Christ Church South was telling us so eloquently and lyrical just now. Is it going to be incorporated in terms of continuing the cure that takes place at the Hospital? He spoke about the Polyclinics and continuing the process of care and so on but the point is that he is allowing a continuum to take place, what goes on in the Hospital to continue at the Polyclinics.

I am saying if you have your Hospital so beautifully run by a Board, but then you Polyclinics still have to go through the 22 different stages that he spoke of, for example, to get a doctor appointed then, really and truly how much further are we taking the whole process of health care in Barbados?

I believe, Mr. Deputy Speaker, that if it is a fact that this Board can see such real benefits to the Hospital, then we should look at some of our other health institutions as well. I made it clear that I am not won over that a Board necessarily means all this success will take place. In fact, I have good reason to believe that not much will happen but, I will give the Government benefit of the doubt.

I want to suggest to them to bring the Polyclinic network as well under the Board. Bring the Geriatric Hospital and Psychiatric Hospital under some sort of Board so that you do not have to go through all the red tape, because the red tape apparently is the problem with the Hospital. Sir, if this Board is going to cut out this red tape, what about the other areas where you have primary health care taking place, and what about the specialists hospitals? You can think about that and, as I said, I am not necessarily convinced that it will occur but I wait to see what actually will come of the Government in that respect.

Mr. Deputy Speaker, at the very beginning, I stated that health is very important. I therefore believe that what I am about to say, which some will probably not want me to say but needs to be said, I am questioning the philosophy of this Government towards health. I am really wondering if this Government truly feels that it should be universally accessible to all.

I already spoke about systems deliberately being run down in order that the private sector interest can earn money but I am now hearing, Mr. Deputy Speaker, that apparently, the two-hospital scenario is not too much for Barbados. I remember when the Democratic Labour Party set up the St. Joseph Hospital, it was a time when we had our challenges but there was a determination on the part of the Democratic Labour Party Government that there was need for a full tertiary care institution in the north of the island. It was recognised that some very good work was done by the Sisters for the Sorrowful Mother in the Hospital in the days of old, in the 1960s and 1970s, and we took a decision that a hospital should be functioning and fully operational in the north of Barbados, which was a very sensible decision.

This Government, Mr. Deputy Speaker, in time of plenty, because we heard about all the resources they had from excess taxation, et cetera and the wonderful financial management that they claimed they had, thought that the St. Joseph Hospital had no role in terms of the tertiary health care system in Barbados, and unceremoniously shut it down.

We are now hearing, Mr. Speaker, in 2005 that there is room for a second hospital but is it a hospital for your constituents and my constituents? Perhaps some of them but my understanding is that it is going to be a hospital for persons from the upper crust, persons who have the wherewithal, persons who have massive insurance policies that can afford to go

to that hospital. Therefore, it is quite interesting that we cannot have two public hospitals but we are hearing now that there is room for a private hospital.

I believe that the Barbados Labour Party must stand indicted for introducing a two-tiered system of health in this country. Those who can afford it, will get the very best and those who cannot, must now go down at the Queen Elizabeth Hospital and wait in the Accident and Emergency Department for two to five hours. They are put in a ward where they get bedsores which become infected because they cannot find nurses since all the nurses have gone overseas. Nurses are some migratory species.

Mr. Deputy Speaker, you have to go down there and put up with the second rate health services. Sir, of course, the ones who can afford to get big insurance policies, the ones who can afford to pay the big bill can go to the private health care institution in St. Thomas or wherever it is...

Hon. Dr. J.X. WALCOTT: Mr. Deputy Speaker, on a point of order. I do not know that there is going to be a new health care facility in St. Thomas. This is news to me. Perhaps the Honourable Member for St. Michael South Central would like to enlighten this Honourable House as to this hospital in St. Thomas, and giving the impression that the Government is setting two different hospitals. One for those like him who can afford, as he said and one for the other people. It is not the policy of the Ministry of Health. We have not established any private hospital in St. Thomas.

Mr. R.L. SEALY: Mr. Deputy Speaker, it is impossible for a Ministry to set up a private hospital, so I understand what he is really trying to say. How could a Ministry set up a private hospital? You have a larger oxymoron than that, Sir. This is the person in charge of health in Barbados.

Hon. Dr. J.X. WALCOTT: Mr. Deputy Speaker, on a point of order. The St. Joseph Hospital that the Honourable Member just laboriously spoke about was reopened, millions of dollars were spent on it and I would ask him the name of a single patient who had free surgery at the St. Joseph Hospital when it was opened under the previous administration. Talk about Ministries cannot establish a private hospital? Talk.

Thank you, Mr. Deputy Speaker.

Mr. DEPUTY SPEAKER: Proceed, please.

Mr. R.L. SEALY: Mr. Deputy Speaker, I have not asked your permission to call anybody(s name in this debate. Maybe, the Honourable Member for Christ Church South should read the Standing Orders, because you cannot call anybody(s name.

I am not sure where this institution is being established. I am sure who is behind it. I am not sure what role the technocrats in the Ministry of Health are playing by way of advice. I am not sure what role the Barbados Tourism Authority is playing by way of promotion. I am not sure what role the landowners who happen to be very strong supporters of the Barbados Labour Party are playing in it, Sir.

Suffice it to say, Mr. Deputy Speaker, that you or I do not want a situation where we have a Trinidad style health service in Barbados, an old rich country that has a situation where only people can afford it get the very best health care and that is all I am saying. We believe very strongly that there is no excuse and no reason why the average Barbadian should not be the recipient of the very best health care.

Mr. Deputy Speaker, when it is all said and done, there are many very upset people out

there, in terms of the way in which the Hospital is being run.

House 69, sequence 19, 14:1014

Tuesday, June 21, 2005

Continuation of Mr. R. L. SEALY:

Therefore, instead of the Honourable Member for Christ Church South directing his anger at the National Union of Public Workers, at the Members of Her Majesty(s Opposition and those few brave Barbadians who go public with what is occurring to them, in all genuineness, he should consider those things he held so dearly to him as the President of the Barbados Association of Medical Practitioners. He needs, once and for all, to recognise that it is time for some action where the Queen Elizabeth Hospital is concerned.

Mr. Deputy Speaker, the Honourable Members of Her Majesty(s Opposition will do our part in making sure that the Government is held accountable. Sir, without health there is nothing else to a country because you need to have a healthy set of citizens to make a country.

Mr. Deputy Speaker, we on this side will support any efforts at trying to deliver better health care to the people of Barbados. However, we are not certain that on the basis of what we heard in here today, which is simply a continuation of what we have been hearing all along in 1994, is really and truly going to touch people in the way in which it must.

Mr. Deputy Speaker, I am deeply appreciative to you.

I thank you.

Dr. W. F. DUGUID: Mr. Deputy Speaker, I thank you for the opportunity to contribute to

this debate. First of all I would like to disclose to this Honourable House that I am a member of the Board of the Bayview Hospital as well as a shareholder for about six to seven years. Mr. Deputy Speaker, I totally support this Bill because it is about certifying and giving the people who are employed at the hospital some rights and privileges. Of course, anything or any opportunity for people to enhance their rights and privileges in this country must be endorsed. Anyone who says otherwise obviously could not have read the Bill. Certainly, the right for them to appeal, as I saw worded in the Bill, to the Judicial Committee of the Privy Council is a right and a privilege that people must be able to enjoy, that is why I support the Bill.

Mr. Deputy Speaker, hospitals are about people. The Honourable Member that just took his seat spoke about a hospital to be built somewhere in St. Thomas. Sir, I want to say to him that it does not matter where you build a hospital, it does not matter how big the hospital is and it does not matter how fancy the hospital is or how much equipment the hospital has, what matters is if you do not have the proper professional people to work in that hospital because then all you would have is a white elephant.

Sir, the most important thing in the delivery of health service is the people who will be delivering that service and the people who will, of absolute necessity, have as their main focus the proper, adequate and efficient delivery of care to the patients. A hospital must not be doctor driven, Government driven nor even policy driven, the most important thing is the adequate and efficient delivery of service to the patient, that is what a hospital is all about.

Mr. Deputy Speaker, when a patient comes into an hospital for a service, the patient cannot ascertain how efficient the service was delivered in terms of the technical capability of

the surgeon, the doctor or the nurse, but they could assess whether the facility is clean or dirty, they can assess whether somebody treated them or greeted properly or efficiently and they can assess whether they feel that they got a good service based on how they were treated, that is how people assess a health institution.

Mr. Deputy Speaker, the Queen Elizabeth Hospital has provided tremendous service to this country for over 40 years and have saved thousands of lives. This is a facility where over 8 000 people visit as outpatients every month. Therefore, it saddens me to hear Honourable Members on the other side trying to cry down an institution like that.

Mr. Deputy Speaker, I believe in fairness and I believe that all people must be treated fairly. I believe, as we move over to a board using this legislation to be able to give the people fair treatment, fair cause and the right to hearing, that this is a good thing for this country, and let us make no bones about it.

Mr. Deputy Speaker, a Board is not going to be a magic bullet and it is not going to solve all the problems that the hospital has. There would still be problems as there will still be things that will still need addressing. However, what it will do, as I perceive it, is that it will remove some of the tiers of bureaucracy that have plagued the hospital for years.

Mr. Deputy Speaker, the Minister of Health spoke and said that in order to make an appointment the file had to go to 21 different people. Sir, in an health institution when you have to make a decision sometimes you have to make the decision quickly because people lives depend on it especially young children who could later on be the Honourable Members in here. Therefore, if you are going to save people lives in a hospital you have to be able to make a decision quickly. If a piece of equipment

breakdown you have to be able to source the parts without going through the bureaucracy in which this person has to sign off, then the next person has to sign off and then you have to go through a tender process and all sorts of things like that. That process has absolutely no place in an health institution.

Mr. Deputy Speaker, that is nothing unusual. I worked at a hospital in Newport that had a board called the Glan Haften Trust because a long time ago the British system recognised that a hospital cannot run like a government department, that it has to run in a way that they can react and respond quickly to the need when the need arises so that you could maintain the facility and offer the service because at the end of the day you are dealing with life and death situations. Keeping the patients first is paramount in a health institution, that is what it is about.

Mr. Deputy Speaker, there is no question that the hospital is better off now than it was in the early 1990s. I remember the days when you went to get your bandages changed, the hospital use to tell you to bring your own bandages because they did not had any money there to provide bandages for the hospital. Sir, when they had a vote of just \$54 million, how could the people have bandages?

In the early 1990s under the Democratic Labour Party administration I saw patients coming to me who have been in car accidents who were using broomsticks as crutches because they did not have any crutches at the Queen Elizabeth Hospital. Mr. Deputy Speaker, nobody in Barbados cannot say that the hospital is not better now than it was then.

House 69 Sequence 20

2:20 p.m.

Tuesday, June 21, 2005

Continuation of DR. W.F. DUGID:

Sir, the previous administration starved the hospital of resources. Let us be truthful and not partisan about it. They took the resources and put it into the other hospital and the patients suffered as a consequence. This administration has taken a decision to reverse that starvation and provide better facilities for the hospital and I will always support it.

Mr. Deputy Speaker, unlike the Minister, I was never taught at the hospital, never worked at the hospital and may never work at the hospital. I certainly believe and would continue to say that a hospital with nearly 600 beds must have an Oral Surgery Department. I have spoken on this before but up to now we have not seen such a department at the hospital. It is absolutely important that we see a hospital at that size having to cater to that type of patient need.

Maxilla facial trauma resulting from car accidents, cancers and tumors of the neck and oral cavities. The Oral Surgery Department would be able to provide for these things and meet the needs of the people who cannot afford to have this treatment privately. Sir, we need this type of department at this hospital. I would continue to say this time and time because it absolutely a travesty that patients could come to have oral surgery services done but the hospital of that size in the 21st century is not able to provide it.

Mr. Speaker, that leads me into the need for expansion because in 40 years the hospital has not been significantly expanded. It was designed and conceptualised at a time when the population was much smaller. We did not have the number of visitors who visited the island on a regular basis as we did 40 years ago. It is absolutely unbelievable that a hospital 40 years ago has not had a significant

expansion as is needed.

Mr. Deputy Speaker, I support the Minister on the consultation to bring someone to show where the hospital should be expanded, how it should be expanded and how services should be better delivered in the hospital. It is another absolutely essential aspect to the management of the hospital. Sir, most hospitals are expanding constantly. While you are renovating one wing, you are looking at the future needs for another department, looking where to extend and if necessarily to have annexes from one department to another. This is another absolutely essential aspect to the day-to-day management of the hospital.

Mr. Speaker, I want to speak about the matter of private rooms at the hospital. Sir, about ten years ago, the cost of a private room at the hospital was about \$150. I wonder if a survey was ever done as to what is the actual cost of providing the room.

Asides.

DR. W.F. DUGID: Sir, I am being told it was set at \$150 more than 20 years ago but that it has not been moved since. Mr. Deputy Speaker, one wonders what would be the actual cost of a private room at the Queen Elizabeth Hospital. I would dare to say that a private room at the Queen Elizabeth Hospital would probably run in the region of \$340 for the provision of a room yet still we have visitors who come to this country and benefit from a subsidised rate in a private room at the hospital but when our people visit their countries, there is no subsidised rate. Sir, they have to pay the full amount for the room.

Mr. Deputy Speaker, why is it that in Barbados we see it fit to provide subsidised hospital facilities for visitors? This is something I urge the Minister to look at immediately. I think you should pay a fair

quantum for a fair service. I believe that the service is a good, first-world service from a premium institution in this region. If we are providing a good service to the people, it is fair to charge a fair fee.

Mr. Deputy Speaker, let us not be in the business of subsidising health care for the wealthy because this is not where we are. Let us take the money gleamed from the wealthy people who come to use our premium facilities and use it to help support those who can least afford it. This is the importance aspect to the hospital and what Government should be looking to do.

Mr. Deputy Speaker, bureaucracy has been a threat to this hospital service and it must be removed from the hospital. We must give the hospital a chance to respond quickly and efficiently to the needs and care of patients in this country, that is the important point.

Mr. Deputy Speaker, with those remarks, I thank you.

MR. DEPUTY SPEAKER: The Honourable Member for St. Lucy.

Mr. D. St.E. KELLMAN: Mr. Speaker, I am not supportive of any Board. The truth is that one of the reasons why I cannot support a Board for the Queen Elizabeth Hospital has to do with a concept called virement. It is clear to me that a combination of a Board and virement is confusion and is a field day for politicians to use the board at elections time to play with the Heads and to pamper to the electorate at the time of elections so, Sir, I am not supportive of that.

Mr. Deputy Speaker, it is okay to say that a new hospital can come with a Board and virement but I do not support the change when previously the hospital did not have Board or virement and it operated okay. Now, all of a

sudden, the cosmetologists came to Parliament, created virement and a Board with a political appointee to use the Board and virement at times of elections for political gain. I am not supportive of that. I have said it since 2001 and I stand on this particular point in this matter. Sir, this can be found in the Hansards Records of this House.

Asides.

Mr. D. St.E. KELLMAN: Mr. Deputy Speaker, I have said this before in 2001 and I have not changed the words because consistency is my role. What the Minister said is true that when he was the President of BAMP, he had a different role than now he is the Minister of Health. Sir, if I were the President of BAMP and the Minister of Health, I would also make the same speech.

Mr. President, I would tell my comrades in the Cabinet that the same thing I stood for when I was the President of BAMP, that I would be prepared to stand for as Minister of Health and they would have to accept that which would be to support the workers.

Mr. Speaker, tell me why \$98 million is too much to pay workers at the Queen Elizabeth Hospital for severance. All companies usually sever their workers and employ them in the new environment but the Queen Elizabeth Hospital believes it is different and that they can take away all the rights from the workers....

H69/14:30Sequence 21

Tuesday, June 21, 2005

Continuation of... Mr. D. St.E. KELLMAN:Dr. J.X. WALCOTT On a point of order. Mr. Deputy Speaker, the Honourable Member is obviously unfamiliar with the Bill which is before this Honourable Chamber because we speak to the preservation of rights.

We speak to the right of appeal to the Privy Council.

I heard the Honourable Member mention a figure of \$98 million but I do not know where it came from, what it is or who has put a figure of \$98 million on the table, I am unclear.

Mr. DEPUTY SPEAKER: Honourable Member, proceed.

Mr. D. St.E. KELLMAN: Sir, I am very happy that the Honourable Member for Christ Church South and the Honourable Member for Christ Church West are saying that I have not read the Bill, but have referred me to this Bill. This Bill is an amendment to 2001 and the question would be, why would they come to this Honourable House and amend the 2001 Bill with this Bill? They are admitting that they were unfairing the workers; the National Union of Public Workers was correct in objecting to the 2001 Bill so they brought this amendment. It is a victory to the workers and the National Union of Public Workers, who pressured the Government to make this change.

I am glad that the National Union of Public Workers recognised that the Government is not saying that they were wrong, but they are telling the workers that if they do not like the amendment they can go to the Privy Council, imagine that. A Government that is supposed to be operating in the interest of workers tells them to go to the Privy Council.

Dr. J.X. WALCOTT: Sir, on a point of order. I said in my presentation that both Congress of Trade Unions and Staff Associations of Barbados and the National Union of Public Workers requested the right of the workers to go to Privy Council. It is not the Government or anybody that decided that they should go. The Congress of Trade Unions and Staff Associations of Barbados and National Union of Public Workers requested specifically that it

should be included.

Mr. D. St.E. KELLMAN: Mr. Deputy Speaker, there is nothing before us that says Congress of Trade Unions and Staff Associations of Barbados(CTUSAB), (sell out sab(and certainly nothing from the National Union of Public Workers questioning the Government. The Government is today presenting this Bill, it is not the union or any other institution. It is the Government that brought this to Parliament, it is the Government that tells the workers if they do not like it, lump it, or go to the Privy Council.

Mr. Deputy Speaker, the Cabinet of Barbados has said this to the workers of Barbados that if they want their \$98 million, they would have to fight them in court. Sir, that is what this Bill is saying. We do not mind financing the legal expenses you can to go to the Privy Council if you choose, but not one cent for you. You have to fight to get it.

Sir, this is the same Government that walked around Barbados in 1991, telling people what the then Government should do; a government that had no money. Now that this Government has all the money in the world they are telling civil servants to go to the Privy Council to fight for their own money. They cannot be serious.

I am saying that when you take an example between this situation and the one with the Hilton Hotel, this Government did not mind imploding in excess of fifty million dollars in the Hilton...

Asides

Mr. D. St.E. KELLMAN: Do not tell the Deputy Speaker where to go, we are making comparisons. Sir, I know that you are knowledgeable with the Rules under the Standing Order, unlike the Honourable Member for St. George North. Sir, I am making

a comparison and I am allowed to make a comparison.

Mr. Deputy Speaker, this Government imploded the Hilton Hotel for millions of dollars for tourists, then overran the capital expenditure and that was no problem. However, at the hospital, the workers are not entitled to money but there is comfort for the tourists and no comfort for our citizens, who worked hard in the fields and built the same hospital and Barbados.

Sir, I am saying that heart must be taken into this particular matter. The Honourable Member for Christ Church South said that I requested the rebuilding of the St. Joseph Hospital for the housing of patients to avoid noise or dust pollution from the repairs at the Queen Elizabeth.

The Honourable Minister behaved as though I was asking for something that was so wrong. You would not believe that I was looking after the health of the patients at the hospital, but at the Hilton you had to make sure that the tourists were far away from the pollution. They could not even bathe on the beach near the Hilton. They made sure that the environment around the Hilton would not affect the tourists.

Sir, at the Queen Elizabeth Hospital even with over 100 per cent patients, repairs are still carried out there. They cannot be relocated because that is a crime but for the tourism industry the tourists must be happy but you cannot please the people who built Barbados.

Sir, this is the cosmetologist government that we speak of. Pretty pictures, fanciful stories and everything but only to capture votes and tourists but when you look at the real impact, poor people will die under their hands.

Sir, I am saying that virement cannot be the practice of the day and the Honourable Minister

knows that.

Asides

Mr. D. St.E. KELLMAN: I can call it what I like. I am saying that you cannot move...

Asides

Mr. D. St.E. KELLMAN: You ask me to define expenditure from one line to another. You ask me to define that.

Asides

Mr. DEPUTY SPEAKER: Honourable Member for St. Lucy, could you please continue?

Mr. D. St.E. KELLMAN: The Honourable Member just came out of a very successful meeting on the west coast and he has enough money to bet me, Sir. He has enough money now to bet after the Sunday meeting. That is why he is pushing out his wallet as if it so loaded with bounty.

Asides

Mr. D. St.E. KELLMAN: Sir, we have to understand that this Bill, as it relates to the 2001 Bill, the Honourable Minister is not talking about fees but this Bill is also about fees and borrowing loans. The only thing that I have seen in this amendment is that both Houses would have to guarantee the loans, not repay them.

The question must be asked, how can the hospital borrow money and finance the money that they are borrowing. The answer is in one word, fees but this. I want the Honourable Minister to tell this Honourable House what fees would be charged to finance the loan for the expansion because this Honourable House will not include capital expenditure. The

Honourable Minister spoke about capital expenditure and expanding the hospital, which takes money.

I want the Honourable Minister and the Cabinet of Barbados to tell us how they will finance and service the loans after they have been borrowed. If the Honourable Minister is going to tell me that they plan to default on the loans, let them say it to the Honourable House today. The truth is, they said that it would be financed through fees and I want to know what fees.

Dr. J.X. WALCOTT: On a point of order. The Honourable Member said that they said that it would be financed through fees. I do not know what the Honourable Member is talking about. I certainly never mentioned the word fees in my entire presentation so, I do not know what the Honourable Member for St. Lucy is speaking about.

Mr. D. St.E. KELLMAN: I like these points of order. The Honourable Member is telling me that he was not the Minister who introduced the first Bill and he wants to dissociate himself with anything in relation to fees that will be charged because of the 2001 Bill. If that is what the Honourable Minister is saying, then he has a right to get up and dissociate himself from those comments which were made in the previous Bill. I am saying that not only the comments were made, but in the last presentation of the Budget to this Honourable House the Minister of Finance also made the comment about fees. If the Honourable Member wants to dissociate himself from the Chief Minister of Cabinet and he does not agree with him, then he should get up and say so.

Sir, if the Honourable Member does not like the decision taken by the Chief Minister of Cabinet, then he should resign. I want to know what he is going to do. Is the Honourable

Member going to oppose the Chief Minister or is he going to resign his position because he does not agree with the Chief Minister. He has two choices.

Asides

Mr. DEPUTY SPEAKER: Honourable Member, proceed.

H69: 14.40 p.m.

Sequence 22

Tuesday, June 21, 2005

House 69, sequence 23, 2:40 p.m.

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

There is no Chief Minister in Barbados? Is this the Honourable Member for St. George North who is so loyal to the Chief Minister and is now saying that because he went on the west coast last Sunday and had a meeting with those (big boys) and there are no Chief Ministers over him anymore? I cannot believe this, Sir.

Everybody knows, Sir, that the man who changed the Cabinet is always referred to as the Chief Minister, so if the Honourable Member for St. George North wants to dissociate himself from the...

Asides.

Mr. D. St.E. KELLMAN: That I am back in what? Well, this Cabinet is getting some spunk in it, Sir. The Cabinet is now saying that they are rudderless. I would never have made that comment about any Cabinet. They are now telling me that I am back in the 1950s. They have no one to control them on Thursdays. It is like a ship without a rudder and they go to the Cabinet office and make their pronouncement without direction.

I want to thank the Honourable Member for St. George North for making this comment because the last person in the world I suspected that comment to come from is the good loyal soldier of the Barbados Labour Party, the Honourable Member for St. George North.

Mr. DEPUTY SPEAKER: Honourable Member, could you get back to the business before the House?

Mr. D. St.E. KELLMAN: Yes, Sir.

Mr. Deputy Speaker, it is interesting to hear how many wrong doings occurred under the Democratic Labour Party and how we did these wrong things to the Queen Elizabeth Hospital. Since that, Sir, we have the FMH, which is now doing all the CAT scans for the QEH. We now have scanners that are...

Hon. Dr. J.X. WALCOTT: Mr. Deputy Speaker, on a point of elucidation. The FMH does not do CAT scans as far as I know. It is an emergency facility. It does not do X-rays as an emergency facility. They have a cadre of doctors and nurses who give care and attention to persons who need emergency treatment.

Mr. D. St.E. KELLMAN: I want to thank the Honourable Member for Christ Church South for telling me that it is not the FMH that would normally do them, but it is office next door to the FMH that would normally do them. Thank you. I know you would always give good advice but maybe, I am mistaken because they are in the same complex.

Mr. Deputy Speaker, what I want to say is that no Minister of Health should feel happy to come to this Parliament and brag about the increases that he or she has received since 1994, and still outsourcing vital requirements that are made by the patients.

One would have thought, Sir, based on the statistics delivered to this Parliament that the QEH, would be equipped to do everything they want.

Asides.

Mr. D. St.E. KELLMAN: I am hearing now, Sir, that QEH is so privatised now, that even though the Board is not in place, it is more a private sector player now than a public sector player and I want to thank the Honourable Member for St. George North. You can always rely on him for good information, even if he does not know he is delivering it and I want to congratulate him for that, Sir, he really provides fodder.

Sir, we heard and saw a lot on television about the security of the QEH, and we were told in a press conference that the scanners will be in place. I understand they are in place, but if you have scanners in place and nobody to operate them, they are still not in place because a scanner is supposed to be in place to produce or deliver a particular job and if the job is not being delivered, then the scanners could not be there.

We are now being told, Sir, about a man who has race horses. The race horses were hungry. He went out and bought the hay for the race horses, locked the hay in the barren and nobody could find the key to feed the race horses. The scanners that are now at the QEH, are just like that, Sir, but we know that we have some (spin) doctors. I would not refer to them as Dr. Quinn or anything like that, Sir. I will leave that to the workers at the QEH to put whatever spin they want to put on them.

Asides.

Mr. D. St.E. KELLMAN: Sir, if we have any Board to compare the QEH with, we would have to compare the Board at the QEH to the

Board at the Sanitation Service Authority. Everybody knows that from the time they had a Board at the Sanitation Service Authority, all you heard of was a shortage of vehicles, a shortage of this and a shortage of that, Sir.

One can only come to the conclusion that from the time you get a Board at QEH, all you can hear about is short this and short that, Sir. I am saying that there are not good examples of Boards operating within the Ministry, which they can tell me about that they would liken the new Board at the QEH.

Asides.

Mr. D. St.E. KELLMAN: Sir, you would not believe this. Mr. Deputy Speaker, you cannot hear it but I heard it and to save the Honourable Member from the NUPW and the workers at the QEH, the QEH is now likened to the St. Joseph Hospital, and everybody knows that the St. Joseph Hospital has been closed. The only interpretation that can be taken from that is that the Member who said it, understands quite well that the fastest way you can close down the QEH is by giving it a board and by privatising health services.

I heard the Honourable Member for St. John say some years ago that it seems there is a plan afoot because of the medical insurance and the medical policies being put in place to privatise health care. I have now suddenly recognised that there is some seriousness in that because when you can see a comparison between a closed hospital and one that is supposed to be operational, you can only come to the conclusion that this Government is putting this towards a board so that they can privatise the health services in this country and they see the QEH as a burden.

Sir, there is no wonder that you are seeing so many medical services, offices and complexes being built throughout Barbados now. I am

hearing now of people interested in one in Welches, St. Thomas. I am hearing about some other doctors going to Sunset Crest. I am hearing about some going to St. Joseph Hospital who want to buy St. Joseph Hospital. At the same time the Government is bragging about how much money it is spending on the QEH.

Sir, if things are so good at QEH, why would so many people see profitability in moving, expanding and developing these types of complexes, unless they can see an error on the horizon. I want to thank the Minister for enlightening me on that particular point.

Asides.

Mr. D. St.E. KELLMAN: Sir, we have to understand that in planning health care and thinking about expanding the QEH, we have to be serious and have to take not only dust pollution but we have to take noise pollution into consideration. I thought that the Honourable Member for St. George North would have taken a point I made to this Parliament a couple years ago, when I suggested that the Martindales Road should be closed off. I honestly thought that the Government would have been interested in the Health Care of the patients in the Hospital and they would have taken that into consideration. Instead, it seems to me that they have expanded the road, creating more dust and noise pollution and I sometimes wonder how much they care about the patients that have to remain in that particular complex.

House 69, sequence 23, 14:5014

Tuesday, June 21, 2005

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

Mr. Deputy Speaker, as a service industry we have to understand that development is going on in the north but stationing two ambulances at Arch Hall for Sandy Lane does not necessarily mean that it would fulfil the interest of the people in the north of the island. Sir, it might have been better for the Honourable Member to speak to the Minister of Home Affairs about building that fire station in Nestfield or Half Acre as was planned because as the Honourable Member said, it is a good idea to locate the ambulances wherever you have a fire station.

Sir, I look forward to the day when the Minister of Health will execute that plan by speaking to the Minister of Home Affairs about going further north.

Asides.

Mr. D. St.E. KELLMAN: You do not have to worry about the Prison because ambulances would always be down there considering what is going on down there at the present moment. All we would have to do is to divert some to the people of St. Lucy.

Sir, he said that he has a good relationship with Sandy Lane and with the Arawak Cement Plant. I can attest to the Arawak Cement Plant but I cannot attest to Sandy Lane even though I agree with him that he has a good relationship with all of them.

Sir, I have been working for a long time trying to encourage the Arawak Cement Plant to purchase another ambulance considering the type of activity they are doing in the north of the country, so I think that with his help I will be able to get them to finally agree on this particular point, in the same way that they have agreed to the stationing of a coast guard boat by the jetty. I know that this will enhance his ministry and he will have no problem in agreeing with that particular point or in using

his influence. Sir, considering the clout that he carries to the north of the island, the next time that we meet at the Arawak Cement Plant and we are next to a computer he will key in that there is a need for an ambulance for the people of St. Lucy and I will second the motion on his behalf.

Sir, if it one thing this Parliament must get out of this Minister is how he plans to collect these fees, what services would entail these fees and how would he financed the capital expenditure for the expansion at the hospital. It is important to get this out of this Minister because based on what is said in this particular Act, this House is only to guarantee, it never said that we must repay, which means that this hospital has a plan in place to put fees on certain services to finance the expansion of the hospital and to recoup any additional charges above the grant that has been given to it by the Government of Barbados.

Mr. Deputy Speaker, through you I want to have an assurance that the Minister would answer those particular points and that the Minister will assure this House that it is well-thought-out, well-budgeted, well-planned, well-executed and well-documented.

Sir, I hope that the document which the Minister has in front of him for the impositions of certain fees on the masses of people in Barbados, when they go to the hospital, that he will make it a document of the House so that everybody in Barbados would know what to expect when the Board is put in place. Sir, it is not only for us to know, the public who have to go to the hospital must know what charges will be laid on their backs because it is one thing to turn up at the hospital believing that you are going to get something that would be free only then to hear, when the Board is put in place, that there is a bill attached to it. So I want the Minister to tell this House what are those things.

I thank you. Sir.

Dr. D. C. ESTWICK: Mr. Deputy Speaker, I want to take this opportunity to participate in this debate largely because this is an important debate. I have every intention of taking it seriously because as a physician I strongly believe that the health care system in Barbados needs to be preserved, to be enhanced and to be facilitated. I believe that it is Parliament's role to do this, that is the reason I intend to participate in this debate, not so much in a major antagonistic way. Sir, I believe that it is necessary for me to point out certain areas that I believe needs to be looked at in the interest of delivering the type of health care that we in Barbados have become accustomed to as well as the people from throughout the region.

Mr. Deputy Speaker, it is to that extent that I want to first look at one or two documents produced by the Ministry of Health. Mr. Deputy Speaker, something must be fundamentally wrong when I can hear an Honourable Member who became Minister of Health in 2001, being referred to as Dr. Do Little, I would want to find out whether he should not be called Dr. No because every time you asked him about health care in Barbados he does not know anything about it.

Sir, what I find to be amazing is that the last three medical officer's reports from his ministry were in 2000. Sir, this Honourable Member comes into this House with such a record of not collating the type of health care statistics that one can utilise to plan effectively in Barbados but is going to pontificate about health care paradigms and development in Barbados.

Mr. Deputy Speaker, I want to start there and I want to deal also with the Honourable Member who spoke to expenditure with respect to health care in Barbados. I want to ask the

Honourable Minister if the Chief Medical Officer(s) report is a publication of the Ministry of Health and if it is one that is sanctioned by him or by a group of persons who would have his blessings. Sir, if that is the case, I want to ask the Honourable Member to allow me, through you, to quote from a document of the House which relates to health care expenditure in Barbados to demonstrate two points.

Sir, between 1996 and 1999 health care expenditure in Barbados decreased by \$54 million and up until 1998 and 1999 it reduced by \$47 million, but that was an election year, let us play politics in here. Sir, you had health care expenditure in Barbados based on the Chief Medical Officer(s) reports on page 13 that demonstrates a reduction of \$47 million between 1997 and 1998 and 1998 and 1999. This is what is in the medical report and I would hope that the Honourable Member would defend it because it is his report .

Mr. Deputy Speaker, I want to go even further. Mr. Deputy Speaker, if I am to review and report directly on this particular Bill, I had to spend some time looking at the original Bill of 2001 and one of the things that concerns me is whether this administration understands what is a health care policy. Does this administration understand how to apply that policy not only to shifting demographics data but to shifting demographics with respect to the type of disease profile that you are going to have? The reason that becomes important to understand is because it helps us to determine the type of health care dynamics you want to see, whether your emphasis is going to be on tertiary care, secondary care or primary care.

Sir, let us look at the data as we know it today. The Honourable Member for Christ Church South spoke to the shift towards chronic disease profile in Barbados, he is absolutely right. However, I want the Honourable Member to explain to Barbadians

what therefore are the type of health care parameters that have been introduced by his administration over the last 11 years to look seriously in a systematic way of dealing with that type of health paradigm shift in Barbados.

House 69 Sequence 24

3:00 p.m.

Tuesday, June 21, 2005

Continuation of Dr.D.C. ESTWICK:

I want the Honourable Member to tell me how such has been done.

Mr. Speaker, I also want the Honourable Member to indicate if Barbados is an aging population and by exception the development of chronic disease profile not only would change but would persist and escalate, I want the Honourable Member to explain to me the logics behind what was done in 2004 by the then Minister of Finance when he capped the hospital that is supposed to be looking not only for an expansion but for the provision of new health care services as we are going to grip in a spiraling chronic disease epidemic, not only in Barbados but throughout the region.

Mr. Speaker, I want the Honourable Member to explain to me how that could make sense at a time when the hospital is supposed to take on these new challenges where a new lab is required, new X-tray system and new ultrasound is required. Yet, the healthcare system is faced with a cap placed in 2004 by the Minister of Finance.

Mr. Deputy Speaker, that brings me to another point. In the Budget of 2004, the Honourable Member for St. Peter spoke to cost recovery mechanisms. What are cost recovery

mechanisms when you are dealing with the delivery of health care to Barbadians? What is the Honourable Member speaking about?

Mr. Deputy Speaker, it is simple. You pay for X-rays, ultrasounds, CT scans, rooms and drugs. It is some variation of those or a combination of them or all of them at some stage. Sir, it cannot be anything else unless there are going to be significant loans borrowed which are guaranteed by the Government.

Mr. Speaker, the reason why I raised that in relation to what we find with the demographics is that the time for such a set of introductions must be counterproductive. This is not the time to be speaking of health care delivery from a resource perspective because it must be from a service perspective. The service has to be defined, delineated and then we must work backwards.

Mr. Deputy Speaker, I do not mind the rhetoric because I am aware of how the Estimates as respect to health care services and materials is done. I am aware as to what happens at the Ministry, what is chopped out here and taken out here and there with no clear understanding as to how it affects delivery at the end by nurses and doctor. I cannot be challenged on that so anyone can get up and try to challenge me, Sir.

Mr. Deputy Speaker, this is a serious matter so I will speak carefully because I respect the difficulties that nurses, doctors, orderlies and work under but I have to be honest. Sir, it bothers me immensely when I am inundated on a regular basis with average citizens in Barbados telling me that they to the Queen Elizabeth Hospital and cannot get timely service. They argue with respect to the time they have to spend in the Accident and Emergency Department.

Mr. Deputy Speaker, this is not an indictment

of anybody but of a system not making the type of dynamic changes to deal with delivery in a timely manner. If it requires to provide more training of staff, getting more equipment that is what has to be done in the interest of health care standards in Barbados.

Sir, again I have to be honest because there is no one person in Barbados that would not feel sorry when they hear Barbadians on the call-in programme day after day lamenting the crisis in the health care system in Barbados health care. It may be true that they do not understand all the initial and minute details in terms of delivery but it is affecting their confidence in the only health care system that we have. Therefore, I am going to get in here and say that all is well when my people are telling me otherwise. Sir, I will not do that because I am asking the Minister to do more even though he is doing something. Mr. Deputy Speaker, I will explain why it is not just a simple matter of money. I have knowledge of the organisation of the system and part of the problem inside all the health care facilities in Barbados is not just a matter of pay. Sir, staff work two shifts, stay on overtime, work hard and do other jobs they are not supposed to do in terms of their job description but, Sir, they do it in the interest of the patients.

Mr. Deputy Speaker, I am not going to sit down and not speak of the fact that I know when nurses sometimes have to carry linen to the hospital and take their own capabilities to deal with matters to make sure that the wards are run effectively which should be the responsibility of Government. Sir, I have seen the sort of staffing arrangements that have led to the type of stresses in the health care systems not only in respect to stress on nurses but stress on orderlies and doctors.

Mr. Deputy Speaker, I am saying that whatever has to be done to rectify this problem must be done. I am laying the blame squarely

on the shoulders of the Honourable Member Christ Church South because it stops there. Sir, the people in the laundry have been crying out for years about the problems there. The last time the Honourable Member spoke in this Chamber he said there were plans to rectify this and that but now he speaks about a loan of \$25 million which Government has guaranteed which means that the hospital has to find the revenue capacity to repay the loan.

Mr. Deputy Speaker, if I remember distinctly, the Honourable Member spoke to a subsidy or a transfer from the Government of \$108 million. He spoke to \$4.1 million from the European Development Fund and to \$5 million in fees. Sir, if at this time, that type of revenue capacity cannot deal with the hospital critical components of continuing care delivery, how can the Honourable Member come in here and speak to an expansionary policy?

Mr. Deputy Speaker, I will wait for the Honourable Member to explain when he winds up because I do not feel comfortable when orderlies at the hospital tell me that they do not have any lockers in which to put their clothes and other items. I cannot feel comfortable especially when I know new nurses have appointed before nurses who have been working at the hospital for 25 years. Mr. Deputy Speaker, I cannot feel comfortable when I know about these types of injustices and that all the unions have been speaking about the issue of supersession at the Queen Elizabeth Hospital and other health care facilities.

H69/15:10Sequence 25

Tuesday, June 21, 2005

Continuation of... Dr. D.C. ESTWICK: Sir, these are the realities that we have to deal with. Sir, those who have ears to hear need to understand these matters affect not only your

morality but the moral conduct and fabric of the institution when it happens because of ministers who are unscrupulous in their behavioural practices.

Asides.

Dr. D.C. ESTWICK: Mr. Deputy Speaker, this Government has to decide what it is going to do with the St. Joseph Hospital. There was a former Minister of Health, in a previous debate, who spoke to the fact that when the St. Joseph Hospital was established, it was supposed to be using revenue that could be expended on the Queen Elizabeth Hospital and it was a problem. In 1994, in the Manifesto of the Barbados Labour Party, they said that they were going to reopen the St. Joseph Hospital. In 1994, they said that the St. Joseph Hospital will be used as a centre for specialist services, such as Geriatric Services, Physical Rehabilitation, Convalescence, Renal Dialysis, Accident and Emergencies. They were not tired promising. They said in 2003, before the next election, they will partner with the private sector to make this hospital the first tourism related international medical centre in the Caribbean. What rubbish am I hearing? Sir, that is why I am asking for the health care policy.

Sir, if the Honourable Member for Christ Church South is going to be speaking about the elements within the Haynes Commission Report that he is implementing, why did the Government not implement the recommendation in Haynes Commission Report that the St. Joseph Hospital be reintegrated in the health care system in Barbados? It does not matter whether it is a Barbados Labour Party or Democratic Labour Party project. It is in the interest of the people of Barbados and in the North of the country.

I believe that the Honourable Member for Christ Church South has a helicopter or

something parked in the north of the country, for if there is ever an accident, a major problem in the north of the country or in the morning or at 3 o'clock you will die in Barbados, because there is no ambulance to transport you to the Queen Elizabeth Hospital within a reasonable time. Mr. Deputy Speaker, this is not about politics. It is about Barbados and doing what is right in the interest of the people of Barbados.

Sir, I want to raise two other pertinent points that bother me. I heard the Honourable Member for Christ Church South speak to the migration of nurses away from Barbados. I have many friends who are nurses that left Barbados, few of them left because of money. They left because of the treatment endured in the health care system; a lack of regard; feeling devalued and underpaid; feeling as though the system did not seem to recognise the important contribution that they made; a lack of upward mobility opportunities and such like. Sir, is the Board going to fix that?

Mr. Deputy Speaker, I recognise that the Board might be effective in reducing the red tape that deals with material procurements. I know it is a major problem in the Queen Elizabeth Hospital and any other hospital system because you require a fast-track and a slow-track system at times, but we always have a slow-track system in place, so, I accept the Board may be important in that case.

I also want to agree with the union's position that there has been no history in Barbados that Boards have acted fairly. There was none. They have become prostituted by politics and, it has, therefore, become necessary for the unions to fight in the interest of their workers to make sure that during any transfer to a board, they are not disadvantaged.

I, too, held some major concerns that a situation will be created where a public service responsible for hiring and firing will be

transferred to a board without fundamental assurances that there will be no changes in the terms and conditions of employment that would disadvantage the workers. I am happy to see that there are some elements of this brought into this piece of legislation, but I am extremely unhappy that the local courts would have been bypassed.

I do have confidence in our local court system that if an individual employee feels that he is in anyway affected or disadvantaged he has a right to appeal to go to the Privy Council. To the Privy Council Sir? Is there not supposed to be a Caribbean Court of Justice that is supposed to be introduced?

Asides

Hon. R.C. EASTMOND: On a point of order. The system of governance that we have here, the local Privy Council is often used as an agency to which public officers can appeal when they feel that they have been disadvantaged. Sir, Privy Council in the context, in which my learned and noble friend used it, is the local Privy Council and not the Judicial Committee of the Privy Council in London.

Dr. D.C. ESTWICK: Mr. Deputy Speaker, it was important to have that clarification made. You, therefore, needed to make that clarification in the interest of the people of Barbados. I thank you for that clarification, Sir.

Sir, there is one more critical point that was raised by my colleague, the Honourable Member for St. Michael South Central. It is a delicate area for me but I believe that I have to help protect the integrity of the health care system in Barbados. When my colleague, the Honourable Member for St. Michael South Central, spoke to the long waiting list at times to have certain types of surgeries done in Barbados, and some appointments to certain

departments, it is true. It is not only true, but I will go as far as to say that some of my colleagues, sometimes need to appreciate the importance of reducing the backlogs in the interest of poor people in Barbados.

Sir, I am putting it that way because I remember when this same Barbados Labour Party administration tried to establish a socialised Government system in Barbados it was the genesis of a lot of problems that we now face at the Queen Elizabeth Hospital. That will be left for another debate.

I want to caution some of my colleagues that the responsibility to ensure a fair balance between your private and public responsibility should be their primary concern.