
THE

House of Assembly Debates

(UNOFFICIAL REPORT)

FIRST SESSION 2013 – 2018

HOUSE OF ASSEMBLY

Friday, March 20, 2015

The House of Assembly resumed at 9.00 a.m. on Friday, March 20, 2015, the Sitting of Thursday, March 19, 2015 having been suspended.

PRESENT

The full list of Members present is to be inserted from the Votes and Proceedings. Members identified from the record of this Sitting:

His Honour M. A. CARRINGTON, Q.C. (Speaker)

Rt. Hon. F. J. STUART, Q.C. (Prime Minister, Minister of National Security, the Public Service and Urban Development)

Hon. R. L. SEALY (Minister of Tourism and International Transport)

Hon. S. D. BLACKETT (Minister of Social Care, Constituency Empowerment and Community Development)

Miss S. J. O. BRADSHAW

Dr. M. M. AGARD

Hon. S. A. LASHLEY (Minister of Culture, Sports and Youth)

Hon. J. D. E. BOYCE (Minister of Health) (Leader of the House)

Hon. R. D. JONES (Minister of Education, Science, Technology and Innovation)

Dr. the Hon. D. S. LOWE (Minister of Environment and Drainage)

Hon. A. D. BRATHWAITE, Q.C. (Attorney General and Minister of Home Affairs)

Dr. the Hon. D. C. ESTWICK (Minister of Agriculture, Food, Fisheries and Water Resource Management)

Mr. G. A. CLARKE, J.P.

Mr. E. G. HINKSON

Hon. D. O'N. INNISS (Minister of Industry, International Business, Commerce and Small Business Development)

Mr. K. D. SYMMONDS

Hon. D. St.E. KELLMAN (Minister of Housing and Lands)

RESUMPTION

Mr. SPEAKER: Good morning, Honourable Members. This session is now resumed. When the suspension was taken last evening, we were in Committee of Supply. And to that we shall now revert.

Mr. SPEAKER left the Chair and the House went into Committee of Supply, Mr. J. D. PAUL, Chairman of Committees, in the Chair.

COMMITTEE OF SUPPLY

HEAD 23 - MINISTRY OF HEALTH

Mr. CHAIRMAN: The House is now in Committee. Honourable Member for St. Michael South East.

Miss S. J. O. BRADSHAW: Mr. Chairman, I rise to add my voice to what I consider to be an equally important debate in relation to the welfare of the people of this country, in relation to Head 23, Ministry of Health. Now, much of the debate from last night has surrounded the issue of the Queen Elizabeth Hospital. We have spoken at length about issues in relation to primary health care. But I want to take the opportunity this morning to just cast the debate in a context that may perhaps shed a different perspective on what we have been debating thus far.

And I want to start on the issue of the correlation between where we are, how we have gotten here, and perhaps why at this juncture in our history, we need to focus perhaps even more on educating our people in relation to the importance of health care. Many of you

might realise - and may not even realise that you are doing it - but oftentimes the attitudes that we have towards health care actually impact on the way in which people determine whether they will in fact access the very health care services in the country.

And I start there because as you are growing up, you are told to hurry up and to get older, to be able to go out to work, to be able to earn for your family, to be able to get a sound education. Oftentimes we are not told as young people to focus on the issues of ageing and the issues as it relates to preparing for proper health care as we grow into the older years of our life. I say that, Mr. Chairman, because what I have encountered time and time again is a population that prepares for the early stages of life, but often fails to take care of the latter stages of life. And by that I mean you have a lot of people who have difficulty even apart from preparing for health care - they have difficulty even writing a will, because the finality of writing a will to some people actually causes tremendous fear. So the preparation that it will take to apply one's mind to preparing for the future is often lost on a number of us in the population.

What that means, therefore, Mr. Chairman, is that we have to focus, I believe, more on educating our people, in particular our young people, on the importance of health care and good health care. It means that the concerns that I have about a number of young people in our system, in our schools, not participating in physical activity is a genuine one. Because I often hear several young men and young boys and girls basically indicate that they do not enjoy physical activity. And we will time and time again come in here and indicate that one of the things that would reduce the chronic diseases is to ensure that persons certainly exercise in our society.

The fact of the matter is that even those who are involved in sports - and I am fortunate in St. Michael South East to have a number of young men and women who have been engaged in physical activity and who have excelled in their respective fields - you also have a situation where they are unable, because of the cost of living, to be able to afford a number of the supplements and the foods that would be required to enable them to maximise their full potential.

Mr. Chairman, please speak to the Honourable Minister of Health. He begged me not to speak on the new hospital. I will get to the hospital. I am trying to take a different approach this morning to spare him at this early stage.

Hon. J. D. E. BOYCE: Point of order, Mr. Chairman. The Honourable Member is misleading the Chamber. The Honourable Member started by saying we need to get into

exercise, healthy lifestyle, a lot of exercise as young people.

Mr. CHAIRMAN: Just a moment please. Hold on, Honourable Member. Just before you continue - thank you. No, hold on a moment please. I indicated before that you are speaking to the Chair and therefore try not to address other comments that you may happen to hear. That will assist greatly. The point is: speak to the Chair.

Miss S. J. O. BRADSHAW: Thank you very much. I shall so do, Mr. Chairman. But sometimes they trouble me so much I cannot help but hear them. But I believe that you will intervene and spare me from them when they do trouble me.

Mr. CHAIRMAN: Yes. Now, Mr. Chairman - proceed.

Miss S. J. O. BRADSHAW: I want to start on that point because I believe that it is critical that we get the education of the importance of health care to our people and that we do so, and that we support, for instance, community groups who have the responsibility of dealing with young people on a day-to-day basis. Because it is one thing to say that the older generation is already stuck in its ways. But I believe that the hope for the future, for whatever reform may come in the nature of the health care system, has to start with the very young.

For instance, Mr. Chairman, I have had the opportunity to work with young people in the Pinelands Youth Soccer Academy. And just to give you an example of how you can change behaviour, many of these children I have watched on several occasions after the game - they would go and purchase soft drinks, they would go and purchase snacks, items that for the most part are not healthy, but with the little disposable income that their parents have given to them, these are the things that they have gone to purchase. I took it upon myself, Mr. Chairman, to carry to the game sometimes fruits. And for the first few sessions, many of the parents and even some of the other persons who were watching the game would make the comment that these young people are not going to eat the fruits. But what was interesting is that once the fruits were peeled - whether it was oranges, apples - and cut up for these children, you would see the children actually coming to participate in eating the fruits that were provided.

And it certainly told me that once we are able to change behaviour in terms of the types of snacks and food that our children are utilising, that is certainly the direction in which we must go. You have children now that before would run for a snow cone, they would run for the cotton candy. But because of instilling in them the need to be able to change their behaviour - because you do not just tell

them it is bad for them, you explain to them why it is bad for them - because many of you on the other side, when we say that you are doing something that may not be the right thing, respond in the same way that children do. But if you take the time to explain why it is that the behaviour is bad and why it is that it impacts on the society in a negative way, sometimes over time, many of you on the other side, and even on this side, come to the realisation that perhaps there needs to be a change in behaviour.

Mr. Chairman, I just want to advise perhaps the Minister of Health, and certainly the other agencies, to try to synergise in terms of the education exercises that would certainly benefit the population, in particular with relation to the way forward in relation to educating the wider population.

Now, Mr. Chairman, I cannot help, however, but mention at this stage the concerns that I have from the residents in St. Michael South East as it relates to both the primary and the secondary care in this country. I have to do so. Mr. Chairman, not to scold the Honourable Minister of the Government of this country for inactivity or omissions that may have taken place over the past few years. Because the reality is, on both sides, we have had our share of complaints as it relates to the governance of the health care system. But I do believe that the Government has touted a programme and a number of policies where they boast of cuts in the formulary - which we have recorded almost half, I think, in the cuts in relation to the drug system. But the fact of the matter is that the impact, particularly on the elderly population, has had a devastating effect on several elderly people.

The fact remains that when the formulary was first cut there was alarm in the country as it relates to the number of elderly persons who would have been changed from one medication to the other. And I think the concerns in some cases were genuine because what I have seen is that elderly people like to continue to do things a particular way. When you have a change in the type of medication that they have been using for several years, there is some alarm whether or not it is a valid concern or not. The fact is that elderly people, as we know, do not like a change in their circumstances. So you will find that there is alarm that has been created in relation to whether the new medication is going to be as effective as the old medication.

You also have a situation developing where, for instance, I have seen elderly people refuse to test their sugar levels - who are diabetic - because of the cost of now acquiring the test strips. And that is a serious difficulty that I am encountering in St. Michael South East because many of them do not want to know the additional cost on their meager pensions.

Hon. J. D. E. BOYCE: On a point of order, Mr. Chairman. I did not really want to interrupt. I think that the message cannot go out that the Honourable Member is misleading the Chamber. One cannot let the message go to anybody that cuts were made to drugs arbitrarily and to the detriment of the elderly. There is in the Drug Service a Drug Formulary Committee which is made up of professionals - consultant doctors, nurses, and pharmacists - and they are who set and make the recommendations for drugs on the drug formulary. From time to time, specialist drugs or recommended drugs are made available under what we call the SAP programme - Special Access Programme - which are approved by this Drug Formulary Committee or by the Barbados Drug Service. So it is not an arbitrary exercise, and to give the impression that it is anything but a measured, implemented programme is actually very false.

Mr. CHAIRMAN: I do not think that was a point of order, though.

Miss S. J. O. BRADSHAW: Mr. Chairman, I would not suggest that the honourable members on the other side would do anything to harm the overall population. But I do believe that there is some genuine concern by the users of the system that the result of the cuts has caused a number of persons who otherwise would be able to afford certain drugs to now have to pay for them. Because when you cut the number of strips that the persons are entitled to, many of them now make a determination that they will have to buy them. And if they have to buy them, they may not test every single day, but they are going to test two or three days a week, which means that they are not able to monitor the rise in their blood sugar levels to be able to properly monitor the level of the diabetes on any given day.

There is also the issue, Mr. Chairman, that this administration has also, in the last election, given the impression to the people of this country that the Barbados Labour Party was going to increase the transportation cost for elderly persons. But by its practices in the health care system, it has actually increased the cost to elderly persons to be able to commute in this country, particularly to get to the facilities such as the Queen Elizabeth Hospital or the Polyclinics. And I will say why. We have a situation in St. Michael South East where buses have been taken off of the routes in the Pine area - Transport Board buses. You have elderly persons in the ageing population who now have difficulty being able to pay to use private taxis or minivans to be able to get to the basic health care institutions.

Sometimes when they get there, Mr. Chairman, they find that the drugs are not available. Sometimes they find that the appointments have been postponed for several weeks or several months and therefore, with whatever little income that they have, they then have to go back home with or without the necessary medication. It is a concern to

me, Mr. Chairman, that the most vulnerable in our society are facing these issues. And if members on the other side do not have constituents who share the concern about the policies of the current Democratic Labour Party administration, I certainly do. And I have come here, Mr. Chairman, not to drag the government over the coals because the people of this country do that very well themselves, but simply to ask you to re-examine some of the policies that are impacting on, in particular, the elderly population in this country.

We also had a situation, Mr. Chairman, where because of the cuts in the National Housing Corporation, a number of the areas were overgrown with bush. When you call the National Housing Corporation to assist with cleaning up the areas, or if you call the Ministry of Health to be able to ask them to clean up the areas, they indicate they do not have the resources. As a result of which, we saw the rise in the chikungunya and we saw other outbreaks happening in communities. What it does is it forces community people to come together sometimes, which is not a bad thing, for them to come together to clean up their areas. But the difficulty is that when the communities come together to clean up their areas and then they call the ministries to ask them to be able to remove some of the bush and material that has been accumulated, they are told they do not have the available trucks, that they cannot send anybody, that they do not have the manpower in order to remove it. So an effort that is being taken even by the people of communities to be able to solve some of the problems is then met with a further resistance in various ministries that they cannot afford the cost of being able to deal with it.

Now, I say, Mr. Chairman, these things have impacts on our health care system. We lost a number of productive days as a result of the chikungunya. It is not the fault of the Barbados Government that we had a disease that took over the entire population. But the fact is there were measures that could have been taken to be able to limit the impact on communities. So you have a number of people who could not be productive. I was off for almost two months simply because I contracted the chikungunya virus. So I speak from personal experience. And then you have the difficulties where failure in one ministry to address the issues of garbage and the issues of cleanup in communities has an impact on the Minister of Health because then he has to grapple with the number of persons who are going to the various institutions for health care.

I also, Mr. Chairman, want to point out that even during this period when we had a chikungunya outbreak, and even up to last week, we had only one doctor over at the polyclinic in Wildey to service all of the demands in not only St. Michael South East, but the surrounding areas. I have a difficulty with that because you have again a number of elderly people who are immobile. They cannot

get to these polyclinics or to the hospital and they find a difficulty, obviously, asking for the polyclinic nurses and doctors to come out when there is only one person to service the entire population and users that are attending the polyclinic. This is at the Sir Winston Scott Polyclinic. So I would like the Minister to certainly review the system within the polyclinic and to ensure that the care that needs to be administered, in particular to the ageing population, is administered in a timely manner. Even with a cut in resources, I believe that it is still possible to be able to direct the resources to the things that are a priority. I will come back further.

Mr. CHAIRMAN: Honourable Member for St. George.

Mr. G. A. CLARKE: Mr. Chairman, I rise to continue my assessment of the Ministry of Health. First of all, I want to say that I really compliment the Minister for trying his best to answer some of these difficult questions. I must compliment him. He tried to answer some of the questions. I am not sure he has answered all. He has not answered my question about the rat baits that are still not being provided by the Ministry of Health. And I believe this may have caused a lot of the health problems in this society.

I also want to say, sir, that I believe the Government has said that they are looking at a healthy lifestyle, which is important. We need to see people eating better, exercising and so on. But at the same time, I want to find out from the Government what plans are really being put in place to ensure the young people especially continue to eat well - what is happening at the primary level in terms of what the Ministry of Education, combined with the Ministry of Health, is doing to ensure that people eat well, exercise and so on.

But I want to return to the QEH because it is there that I believe the largest chunk of money is being spent. I refer to the debt of the hospital. This was a sore point this year. Many creditors were thinking of withholding credit from the hospital. And I want to find out from the Minister: have you been able to clear some of this debt? How much of this debt is still owing to the various creditors? Because as we go forward, we want to ensure that these creditors continue to provide credit to the hospital.

Now the other thing is that we have a large number of workers. I believe this hospital has more than 3 000 workers. And I believe they work well. They go beyond the call of duty - the nurses, the doctors, the ancillary staff and other professionals. But how much of the QEH budget is really spent on wages and salaries? Because if we are able to find out that, then we would want to find out what money is being spent on drugs and other pharmaceuticals and other things for the QEH. It is a problem and we will

want to hear from the Minister if these matters can be addressed.

I am also of the view that one of the problems facing the QEH is one of communication. I have been at pains to say that you need to put a mechanism in place for the communicating of ideas, for the Minister to meet with the staff from time to time and the board to find out how these problems can be addressed. And we are hoping that this year the Minister could meet with the doctors, find out what is the problem with their contract. I understand there is a problem especially with the younger doctors. If the Minister has met with these doctors, met with his staff to find out why they are unhappy, what are some of the problems confronting the contract which the board was supposed to put in place for the junior doctors and some of the senior doctors - the level of communication going on in the ministry needs to be improved. I am sure the Minister is aware of this and I hope that in the coming months the communication machinery between the doctors and the Minister and the board can improve over time. This is something that bothers me greatly because without that level of communication you will have problems.

I am also aware that the former Minister of Health has been able to cut back to some extent the amount of money spent on drugs. And I want to say, even though we were critical of him at the outset, I believe it may have been a wise decision because he has been able to stem the flow of drugs. But I am still aware that there are some suppliers of pharmaceuticals who are increasing the price of the drugs to the hospital. And you need to look at that, you need to examine what is happening in terms of the charging by these pharmaceutical suppliers. They control the market and the price that they give the hospital, I understand, might be higher than what they give to the private sector.

Hon. J. D. E. BOYCE: Mr. Chairman, the honourable member is misleading the Chamber. The terms he is using to describe the pharmaceutical industry in Barbados are not suitable. I believe he should be advised to revise his thoughts and refer to them as the pharmaceutical industry providers rather than drug lords. Drug lords has another connotation which I do not think would be part of our immediate discussion.

Mr. CHAIRMAN: Honourable Member, I think you can do that. Please withdraw the remark.

Mr. G. A. CLARKE: All right. The suppliers of pharmaceuticals - I understand there is a problem that the price that they give the hospital may far exceed what they sell to the private sector. And I want to hear the Minister on this because many persons have been saying quietly to us that even despite having been able to contain the markup of pharmaceuticals to the public, you still have a problem

here. This year, I understand we are spending over \$28 million in this department for the use of drugs, pharmaceuticals and so on. So we need to ask the Minister to look at these questions that I have been raising. They are very important.

The last matter I want to raise for the Minister - because we know that the staff at the QEH work very well, but sometimes under strange conditions - is: what is the Minister planning to do for the Accident and Emergency Department? We have not seen any real improvement over time. There is still a large number of persons who go to the A&E and they have to wait long hours. I know that it is a problem, I know it is not easy to deal with, but I am hoping that through time the Minister can put plans in place to improve the conditions of the A&E because it is a place where most of us will have to go from time to time and we carry our friends and family to this department and we will want to see some improvement - improvement to the climate up there, improvement to the physical structure, improvement to the ambience of that place.

I remember as a boy going into the QEH - my father was doing the contract for tiles up there at the time and he could still recognise some of the tiles that were put down over the last 50 years. We cannot really think about a new hospital at this time. We have to improve the hospital as we go forward and we have to make it work. So I hope that the Minister can tell us what he is planning to do with the general ambience of the hospital and the environment. Mr. Chairman, I would want to hear from the Minister at this stage as to what is happening and we will come back at a later stage to look at other important aspects of the Ministry of Health. Thank you.

Mr. CHAIRMAN: Honourable Member for Christ Church West Central.

Hon. S. A. LASHLEY: Thank you very much, Mr. Chairman. I too would like to contribute to this very important debate on the Ministry of Health. And of course we are aware that this head certainly attracts much attention each time that it is debated and understandably so, Mr. Chairman, because health care is paramount. The responsibility and concern of every Barbadian, as it should be. Of course, in this debate so far, one can gauge that the Barbados Labour Party continues to rehash the issues that they perceive impacting on particularly the Queen Elizabeth Hospital. And I've heard some fairly general ideas in terms of where we should take health care.

I believe, Mr. Chairman, that as we reflect on the performance of the healthcare sector and certainly the performance of the institutions, the key institutions that are relevant for the delivery of a very high level of healthcare in Barbados, we have to be able to gauge the strategic direction in which we would want to have healthcare in

Barbados. Of course, at the centre of that, Mr. Chairman, is a question of cost and how do we deliver excellent health care in Barbados in an environment where over a number of years the whole issue of managing costs and cost containment within the whole context of health care is not a new issue. It in fact dogged the Barbados Labour Party administration in terms of how they had to come to terms with managing spiralling health care costs, particularly as it relates to the Queen Elizabeth Hospital.

And I would like to say, Mr. Chairman, that precisely because of that particular reality that we cast our vision and our focus on where do we take health care and the provision of health care in Barbados based on a model that is affordable but that does not compromise the standard of health care. If I had to address the issue, Mr. Chairman, of cost, I would say that we've had, in particular in relation to the Queen Elizabeth Hospital, a very inconsistent policy approach by the former Barbados Labour Party administration. Their approach in relation to managing costs at the Queen Elizabeth Hospital has been to put a cap. They put a cap on the expenditure on the Queen Elizabeth Hospital. That to my mind created a very precarious situation and endangered and compromised the ability of the Queen Elizabeth Hospital to deliver quality health care.

In fact, when we came into office, Mr. Chairman, I'm sure the Minister of Health at the time reported to this House on all of the crates and boxes and equipment and everything that was populating the corridors of the Queen Elizabeth Hospital, how the plant itself was neglected, the same accident and emergency department that the Member for St. George North so eloquently spoke about in terms of all the things that he wants to see improved. These very critical areas of the QEH were victims of that neglect. And I want to put the Barbados Labour Party on the witness stand this morning because I do not have a problem with a mature discussion in relation to health care.

I heard a very useful idea last night by the Member for Christ Church West and I want to associate myself with that as it relates to how we educate Barbadians on the use of medical insurance policies and so on. I think that is a very proactive suggestion and how we can take that discussion further in terms of ensuring that having made that kind of intervention and utilising medical health care policies to assist Barbadians to manage and finance the whole health care, that we now shift to the more vulnerable elements of our population. I can go with that.

But when I hear in this House the Barbados Labour Party talking about how the QEH is being neglected, how we're not managing the whole provisioning of drugs, how the accident and emergency department needs to be refined and retooled and all this kind of stuff, and of course the long-standing issue of the overall management of the QEH

plant - when I hear that coming from the Barbados Labour Party I really have to challenge them, because in fact we are now trying to recover the pieces that they left back. And if you listen to both Honourable Ministers of Health in this House they will tell you why it is that the Queen Elizabeth Hospital finds itself in this situation now, both in relation to managing its cost in addition to managing the whole question of the facility that has been left there.

We've talked a lot about the issue of how we manage spiralling health costs. We have taken a different approach to it because we have had in very difficult fiscal circumstances to continue to manage the QEH and health costs. Now they had their approach in good times, because I hear the Barbados Labour Party talking about how we have put ourselves in this fiscal situation. That is far from the truth. The statistics and the evidence show otherwise. And their approach - imagine this, Mr. Chairman - the approach of the Barbados Labour Party when the country had money, when we were boasting of an average of 3 to 5 per cent GDP growth in Barbados, they were saying they were managing the economy well, they were saying that we were boasting of growth in the economy. Even in those circumstances, Mr. Chairman, the Barbados Labour Party put a cap, a very cold-hearted cap on the expenditure of the Queen Elizabeth Hospital. And that action, Mr. Chairman, in my view, that single action of the Barbados Labour Party administration at the time is what has us in this precarious situation in relation to the management of the hospital plant. It also has us in this catch-up situation in relation to the provision of excellent services at the QEH.

And I must take this opportunity, Mr. Chairman, even amidst that reckless act by the Barbados Labour Party administration, the management and staff of the QEH must be credited for continuing over the years, including that time, to put their best foot forward in terms of delivering good quality health care. And I say that the Barbados Labour Party should stand condemned for that action.

And therefore, if we are going to engage ourselves in a discussion - and what I believe, Mr. Chairman, we should be doing is engaging in a mature discussion on how we are going to take the provision of medical services and health care generally in Barbados - let us do that, but let us not start pointing fingers where the finger should not be pointed. We are now in a recovery exercise, Mr. Chairman. We are now in a recovery exercise in terms of meeting the demands and needs of the Queen Elizabeth Hospital. We have to address questions of course - how do we so restructure the management of the Queen Elizabeth Hospital that it can deliver and continue to deliver quality health care while not compromising that care?

And I believe I certainly want to complement the management of the Queen Elizabeth Hospital because they have not been sitting by idly. Ably led by the Minister of

Health, I do recall that the Queen Elizabeth Hospital management at a very early stage put in place a review of the hospital's fee structure with the aim of recovering the cost of services. I believe they went public in relation to how we should look at the whole question of cost control and containment opportunities. I remember seeing, Mr. Chairman, a document which was placed in the public domain which identified a number of the key elements of the hospital services and engaged with the public in relation to how those could be financed.

And I want to say, Mr. Chairman, that the future of the Queen Elizabeth Hospital in Barbados is really all of our business. It cannot be tossed and turned on a proverbial partisan political bandwagon. And therefore we have to raise the bar. And I want to also compliment, Mr. Chairman, Rihanna and her team, because I believe Rihanna, who continues to do exceedingly well internationally as the premier icon of music across the globe, has responded to the call of the hospital in relation to helping with the development of the hospital. And I want to compliment her because she represents one of the pioneers in terms of where international music and the products of Barbados are being promoted. And I want to make a call further, because I believe that example should be credited but it needs to be expanded. The management of the Queen Elizabeth Hospital and the financing of it should not be a matter that is only left within the domain of government. Yes, the government recognises its responsibility for financing those very critical elements of healthcare. But I want to make a call that as many persons as possible join the quest and respond to the requests of the Queen Elizabeth Hospital to donate their resources and time in terms of improving the Queen Elizabeth Hospital.

I also want to say, Mr. Chairman, that one of the areas that we will have to look at very carefully when we are talking about how we can manage health care costs in Barbados is that we still in Barbados can boast of the provision of a very high quality of health care. And I believe that we have to move in a direction now where we can internationalise in a more robust and rapid way the provision of those services. I believe that Barbados is still a destination of choice by many persons who wish to come to Barbados for various medical services. And I think that particular niche is an area that we should be more robust in terms of marketing Barbados as a domicile for the provision of excellent health care. The whole question of health tourism is an area that we have to explore and that we are exploring.

We are also looking - and I recognise, Mr. Chairman, that to deliver on these services we have to modernise the Queen Elizabeth Hospital. The hospital has already articulated, and the government has articulated, its vision of constructing a new hospital. But even outside of that, Mr. Chairman, I believe that this is an area for more

private sector involvement. We have seen the private sector getting involved in the delivery of health care by the provision of a number of services. But I believe that particular interest needs to be more accelerated as we drive the provision of diversified medical services across Barbados and that we open ourselves up to taking advantage of the benefits of health tourism. I will certainly return to this debate, Mr. Chairman. In the meantime, I am obliged.

Mr. CHAIRMAN: The Member for St. Michael South Central.

Hon. R. L. SEALY: Mr. Chairman, you get your turn shortly. I want to, of course, thank her. Thank you, Chairman. Allow me to enter to discuss this head. Health - of course, a very important subject matter and something that consumes a large part of the national budget. I can return to the very first contribution from the other side, the official spokesperson on healthcare for the opposition, who in her presentation replying to the Minister indicated, in her view, that the portion of the GDP should be - I think it is 10 to 15 per cent. I believe it was something in that vicinity. Now, I know we can discuss those things ad nauseam and I suppose in the context of what we are doing today - Estimates and the national budget Appropriation Bill - we can look at that. But it is also useful for us to reflect a little.

Not surprisingly, the lion's share of the money is going to the Queen Elizabeth Hospital. And that, of course, is a very interesting point to begin this discussion on cost. Mr. Chairman, if you did a little research, you will notice that the order paper that basically died when Parliament was dissolved in 2003 contained about four questions - parliamentary questions - in the name of your humble servant, all relating to shortages at the QEH. This is in the early 2000s, when we had a lot of money to play with, excessive amounts of VAT, and we had to deal with QEH shortages then. And lest I be accused of making a political point - because I am not - I am making a more fundamental point. If you go back even 10 years prior to that, you will probably see debates in this Chamber talking about shortages in the QEH. And if you go back 10 years prior to that, you will still see shortages and discussions of shortages. In fact, from the time it was started in the 1960s, the issue of the QEH and the hospital and shortages really and truly has been an ongoing debate. So coming in here today and announcing, in a time when we have strictures, that there are shortages is not really getting us anywhere, to tell you the truth.

I think what we need to do is to have a more sensible discussion, a more mature discussion, and I think the wider discussion of health care and the role of the state in health care is what we need to discuss now. There are a few good things that we need to take some credit for. Now, Barbados has a socialised health care system. There are private sector

options, but we have a strong socialised health care system. You know, this is something, for example, that does not exist in the great United States of America. There is no such thing as a polyclinic in New York. If you do not have insurance, you are in trouble. If you happen to have been a part of the military, there is a network of veterans hospitals and so on, and you can qualify for free health care. But there is no such thing in the great USA. You see what the current president is going through trying to pass his Affordable Health Care Act - the so-called Obamacare - which in essence is not about the state stepping in. This is the most powerful country in the world. This is about making the whole - it is still centred around the insurance companies and how people who cannot afford insurance can be made to have insurance provided for them and so on. But it is all centred still around, in essence, a private sector-led health care scenario.

The United Kingdom, of course, are considered the experts. In the 1940s, Aneurin Bevan, the then Minister of Health, started the National Health Service. He had a big battle with the British Medical Association and so they are considered the experts. And even subsequent Conservative governments have maintained the National Health Service because it is unthinkable to remove it. And I think the British have to take a lot of credit for that because in essence they were way ahead of their time. Seventy years later, the US cannot even do something - even a watered-down version of the NHS. And it is to their credit that they have that in place and in essence free health care at point of delivery to all citizens of the United Kingdom. And that is excellent. And it is something that we, for all intents and purposes, try to pattern ourselves on.

I will even share something here for the Barbados Labour Party that some of their members probably do not even know, and that is that when the Barbados Drug Service was started in 1980, there was a parallel system - the General Practitioner Service. It never came into being, but in essence the former leader, the former Member for St. Thomas, had looked at what Aneurin Bevan had done with the National Health Service and wanted to do a comprehensive health service in Barbados. Now it was deemed not to be affordable, but I still thought it was a bold idea. And to some extent, here it is - an excellent initiative that truthfully could be credited to a former leader of the Barbados Labour Party. He did do one or two good things. I mean, we have to give him that. It was bold; it was not viable. But the Drug Service was to be paralleled by a General Practitioner Service that would have seen not only drugs free at point of delivery, but also medical services free at the point of delivery. And in essence we instead have our hybrid system now, which in my view can work well, but we have to deal with the issue of galloping cost.

And I think that this Government needs to take credit for really trying to grab this issue by the scruff of its neck. I

think the health information systems, the analysis on national health accounts - JOHN, that is what it is called - trying to get the information together on how much money is being spent on health care: private sector, public sector, the different players and so on, so that you can have a better idea of what portion of our GDP in general is being spent on health care. And having done that kind of analysis, you can then look to see how we can continue with this hybrid form of health care that we have, where you can chart the improvements and so on. That is the whole idea. Socialised healthcare - yes, it is a must. We are not going to touch that. But at the same time we have to see how we can more effectively involve the private healthcare providers.

It is to the credit of the Member for Christ Church West - she did say that they are willing to have this discussion and, quote, unquote, what she said in her initial presentation, that they are not going to run away from the idea of health finance. Well, I welcome hearing from the Honourable Member and for that matter all of the other members over there, including the Leader who set up a pecking order. I believe in terms of the take on the national budget, law and order and security - health was number two, I think it was. Or no, I do not think health was number two. Education was number two, health was number three, and the welfare agencies was number four. Now if you tell me that health is down the line, then obviously you do plan to have some sort of hybrid arrangement. Debt - debt service would have to be in there. But that really should be coming first.

Mr. CHAIRMAN: No, that cannot come in last. Honourable Member, just a moment please. Honourable Member for Christ Church West - you are raising a point of order on what I am raising?

Dr. M. M. AGARD: On a point of order. Point of order. The Honourable Member is misleading this Chamber. I do recall the political leader of this side indicating a pecking order that started with security - security, health as number two, education as number three, and the social and welfare services as number four. So I just want to clarify that point, and she has said it on more than one occasion. Health as number two.

Mr. CHAIRMAN: She did say. Honourable Member, please proceed.

Hon. R. L. SEALY: Thank you, Mr. Chairman. I take the point and it does not in any way negate from the substance of what I am driving at, and that is that we recognise the state cannot do it all even at number two. And the truth is we all know that when we say number two, we really mean number three, because that service has to come before anything else - otherwise you could as well shut down the country. So I take the point that there are some other things that are gnawing away at the national

budget and we have to involve the private sector meaningfully.

It would be useful to hear maybe some of what the other side have to say on this, and it would also explain how we can properly control these issues. I mean, the Barbados Drug Service at one time was spending as much as \$50 million. There was a time when it was \$15 million and it galloped very quickly. And I think that what we have been able to do is to put it on a firm footing. The most vulnerable can still benefit. The Special Benefit Scheme is still available - children under 16, elderly over 65, and persons afflicted with certain conditions, including ones that are pretty much hot-button in Barbados: diabetes and hypertension and such like. So we still recognise that there is a need for the state to be there for the most vulnerable, but we have to accept that the private sector can step up and get involved.

So, for example, if you want to source your drugs at a pharmacy, you pay a user fee, and that is reasonable. Chances are, if you are at a polyclinic anyway, you are probably more likely not to be in a position to afford a user fee anyhow. So if the drug outlets at the polyclinics are still not charging a user fee, then you are still protecting the vulnerable. So I do not think that you can really accuse this Government of mismanaging how we have helped handle the Barbados Drug Service. We have in fact put it on a firmer footing - very much in keeping with this idea that health care, based on what it is costing the country across the board, not only government, that cost has to be shared sensibly, and we have put the Drug Service on that footing.

I also want to confront this issue of primary health care, because the truth is that can also help save you money. If you strengthen primary health care and preventative efforts, you can in essence save on the other end - secondary and the tertiary end. And that is why I want to say that I completely disagree with this notion that our eight polyclinics somehow adding a ninth may in some way imperil the others. I think the determination by those who decided to have a network of polyclinics was a good one. And what we need to do is to strengthen it. We do not need to weaken it. The network of polyclinics is a strong plus in Barbados. And what we need to do is to strengthen that network and not in any way water it down. It will help us with savings in the long run. And I do not think that this notion that somehow money was misspent in trying to get a ninth polyclinic going and those resources should have been put in the eight existing ones is, in my view, thinking that is sufficiently progressive.

And therefore I just wanted to say that what we need to do, in fact, is to increase the offerings at the polyclinics. We talked about integrating with what is going on at the hospital. So, for example, the outpatient department need not be so overloaded. That site - when you walk in the

hospital and you see sometimes huge numbers waiting for outpatient services - could certainly be significantly altered if we were to provide more of those services at the polyclinics. Now, that in itself will call for some investment. The appropriate information systems - the information has to be made available at the point in the polyclinics. And so everything has to be integrated. So these efforts, I think, are worthwhile.

So, Mr. Chairman, I just wanted to say that I think that we have to really tackle some of the fundamental issues. These issues are not new. So no one is any Columbus here by getting up and announcing that there is no toilet paper, on which ward the tiles are falling out in the oncology department, or that the food does not taste good - that has been going on from the time the QEH has started. So let us understand that we need a proper health policy that is not so isolated on the QEH, not so QEH-centric, but is broader based. And of course, one that fundamentally will recognise that the cost - this is the Appropriation Bill, we are talking about the national budget here - and there is no way that the state can do it all. And we have come up with a sensible model that will see the burden shared equally with the public and private sector. I am much obliged to you, sir.

Mr. CHAIRMAN: Our Member for St. James Central.

Mr. K. D. SYMMONDS: Mr. Chairman, I rise to enter this debate and to share a few perspectives. The first one, Mr. Chairman, is my concern about the health promotion exercise in Barbados. I believe it is correct to say, sir, that there is such a thing as a health promotion unit in the Ministry of Health. And I would want, sir, at the very beginning to congratulate the persons who staffed that unit for the work that they have been doing, and to give the Minister, sir, some words of encouragement - because if there is any area in what has really been a very grim and unexciting tenure of this Minister, perhaps the one area where he can point to some success is the area of health promotion in Barbados. Even as you try to be charitable to this Minister, sir, his inherent lack of charity himself comes out. But that notwithstanding, I do not take it back, sir.

The fact is, though, that there was a very useful programme on television which sought to promote healthy lifestyles for Barbadians. I am not sure, sir, that sufficient emphasis is being placed in this country today on supporting that kind of approach. And I would want to suggest, sir, that the Government might do well to give some thought to how they can broaden - not only via television, but we have access to the Government Information Service. There is an abundance of opportunity by way of the Internet, which obviously would be far less costly by way of a campaign. But we need, Mr. Chairman, sir, in my view, to be able to reach into the broader

Barbadian community and create a healthy, active lifestyles mindset in our people.

I would urge the Minister - because he was decent enough yesterday evening to ask for some assistance by way of ideas - and I would want to point the Minister, sir, to a website that was created in Australia. I think it is called healthfeetactive.gov. It is sponsored by the Australian Government, sir, and it does a number of very interesting things which we might wish to model our own approach in Barbados on. First of all, it speaks to the issue that the Member for St. Michael South East was addressing this morning,

which is the question of how we focus a healthy lifestyle and bring that focus to bear on the primary school children or children of primary school age, get them interested in learning about how you prepare and share. And indeed, Mr. Chairman, growing - I know that would be near and dear to your heart - grow healthy foods, the issue of aged care, the necessary diet and lifestyle for persons at that stage of life. The question, Mr. Chairman, of helping Barbadians to better understand some of the factors which are affecting health. The balance between your energy intake and your energy output. These are the things, sir, which I feel genuinely that we need to be able to more consistently and conscientiously be able to reach into the community minds of the people of the country, across the community.

When I looked at that Australian website, sir, what attracted me was the fact that there was a page which was dedicated to healthy eating at various stages of life. And this is something that we need to be very mindful about. The Minister of Health, sir, when he began this debate, pointed to the issue of childhood obesity in Barbados. The issue in Australia was of a similar type. And the website that I am speaking about, sir, addresses the question of what you should eat and how best you should eat and drink during pregnancy. It looks at the stage of breastfeeding - what you should be eating and drinking and so on during breastfeeding as a stage, infancy as a separate stage, adolescence as a separate stage. Bearing in mind, sir, that at all these various stages of life there are different requirements in terms of nutrition, et cetera, and different levels of activity. And of course, sir, they also look at ageing and people who are in the retirement phase and the fact that they are now perhaps substantially less active than they were before, but should be eating differently in terms of proportions, food types, categories, et cetera.

To bring these things sharply into focus, Mr. Chairman, I think is something that the Government needs to look at and I think the health promotion unit and the Ministry of Health would be well advised to give some thought to it. I throw it out there, sir, as a consideration. As I tell you, the website is called HealthyActive.gov - it is an

Australian Government-backed website but I think it addresses some of the problems in Australia which are also represented in Barbados.

No, sir, all is not well in this state financially. And I heard two ministers just now refer to the need for us to have a mature discussion, quote unquote, in terms of taking health services forward. As far as I am concerned, sir, there is no issue on the Barbados Labour Party side about having that mature discussion. But if you are going to take the health services forward, sir, we have to understand that the health services have got to be provided within a framework. They have to be delivered in a timely manner and they have to be cost-effective and cost-efficiently delivered, Mr. Chairman.

And it worries me that we have glibly passed off thus far in this debate one of the most glaring areas of financial inefficiency and, in terms of time, procrastination in Barbados health services. Now, procrastination is the thief of time. The St. John Polyclinic is the subject matter of which I speak. I do not think, Mr. Chairman, that it is satisfactory for us to hear from the Minister yet another promise that he will ask for yet another supplementary or that he is going to be promised or has been promised that a supplementary will pass this House. First of all, it is not possible for it to happen that way because, unfortunately or fortunately depending on how you look at it, the Barbados Labour Party still has to be consulted on the issue of a supplementary. But above and beyond that, Mr. Chairman, there is the larger issue that it is almost as though this is something by private fiat. The Minister has spoken with the Member for St. John, and then the Member for St. John gets up and says, well, she is upset and the people from St. John are upset, but she is consoled.

And I, Mr. Chairman, have a difficulty with the approach because there is, sir, a history of this matter. In February of 2008, the late Prime Minister and former Member for St. John indicated to this House, sir, that the St. John Polyclinic would be completed by his Government as a matter of the first priority. Subsequently, sir, it was in October of 2011 - I do not know, Mr. Chairman, sir, why it cannot be heard in silence - but the Minister of Health, sir, has every opportunity and I invite him to speak when the time comes on the matter. He has had more than one intervention thus far and has failed to address in an adequate way the St. John Polyclinic.

Hon. J. D. E. BOYCE: Mr. Chairman, I know the Honourable Member gets excited and is trying to create a false sense of bravado, but the point is I have made no reference -

Mr. CHAIRMAN: What is the point of order?

Hon. J. D. E. BOYCE: He is misleading the Chamber. The Honourable Member is misleading the Chamber. I made no reference to any supplementary in my presentation and I know how supplementaries work. Your member has very little cabinet experience - according to my record, sir, he probably does not know how supplementaries work - but I know how supplementaries work, so I cannot promise anybody a supplementary. Everybody knows that.

Mr. CHAIRMAN: Please proceed.

Mr. K. D. SYMMONDS: Mr. Chairman, sir, the point is that the Minister of Health has given this Parliament an undertaking yet again, and he gave this Parliament an undertaking last year. And this is the point I am coming to because, sir, there are a number of undertakings. Let us talk about cabinet experience. All of them came from cabinet ministers of the Democratic Labour Party, all of them carrying collective responsibility of the Government of the Democratic Labour Party. And the undertakings, Mr. Chairman, go back, as I say, starting with the former Prime Minister and Member for St. John. The Minister of Health does not want me to talk about that. But as far back as February of 2008, and then, Mr. Chairman, sir, it was in October of 2011 that the then Minister of Health toured what was the construction site at the St. John Polyclinic and expressed words to the effect that he noted with pleasure the quantity and quality of the work being done. He even went so far, sir, as to say that the officers of the Ministry of Health were already identifying equipment that was needed. That was in October of 2011.

Not satisfied. In September of 2012, sir, the same Minister visited the same construction site for the same polyclinic, Mr. Chairman, and said that, listening to the builders with whom he was satisfied a year before, he was confidently expecting that major works would be completed by November of 2012. In April of 2013, this Minister toured the St. John Polyclinic site and told the country that the polyclinic would be fully operational within the first half of 2013. That is what this Minister said, sir - he who boasts of an abundance of cabinet experience - and having given the country the undertaking that it would be fully operational within the first half of 2013, he then said, sir, but it should be completed - as opposed to fully operational - it would be completed by June of 2013. That is a matter of record, Mr. Chairman.

In March of 2014, in the Estimates before this House, when I challenged the same Minister - he, with the overabundance of cabinet experience - on the matter of the St. John Polyclinic, he gave the House the assurance, sir, that the St. John Polyclinic was ready to be completed and opened in short order. That is what he said in this House last year in March. And then, Mr. Chairman, in December of 2014, at the closing stage - the 31st day of December

2014, sir - the Minister of Health told the country that the St. John Polyclinic, barring any unforeseen circumstances, was ready to be opened within two months. We are now nearly four months later and coming back to hear a further promise that it can open in another two months, sir.

Now, this is not anybody's private pocketbook. And the point I am making, sir - because we are all familiar with the fact that it was intended to be a political football in order to usher into office a political novice - outside of that fact, sir, the issue here is the crisis of confidence that is engendered in the health sector when we have the undue and unconscientious, inordinate delay that is not explained, because this Chamber has not benefited from any explanation whatsoever, far less a satisfactory one, as to why the St. John Polyclinic cannot be opened in spite of having numerous promises from numerous ministers and a Prime Minister on the matter.

I have one minute more and in the minute that is left to me, sir, I want to say to you that we are also involved here with public funds voted in this Parliament, sir. It is not a private agreement between anybody. The cost overruns in this matter amount to 100 per cent of the value originally estimated for the St. John Polyclinic. By any stretch of the imagination that is unconscionable. You cannot have a public project being paid for from the public purse 100 per cent more than what it was originally budgeted for, and not a word is said. We are just here to accept blindly that a Minister gets up and says, well, it can be all right, and he spoke to the MP and the MP is consoled. But the public of Barbados has got to find a hand to put in the pocket to pay for it, sir. And this type of footloose and fancy-free approach to financing cannot be acceptable. And the root of all that the Government side has said this morning, sir, is that they want to have cost efficiency and cost effectiveness in healthcare. I heard the Member for Christ Church West Central speak to that as the way forward.

Now, at a minimum, the country deserves the courtesy of having an explanation given as to why it is that this humbug is continuing to be perpetrated not only on the people of St. John but across the island as well. And in the last couple of seconds available to me, sir, let me make the further point about the Polyclinic - my time has expired, sir. Not even a couple of seconds are available, sir. It has expired. Well, I will have to come back then to make that point. I am obliged.

Mr. CHAIRMAN: Honourable Member for Christ Church East Central, sir. Christ Church East.

Dr. the Hon. D. S. LOWE: Sorry. Thank you, Mr. Chairman. I am obliged that you recognise me to intervene in this debate. Now yesterday when I made my first intervention, I started by talking about really the structure of health care and how we should approach the issue of

funding healthcare. And we talked about the fact that we have to look at preventative health as an important segue into the management of health care costs. Because if you help citizens to avoid encountering the kinds of non-communicable diseases that are plaguing the health of citizens, then we have a good chance at walking back some of the costs. Well, I want to continue in that vein of thought, but before I do, I feel compelled to ask the Honourable Member for St. James Central just one simple question, or better yet, to make a statement in response to the presentation by the Honourable Member for St. James Central.

My friend, ordinarily a good man, ordinarily. But on this particular occasion I think he allowed his zest and his enthusiasm to get ahead of him because, Mr. Chairman, if there is any explanation that needs to be given on the St. John Polyclinic as to why the people of St. John are still waiting for the Polyclinic to be open, I would really like to advise my honourable friend. My honourable friend to go back over the 14 years that the Barbados Labour Party was in office, flooded with money on every hand and side, including the \$388 million spent on Edutech, the largest single loan that the Barbados Government has ever engaged in to date. And explain to us why, if they cared so much about St. John, if they cared so much about the people of St. John, Mr. Chairman, to please begin the explanation there. Tell us why, when the Democratic Labour Party came back to office and visited that site, you had to do so much cleaning up just to get in there after 14 years - and not just 14 years, not 14 years in crisis, but 14 years flooded with money here, there and everywhere.

I think that is where they need to come into this debate on the St. John Polyclinic. Because to me it would seem more righteous - it would seem more righteous, Honourable Member for St. James Central - if you really begin to seek explanation from there. Because 14 years of neglect cannot go unspared. It has to be accounted for in the whole. It is just like the Country Park towards the north that was left down there to languish. [Interruption.]

Mr. Chairman, please enforce your request. Because when you start to speak, you have people butting in most unceremoniously with utterances of absolute folly and not allowing you to speak. But I am going to speak. The Member for St. George North - another good man - could help explain why. And I think he is willing to do so. He is concerned. He is willing to do so. Let me make the point quickly. It is apt to explain that the situation with Country Park Towers is very similar to the situation with the Polyclinic in St. John. Because that was left there. And by the time a government in a crisis situation had to pay attention to that, you would have missed a wonderful opportunity to have completed a great project. And I will give you credit for the greatness in the project.

So let us begin where we need to begin. Let us start where we need to start. If you want an explanation, explain to the public of Barbados - while you wait for the Honourable Minister of Health to explain why it is so delayed - please explain to him and the public why 14 years passed while the St. John Polyclinic was still where it is. But I will move on. I wanted to make that point.

I want to draw a link between environment and health, and why the link between environment and health is so important. Now, the Ministry of Health has a department called the Environmental Health Department. And the mission of that department, as I stated, is to promote and manage health and ensure environmental concerns are considered in all aspects of national development through the provision of comprehensive, coordinated and integrated care. And I must take this moment to compliment the members of that department, both present and past. Because I know one of the stalwarts of that department recently retired. But how they handled a regional crisis in the chikungunya outbreak - because it was not only here, it was in almost every island, I believe it was on every island in the Caribbean - and I do not know if what is claimed to be the neglect of the Ministry of Health in Barbados was in any way responsible for chikungunya and the loss of productivity in St. Vincent and the Grenadines, St. Lucia, Grenada, Jamaica and those places. But I want to compliment the officers for the work that they did, even sometimes in the face of revolt in certain communities where they were not allowed to go in and do what they had to do to try to scale back the impact of the chikungunya outbreak. I am thankful to say some of us did not become affected by it. Unfortunately, some of us did. And when I say some of us, I am not just talking about the honourable members in this chamber, but all over the place. But that is the mission of the Environmental Health Department.

Now, in my ministry there is a department called the Environmental Protection Department. And the mission of that department is to preserve and improve Barbados' quality of life and its natural and built environment through the promotion of sustainable practices, education, partnerships and the enforcement of legislation. So the EPD, as it is commonly known, is a regulatory institution within my ministry. While the Environmental Health Department in the Ministry of Health is a service delivery institution that ensures that it makes contact with where there are problems in the society that are environmental and health-related problems.

Now, when we speak of environmental health, it addresses a number of things - the physical, chemical, biological factors external to a person. So that the behaviours and activities of the state can bring on, if you will, Mr. Chairman, certain types of environmental impacts that have negative impacts on health. So when you begin to talk about health care, one is talking about the fact that

there is a shortage in financing, but that is plaguing every single place in the world, including the United States, that is still struggling to get every citizen on a health care system plan. It is not uncommon. And what Barbados is going through is a fact of generations since we put free health care into the picture. So I do not want us to get stuck on the dollars and cents - I said that yesterday.

What the opposition should be doing is proffering positions - not like they did in education, by the way - proffering positions that can allow the state, the country Barbados. Because I think that is missing in some of the utterances of the opposition, our honourable members. We are fighting for our country, not for the Democratic Labour Party, not for the Barbados Labour Party. It so happens that at this stage, Mr. Chairman, the people of Barbados have chosen to put the Democratic Labour Party in the position of leadership. And why are we pulverising the country? Why are we fighting the country? It is the country's wish that we be here. So therefore, we are going to go through whatever we need to go through to try to get this country where it needs to go. And that is our commitment. So if you are vexed with the people of Barbados, if you want to bring a manifesto that was rejected by the people of Barbados to try to deflate the efforts of the Government of Barbados, that is a matter for you. What we are here to do is to try to engage, not so much you, but to try to engage the country as to where we must go realistically, without completely decking the country, by balancing our activities in terms of what we need to do to get the country where it needs to go.

So we need to focus in this health debate on the issue of the environment and environmental health and how that impacts upon healthcare costs, because it does. The more you are exposed to matters in the environment - both the natural environment, which would be your space, and the physical environment, which would be what you build into the natural environment - we have to make sure that we give full consideration to that and what the Environmental Protection Department is to do. And let me compliment the officers of the Environmental Protection Department in my ministry because they are way ahead in the conversation on air quality, on noise pollution. They have submitted policies now that should be advanced to creating legislation to deal with those issues.

And we know for a long time that there have been issues in this country about air quality. As a matter of fact, some would argue, Mr. Chairman, that air quality is now an important mix in how we discuss health care going forward. Because there are a number of respiratory-related illnesses that are creeping into our society in abundance. The whole issue of asthma - when many of us were growing up as kids, we did not hear much about that. And now it is almost a common phenomenon among children and young people in this country. And that carries a cost,

because every time a child breaks down with an attack, that child more likely than not ends up in the QEH trying to get care to ensure that their life continues. And that is the reality.

So we have to ask ourselves in the Ministry of the Environment, what might be the environmental factors influencing that area of healthcare? And what we have discovered is that it is, for one thing, the inordinate emissions of greenhouse gases in the atmosphere. And as a result, our response to that is to try to introduce emissions testing that puts a threshold in place where vehicles on the road cannot emit any type of gas beyond that threshold. And if they do, they are subjected to emissions testing and to whether or not they should be roadworthy. And that is a task that must be undertaken by both our ministry and the Ministry of Transport and Works. So that is one of the areas we are looking at.

It is also related to people's behaviour. Environmental health includes, of course, behaviours not related to the environment because they are outside of the human system. But they are also in the business of looking at how environmental health focuses on the protection of the built and the natural environment. And the point is that the Environmental Protection Department is deeply involved in working with agencies like the Ministry of Health and dealing with agencies like the Town Planning Department and other agencies in helping to set standards - standards that reinforce a good, strong, sustainable environment that allows for the best possible enjoyment of life and living in our country.

And the truth is that as we go forward in this debate, I am going to continue to be on this area because I want to talk about what the Government is doing in the area of sanitation. I want to talk about the crisis that occurred in Barbados in 2005 with the Sanitation Service Authority when it went down to nine vehicles and the Government of Barbados of the day went and bought 20 vehicles at one time, and in less than three months of purchasing those vehicles, they were breaking down all over the country. And that is one of the problems that we have today that we have inherited from a government that had money running out of its ears for 14 long years and did nothing to fix the systems in the society - systems that they are now seeking to criticise this Government for. A government that had \$388 million to introduce Edutech in this country, and to this day you can hardly find the positive returns of the Edutech programme. Thank you.

Mr. CHAIRMAN: Honourable Member for St. James Central.

Mr. K. D. SYMMONDS: Mr. Chairman, I am very grateful for the opportunity to return to this debate in such short order. And I am mindful that the last intervention - I

almost said interruption, sir - intervention, sir, though it did serve the purpose of trying to interrupt my train of thought. But the last intervention, sir, was motivated largely on account of the fact that a rescue mission had to be mounted on the government bench as the Minister fled the chamber while I was speaking, carrying with him the CEO of the Queen Elizabeth Hospital and the head of his planning unit, Mr. Chairman, sir, his Permanent Secretary, in order to find out those things which he should have had at his fingertips had the Minister been doing any work in this country. So I appreciate where the Member for Christ Church East, my MP, sir, for the time being,

is coming from. But what he must not do, sir, is to delude either himself or this House. He certainly will not delude me, sir, into believing that he's addressed the issue which is before the country. What is before the country, Mr. Chairman, is a simple thing. You know, the estimates of revenue and expenditure that we are dealing with are 2015, 2016 estimates, sir. The journey back into the land of - I remember when straying down the anecdotal path - all the things that might have been done or over the last 20 odd years or were not done is of absolutely no significance or relevance to the average man or woman in Barbados today.

The fact of the matter is, Mr. Chairman, sir, that if you wanted to make heavy weather of the urgency of building the St. John Polyclinic, it does not now lie in the mouth of the Democratic Labour Party to do so because they have been in office for seven years and have no polyclinic to show, even though their own Prime Minister - the real, real Prime Minister - indicated that the first order of business of his government would have been in 2008, the delivery of that institution.

But even more important than that, sir, is the fact that in 2015, 2016, in these estimates there is still a significant under-budgeting for the island's main health care institution. And this is not a matter of BLP or DLP. This is the health of the nation, which is also the wealth of the nation. Sir, in this year we fall short in these estimates by \$30 million of the figure that this government itself indicated. Only last year, when things were cheaper, was the ideal amount of money to run the Queen Elizabeth Hospital.

And what are we falling short on? The people of Barbados now are confronted with going to a Queen Elizabeth Hospital and cannot find or get the benefit of having gauze. Cannot have the benefit, Mr. Chairman, sir, of sterilising equipment. This is not something the Barbados Labour Party has done to the country - there is a shortage there of drugs. Some of them are cancer-preventing drugs. A shortage of gloves, surgical linen, without which you can do no surgery. You put the whole surgical procedure of the hospital on pause.

I have personal experience, Mr. Chairman - a close friend and indeed constituent could not do his surgery at the hospital for double hernia. Waited four months between July and November of last year. And during that period of time, we know - because this House was moved on a matter of urgent public importance by my friend from Christ Church West to deal with the issue that I'm putting before the country now - and again in November 2014, the same thing, and again a couple of weeks ago or days ago, the exact same problem, the exact same shortages. And you have four stakeholders coming together in the country - unprecedented stakeholders coming together at the Queen Elizabeth Hospital - to say to Barbadians and more importantly to say to the Government of Barbados that this is a crisis situation.

So what we are talking about, sir, is in 2015, 2016, where do we go forward in terms of delivering timely and cost-effective health care? And it was at that point, sir, that I made the intervention on the polyclinics. And the polyclinics don't begin to end with the St. John Polyclinic. Let us understand that I feel, and I'm saying to this chamber now, that I think the time has come for us to stop looking at parochial parish politics on these significant matters. I have no quarrel with the ideal of the former honourable member for St. John and indeed this member for having a polyclinic in their constituency.

But sir, the reality is that Barbados now needs, in my view, to be looking at regions and zones which can be adequately serviced on the basis of the largest catchment of the population that is crying out for the need of such type of facility. And if you were looking at that, then, sir, you would have to accept that there is a burning and urgent need in the north of the island. Remember, St. Thomas will tell you, sir, that once you pass Warrens and you keep going north, sir, you have the whole of St. James South, St. James Central, St. James North, St. Andrew, sir, which must carry with it a population of approximately 30 000 or 35 000 if not 40 000 people and have no such facility.

And the point is, sir, that in addition to all of that, at least at a minimum, you should be looking at the way you position these things along bus routes, sir, so that you will give a large catchment of the population easy access. So that the issue of where we put down these institutions in Barbados and how best we make them accessible to the public is something that we should have been talking about, and it is an approach which is more holistic in nature. I am glad to see the affirmative nod of the head from the member for St. John because I know that she, sir, did not see this only as a parochial matter. It's a real, real issue. And that the Democratic Labour Party continues to trumpet this as some sort of a political football when in truth and in fact the Democratic Labour Party has little or nothing to trumpet about when it comes to the St. John Polyclinic is exceptionally disappointing.

No, sir, I want to go further because this debate does not - I know that the Minister has come back into the chamber - I want to make the point to him that this debate does not only turn on the polyclinic. This also turns, sir, in my view, on the interventions that can and should be being made that have nothing to do with the macro financial situation in Barbados. It has nothing to do with the absence of elbow room financially in the country. But it has to do with the question of political will.

What are other jurisdictions doing in the world, sir? I take you only into Latin America, no further, to see stellar examples of communities and countries which have recognised that the silent killers, as they are called - the chronic non-communicable diseases - are potentially demolishing their countries. And what steps have they taken? In Mexico, sir, legislation has been passed to stop the sale of so-called junk food - the fast food, hamburgers and hot dogs, et cetera, the salted chips - in schools or within a quarter mile of a school. So you pass legislation, sir, to stop the sale of these things in the schools, and you pass the legislation, sir, to make sure that somebody cannot set up a little tray or a little snackette across the road from the school and make money off of humbugging the lives of the little children. You protect the little children. Has it been done in Barbados? No. Could it be done in Barbados? Yes. Is there reason to do it in Barbados? There's an abundance of reasons, sir.

In the same Latin America, sir, in Chile, they have taken the legislative intervention to stop the targeted advertisement of junk food by the same fast food giants advertising to children, so that you can't put toys in what you call a kid's meal and encourage little children to consume the junk food. You protect the children from themselves and more importantly, you help protect the children from their parents who might be foolish enough to buy the thing. Is it done? It is done in Chile. Has it been done in Barbados? No. Could it be done in Barbados? Obviously. So should it be done in Barbados? There's a crying case for it. But there is a failure on the part of the Government, sir, to be proactive even in terms of making the legislative interventions that it can and should make.

And what disturbs me is that year after year we come to this place. This is not the first time in human history in Barbados that we are hearing about chronic non-communicable diseases and what could follow from it. But every year we go through a meaningless exercise of coming in here and old talk, and you see no response from the Government to deal decisively with the issue.

In Argentina, sir, there is now an 8-cent tax on sweet drinks, so as to deter you, make you think twice. If you buy coconut water, you ain't got no tax on that. But if you're going to buy sweet drinks, you can pay a little bit more. Protect you from yourself. Could it be done in Barbados? It

could. Should it be done in Barbados, sir? You know your heart of hearts. So as an agriculturalist, sir, it should. Do we do it, sir? We do not. And the answer is why? When will this Government stop hiding behind poor, lame and feeble excuses and get around to governing in the interests of the people? That's the question.

And the Prime Minister, sir, likes to rock back. And because he will find nowhere in his mind what Aristotle said on this issue, the Prime Minister will find nowhere in his mind what Cicero thought about this issue, the Prime Minister will find nowhere in his mind, sir, what any Roman or Greek philosopher thought about this issue. But what is important, Mr. Chairman, sir, is to understand that the Prime Minister will find on the Democratic Labour Party platform evidence that his own Minister of Finance, in the same St. John by-election, went to the people of St. John and said that he had evidence of price gouging and that he would introduce a basket of goods where certain foods, especially health foods, would be freed from the imposition of value added tax. Sir, that was in a by-election in St. John. How many years ago? Nearly six years ago. Has it happened, sir? No. Is it likely to happen, sir? No. Could it and should it have happened? Of course, sir. And if you were serious about health care of the people, you would make the access to the vegetables and the access to the fruit and so on - the milk, et cetera - those essentials, sir, cheaper and more readily available in Barbados.

And Mr. Chairman, sir, the orgy of incompetence and neglect has not ended there. Because, Mr. Chairman, sir, we are at a stage in this country where this Government has not even sought to meet with the private sector - these same fast food giants - and bring them to the table and say in a spirit of partnership, let us make sure that we put fresh fruit and vegetables on the menu as a healthy alternative to potato chips full of salt. That could have been done, Mr. Chairman, sir - bring them to the table not necessarily by way of the heavy hand of legislation, but a meeting in the Ministry of Commerce to say to the fast food giants in Barbados, look, you're going to make some money, but what you are doing - I remember -

Mr. CHAIRMAN: Honourable member, honourable member. Just a moment, please. Honourable member for Christ Church South.

Hon. J. D. E. BOYCE: He is misleading the chamber. And I allowed him to go on, but I mean, I have to defend the staff of the Ministry of Health. Both the nutrition department and the health promotion unit have been constantly in dialogue with our fast food manufacturers - and when I say that, I mean the establishments. And I think that you would have noticed a change in some cases with a reduction in salt use, et cetera. Obviously, he's dealing with a matter which has a level of complexity which maybe he doesn't even appreciate

himself. But I understand what he's trying to get at, but I think he must not misrepresent the state of play in respect to these discussions. I'm obliged.

Mr. K. D. SYMMONDS: Mr. Chairman, sir. I've heard the Minister, sir, and the Minister may wish also therefore to ask the staff in the Ministry of Health to see if they could do a similar thing at the school meals department, over which he should have a little bit more influence - because the poor children benefiting from school meals, sir, are having macaroni and corned beef every day, you know. So when I hear the Minister, sir -

Mr. CHAIRMAN: Honourable member. Just a moment, please. Just a moment. Honourable member. Honourable member for Christ Church East Central.

Hon. R. D. JONES: The honourable member is misleading the House. I know in his careless exuberance he now wants to throw his hatchet far and wide. But I think that it is really impugning the good intentions and motives of the school meals department and trying as much as possible to provide wholesome meals. And I think it is grossly unfair and inaccurate to try to prejudice the minds of those who are listening. I don't think he should proceed along that path.

Mr. K. D. SYMMONDS: And remember -

Mr. CHAIRMAN: Just a moment. You have two minutes more. I'm obliged.

Mr. K. D. SYMMONDS: Does that two minutes include, sir, the time that was taken from me?

Mr. CHAIRMAN: Honourable member, please. I have already made allowance to the fact -

Mr. K. D. SYMMONDS: Mr. Chairman, I am not going to fight with you on your timekeeping, sir. I will abide. The fact of the matter is, Mr. Chairman, that the last two interventions are meaningless in the context of what I have said to this chamber. Because all it does is indicate that at the level of the Ministry of Education and indeed at the level of the Ministry of Health, in spite of what clearly may be the best efforts of members of staff, the ministers at whose feet blame must always fall, finally have failed. Because today, if you go into any fast food restaurant in Barbados, any one of them, sir - and I am advertising none. But we all know where to find them. The ones with the local name and the ones with the foreign names. You will find, sir, nowhere where there is fresh fruit as an alternative to potato chips on the menu. Where there are fresh vegetables, sir, as the alternative on the menu. You will find nowhere where the kids' meal, sir, comprises of things like cherries and so on.

Mr. Chairman, and that is the point that I am making to this House - that in other parts of this world where governments are prepared to take these matters seriously and not just find fault with the person in the opposition who speaks about it, you have solutions being put. I, sir, in the last 15 minutes gave examples of Chile, Mexico, Argentina. Right here, sir, where we could, by way of legislative intervention, by way of doing adjustments to the value added tax, et cetera, we could, sir, be well on our way to putting some reality and truth behind the talk on the government side about their concern about chronic non-communicable diseases in Barbados. But that it has not happened cannot be the fault of this opposition. That it has not happened, sir, must lie - the fault must lie in the hands or at the feet of the people who are charged with executive authority in Barbados.

I know the Minister of Agriculture, sir, would be keen to have cassavas and sweet potatoes and so on, sir, more widely used and local vegetables more widely used. So would you too, Mr. Chairman. I know how you feel about it. I hear you bemoaning these things every day at the lunch table. But sir, there is a failure on the part of those, sir, on whose side you sit who do not take seriously this matter and who feel that you can come here to a serious debate on health care in the country and globally sweep under the rug the chronic and absolute and abject failure of the government to take satisfactory steps.

Mr. CHAIRMAN: Honourable Member, time has expired. But I am not angry. I am disappointed. Honourable Member, time has expired.

Mr. K. D. SYMMONDS: I am obliged, sir. Thank you very much.

Mr. CHAIRMAN: Honourable Member for St. Philip West.

Dr. the Hon. D. C. ESTWICK: Mr. Chairman, let me take this opportunity to make an intervention on this head. I would want to start out by saying, sir, that as a student at the hospital, as an employee of the hospital, I have heard these same issues raised when Honourable Elizabeth Thompson was minister. When Mr. Goddard was minister. I have heard these same matters raised - because I raised them - when Jerome Walcott was the minister. When I became the minister, they were also raised against me. When Donville was the minister, they were also raised. And what is important here, Mr. Chairman, is that I do not think that trying to carry this discussion to that micro level of trying to determine who can do more at the micro level is of any value at this stage.

What is more important, Mr. Chairman, is this: that we must go back to the fundamentals that were established - established in the 1978 Alma-Ata Declaration, I think -

which spoke to universal healthcare and access to universal healthcare. A healthcare that is accessible with equity, one that is sustainable, and we must also want one of high quality. We must therefore ask ourselves: what has happened to the healthcare system over the last 40 years? Have we achieved these goals? Where have we fallen down? How can we improve where we have fallen down to make the particular compliance with that declaration meaningful?

Mr. Chairman, between 1950 and 1985 or so, Barbados went through a fantastic - what experts would call - a demographic transition. That demographic transition was fundamentally underpinned, Mr. Chairman, by the development of a strong primary healthcare system. One that was supported, sir, by further development of a proper tertiary healthcare system. And also one that was supported essentially, Mr. Chairman, by a strong drug service system that allowed essentially for universal access to that element of the treatment modality.

Mr. Chairman, coming out of that transition, however, there were some fundamental changes. Those changes, as one analysed the health characteristics of the population, were changes where we were dealing essentially with a shift from communicable diseases to that of chronic non-communicable diseases that we are now trying to discuss at the micro level. The issue, Mr. Chairman, that has always plagued managing your healthcare system going forward is that a demographic transition is not static. The demographic transition continues to transition. And as a result of that, we are now an aged population - and a growing aged population - with a completely different change in the disease mix that we are going to be faced with, requiring a completely different mix of financial, social, and healthcare responses. This is what we ought to be discussing now.

Let us therefore look and see how we would have come to the stage. We would have come to the stage, Mr. Chairman, by a mix of healthcare systems - one that intermixes state-driven healthcare and private healthcare at the primary level and also at the secondary and tertiary level. That admix, Mr. Chairman, has to be funded somehow. How we have funded the healthcare system in the past: we evolved, because of our history of colonialism in the 1960s and 1970s and so on, a system where universal healthcare applications would be driven from tax collections and be funnelled through the state, through a Ministry of Health. That is a system that we evolved, we developed, and we became pretty good at. Later on, when the middle class started to evolve and the upper middle class, we evolved a private healthcare system to complement that. But that is what is done worldwide.

The issue therefore is: as we have the admix to carry our health system forward toward the other changes in the

transition I spoke to, at this stage which one of those two systems should take priority - or should it take priority - or should we continue on the road that we are on? And I think it was under the former administration when there was a strong movement to integrate the private healthcare system into public healthcare. And if my memory serves me correctly, they evolved what is known as a Category C patient, where once you went to the hospital and you had a health insurance premium, you were charged in that regard.

Now, when I analyse the data, Mr. Chairman, and my own experience - the World Health Organization, I think, ought to be recognised because of the expertise - what the World Health Organization has most recently said in regards to both private healthcare insurance systems and state-driven management of universal healthcare systems to achieve that goal is that any health financing reform must be judged by the impact on the entire population. And that it is not good enough to celebrate improved benefits and protection for any group that is set under a scheme if this reduces coverage to others. In other words, what they are saying is that they are recognising, Mr. Chairman, that a system driven by private healthcare systems creates the chaos you have in the United States - 40, 50, 100 million people without access to care. They have recognised, Mr. Chairman, that because there is a relationship between poverty and economic wherewithal, that any system that sets premiums in regards to profit, it is only reasonable that the poor and marginalised and the informal sector cannot participate in that system. Therefore, it is regressive and it is an inequitable system and is not one I can support. Not in regards to where I know that we in Barbados yet do not have an economic middle class. Most middle-income persons in Barbados live paycheck to paycheck and they live essentially, sir, in that corridor. Therefore, when you add up that group to the lower income group and then the informal group and the unemployed group, Mr. Chairman, we cannot therefore move to a system that brings predominance to a system that is inherently regressive.

Now, does that mean, sir, that it is all bad? No. The integration into the healthcare system will require some adjustments to be made in regards to how the state manages the integration process. And in particular, Mr. Chairman, what I think we need to do is to further integrate private healthcare insurance operations into that of the public healthcare delivery system so that we continue to move our universal healthcare service arrangements forward. Granted that we expect greater pressure to be brought on the public healthcare service delivery systems because of the change of disease profile and age profile of the population.

What we need to do, sir, are a few things. We need to have a more structured determination of what is covered and who is covered. We need, Mr. Chairman, to put the type of legal framework in place that allows for the Ministry to better understand who is insured, what they are

insured for, what are the financial contributions within that insured variable. And then we need to be able to monitor that closely so as to weed out those who are not working within the best interest of those persons they insure. Now, Mr. Chairman, what we also need to do is to put systems in place to deal with who enters the market. Who enters the market.

And I am confident, Mr. Chairman, that if we put these systems in and we work in relation to understanding the shift in regards to the disease profile - as I said, the ageing population: expect more Parkinson's, more dementias, more other cancer profiles and so on - that integration with the state, Mr. Chairman, I think gives us the best possible tool to help us deal with this long-term and vexing issue of healthcare financing for the future. And I find it interesting that several countries now are actually revisiting this whole notion of third-party provider systems and actually reversing back to public healthcare systems. Because if it is not equitable and it is not universally applied so that the poor, marginal, and underprivileged become an integral part of it, then, Mr. Chairman, it cannot be sustainable.

So I wanted to make my first intervention, Mr. Chairman, by setting that framework for discussion because I think this is where it is at. Because I am not interested in quarrelling with the other side about how many years there were boxes of air conditioners and elevators sitting on the lawn and running around with bottles and this and that. I am not interested in that.

We have to take this discussion at this level. I believe that it needs to be taken to - and I would hope that other contributors will carry on and let us engage at this level of discussion in regards to health care policy and finance and healthcare. Thank you, Mr. Chairman.

Mr. CHAIRMAN: Honourable Member for St. James.

Mr. E. G. HINKSON: Thank you, Mr. Chairman. I wish to enter this debate first by agreeing with my colleagues, the Hon. Member for St. Thomas, in her contribution last night by stating my opinion that more polyclinics should be opened in the nighttime. For one, I believe right now, and subject to correction, that there are only two or three - I believe as well the St. Vincent Winston Scott Polyclinic that open after 5 o'clock, and Maurice Bayer, and the Branford Tate. But we can't conduct our health care in this respect. Sickness is not something that happens only in daylight and not in the night. So if we need to, and I believe that all of us accept that we need to relieve the pressure on our only public hospital, and the only way - one of the only ways you can do this - is by extending the opening hours of the polyclinic.

I mean, I know that the Honourable Member for St. James South has been preaching - clearly unsuccessfully - to his colleagues from the time he became a cabinet minister that Barbados needs to be a 24/7 enterprise. And this would certainly be one of the areas that we can seek to improve our health care delivery.

I would also wish to agree with my colleague, the Honourable Member for St. Thomas, on the issue of mental health and treatment of mental health issues. And I know again that this was a manifesto promise in the last manifesto of the Democratic Labour Party - that they will bring to Parliament a new Mental Health Act. But again, like most of their manifesto promises, we haven't even heard one thing about it since the last election.

The Barbados Labour Party's position is clear: that we fundamentally believe that in relation to the provision of health care, the poor, the elderly, the disabled, persons with special needs should have acceptable health care provided to them by the state free of cost. This issue of user fees that was mentioned by this Democratic Labour Party government - I think first raised about two years ago - we cannot agree with that whatsoever in relation to those categories of persons, and we want to know what is the government's position on this issue of user fees that they broached.

As I said about a year and a half ago, certainly people who are unemployed, the thousands who have been retrenched because of the policies of this government, because of their poor economic management of this country, cannot be expected to pay these user fees at this stage. We need to increase growth, and all of this ties in with the whole economy and the whole economic management of the country. Because if we had economic growth, if we had productivity in the country - which we have not had - if we had higher levels of economic performance, issues of funding health care would not be as dominant today as they are in the country. The government will be getting a higher level of tax intake and money to pay for health care.

I would agree, Mr. Chairman, that we should encourage persons who are working to buy into health insurance schemes. And I certainly would want to commend organisations like the Public Workers Credit Union who have brought a lower profile of health insurance premiums into the market by trying to get as many public workers to buy into their scheme. And this is something that should be encouraged. Of course, though, we have a situation which we have to watch, because a lot of people bought into the CLICO health insurance scheme and now that money - gone through the EDO's - is not operational. Both CLICO and British American are again tied up with the whole CLICO issue, and that is unfortunate. But this is a way that we can look to help

people or facilitate people in paying for their health care by expanding the health insurance industry.

I would want to know, Mr. Chairman, what is the present position of the Lions Eye Care Centre? Of course I am a member of the Lions Club - now a life member. What is the present position with the Lions Eye Care Centre? Has the eye theatre become operational as yet and is it functioning at that level?

I mean, look - this government has been in office for seven years now. Don't tell me about what happened when the Barbados Labour Party was in office. That doesn't make any difference to the price of rice or the funding of health care to anybody right now. You've been in office for seven years. Take responsibility for the problems that you have right now.

The Barbados Labour Party's position is also that all pensioners should receive their medication free of charge at the pharmacies. These are pensioners who have worked, who have slaved to build this country to get us where we are, and they should be afforded that opportunity. Yes, the issue of excessive use of pharmaceuticals can come into play and you regulate that issue. But certainly pensioners who cannot afford the cost of pharmaceuticals and drugs in their senior years - some provision should be made that they should not have to pay.

We will want to know, Mr. Chairman, what is the position with the construction of a new general hospital that has been mooted about from time to time? We were hearing when the Honourable Member for St. Philip West was Minister of Health that there would be a hospital - then there would not be a hospital. The late Prime Minister contradicted him. We saw in the provision of last year's estimates the sum of \$15 million for a feasibility study for this new hospital, which we were hearing would go up in Kingsland. What is the position now on that particular issue?

What is the position, Mr. Chairman, on dialysis patients? Patients who are on dialysis, struggling for their lives. We hear pronouncements by the Chief Executive Officer of the hospital about the high cost of care for these people. Are we then to just throw these people away at the doors of death because of the high cost of care? What is the government's position on that? We would want to hear from the Honourable Minister of Health on that issue.

On the issue of the St. John Polyclinic, I would really wish to suggest to the Honourable Member for St. John: do not hold her breath on that issue. Do not hold her breath, because promises were made to complete that polyclinic during the election which brought her into this Honourable Parliament over four years ago. The fact of the matter is that for the last ten years of Democratic Labour

Party governance of this country, the St. John Polyclinic has not been completed - 1991, 1994, and now for these last seven years. So again, let us not get tied up with pronouncements about the BLP being to blame, because the St. John Polyclinic has not been completed for the last ten years. The Democratic Labour Party has left that polyclinic in abeyance.

What is also the issue, Mr. Chairman, with the new Drug Service Act? Because again, that has been a manifesto promise of the Democratic Labour Party that we have not heard anything about since the elections. They promised a new Drug Service Act. Let us see the draft of it. Let us examine that in this Parliament.

Reverse mortgages, Mr. Chairman, is another issue that has an effect on health care for the senior citizens of this country. For too long we have been hearing about reverse mortgages, and it has been mainly being pushed, of course, by the Barbados Association of Retired Persons. We have examples in the world on reverse mortgages - we do not have to reinvent the wheel. Let us make it easier for senior citizens to be able to finance their own health care, to contribute more easily, by bringing into place legislation on reverse mortgages.

We have the issue, Mr. Chairman, of the challenges of persons with disabilities and their health care - the issue of rehabilitative care services for persons with disabilities. Yes, we know that persons with serious disabilities - multiple sclerosis, cerebral palsy - have much higher health care costs than a person without disabilities in an enormous sphere of things. I know clearly there is a cost factor on this, but we need to reach the situation where at least we are talking about special health care insurance for persons with disabilities, as happens in other countries of the world, perhaps through some kind of national health scheme or fund. We need to at least start talking about it, even though of course this government is going to say it does not have the money to entertain such a thought.

Clearly, though, we have to praise the staff of the Queen Elizabeth Hospital who have continued to work assiduously to promote the health care of their patients. I believe there are over 500 beds in the hospital, under some strenuous circumstances, under a situation where the Honourable Minister of Finance has been promising redress and has not delivered. I think it was the 8th of July last year that he got up in this Parliament - the highest court in the land - and made a promise that as he was speaking, \$2 million was being transferred to the Queen Elizabeth Hospital, and that within five to ten days another \$20 million would be transferred. And we know as a fact that certainly up to four months after, no such funds had been transferred.

Now this goes to the root of credibility again and trust of this government. That has been the thread in all my speeches so far during this debate - the common thread that this government has lost, if it ever had, its credibility. And honourable ministers can continue to get up in this Parliament and make statements to the public of Barbados, to the whole world, promising these remedies and not delivering. Again in December he promised - and this is a reaction every time the stakeholders, BAMP and the junior doctors, made statements talking about the crisis situation of the hospital, that they would only be looking after emergency cases - and therefore you got these promises from the Minister which were not delivered on, which were not followed up. If the Minister of Finance is not giving you the money, say so. But do not go making these promises to try to buy some time.

In December again we heard about \$25 million being funded for the Queen Elizabeth Hospital. I do not know that that has been delivered, because I believe that was to be by some loan funding which we have not heard about. The Honourable Member for St. Philip West put on the table in these estimates last year a whole scheme of financing health care which clearly his cabinet colleagues have not taken him on, because that has not been brought in any form or measure to this Parliament. We have to wonder - the health specialist on the team, the Honourable Member for St. Philip West, the health specialist - is it that his word is of no relevance in the Cabinet of Barbados? Are they not taking him on whatsoever on any of his issues?

The question must arise, Mr. Chairman, as to whether the Queen Elizabeth Hospital as well needs an audit of the processes and procedures that are in place. And I would want to suggest that is certainly a factor that should come into play.

Mr. CHAIRMAN: Audit the processes and procedures. Your time has expired.

Mr. E. G. HINKSON: Just wrapping up, sir. To audit the processes and procedures.

Mr. CHAIRMAN: Your time has expired.

Mr. E. G. HINKSON: I am obliged, Mr. Chairman. We should look at that. I am obliged.

Mr. CHAIRMAN: The Honourable Member for St. Lucy.

Hon. D. St.E. KELLMAN: Mr. Speaker, the Honourable Member for St. James North just spoke about credibility and he said that this Government does not have any credibility. But when one looks at the record of the St. John Hospital - we won't even get to St. Joseph Hospital yet because there's a long story to be told on that one.

Between 1991 and 1994, the Democratic Labour Party started that hospital and they lost Government in the year 1994. Between 1994 and 2008, nothing occurred as it relates to construction on the St. John Polyclinic. So Mr. Speaker, it took the Democratic Labour Party then to come back in Government in 2008 and now up to 2015, which it now is at a stage of completion. Which means that the Democratic Labour Party had to take two bites of the cherry to complete this hospital. And we can report progress based on actual work done - between 1991 and 1994 we did work; between 2008 and 2015 we did work. But for 14 years, Mr. Chairman, the Barbados Labour Party with all the money did not lay one stone to do anything to help the healthcare of this country.

When we had a member who said that the problems related to healthcare should be segmented and that the area to the east of Barbados should be given some recognition - but even though they admitted that the east of Barbados needed recognition as it relates to healthcare and facilities, for 14 years they did not spend a cent on that facility. And the Honourable Member for St. James North again has the audacity to come in here and talk about the alliance care, the lands, eye care and centre, when the Democratic Labour Party left that as a procurement in progress and the Barbados Labour Party for 14 years did not touch it. Now the Honourable Member has the gall to come here and speak to it.

But Mr. Speaker, the Honourable Member for St. James Central again spoke about the potato chips and so on, and never once did he tell this House that it was the Democratic Labour Party that helped our mike - where they are now producing sweet potato chips, breadfruit chips, cassava chips and even eddo chips - to change that offering. And Mr. Speaker, even so, we were so committed to the project that when I was Minister of Industry I visited the project and recognised that the sizes of the chips were not, in my opinion, the correct size for the market. And I told the officers at BIDC to ensure that they get the right equipment to produce the right chips. Today, sir, they are not only producing the right chips for Barbados, but they are producing the right types and sizes to be exported from Barbados. So I don't mind the lot of long talk. And all of this occurred in a crisis time when there was a shortage of finances. But the Barbados Labour Party had all the money and they did not deliver.

But Mr. Speaker, Mr. Chairman, I want to make this point. I want to congratulate BART and the credit unions and Barbadians that have been proactive and ensured that they have provided facilities for their members to be able to get medical care and to be able to pay a small fee to get medical care whenever. But I want to make the point. The foundation has been laid. You have BART, you have the larger credit unions. And I see a wonderful opportunity for some progressive companies or some progressive groups to

recognise now that there is a segment of persons in Barbados and to bring them all together and to provide that medical care through some system where they can make a contribution and have the same offering - the same way that BART can do it and the same way that the larger credit unions can do it.

I am saying to other small credit unions that you have a wonderful opportunity now to pick up the slack - not only to offer credit union services and offer an opportunity to people to join the credit union, because all of us will agree that joining a credit union and being part thereof is important in these times when one considers the behaviour of some of the banking institutions and now when one considers the demand for health services in this country. So I am calling on the other credit unions to take advantage of this offering and to not only offer credit union services but also offer the privilege for them to join a health service to their credit unions. So instead of looking at everything with a negative eye like the Honourable Member for St. James North, I am saying that there are wonderful opportunities for institutions to come forward and take advantage because there is a demand for this particular service. But you would not expect something like this to be preferred for the Honourable Member for St. James North who is bound and tied in negativity and can only have an outflow of things like those matters.

So Mr. Speaker, I am saying that we have a wonderful opportunity. It has been proffered and I expect that if smarter credit unions et cetera don't do it, then insurance companies like ICBL and so on should not only focus on house insurance and life insurance, but they use the opportunity now to appreciate that they can capture the wider aspect of Barbados by coming in and even have a package now where you can offer health insurance and also life insurance at three in one and allow the opportunity to be there where they are one step ahead and fulfil that mandate. Instead of us getting in here and browbeating each other, let us see the private sector being reactive because I know that is an idea that can work and I hope that people will be reactive and proactive and respond to it.

So I don't want to hear any more foolishness over the St. John Polyclinic from people who ignored it and allowed the steel to rot. I won't even have to say that even the blocks rot too. But you know the difference between the Barbados Labour Party and the Democratic Labour Party? Just imagine, Mr. Chairman, we could have done like them. We came to Government in a crisis and we saw Country Park Towers were still rusting. And we did not say that is a Barbados Labour Party project and we are not going to touch it. We recognised that it was the taxpayers' money. And instead of allowing the steel to rot, we decided we would make a project of it. Go there and see the success. Nobody now speaks about that as a Barbados Labour Party project. And they had a wonderful

opportunity to pick up the St. John Polyclinic when the money was flowing and make it their project. But once they saw anything with the Democratic Labour Party name they remember one name - and so they must starve; they can't think anything. They don't know how to lift up anybody. They only know how to pull down.

So I am not surprised that is now the approach of the Honourable Member for St. James North, because he did not pattern himself after that great son of St. James North, Mr. Royal Eastman, a former member who educated this Parliament. But he is now grounding himself in someone before Royal Eastman who said that, oh, it was the name Democratic Labour Party supporter you should serve. And that is his new approach to this House. Only thing is he is in opposition. Could you imagine what will occur if you ever allow him to get into Government? Everybody against him he will cut down. But we said no. We said no, we will pull him up. And that is why we went and we took your project. That is why we took your project and we made something out of it. We have demonstrated that we have the capacity to make the most out of little. But you have demonstrated that the more you give you, the less you get from you. I thank you, Mr. Chairman.

Mr. CHAIRMAN: Honourable Member for St. Michael [Inaudible.]

Rt. Hon. F. J. STUART: I don't want to clap, Mr. Chairman. I just thought I would rise to make an intervention. Under this Head, the Ministry of Health, the Government estimates to have a revenue take for the financial year 2015–2016 of \$2 555 556 954. And of that sum it proposes to spend \$331 459 647 on health. Any Government, whether of the Barbados Labour Party or the Democratic Labour Party, that commits itself to that kind of expenditure on health out of the estimated revenues is taking health seriously, because healthcare has been a central feature, along with education, of the social democratic agenda which Barbados has pursued ever since - well, after the 1930s.

I always like to anchor these statements in the contents of the Moyne Commission Report of 1945, which reported on the disturbances of the 1930s. Because the disturbances of the 1930s had a lot to do with the revolt of people across the Caribbean against education standards, health standards, housing standards, quality of life, standard of living, land ownership - all those issues. And only last night I was looking through the Moyne Commission Report at home, back in the wee hours of this morning, and it is only studying what Lord Moyne had to say about health - he and his commission - that one gets a sense of the distance which we have travelled here in Barbados and of course in other parts of the Caribbean, although Barbados has moved further ahead on a lot of

these matters than countries in other parts of the English-speaking Caribbean.

You know that you have been making progress in a health agenda when your population becomes conscious of the need to take health seriously and to maintain some kind of relationship with a doctor so that medical care is sought on a periodic and continuing basis. And right across Barbados, routinely now, when people meet you - amongst the things they will ask you, routinely; I certainly experience it wherever I go - people will ask you not just how you are doing now, but are you taking care of your health? Because there is a certain health consciousness in Barbados now that did not exist 40 years ago.

So the country has to congratulate itself for stimulating that kind of awareness, that kind of consciousness, where people now understand the centrality of health care to everything else they're doing. No matter how well educated you are, if your health is weak, you're of very little help to yourself or to the society in which you live. And that's why successive governments of Barbados have tried to ensure not only that we spend money on health, because you can spend money on health and spend it unwisely, but that we make health care as accessible as possible. And whether you're talking primary health care in Barbados or secondary health care in Barbados or tertiary health care in Barbados, it is an incontestable fact that at all three levels, health care is accessible to the average Barbadian. That is incontestable. And both sides of the House, both political parties in this country, have contributed to that achievement. Let's not fool ourselves about these things. There are certain things that you have to put beyond the pale of partisan political contention and that is my disappointment in some of these debates - that every attempt is made sometimes to politicise these things.

It is not a fact that when the Democratic Labour Party is in office, only people in the Barbados Labour Party get sick. And it is not a fact that when the Barbados Labour Party is in office, only people in the Democratic Labour Party get sick. We all get sick. And we therefore have to adopt a more mature approach to issues of this kind. Not only do we have an accessible health care system, we also have an affordable health care system, whether you're talking at the primary level, at the secondary level or at the tertiary level as well. And the health care system is affordable not because of the benefaction of anybody in the private sector, only the health care sector. Health care in Barbados is affordable because of the role of the state. The state, using the taxpayers' money and operating on the principle of redistributing the country's wealth on the principle of maximum social advantage, has made sure not only that we have health care that is accessible, but that the average man and woman in the society can afford that health care.

Now there will always be exceptions in these circumstances. Was it not Bob Marley, Mr. Chairman, who said that in an abundance of water there will still be people who are thirsty? Yes. So even though it is accessible and even though it is affordable, you will always find persons who are not benefiting from it as they should. I made the same point in relation to education. Even though the Government was providing tertiary education, free, taxpayer funded directly, there were still many people who were not going to the university. Even though we have made health care accessible and affordable, there are still people who are not taking full enough advantage of the availability of health care. And that in spite of the fact that over the years the quality of our health care has been second to none in the Eastern Caribbean - perhaps in the entire Caribbean. Whether you're talking mental health care or more general health care, Barbados has been a model of high quality health care because we have spent money training our health care professionals, whether they be nurses or doctors, nowadays dietitians and all the other stakeholders in the health care system, to make sure that we make available to the people of Barbados a high quality of health care.

There is much more specialisation today in the medical profession than at any other time in Barbados' history. Much more specialised health care or medical care is available to the citizens of Barbados today than at any other time in our history. So we're not going to ever have a perfect health care system. I am indebted to the Honourable Member for St. Philip West, when he reminded the House and reminded Barbadians that he worked in the health care system and worked at the QEH. And when Liz Thompson was the Minister, we used to hear all the complaints that they heard in here today. When Mr. Philip Goddard was Minister, we heard all the complaints that we heard in here today. Right through the spectrum. And in fact it goes back to the days when we had a General Hospital, before we had the QEH, when you used to hear these. You have to read and to see that history did not begin yesterday.

I know the Honourable Member for St. Michael North - I think I overheard him saying yesterday what some benighted 19th century President of the United States of America, I think his name was Andrew Jackson, said: that history is bunk and that reading rots the mind. And I heard him yesterday saying that he doesn't see why history should be any core subject anywhere. That's a horrible mistake. Horrible mistake. And literature - that is evidence, if any were needed, of the Honourable Member's lack of sophistication. You can't say that, not about history and literature. But you know, these things happen. My friend, nevertheless. But the quality of our health care is really unimpeachable. And I feel proud to be a Barbadian to know that in this country you don't have to be afraid to get sick because there is an accessible system, there is an affordable system and there is a high quality system. We're

not going to get it perfect. There will always be areas in which we can improve. And that is as it should be, because a man's reach should always exceed his grasp. There should always be something higher at which we are aiming. And that is what we are doing here in Barbados.

Now I know the temptation is great when you are discussing health to limit your discourse to the Queen Elizabeth Hospital. And when you're discussing education, to limit your discussion to the University of the West Indies. That seems to be a very unique form of illness in itself. You have a perfectly functioning - well nigh perfectly functioning - primary health care system. Perfectly functioning in the context of the limitations imposed on human beings. Where secondary health care is concerned, doing quite well. Where tertiary health care is concerned, we're doing quite well. But from time to time, our economic fortunes change. And the truth is the machinery, the equipment, the technology, the human resources needed in any tertiary care institution are so expensive that countries like Barbados have to make some very hard choices from time to time. The same thing happens in education. As I said earlier this week, Mr. Chairman, we have become integrated into the global economy. As the Bard from St. Philip puts it, the red plastic bag - we are not only on the net, we're also in the net, and we get swept along by the global current and we have to try to swim as adeptly as possible if we are going to survive as a nation. We do not have at our disposal the kind of resources that countries like the United States of America and the United Kingdom and Japan and Germany have. But I dare say that health care in Barbados is more accessible, more affordable than health care in the United States. For the vast majority of people, that is a lived experience. But we like to flagellate ourselves and to give the impression that nothing right happens around here. And when that debate seems to be lost, then we go for the minutiae.

Now, let me get to the St. John Polyclinic, about which heavy weather has been made in this debate. The St. John Polyclinic is about 95 - 95 per cent or 97 per cent, I'm told - finished. The Polyclinic started in the year around 1991, when a global economic recession which affected the United States, affected Canada and affected the United Kingdom, among others, had its reverberations here in Barbados. The then Member of Parliament for St. John, who was also, by the time the clinic was well on the way, a Minister of State in the Ministry of Finance, took the decision that he would ask the people of St. John to make the temporary sacrifice in the interest of all Barbados by redirecting any funds that were going to be spent on the Polyclinic to the general welfare of the country. And therefore construction of the Polyclinic stopped. By 1994 - September 1994 - the Democratic Labour Party was voted out of office. After some tumultuous events in this House

and outside of it, the Barbados Labour Party came to office in September 1994.

Sometime in the late 1990s, the Inter-American Development Bank, as far as I can recall, did a study on poverty in Barbados or produced a study on poverty in Barbados. The aspect of that study that was highlighted all across Barbados - on the airwaves and wherever you turned, in the newspaper columns of the Barbados Labour Party, and whenever Labour Party spokesmen or women had a chance to be heard - the part of that report that was highlighted was that St. John, the parish of St. John, was the poorest parish in Barbados. That fact was not only highlighted, it was highlighted in order to say that the late Errol Barrow had been a failure in the parish of St. John, that he did nothing for the people of St. John. That is what they were saying. That's what they were writing in their columns. In fact, I remember sitting in a church and listening to a sermon preached by the late Canon Jimmy Springer in which he lamented the fact that anybody could take that study and use it in the way in which it was being used, especially in relation to a man like Errol Barrow when he had done so much for Barbados and the entire Caribbean. I remember the sermon very well. But because the Barbados Labour Party wanted to get at Barrow and also to get at the then MP for St. John, the late David Thompson, every attempt was made to highlight the fact that St. John was the poorest parish in Barbados.

Now, you would have thought that if St. John was the poorest parish in Barbados, some conscious effort would have been made to redirect national resources to that parish. No, not at all. Not at all. It was held up as the poorest parish and the back of the Barbados Labour Party was turned on that parish. So the St. John Polyclinic was not revisited for 14 years. The Sherburne Conference Centre suffered the same fate. I laugh when I recently overheard the voice of a senior Labour Party spokesman who recently delivered the Tom Adams Memorial Lecture or whatever it was, because he was one of the persons who used to walk around on platforms and, I believe, in this House and talk about the exposed backside of Sherburne - making sport at the unfinished Sherburne Conference Centre. And for 14 years nothing was done about the St. John Polyclinic and nothing was done about the Sherburne Conference Centre. Those things had to wait until the Democratic Labour Party came back to office. A similar fate attended the Lions Eye Care Centre at the QEH. Coming here this morning, trying to sound sanctimonious and give the impression that they care so much about the people of St. John and the Polyclinic and all that. I know better than that. In those days when I used to read newspapers - I don't read them now - I used to read their columns and see ridicule being heaped on Errol Barrow and on David Thompson, because St. John was supposed to be the poorest parish.

So the Democratic Labour Party has come back to office and we have revisited the St. John project. There was a lot of rehabilitative work that has had to be done. A lot of rehabilitative work. But the Polyclinic is now, I am told, between 95 and 97 per cent finished. And therefore I do not consider - I do not consider the 30th June deadline highlighted by the contract will be a problem. The 30th June deadline to which the Member for St. John has referred - I think, based on the state of completion of the Polyclinic, that by the 30th of June we could get it finished. I met with all the stakeholders about two months ago. And I am satisfied that we can get the Polyclinic finished. But the truth is the people of St. John - if St. John is supposed to be the poorest parish in Barbados, and I don't accept that, it has produced some of Barbados' most illustrious citizens - I don't accept that foolishness. It needs the Polyclinic, that multipurpose facility that can minister to all of the aptitudes, all the needs and all the comforts of the people of St. John. And I want to congratulate the Honourable Member for St. John for the understanding and the patience which she has shown through a very difficult period. We're going to get it finished and we are all going to trek up to St. John when the time comes to open the David Thompson Polyclinic. Get that clear. So you could talk as much as you like. That time is going to come and all the talk about how long it took to finish will come to an end.

The Sherburne Conference Centre - that is going to be completed as well. I know the Minister of Tourism has been doing some work up there. And the Lions Eye Care Centre of course has been getting its share of Government's attention. So, Mr. Chairman, I just thought that I would make an intervention to deal with these things. The people of St. John deserve to have their Polyclinic and they're going to have it. We should not have been discussing any St. John Polyclinic in the year 2015, because for 14 years the Barbados Labour Party was in office and because of spiteful, short-sighted politics, they refused to do anything about it. But it is now between 95 and 97 per cent finished. And it's going to be open in the very near future. Mr. Chairman, I'm obliged to you.

Hon. J. D. E. BOYCE: Mr. Chairman, Sir, I beg to move that you do now report progress to His Honour the Speaker and ask for leave to sit again.

The question was put and resolved in the affirmative without division and Mr. CHAIRMAN reported progress to His Honour, the SPEAKER, and asked for leave to sit again. Mr. SPEAKER resumed the Chair and reported accordingly.

SUSPENSION

Hon. J. D. E. BOYCE: Mr. Speaker, I beg to move that the sitting be suspended until quarter past two this afternoon - 2.15 p.m.

The question that the House be suspended until 2.15 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the House accordingly.

RESUMPTION

Mr. SPEAKER: Yes, Honourable Members, this sitting is resumed. The suspension was taken. We were in committee and to that we shall return.

Mr. SPEAKER left the Chair and the House went into Committee of Supply, Mr. J. D. PAUL, Chairman of Committees, in the Chair.

COMMITTEE OF SUPPLY

Mr. CHAIRMAN: The House is now in committee. Honourable Member for Christ Church West.

Dr. M. M. AGARD: Mr. Chairman, I am just a little perplexed by these proceedings thus far because I was under the impression that we were in committee of supplies where we are expected to drill down to the nitty gritty. When we were having the debate on the estimates we were told that the other side was anxious to get to committee of Supply. They actually did not wish to have a general discussion on anything. Now that we are in committee of Supply they want to have an esoteric and philosophical discussion. It seems as though they want to determine the agenda for the Barbados Labour Party. But we cannot afford to allow them to determine our agenda today because there are issues that we need to drill down on. And therefore I am going to be - whilst I am on my feet I am going to be seeking answers to pertinent questions. I am not prepared to run away from important things. They keep telling us that we need to get off of the hospital. But the truth of the matter is that our -

Mr. CHAIRMAN: Member for St. Philip South. Yes.

Hon. A. D. BRATHWAITE: The Honourable Member is misleading the chamber. We do not wish her to run away from anything. It is her branch members who want her to run away from Christ Church. Rest.

Mr. CHAIRMAN: Honourable Member, please proceed.

Dr. M. M. AGARD: Thank you, Mr. Chairman. I am not going to run away from the hospital for the simple reason that when we are asked to vote on \$250 million and of that \$250 million \$155 million is assigned to the hospital then we must be able to appreciate that the hospital will consume much of our discussion. So that is nothing for us to run away from. Neither are we going to run away from a discussion on the St. John Polyclinic. And we still need to have answers on this issue.

I really want to go to this matter first, Mr. Chairman, and deal with this. I am not prepared to accept that the Honourable Member from Christ Church South had a nice little meeting with the Honourable Member from St. John and the two of them have sorted out their tête-à-tête and we should all be satisfied with that. I am not prepared to accept that because the construction of the St. John Polyclinic was not built out of any private fund. It is the taxpayers' dollars. And the people of Barbados want to know why there are so many delays.

Now let me go to the estimates because I have a document before me. Mr. Chairman, it is the Parliamentary Brief of 2014–2015 and it says, and I quote on page 12, the Ministry has requested a supplementary of \$4.5 million to complete the project, which has been approved. The building is 95 per cent complete and contractors are aiming to have the project completed by mid-2014.

Now I want to deal with this because since last year you have had a supplementary of \$4.5 million requested and approved to complete the building. A year ago, the building was 95 per cent complete. And we can hear, after a full 12 months, \$4.5 million more - almost 100 per cent overruns - that the building is now still at 95 per cent complete. Barbadians need an explanation as to why after a whole year, after a whole year, you are still at 95 per cent complete, even though we have assigned an additional \$4.5 million to the project.

Now, note that I am not even interested in a complete building. I have asked you to bring the building to functionality. When are you going to get the St. John Polyclinic functional? But I go further. I go further, because when you look at the estimates, you will see that \$703 000 were assigned to the polyclinic last year, of which \$300 000 were used. But for the estimated budget for 2015–2016, you have only voted half a million dollars. Now, who are you fooling? If I am to compare your vote for the other polyclinics, the Winston Scott Polyclinic has been voted, to my knowledge, \$5.7 million. The Eunice Gibson, \$2.6 million. Morris Byer, \$3 million. Randall Phillips, \$3 million. St. Philip Polyclinic, \$2.7 million. But for the St. John Polyclinic, half a million. You need to explain, based on your figures, whether you truly believe that this polyclinic is going to be completed by this year and whether it is going to be functional, because with an

assignment of a mere half million dollars, I do not believe that even you believe the statements that you are making on that side.

The important thing is that your figures do not lend credence to your statements. And these are the things that we need to be concerned about, because I do not see anywhere in these estimates where you honestly believe that you can get that polyclinic up and running by the end of this year.

But it is more than that, because we have also been told that you are very concerned about the care of the elderly. And we have had an extended discussion in here about the care of the elderly. And the Honourable Member from Christ Church South said that they have taken issue with this matter. But yet when I look at the estimates, I see that you have cut that budget by half a million dollars - at a time when our population is increasing in elderly Barbadians, at a time when the financial situation in this country is leading people unintentionally to what I do not want to call an abandonment of their elderly relatives, but by and large that is what it is. Many of them do not want to abandon their elderly relatives, but because of the circumstances they are forced to do so, unfortunately. But at a time when these things are happening, you have cut that budget by half a million dollars. But yet you want to say that you are concerned and that they have your interests. Mr. Chairman, the numbers do not add up at all.

I also want to bring to the attention of the Minister of Health, through you, Mr. Chairman, because I am only the people's representative - I am only asking what the people want to know about. We have had a debate in this House for the past eight hours. And up to now we have no definitive statement from the Government with respect to user fees. I am saying, Mr. Chairman, that we need before the end of this debate to have a definitive statement. User fees. How are we going to make up the shortfall? How are we going to make up the shortfall in health? And I recognise the dance, because everybody out there is telling everyone on our side that we need to make the recommendations. Why do you not suggest what we ought to do? We have already given you some ideas with respect to that. And the only thing that I would say is that whether we embrace personal responsibility or health insurance, the major portion still has to come from Government and therefore you still need to tell us how you are going to make up that shortfall, Mr. Chairman.

Now, I had asked the Minister yesterday about the possibility of a purpose-built facility for patients with chronic diseases, chronic non-communicable diseases. And he pointed -

Mr. CHAIRMAN: Honourable Member for Christ Church South.

Hon. J. D. E. BOYCE: I speak specifically to her analysis of the situation of primary health care delivery in St. John. There is operational in St. John a clinic now which serves the people of St. John and the staff. This clinic has been in operation for many, many years. The new polyclinic will be staffed by the same staff that now serve the polyclinic - the outpatient clinic - in St. John. The important thing is that the Honourable Member cannot put out there that there is no provision for St. John. The \$500 000 is simply for supplies and materials at the new polyclinic. The staffing for the polyclinic and the equipment and everything is already available.

Mr. CHAIRMAN: Honourable Member, proceed.

Dr. M. M. AGARD: Mr. Chairman, we thank the Minister for that update - a brief that has come ten minutes after I made the point. But I am happy that you can be briefed in this way. Thank you. As I was saying, he did not even know - I had made a serious point. I had made a serious point yesterday because I recognised that the Minister really and truly does not want to make any submissions to this debate. So I have to ask all of my questions. I have to direct all of my questions to him in one standing. Yesterday I respected the position of the Chairman who said not to intervene on certain issues when they were raised, that you would get an opportunity to speak to them again.

Now I had made the point that with respect to our bed space at the QEH Hospital, that if 42 per cent of those suffering with diabetes present to the hospital and take up bed space - especially, for example, after an amputation where there are several days of convalescence - I had suggested that we consider a purpose-built facility to deal with diabetic patients and other patients with chronic diseases where we know the management portfolio of the individuals and they really need not be housed at the QEH Hospital. Now he directed me to the Warrens Polyclinic and I understand what he was saying, but I do not think he understood what I am saying because I do not know that the Warrens Polyclinic has facilitated anyone who has been convalescing at the Queen Elizabeth Hospital to the point where bed space has been freed up. And my understanding is that we are concerned about freeing up bed space. So I want to reiterate my recommendation that some purpose-built facility be given to patients of non-communicable diseases - those secondary conditions that can be managed away from the hospital - so that the hospital is then free to deal with acute care and emergency care.

Just one other point. I am a little surprised that the polyclinics have not yet been completely outfitted with diagnostic capability. It had been one of the promises of the Democratic Labour Party. It was a promise that I personally had looked forward to because I could appreciate the benefit of having diagnostic capability at the

polyclinics. And I really would like to see this being introduced. But more than that, I would actually like to see the liberalisation of diagnostic equipment throughout Barbados because I can appreciate that one of the things that will drive up health costs is the monopoly, so to speak, on diagnostic equipment. And if it is that you are able in any way to ensure that the cost of importation of diagnostic equipment is reduced by way of subsidies or the removal of duties and taxes, I am more than certain that if we are able to liberalise that particular aspect of our healthcare system we would generate some revenue. And I am not just speaking locally. If it is that we are within the region the hub for health care, then I can assure you that you could expect to see an inflow of patients from around the region accessing our diagnostic care. And it is something that I would wish, whilst I am on my feet, that you would take in all seriousness and sincerity.

Just a quick point that I would like to make with respect to diagnostic capability - even in dentistry - because at times we are challenged as to why we need to have diagnostic intervention before we can treat our patients. We are often asked about the taking of X-rays and I just want to use this time on my feet to say that we subscribe to the highest level of ethics and medico-legal responsibility when we engage in diagnostic intervention with our patients and that the very purpose of taking those X-rays is to instruct our diagnosis of the patient and determination of treatment. It is not an addition, it is not excessive, it is not an extra - it is an integral part of the treatment. And that is why we dentists - and I am proud to say that is why we adhere to that aspect of diagnosis. And I am sure that in medicine likewise, it is something that we can use very skilfully and very successfully to expand the health care interventions that we offer. I am going to stop here at this time, Mr. Chairman, and if I am allowed to return I will make one or two other points.

Mr. CHAIRMAN: Thank you, Honourable Member.

Hon. D. O'N. INNISS: Thank you, Mr. Chairman. Of course I re-enter this discussion to continue the thought process in respect of several matters that have been raised here today, and of course last night as well. The Honourable Member for Christ Church West has made it clear that she is not going to run away from any discussion on the QEH. I keep saying all the time that we as policymakers continue to make a grave mistake by centring our attention on healthcare reforms around the Queen Elizabeth Hospital. Wise and very mindful. It is the one public healthcare institution that most people use. It certainly is also one upon which governments are judged periodically. The reality about it is that unless or until we start to focus on the factors that drive people towards the QEH, we are going to continue to come in here year after year and talk about food rotting in the hospital, bandages not available in the hospital, medication not available, the

doctors and those kinds of things, and we are not going to find sustainable solutions to the healthcare issues in this country.

Perhaps rather than run away from the hospital, I would invite the Honourable Member and her colleagues to put themselves in the hospital and look outwards and ask yourselves, what are the things that need to be addressed? A couple of things that come to mind, Mr. Chairman, which I hope I, in a few minutes allocated, can help others to reflect upon, is the fact that a lot of individuals who use the Queen Elizabeth Hospital originate from our primary healthcare department - many, the polyclinics in particular - and are those that deal with the lower end of the healthcare challenge. Only today, in glancing through one of the daily papers, I saw an article, I think it was perhaps a front-page article, someone calling for a polyclinic to be established in the Queen Elizabeth Hospital. I am sure that the learned economist who made that call did it with all good intentions, but it is utter folly as far as I am concerned. As a matter of fact, what the hospital needs to do is to move the primary care functions out of it. And I think because we have not paid enough attention over the last 20 or 25 years on the polyclinics or the primary healthcare departments, a lot of the primary care functions have been forced into the hospital.

Much has been done, I must say, in recent years, though, to reverse that situation. For example, in our primary healthcare situation today, there is the greater use of technology to capture information, archive it, retrieve it, and also to share it across the platform with tertiary healthcare institutions. That, Mr. Chairman, can go a long way - once fully rolled out - in helping to contain the cost and increase accessibility and certainly better results for those patients who come before them. That is something that the current Minister of Health can boast about in terms of further rolling it out across the system. We also have realised that there has been a need to, for example, decentralise some of these services. Hitherto, I believe, HIV diagnosis, care and treatment was concentrated on one particular healthcare facility. Today -

been trying to do over and over again, many of which really have no place in the hospital. The hospital - should I hear the Honourable Member for Christ Church West talk, for example, about the number of diabetics in the QEH taking up about 42 per cent of the beds, I think is what she said - and therefore the Honourable Member has made a call for a special facility or purpose-built facility to deal with diabetics and NCDs. I note the call. I believe it is well intentioned, but it really makes no sense because here again you are being told there is a fiscal issue, so therefore you do not have the money to do all these things. So the solution coming from the opposition benches on this one particular issue is to go and build a purpose-built facility for diabetics, for example. That means that you are going to

have to foot the cost of building a facility, then you are going to have to staff it and all of those things. It makes no sense. Let us have a conversation about how we can reduce the number of diabetics in Barbados. How can we reduce the prevalence rate of diabetes in Barbados? What can we do fundamentally to stop more people in this country from developing diabetes? There will always be those who slip through the cracks. And that is why I say, Mr. Chairman, that any conversation about healthcare cannot be just about the hospital. It must be about the roles of dietitians, for example, in the community setting and nutrition-related professionals. It must be about the role of nurses who are able to manage the diabetic foot, for example. It must be about partnership with the private sector. That is why I believe it is the Maria Holder Trust - one of the trusts, I believe - that provided the financing to establish a diabetes specialist centre in Warrens. And I must once again commend the Barbados Diabetes Foundation for the excellent work they have been doing in educating Barbadians about diabetes and helping them to manage it. So a specialist centre like that, which really is a private sector and NGO enterprise, is one that helps to relieve some of the pressure off the QEH in terms of diabetes and will drive the cost of managing it down. But then there are many others. There is the Barbados Cancer Society, for example, and the work they have been doing at their own facility on the outskirts of Bridgetown, helping to educate Barbadians about the things to do to avoid cancer and how to manage the process. And then there is the Barbados Cancer Support Services Group that provides the kind of support for those who are affected with cancer and has, in many respects, helped to keep people out of the hospital setting. And you can go through the whole set of NGOs and civil society groups that relate to healthcare and realise that there is a lot that they are doing that can help keep the costs of the QEH down.

So a very serious mindset is needed. We really need to stop bashing the hospital and getting into what I call minutiae, because it has not changed a lot of what has been said last night and today about healthcare in Barbados. It was being said, you know, maybe 20, 30 years ago. We need to cast our eyes towards the future and ask ourselves: what kind of healthcare system do we want in Barbados? We want one that is sustainable, one that is accessible. Those are the fundamentals that we want. Now, neither the Democratic Labour Party nor the Barbados Labour Party - I genuinely believe - would wish to see our healthcare system crumble. And therefore that is why we have to put aside the party divide and really wrap our minds around the way forward.

I think, Mr. Chairman, that in looking towards the future, we really have to tackle the major cost centres in healthcare in this country. There is a huge human resource cost. I do not think there is any other sector of the economy that incurs as much human resource cost as the healthcare

sector. I think in the QEH it is probably 60 to 70 per cent of what is allocated that goes towards human resource costs. Here, for example, we need to ask ourselves: how can we maximise it? And that is why things like the reforms we did with the Medical Council, the Medical Professions Act - the new one we brought in that talked about continuing professional education, recognising specialists, et cetera - all of those things are designed to ensure that we have the best quality human resource available in this small island in terms of healthcare, so that the unit cost of delivering service from those specialists and on the HR side is first contained and then driven down. We have ensured that our education system continues to produce the right number, quantity, and quality of doctors, for example, that the system deserves. We have gone a step further. There was a time when Barbados had to import nurses to function in our public institutions. I believe that is now something of the past, unless you are seeking a specialist one or two. So the investments we have made in that area, for example, have started to yield the kind of results we sought. That is going to help to drive down the HR cost of nursing. And the fact that continuing education in that profession is mandatory is also going to help to improve outcomes, minimise the risk of adverse events, and actually reduce the medical-legal costs attributed to the healthcare system in this country. The fact that we are able now to have more specialists in rehabilitation, for example, also means that it is going to help to contain the cost of healthcare in this country.

We have also, Mr. Chairman, recognised the role of ICT in the delivery of healthcare. I do not need to dwell too much on this. It is an area that the Ministry of Health, as reported by the Honourable Minister, the Member for Christ Church South, keeps talking about - that they continue to invest in it and can see results. The fact that the staff in the Ministry of Health in the Research and Planning Department are able to capture data, the fact that there is a Barbados registry - I believe it is called the registry - that captures pertinent information that helps with the planning process. So I say, you know, the discussion cannot be just about the curative issues and what is happening in the hospital. It is about what is happening in the Ministry of Health from a planning perspective and a policy-making perspective. It is about the role of the UWI Faculty of Medicine. It is about the work that is going on in the registry that can tell you that there are 53 individuals in Barbados every month who suffer a stroke - 53 strokes per month. Now once you have that kind of data and you start to realise, as you drill down, that the underlying factors are hypertension, then the work of the NCD Commission - which is not in the QEH but is part public, part private sector - is able to conceptualise to the Health Planning Department the right kind of interventions that allow Barbadians to help reduce the prevalence of hypertension in this country, which ultimately will lead to a reduction in the number of stroke victims in this island on a monthly

basis and then by extension help to reduce the cost and the length of stay in the hospital.

We talk about diabetes, but if we do not address that at the community level, then more Barbadians will end up with end-stage renal failure and end up on dialysis. I do not want us to have a discussion and a call to find millions of dollars more to provide dialysis treatment for Barbadians. I think the resources are best deployed on the preventative side. And even as we speak to dialysis, for example, we need to remind Barbadians that because of our lifestyle, many of them end up costing taxpayers \$4 000 per month per individual for dialysis treatment. So when the opposition benches talk about wanting more money for this and for that, I would rather spend \$4 000 per month educating 20 000 primary school children about the harmful effects of their kind of lifestyle and dietary habits than to spend it on individuals who really ought to know better and are now on dialysis. And the Ministry of Health ought to be commended for continuing to expand the programme and develop it with the private sector to help bring down the cost of dialysis treatment, for example. But the money cannot keep going on the curative side. And that is why I keep saying, Mr. Chairman - I say it over and over again - if we focus our discussions on healthcare reforms around the Queen Elizabeth Hospital, we are doomed to go nowhere in terms of serious healthcare in this country.

And the final point I am going to touch on really relates to the issue of healthcare financing. As much as people have talked, it is this Government that provided a tax concession of \$750 per person for those who go every year to get a medical check-up. Now we have to be careful because all the concessions they give end up in less revenue for the State, et cetera. But something like that I have always fully supported - when the State says to me, as a taxpayer, you go and you get your annual check-ups, you go and embrace some of the preventative strategies, and in return I am going to give you an allowance of \$750 per year. That to my mind is the kind of creativity that we need in this country. Because it means now that us men in particular - who do not like to go to doctors for an annual check-up, who only like to go when it is really bad and you are about to sing "Nearer My God to Thee" or when the road is called up yonder - if I am now incentivised by way of a tax concession, as this Democratic Labour Party Government has done, that allows me to go to my GP for an annual check-up, it may mean that that check-up allows me now to realise that I need to do something about my blood sugar levels, my blood pressure, or whatever it is, and maybe alter my lifestyle a little, which can extend my years and give me a better quality of life and also help to reduce the potential expenditure that the State will have to spend had I not done that kind of early diagnosis and treatment.

Based on that incentive, we need to start educating our young people in particular, because I know a lot is going to be said about the elderly and those of us who are 50 years and climbing, but we need to spend some time educating our young people on two things in particular when it comes to healthcare. First, how to act more responsibly when it comes to their health. Nobody can take care of your health like you can. I do not care how many doctors and nurses or pharmacists there are in society. At the end of the day, if you do not take care of yourself, only God can help you. So we have to inculcate in their minds from a very early age the benefits of acting responsibly. And the other point is that we need to do just as we are saying for education - you need to start making some investments, whether in terms of insurance policies or whatever else, when you are young and healthy, to help take care of yourself in your golden years in case something adverse happens to you. So Mr. Chairman, in closing, let me just summarise by saying that the discussion must not be exclusively about the QEH and particular institutions. I know those things gain us some brownie points when our constituents say, "Oh, my MP made a call in Parliament today for better food in the hospital, for cheaper medicines, or about transportation or the ambulance or whatever." But when those are settled and done, our constituents want to know what is the vision for the healthcare system in Barbados. They want to know if their children and grandchildren are going to have to pay for healthcare. Well, let me tell you, they are already paying for it. Nothing is free. And we keep saying to Barbadians all the time: stop using that word "free." There is absolutely nothing free. Somebody has to pay. And the amount of money that the Barbados Labour Party administration has collected in taxes, and the amount that the Democratic Labour Party administration has collected in taxes, has never been able - and will never be able - to pay for all of the healthcare interventions that all Barbadians want. Let us face that reality. But having done that, let us at the same time enlighten our citizens as to what we need to do to truly build a sustainable healthcare system. Focus on education, focus on technology, focus on continuing training and empowerment at that level, helping people to take responsibility for their actions, incentivising through the tax system. Those are some of the fundamental things we have to address. So Mr. Chairman, I wish to thank you for allowing me a few minutes to enter this discussion and I am obliged to you. Thank you very much.

Mr. CHAIRMAN: Honourable Member for St. Philip West.

Dr. the Hon. D. C. ESTWICK: Mr. Chairman, I want to support several of the premises that the Honourable Member for St. James North would have advanced to this Honourable House. Mr. Chairman, I want to take up where the Honourable Member completed his submission. And that is on the whole notion of the sustainability of the

present healthcare system that we have - its sustainability, Mr. Chairman, not only because of the increasing demand for services at the healthcare system, both local and foreign, but also the increasing use of more costly technology in the delivery of health care services, and also generally, sir, the general burgeoning of the health care budget that is plaguing health care systems worldwide.

Now, the national healthcare sector finances, Mr. Chairman, is subject to the availability of public finances. Once you accept that premise, then you have to go to the other inference - that is, that public finances are not constant. Public finances represent a variable that is determined on economic business cycles. Therefore, when you have economic growth, you can use pro-cyclical economic policies to build up surpluses that could be drawn on when you have downturns in the economic cycles. Additionally, Mr. Chairman, to demonstrate the point of the variability, when you have the downturns, you may have to further support the health sector by counter-cyclical policies. And you would hope that you would have built up enough reserves or surpluses during good times that you can do this.

Mr. Chairman, once we accept that the economic cycles therefore affect the national budget and the allocation or the availability of funds to the healthcare sector, Mr. Chairman, this is precisely what we are facing at this stage now. What we then need to do is to create a financing system, Mr. Chairman, that utilises national savings and individual savings to build up surpluses which are allocated to a special account that is drawn down on during recessionary periods, therefore mitigating the necessary cutbacks, Mr. Chairman, that would normally occur to public finances when you have a recessionary period ongoing.

And I have been trying to figure out, Mr. Chairman, from just reading a lot of international literature, what is the best way of accomplishing this. And I think it is necessary at this point in time to propose a potential solution for discussion. I believe, sir, that the best way to accomplish the sustainability is for us to move towards a national health insurance scheme - a national health insurance scheme that is hybridised with the present private health insurance system.

Let me explain, sir. As you have a legislated drawdown, sir, on a monthly basis from your remuneration for your pensions, with the NIS, one can determine a similar type of system where a percentage of those funds that you receive on a monthly basis is drawn down specifically to engage an NIS account that is specific for health investment and health management. When you do the numbers, Mr. Chairman, if you were just to put essentially a similar drawdown to that which is now used for the National Insurance Scheme on pensions, you can

end up, Mr. Chairman, with several million dollars on a monthly basis that can go into that special account, which can be invested by the investment division of the NIS. And as we have built up as much as, I think, four to six billion dollars in assets via a similar technique in regards to pensions, a similar arrangement can be established in regards to health and also education.

And I am confident, Mr. Chairman, that the hybridisation of that with the private system can work in this way. Those persons who choose to maintain a private health insurance scheme for medical services can opt to do so. Right now, I do not think one can safely make the argument that one would be double-taxing those persons because they take the option now not to go to the QEH and go to a private doctor - to go to Bayview or to go to Sandy Crest. But as in the category C patients that the hospital now would have to deal with, that are billed once they have a health insurance system, I would maintain that integration with the national system so that as long as you have the health care system that will be billed for services delivered by the QEH, leaving therefore the sums that would come from your remuneration monthly to build up the surpluses in the system.

Now, Mr. Chairman, I think that to come here and simply to go back and forth on what is wrong and what we would like to see - in the final analysis, it comes down to money. Therefore, the question is: how do you get the money if you are in economic recession and businesses have run down their savings and they are having challenges on the revenue side? Government also has those challenges. Therefore, I am trying to proffer a system that will allow, over time, the building up of investment resources that will act in a counter-cyclical way to support and buffer the health care system when you have the recessionary periods.

And I therefore believe - and I have not worked it out because it is not my area of expertise - that the actuaries and the other health specialists ought to look at the proposal and to see its merit. I have had experience in discussions with a lot of the private health insurers in this country when I had another incarnation, and I am confident that they are not opposed to the integration. I am also confident that they are aware that the size of the Barbados market is too small to effectively support a mass-based collective money pool and risk pool, which means your premiums have to be higher than what they ought to be, therefore making it regressive, Mr. Chairman. And it is because of that I cannot see any other way at this stage.

The fact of the matter is that I think it gives us a possible mechanism to integrate the two systems and to provide the sustainability that we are looking for in our healthcare system, therefore allowing us to level out the access to funding in good times and in bad times. And why

I think, Mr. Chairman, that we ought to be careful and do the analysis is because it did not take the NIS long to build up \$600 million in assets in cash. It did not. And you can utilise the same number of persons who are employed on an annual basis. And I think we are talking about over 20 000 persons. And if you were to just do a cursory calculation of \$10 per month, you will see how many millions of dollars you will be developing per month that can be built up and invested - and that does not affect the present budgetary allocation that you have ongoing. What it does is it contributes to and tops up the differential in regards to where the public finances are, Mr. Chairman.

So I am hoping that the analysis could be done with some rigour and we look to see whether such a system can be employed. And I think that having seen the United States system in operation and its inherent regressive failures, and having seen the system in Canada and also those in Germany and in England, it becomes necessary, Mr. Chairman, that we learn from those mistakes and create the merger of the systems and create the hybrid systems. So, Mr. Chairman, I want to thank you.

Mr. CHAIRMAN: The Honourable Member for St. Michael South East.

Miss S. J. O. BRADSHAW: Mr. Chairman, I just want to make a brief intervention. Coming back into the debate on the health care situation in this country, the last speaker from St. Philip West, I thought, provided a platform on which certainly the country, and certainly members of his own Government, could perhaps start to explore the possibilities of how to reform the actual health care system.

What, however, concerns me - and I am sure it concerns Barbadians as well who may be listening - is that during the course of this debate, we have actually not heard from the other members of the Government of this country a concerted or consensus view in terms of how they as a Government intend to proceed as it relates to health care reform in this country. I believe the Honourable Member for St. Philip West has certainly articulated a position. It is clear that it has been well researched in terms of the comparisons that he has given in terms of other systems, certainly. But at the end of the day, what is worrying is that yet again - and it is unfortunate - the Honourable Member for St. Philip West has to come to this Parliament, or to seek in the public domain, to put forward positions which we would have thought the Cabinet of Barbados would be putting forward and putting to the people of this country.

And so I still remain concerned. Whilst I have heard the views expressed, I am not certain that we are actually going in the direction that we should be going in terms of all of this debate on the reform of the health care system. It is not the first time that the Honourable Minister of

Agriculture and the Honourable Member for St. Philip West has had to use the public forum in order to be able to put forward positions which his Cabinet may not necessarily agree with. Because if I recall, I believe it was sometime last year, the Honourable Member had to write a letter to the Honourable Prime Minister indicating that the fiscal policy that was being put forward by the current administration was not consistent with the views that he had in terms of how the economic policy of this country should be going forward - which he is entitled to do. And equally, the Prime Minister is entitled not to listen to him, as he has indicated he seems to have no intention of so doing.

But what concerns me further, Mr. Chairman, is that the Honourable Member for St. Philip West is also, as he articulated, I believe, last year, the head of the Implementation Committee in relation to a number of the policies of the Democratic Labour Party that would bring forth growth in this country and be able to help us get back onto the track that we need to be on to take this country forward. I have not heard anything in this debate in relation to where we are in terms of the implementation of a number of the projects and the policies that this administration has indicated that they were going forward with. And that concerns me, Mr. Chairman, because this is a serious debate, as was the debate on education.

We are all agreed, both on this side and on the other side, that we need to reduce the deficit. We also agreed, it would seem, based on yesterday's debate, that there has to be a reduction of our debt situation and that we need to refinance our debt situation - there seems to be consensus on both sides on that. How we go forward to implement it seems to be the only difficulty in terms of how we get to a point where we can reform our education system or how we can reform our health care system. But that notwithstanding,

Mr. Chairman, it is just worrying that yet again we come to another year of estimates and we find ourselves in the same position where there seems not to be a clear policy being articulated by the Government of Barbados as it relates to healthcare reform. Now we have perhaps exhausted the issue in this chamber and in the public domain. As it relates to issues within the hospital, we have highlighted the issues in relation to issues within the primary health care system. It doesn't take away from the fact that if we reiterate the position of the difficulties that we have in our responsibility, respective constituencies, or even at the primary level, that there are still going to be shortages in the health care system.

Based on what is in this document, which is the estimates that have been presented here this week, the reality is that the people of this country still want to know what it is that is going to happen to ensure that there are not

shortages at the Queen Elizabeth Hospital. The people still want to know what is going to happen to ensure that there are doctors within the polyclinics to administer to their day to day care. The people of St. John still want to know that if the date has been set for June of this year to open the polyclinic, that the polyclinic is going to be open and that the resources are going to be there.

That is the reality. And the people in St. Michael's South who can't get the transportation on a readily basis to be able to get to the various health care facilities want to know that in these estimates that provision has been made for them so to do and that if there are situations where we find ourselves being presented with other diseases that may impact on the well-being of our people, that in these estimates there is something for them as well.

The people at the geriatric hospital, who right now we're dealing with over 12 per cent of our ageing population, are asking themselves whether in these estimates the issues that present themselves at the geriatric hospital will be addressed. Because we all know that the geriatric hospital has an extremely large plant. But the reality is that yet again, the funds are not being allocated appropriately to be able to deal with the demand that is being placed on that institution. I have had situations in my constituency where persons who have attended - elderly persons who have attended the Queen Elizabeth Hospital - have been referred to the geriatric hospital. But then these elderly persons are told there is no space, you are on a waiting list. And I ask the Honourable Minister to indicate to this chamber and to the people of Barbados whether those elderly persons can rest assured that there is provision being made in these estimates to ensure that their care is being looked after.

I think these are genuine concerns that the people of Barbados have. We can take a journey going down through history to point fingers at each other but I believe that at the end of the day we have to move to some consensus in terms of how we move forward. The Hon. Minister of Education indicated he wanted to have a committee set up to be able to look into these issues. It is all well and good for us to say that we want a committee but we've heard it here before. The people of Barbados have heard it before. And all I would ask of the Honourable Minister of Education and the Hon. Minister of Health is that if we say in this chamber we are going to come together for some consensus on the way forward that we don't just talk the talk but that we also walk the walk as well. Because when we leave here the people still will be suffering in their various ways as it relates to their day to day lives. And therefore the onus is on us to be able to give an assurance after these five days of estimates that the things that we have said in here can actually be achieved in the course of the next few months.

And therefore, Mr. Chairman, I just felt it necessary to intervene because I don't want the debate to end where we have fleshed out the issues of health care but that members on the other side have their attention not drawn to the fact that we cannot simply come here and ask for positions. The Barbados Labour Party here - there are positions being expressed here by members of the Democratic Labour Party. But still we have no clear consensus as to the way forward.

I think the time has come where both sides have to acknowledge that maybe even the very systems under which we operate may not be necessarily even working for us in the present day. If it is that a decision needs to be taken to reform the system under which we debate in committee then perhaps we need to address these issues before we actually get to the estimates. These are things that we can talk about from now so that next year when we have to bring estimates before this chamber we don't find ourselves trying to figure out how much time should be allocated to a particular head, how many people are going to speak. These are things that as far as I'm concerned this is the way that we should be going as a developing country. We don't have to wait on the colonial masters to tell us how we should function in these committees. These are things that all of us who have had the benefit of the educational system in this country can think for ourselves.

And we all know that some of the things within our system are not right. And therefore the time, I believe, has come for us to examine ourselves at the highest level, to be able to make decisions that impact not only on health care, but also on the educational system and the social services system and the way in which they are administered. So, Mr. Chairman, I am grateful for you allowing me the additional time. I didn't want to detain the chamber, but I felt that it was necessary to just enlighten the Honourable Minister of Health in terms of the way that I certainly view that we should go forward as a country. Thank you.

Mr. CHAIRMAN: Thank you, Honourable Member for Christ Church West Central.

Hon. S. A. LASHLEY: And I wish to rejoin this debate and feel that coming after the member for St. Michael South East, I do share her concerns that in these debates we want to be able to come up with some kind of consensus so that certainly the exercise is not one in futility and that we can benefit from some kind of visioning or alternative strategy coming from the benches of the opposition Barbados Labour Party. I believe, though, Mr. Chairman, that the effort by the member for St. Michael South East to somehow spin the idea that there is some consensus on the side of the Barbados Labour Party has been really laid bare. Because in these debates I think the issue really is what is the consensus? What is the alternative consensus coming from the Barbados Labour

Party? I am yet to really decipher it. And therefore I can understand the difficulty that the member for St. Michael South East has in terms of offering this Parliament some alternative strategy, some kind of different vision from the vision that has been clearly articulated by the Honourable Minister of Health.

I sat certainly in this chamber and listened very carefully to the several interventions coming from the Honourable Minister of Health. And he has clearly articulated what the strategy is for his ministry and certainly the government in relation to the administration of health care in Barbados, and therefore what we would have expected, though, because certainly just to repeat, because it is clear that the Honourable member for St. Michael South East has not perhaps been listening to the Honourable Minister of Health, and therefore she is in a quandary as to really what exactly is the position of this side. And I can understand that.

But I carefully listened to the member for Christ Church South. He talked about the Barbados Drug Service. He talked about the Queen Elizabeth Hospital. He talked about the whole question of how we are going to manage spiralling health costs. And certainly we have articulated this strategy, but the reality is that in these estimates we have made provision for how we will manage health care in Barbados. Whether we talk about the polyclinics and we have articulated that there seems to be somehow a reluctance on the part of the Barbados Labour Party to understand that in terms of managing the cost of health care, that the whole question of the new focus for polyclinics is all wrapped up in that. And the member for Christ Church South clearly articulated what is happening at the polyclinic level.

There has been a preoccupation with the St. John Polyclinic as though it has been some kind of a chasm in the side of the Barbados Labour Party. I happen to believe that the Barbados Labour Party really is in no position, morally or otherwise, to really articulate anything about the St. John Polyclinic. None whatsoever. And clearly, if you are saying and crediting the government for having the foresight and certainly having the vision of ensuring that, notwithstanding the reluctance of the Barbados Labour Party to take forward the St. John Polyclinic at all, I believe this. For decades we have been asking the Barbados Labour Party not to allow the investment, the infrastructural costs already ploughed into the St. John Polyclinic to go to waste because of the strategy of the government or any government, not only the Democratic Labour Party government. The whole question of decentralising the administration of healthcare in Barbados cannot be done or contemplated without looking at how we are going to strengthen the network of polyclinics in Barbados. And certainly we have articulated the view that some of our polyclinics will by necessity have to become almost mini

hospitals in terms of the delivery of health care in its various quadrants.

And I heard from the other side all of the passions in terms of how we are going to provide for the liberalisation of diagnostic care. And that is fine. And certainly I agree with that perspective. But if we are going to talk about meaningful initiatives that will impact on health care policy in Barbados, and if the member for St. Michael South East is going to somehow cry over the apparent absence of a cohesive strategy that somehow can bring consensus in this parliament, then I want to hear that when you are talking about the things that sound very pretty, that we actually make sure that it is connected with what is happening on the ground in Barbados. So therefore I ought to have heard some recognition from the Barbados Labour Party that certainly the strategy of this government in relation to how we are going to develop our healthcare systems within the polyclinics should be getting some support from the Barbados Labour Party. And you cannot support that without also recognising and perhaps even admitting that perhaps about 12 years ago, had the Barbados Labour Party not tried to inflict pain on the people of St. John by not forging ahead with the completion of the St. John Polyclinic, given the catchment area that we were saying we have to address, then I would believe that you are not really being sincere in relation to how we are going to manage and drill down the expansion and the decentralisation of healthcare in Barbados.

I am very clear and I certainly agree with the Honourable Minister of Health that, yes, there may have been some challenges in relation to the St. John Polyclinic, but I can point to many and numerous more projects which have not even come close to how we have managed the St. John Polyclinic. There are going to be issues of delay, issues in relation to the management of contracts and so on, but we have had that. And therefore let us accept that is it. But let us look at the bigger picture in relation to what the St. John Polyclinic offers. It offers an opportunity to achieve some of the same things that you are talking about. You cannot achieve the decentralisation of health care and diagnostic care without having a properly structured polyclinic network. You cannot have that. And therefore, let us aim, if I am hearing you correctly from the opposition benches, let us aim to articulate, without partisan, narrow focus, a strategy that connects with how we are going to develop healthcare for the betterment of Barbadians.

And therefore I really wanted to make the point because there is no doubt in my mind that what has been put before this House in these estimates and certainly what has been articulated by the Honourable Minister of Health represents a clear and coherent health care strategy and one that builds on what has happened in Barbados over the years. And we are very focused on that. And there is no

doubt in my mind as to where we want to go. I believe that in addition to strengthening the polyclinic network, that we have to look at how we are going to embark on a strategy of very intensive healthcare education, how we are going to intensify that, because the whole issue, Mr. Chairman, of non-communicable disease and the extent to which that is impacting on our healthcare cost, how we are going to transform the thinking of Barbadians into moving more cohesively in terms of taking more responsibility for one's health care is one of the larger issues to my mind, Mr. Chairman, in this debate in that we have to also continue to preach the gospel of getting our people to take responsibility as well for their own health. And that does not in any way, Mr. Chairman, remove the responsibility of the state in terms of providing institutionalised services and systems.

But we have to talk about how we are going to move more rapidly towards these symbols of nonpartisanship in relation to these issues. And I believe that the opposition wants to reach across the table and join with the government on this issue of health care. I have heard it from the benches of the opposition signalling that this is time for both opposition and government to understand that the issue of healthcare cannot be reduced to a political football issue. It is clearly not a partisan issue because we together must move forward. We must together move forward in terms of tackling this issue at a bipartisan level.

And if we are serious, Mr. Chairman, in terms of how we are going to manage our health care, we cannot sweep under the carpet the issue of costs. The Democratic Labour Party government has had to deal with cost in terms of how we are going to streamline health care facilities in Barbados in a manner that is cost effective while at the same time does not endanger the standard of health care. I believe that is the issue where we have differed - that certainly the Barbados Labour Party did not have to manage an economy; never in its history has it had to manage an economy in the midst and the grip of such a recession, an international recession as we have had to. So therefore there ought not to have been a reason or a basis for the Barbados Labour Party to put certain caps on healthcare.

In Barbados we have had to manage healthcare and I must say that notwithstanding the need to be fiscally prudent, notwithstanding some of the challenges that we have from time to time in the system as we have had before - I have always heard even during the Barbados Labour Party times of issues in relation to the accident and emergency department; I have heard during the Barbados Labour Party government of issues in relation to the drug formulary, managing the whole question of providing drugs to the Barbados Drug Service. And we have had in this administration to take up that issue of spiralling costs in relation to the Barbados Drug Service and to some extent

move that forward and solve the issue of spiralling costs in relation to the Barbados Drug Service. And that is a plus. And I believe that the Barbados Labour Party when they enter debate should give the government kudos when it deserves it, when it has done a good job. That would signal that you really want to move forward in a consensus. You cannot have consensus, Mr. Chairman, if the Barbados Labour Party is going to remain buried in the 1960s when it comes to how we should manage health care in Barbados. We have gone past that.

And I did hear yesterday from the Honourable member for St. Peter and I must say that I totally agree that we have got to move our country in relation to how we manage our economic challenges and our fiscal challenges. We have to move our country into the 21st century. And if we as policymakers continue to banter and to try to score cheap political points as the Barbados Labour Party often does, we are doing our country a disservice and we are not taking our people forward to understand that we have to face up to the fiscal challenges that we face.

And I would say this, Mr. Chairman, one of the things that the Barbados Labour Party continue to boast - and I believe if you look at the relevant World Bank statistics you recognise that the Barbados Labour Party left the country's national debt in the vicinity of over 90 per cent of GDP. 90 per cent of GDP when they left office. As a matter of fact they took the national debt of Barbados from in 2003 at 55 per cent of GDP to a mammoth 90-something percent of GDP in 2008. And not only that, that was during a period of cash basis of accounting. We came in and introduced accrual accounting in which we had to bring all of the debt that was not accounted for under the Barbados Labour Party onto the books. So therefore the issue of how we are going to manage health care costs in stringent and challenging fiscal times do relate to the management of the economy under the Barbados Labour Party because we had to bring all that debt onto the books and therefore we cannot sweep it under the carpet when we are talking about how we are going to move health care management in Barbados.

And therefore, Mr. Chairman, I would just like to say in conclusion that in seeking consensus let us be fair and let us understand that consensus must be grounded in the reality of what is happening in Barbados today. And I am obliged. I certainly will come back into this debate.

Mr. K. D. SYMMONDS: I am obliged, Mr. Chairman. Sir, I really am conscious of the hour and I want to make a very brief intervention because there are some critical issues, sir, which I do not think have been touched on to the best of my knowledge and recollection in this debate.

Now, sir, all of them turn on the fundamental issue, in my view, of future considerations and future financing mechanisms. Mr. Chairman, the fact of the matter is, sir, that there is a need for us to address the question of the future mechanisms that the hospital in particular will use, but more importantly, more broadly, sir, the health service of Barbados.

Now, in these future considerations, sir, one of the first things that impact on me and concern me greatly is the need for greater innovation. We are at a stage where information technology platforms around the world are very advanced and they are manifesting themselves in every sector of government's activity. I see no good reason, sir, why they cannot also be appropriately deployed in Barbados. One of the things, sir, that I know is happening in other parts of the world - and I am conscious, sir, that sometimes these things do come at a cost in terms of the initial effort - but I want to hear from the minister what steps, if any, are being taken with respect to an information technology platform which would be able, sir, to integrate the medical records of a patient at the Queen Elizabeth Hospital or at any given polyclinic with, sir, the hospital and vice versa, or indeed, sir, with any of the private medical facilities where that person might attend.

It is an important point. So I am hearing this sort of vocal remark that we can do that, we can do it. But the reality is, Mr. Chairman, it is the Honourable member for -

Mr. CHAIRMAN: Honourable member for Christ Church South.

Hon. J. D. E. BOYCE: The member is misleading the chamber. I was trying to allow him to continue, but he has gotten to the stage where he needs to be braked. The chamber was made aware of the status of med data yesterday evening when we described the extent of rollout of the health information system paid for under the HIV World Bank loan plan and that it was working at Winston Scott Polyclinic and the Edgar Cochrane Polyclinic. And it was presently being rolled out in the hospital in the appointment section. So I just felt I should bring him up to speed before the member entangles himself any further in his own mythology.

Mr. K. D. SYMMONDS: Mr. Chairman, might I continue? Because the member wants to become gratuitously offensive and if he wants to, we can go there even at this hour of the debate. I will, for the time being, ignore the temptation, sir, and debate. Because, sir, there is a geriatric hospital, there is a psychiatric hospital. And sir, what I am trying to drive at - and what perhaps a Minister who is more inclined to be of assistance, a Minister who is less inclined to be combative, a Minister who is perhaps more inclined to respect the fact that it is the public person that got to pay for these things and an opposition is only

entitled to ask and make inquiry on behalf of the public - those types of persons, sir, would want to know what stage we are at, what is the government's plan, what is the state of progress, what are the cost issues, if any, involved. That is all it is about, sir.

You know, the Minister began yesterday evening by saying that he wanted to hear from the opposition what some of the concerns of the opposition are. And sir, when you come and he asks questions which are legitimately within the realm of the Minister, he gets gratuitously offensive. No, no, sir, above and beyond that, an issue was put on the floor of this House by the Shadow Minister of Health insofar as cost recovery programmes might be concerned or are concerned. We know from this Minister that there has been consideration given to the implementation of user fees at the Queen Elizabeth Hospital. It is not appropriate, in my respectful submission, sir, for us to be coming out to the closing chapter of this debate on health and yet still not have heard anything definitive or at all from the Minister of Health on this burning issue which is in the forefront of Barbadians' minds as to what they may or may not be required to do.

Because in the end of the day, sir, this is not now going to be about like the university. What we are understanding government to be saying is that there is an end of the social entitlements. But if that is the position, then equally take the people into your confidence and say this is what you are expected to do and this is what you will be expected to do from approximately when and to approximately what extent of your purse. And I am hoping, sir, to help the government avoid the pitfalls of its own inglorious past experience when they went headlong at no notice at all to offend people who want to simply plan their lives. That is all the people that I represent want to do, sir. And I am sure that it is no different in Christ Church, self-peculiar as they are, having elected this particularly honourable member - they are no different from the rest of Barbados in most other ways. They just want to plan their lives.

And Mr. Chairman, sir, the issue therefore is whether government has reached or is about to reach a definitive position with respect to costs that might likely be implemented for access to public health care. Sir, there is also another issue which has been put before this House that cries out for an answer and it is not good enough that again we come to the 11th or 59th minute of this debate and the Minister of Health doggedly determines that he is going to avoid contact with the issue. Because we were told by this Minister last year that there was - and I think money was budgeted for the initial study - to be a new hospital. And sir, the country waits with bated breath on the report of progress. What is the standing of this matter? Is the government still committed to that? And if it is not

committed to that, then we have to talk about how we make the Queen Elizabeth Hospital more fit for purpose.

And that brings us then, sir, to the need for this chamber to have had by now - if the government knew that there is not going to be any longer a commitment to a new hospital in the short to medium term - we have to be talking about the recapitalisation of, or a recapitalisation programme at, the Queen Elizabeth Hospital so as, sir, to make sure that it is as optimally and efficiently utilised as possible. Now, money was borrowed from the National Insurance Scheme of Barbados about two years ago - \$35 million. And that money, sir, was supposed to finance the operational improvement at the Queen Elizabeth Hospital. I do not recall, and I have been in this House all this time, ever having heard a report of progress as to, first of all, whether that money has been fully utilised. Secondly, sir, whether or not the intended improvements have come about and if in fact they have come about, what further improvements are contemplated and to the tune of how much more money.

So that the point that I am really trying to drive home to this Minister, sir, is that there is a glibness - and I spoke about it earlier. As the member for St. James North would say, it is the golden thread that runs through every contribution you have,

sir - a loose and fancy-free approach to what is a fundamental issue of accountability. And the Minister must stop behaving as though somebody is attacking his personal credibility. The Minister must understand that he is charged with a public duty. He is a trustee, if you will, nothing more, nothing less. And that what we are talking about, sir, is the public funds and the need for the public to have confidence in its primary health care institution.

Now, if it is that there is not going to be a new hospital, we have a right to know. And equally, therefore, because we are confronted on a daily basis with the challenges faced by the Queen Elizabeth Hospital, because we see and can read - being financially literate - the estimates that are here and see that the estimates put before us do not adequately speak to resolving the problems that were raised in July last year with the shortage of essentials, all of which I outlined in a previous contribution under this head. The estimates do not speak, Mr. Chairman, to the problems that arose subsequently in November last year on the same issue, nor do they speak to the issues that arose a couple of weeks ago when the hospital was confronted once again with this recurring nightmare. And the response - which we have to accept is now becoming worrisome from a legal perspective - when the doctors are saying that their professional insurance will not cover them if they continue to offer services in certain circumstances, there is a crisis.

No, no, no, no, Mr. Chairman. Therefore, the strategic intervention that government intends to make is what we need to be hearing about and, as part of the future capitalisation of the Queen Elizabeth Hospital, how then does the hospital get made more fit for its purpose? And I feel, Mr. Chairman, that is something that the House should be engaged in by the Minister. It is all well and good to say you want to hear what the opposition's concerns are. But equally, sir, the opposition and the country by extension have to have concerns about what government's plan is for dealing with this state of affairs that has now painted itself out before this country between July of 2014 and today.

And I do not think, sir, that it is unreasonable to expect that the Minister of Health should take the lead in this matter and say, well, look, we understand that this is the problem. But with respect to the following - for example, the issue that I wanted to bring - he could say this: if he wanted to have a hospital but cannot now do so, then say so. And if he cannot now do so, then what are you going to do in the alternative? How do you make the Queen Elizabeth Hospital more responsive and better able to carry the capacity that it needs to carry?

There is another issue that comes out of that as well, sir, because the hospital, to the best of my knowledge, information and belief today, is still as caught up in elective care as it was 10, 15 years ago when this type of problem was not manifest in itself. That is, to the best of my knowledge, information and belief, the question that I ask myself - and I am not a medical professional - but I ask myself, given the challenges that the hospital faces, should it be as committed today to that extent in terms of elective care, or should it try to siphon off some of that, put some of that to one side, let that be dealt with elsewhere if at all possible, so that you can deal with other issues which do not give you that element of choice and electivity which perhaps are more urgent in nature and more pressing.

And I thought genuinely, sir, that I come into this debate at this stage once again in order to put those concerns out there in the hope of dangling before the Minister a little bit that will encourage him to share with the country those rich thoughts that I am sure flow through his mind. Not to get cussed up, not to get somebody offensive and on the high horse and so on. And, sir, that is the issue.

Now above and beyond that, Mr. Chairman, the question, sir, of tax allowances to provide to persons to offset the cost - there he goes again. There he goes again. So he cannot help himself. He is like a horse at the Garrison Savannah that bolted. A horse that bolted in the corner, sir. The issue of providing a tax allowance, sir, to persons to offset the cost of providing care for the elderly and physically challenged relatives. This was part of the

Barbados Labour Party's approach, sir, to the question of expanding the alternative care of the elderly programme. And I listened and enjoyed the contribution of the member for Christ Church West on the matter of care of the elderly. We feel, sir, that it is an indispensable part of the broader makeup of what we are talking about in public health care in Barbados.

I have had reason, sir, to interface with the geriatric hospital in recent times in a professional way. I want to say to this chamber that the staff up there are working very hard, but under very difficult circumstances. And you know, I heard the Minister of Education make the point about UWI and you make a donation back. I have heard the point being made with respect to other public entities and so on. I heard it this morning with respect to polyclinics. You give something and it is all well and good, sir, because I think that every Barbadian - that is the nature of the country - many Barbadians, if not all, are inclined, sir, to give a little something back.

I think that the time has come, sir, for us therefore to be encouraging that more by way, sir, of the use of the Minister of Finance using the revenue-raising tools at his disposal. Encourage it by granting specific tax allowances to persons who may wish to contribute in a specific way. If that is in education, then you can do that. If it is, sir, by way of offsetting the cost of providing care for the elderly and physically challenged people, then you get a tax allowance for that. It is but a suggestion, sir. But I feel that if you want to see the kind of response that we are talking about coming from the public - that says everybody has a stake in this - then you have to make it worth the while. When the big up, like the Permanent Secretary, down to the bottom, the person who is cleaning, can say, this is part of what I am in, and if I have to pay a little something, I can get a tax return allowance on it, and therefore I feel that it is worth my while to participate and try to uplift the public institution that I have that particular interest in. I do not think that is unreasonable, sir.

And I look forward to hearing not a cantankerous and biting and nasty response, but a response that suggests that the Minister is thinking about these things in the interest of Barbados. A civil response. Yes. And that he would be hoping, sir, to bring some enlightenment to the ministry that he leads. I am obliged.

Mr. CHAIRMAN: Honourable member for St. Michael Central. Thank you very much.

Hon. S. D. BLACKETT: Mr. Chairman, I just want to weigh in on this debate. As we discussed the head for the Ministry of Health, it is now clear, Mr. Chairman, that the hurriedly convened meeting of the Barbados Labour Party - that they would have, like most Honourable Members on this side have said - that they would have stumbled onto a

common theme, a common thread that is running through most of the speeches delivered in here by the Barbados Labour Party of the St. John Polyclinic.

Now, through you, Mr. Chairman, I really want the good people of St. John to understand, and not only the people of St. John in that southeastern corridor and those constituencies in St. Philip North, St. Philip South and West, that the Barbados Labour Party as a party does not like the people of that area. It is clear, Mr. Chairman. And they are now in here today currying favour or trying to curry favour with the people of St. John and the people of that particular area. But what they in fact are doing is punishing them, or continuing to punish them, especially the people in St. John, because they feel that the people of St. John have not supported them over the years and they have turned their backs on the people of St. John for the 14 years they were in office. And now in here crying crocodile tears and pretending that they like the people of St. John and in that southeastern corridor in Barbados, they are really punishing them for not supporting them over the years. And I would like the Honourable Member for St. John to take back the message to the people of St. John not to listen to the Barbados Labour Party because they simply do not like them.

Mr. Chairman, I wish that the question of health care could really be removed from the realm of partisan politics. But the Barbados Labour Party has absolutely no intention of keeping it above the fray. I listened to them over the last - well, yesterday afternoon and so far today - they have absolutely no intention of lifting this question of health and keeping it as a non-partisan issue. Mr. Chairman, like most of the Honourable Members on this side have said so far, they were awash with funding of all kinds. And the same shortages that they are speaking of, those shortages were experienced when they were in office. I do not have to list them. They were listed before.

The Barbados Labour Party believes that if they discredit the QEH, if they discredit the psychiatric hospital and all of the district hospitals, the polyclinic system, the ambulance service, if they discredit the National Drug Service, if they discredit indeed the entire medical staff and administrative staff of the public care institutions in Barbados, that they are discrediting this Government and therefore when they discredit this Government, they are discrediting Barbados. I want them to understand that. And at the same time, the discrediting that they are doing now in destroying the institutions in Barbados - when they come back to office sometime after 2023, these are the same institutions that they will have to rely on. 2023 or beyond. That is where you will be.

But the question I should really ask, Mr. Chairman, is: is health care a right or an entitlement? That is the question that I would like to ask. Is it a right or is it an

entitlement? We believe on this side, Mr. Chairman, that this country has a bounden responsibility, a bounden duty to safeguard its citizens, especially those who cannot take care of themselves. And there are some of those, there are several of those who fall below the poverty line. Some people simply cannot take care of themselves and ensure that their general welfare and well-being are protected. This is what we feel on this side.

Now, if it is a right, if it is an entitlement, who should pay and by what means should this payment be made? As it stands presently, Mr. Chairman, health care is generally free in Barbados at the point of delivery. As was said before, you have the under-16s - if you are 16 years or under, you are given free medical care in Barbados; if you are over 65, and of course in some special cases it is being offered at the point of delivery free of cost. There are some specialised interventions, of course, that come at a cost, where specialists have to intervene.

I believe, Mr. Chairman, that we have to address our minds, as most of us have said in here before, to devise a model for some sustained cost coverage or maybe cost recovery. Because I believe we need to look at health insurance as one of the ways of cost recovery within the medical health care system in Barbados. And I want to congratulate the Minister and of course all of the officers, senior and at other levels, of the Ministry of Health, certainly the CEO and the administrative staff and the Board of the Queen Elizabeth Hospital, and the medical and ancillary staff, for doing a fantastic job over the last number of years because they have really been going beyond the call of duty and working with limited resources. And this hospital still remains one of the shining lights when it comes to hospital and medical care in the Caribbean.

But outside of that, I believe they should really address their minds - as they are, from looking at what documents were presented to us on the health care system in Barbados - to formulating what they are saying is a health system strengthening and of course a health financing reform. And they are at this time wrapping their minds around what will eventually be a more sustainable kind of health care financing that will take this country forward and take the health care system generally forward in Barbados over the next number of years.

So, Mr. Chairman, despite the criticism of the health care system in Barbados, I maintain that this is one of the best in the region. Our average systems of health care - overall systems of health care interventions - are generally way above what is considered acceptable, especially in the area of health care interventions for NCD patients, those afflicted by and affected by HIV and AIDS, and the care of the elderly. The NCDs are addressed through the excellent service at the polyclinic level for enhanced nutrition,

education and care, and of course the continued care for the elderly, their palliative care programmes, and the first-rate prevention, diagnosis, treatment and care of those who are suffering from HIV and by extension all of the STDs in Barbados.

Now, in terms of our hospital, Mr. Chairman, its operations go beyond the call of what is required in Barbados. It is clear that the A&E sees an average, Mr. Chairman, of over 40 000 patients in any one given year. The ambulance service responds to close to 15 000 emergency calls a year. The hospital itself - the medical staff - attends to 18 000 patients who are admitted there in any one year. And the medical staff also offers respite and attention to over 91 000 people annually. That really accounts to one third of the current population of Barbados, Mr. Chairman. That in itself and standing alone represents a significant and worthwhile contribution to the well-being of the average citizen in this country who, for one reason or the other, fall ill in this country.

Now, I hear a lot of negative talk from the Labour Party again, pouring scorn on the services and its amenities and the utilities in this country. And I hear a lot of talk about the average man in Barbados. But I want to tell Barbadians today, Mr. Chairman, that we are extremely fortunate in this country because, outside of the wonderful health care facilities that are being offered - they have their faults, of course, there are areas where better could be done - but we are fortunate in this country to benefit from many, many social benefits.

In this country, every citizen is afforded free primary and secondary education, and that is of course alongside subsidised school meals, with the payment again of 80 per cent of the economic cost at tertiary level. As we were discussing yesterday and as we are discussing today, free health care at the point of delivery, including hospitalisation, medication, polyclinic services, ambulance services and accommodation at our district hospitals. And of course, subsidised private nursing home care. We as citizens in this country experience free sanitation services in terms of collections. We have free daily postal service deliveries in Barbados. In some of our Caribbean neighbours, I know people have to go to their neighbouring post offices to collect their mail every single day. In Barbados, mail is delivered to individual houses throughout the length and breadth of Barbados, from north to south, from Bathsheba to Bridgetown.

We have substantially subsidised natural gas supply in Barbados, averaging sometimes only about between \$20 and \$30, if so high. In Barbados, we have subsidised potable water averaging sometimes at between \$50 and \$60 - if it gets to \$100, you are unlucky. And that subsidised potable water is far better than some people walking into district supermarkets and paying \$5, Mr. Chairman, for a

bottle of water that they can drink before they leave that particular retail outlet. And you have potable water being piped into the houses of Barbados, where they can bathe, they can brush their teeth, they can wash their clothes or wash their dishes, wash cars, flush toilets ten times a day and water the lawns for just between \$50 and \$100 a month.

We have heavily subsidised bus fares in Barbados, Mr. Chairman. You can get in the bus for \$2 and drive to St. Lucy and pay another \$2 and drive back. In this country of Barbados, we have free home help assistance from the National Assistance Board - going to prepare cooking and washing and cleaning and running errands free of cost from the State of Barbados, administered through the National Assistance Board. We have subsidised day care in Barbados where our children, through the Child Care Board, pay \$20 per week, receiving two meals in pristine conditions in our day care centres across Barbados. All kinds of welfare assistance is offered in Barbados for 3 500 people every single month, spending some \$18 million for those services, including land and house rent payments, electricity and water payments, burials, food vouchers, spectacles, dentures and the works.

All of these services, Mr. Chairman, the people of Barbados are benefiting from every single day of their lives. And they are all coming out of the coffers of this Government - a Government that is being called on by the Barbados Labour Party to do more and do more. So I say, Mr. Chairman, to the people of Barbados: keep your eyes and your ears open and listen to the truth coming from this side. And I implore them, Mr. Chairman, to keep faith with this Government because this Government has their interests at heart. I am obliged to you, Mr. Chairman.

Mr. CHAIRMAN: Honourable Member for Christ Church South.

Hon. J. D. E. BOYCE: Mr. Chairman, I rise to wind up this consideration of Head 23 under the Ministry of Health and to start by thanking honourable members for their contributions. And I sincerely mean thanking all honourable members for their contributions. We have had a lot of repetition of the same points or general theme, but I think this is good for the soul because it serves to reinforce what the burning issues are. And they in large measure coincide with a lot of the programmes and plans that the Ministry of Health have put on the table. Not all manifested by way of reading the estimates, but certainly if we add on to that the pronouncements from the ministry, either by way of my own pronouncements at different programmes around the country from time to time or from the pronouncements by the Ministry of Health officials as they move around the country performing their very important duties. So I think if we see our estimates not only as a collection of numbers in the estimates book, but we add to

that the programme, as I say, as articulated by the Ministry of Health staff, then we get a fuller picture of what we are trying to achieve in the Ministry of Health.

I think one important factor which probably has not got as much exposure during this debate as I would have probably liked is our HIV programme. But I think the honourable member for St. Thomas was - to give him credit - she did raise that specifically as a question and she raised it in a way that was extremely heartening because it demonstrated again that appreciation of where the programme is. She spoke to the question of stigmatisation and she asked questions in respect of how the monitoring process is going, especially in the more vulnerable groups. And this is exactly where the programme is at.

We have reached a stage where we want to continue our treatment programme at the Ministry of Health under the Lady Mead Reference Unit - that is ongoing - and we treat our HIV patients there. The drugs provided by the Barbados Drug Service are made available, and the actual figures on that, I think, range at about 2 000 patients per year. And the point is that we are getting good results in terms of responses in that area. We continue to monitor the vulnerable groups - that is our sex workers and of course those men who have sex with men - who are again an area that has been identified, and we continue to try to do our monitoring programmes. We have contractors in place working with these groups with varying results in respect of monitoring this programme.

Barbados has reached the point where we have had zero cases of transmission from mother to child. And therefore we are actually on the cusp of being recognised as one of the few, if not the only, country in this region which has reached that very distinguished position. The Pan American Health Organization and the World Health Organization have recognised that. And the ministry is at work, as I speak, to make sure that the country is recognised for its efforts. So again, it is a matter of kudos to those who have been working so hard on this programme from as far back, I believe, as 1984, when the programme really started with intensity in Barbados and has become a part of our medical offering at the primary health care stage.

Ultimately, of course, as raised by the honourable member for St. Thomas, we want to reach a stage where all stigmatisation is removed. Part of the offering at the polyclinic system will include the monitoring and the treatment and the collection of drugs and pharmaceuticals at these clinics. Rapid testing is in place at Winston Scott and Branford Taitt Polyclinic, at the Lady Mead Reference Unit as I said, and of course by specialised nurses in the community. So that programme continues at pace.

The National HIV Commission, which is under the Ministry of Social Care, continues to operate in its promotional and education programme. And as I mentioned during my presentation, it is recommended and we are working on a position paper which will allow us to merge the resources of the National HIV/AIDS Commission and the Non-Communicable Disease Commission along with the Health Promotion Unit, so as to bring to bear an even greater effort in respect of the treatment of these very important diseases in our country.

I have been asked about the new hospital. I think that it is a reasonable question. It is part of our manifesto document and it has been a project which I would have mentioned on a number of occasions at the beginning of my tenure. I think that it is reasonable to explain to the country that given the financial situation, this project is not off the cards, but it has been reduced in terms of its priorities. So we still have a committee made up of the permanent sector and the Ministry of Health, who heads that committee, along with the leaders in the regulatory bodies like the Town Planning Department, the Ministry of Transport and Works, the Ministry of Education, the Environmental Health Unit, et cetera, who meet from time to time to consider this project. No money has been spent on any feasibility study at this stage on the new hospital, but certainly the ideas are continuing to be collected.

I think - not I think, but the final decision will definitely be tied into the outcome of our discussions on healthcare financing, because any new facility we must be able to sustain. We cannot, as has been the thinking all the while up until now, contemplate that we were going to spend some US\$500 million to build a hospital to offer free health care to everyone in Barbados with no revenues to support it. This has been a constant thought process inherited from previous administrations - an expenditure in the region of US\$500 million.

a process which was on the cards under the Barbados Labour Party time, but has not been given the same urgency, not at least not in that form. I have no doubt that a new hospital will roll out in Barbados in the not too distant future. But the kind of financing and the actual operation of that hospital will have to be a mixture of public and private sector investment. So that is, I think, where it will go. But certainly areas have been identified and there is still some work being done.

I was asked to speak a little bit about the money which would have been allocated to the redevelopment of the Queen Elizabeth Hospital. And this was a loan of \$60 million to recapitalise the Queen Elizabeth Hospital. Well, this recapitalisation has done very well. And it certainly has quietened the noises in respect to the infrastructural situation at the hospital. The loan was for the purpose of replacing worn and obsolete equipment, to rehabilitate the

plant, and to facilitate the reorganisation of services and departments.

The electrical upgrade at the Queen Elizabeth Hospital was an important part of that loan. I think that ranges to something in the region of \$23 million - the electrical upgrade. And this was a fundamental requirement, because we knew what the Barbados Labour Party left us in 2008. I know the members on that side probably do not have a recollection, but we have the information. We have a situational analysis. So we know where we came from. There was not even sufficient power at the Queen Elizabeth Hospital to effect the kind of activities which were contemplated even back in 2008. So that is where some of that \$60 million went.

Another important use of the funds was the creation of a high dependency unit. This was conceptualised as a response to the increasing volume of patients requiring intensive care, but for whom there was inadequate capacity in the intensive care and recovery rooms. The high dependency unit functions as a step-down to the intensive care unit, which supports the delivery of specialist medical care and monitoring of seriously ill patients, and has enabled the Queen Elizabeth Hospital to facilitate more appropriate use of intensive care beds.

There was also replacement of some of the beds - some 250 beds. And indeed, some improvement in some of the cafeteria upgrades. That is an important aspect, because where you have something like 2 000 workers, it is reasonable to expect that somewhere on the compound you have a facility where they can take lunch and take breaks in comfort. And that cafeteria project has also been rolled out. So that is a synopsis of where the loan for the upgrade of the hospital went. And, of course, things like teleradiology, et cetera, which are now ongoing - part of the health information system that we are now contemplating - had its genesis under that programme also. So that, I believe, answers those two questions raised by the honourable member.

The other question of importance raised by the member for St. George North - he raised the question about salaries. And, of course, he asked the question about measurement of the output, the work of our consultants at the hospital. Now, this is a clinical matter which I have asked the team at the hospital to engage in with, of course, the consultants themselves, and try to make sure that the public is satisfied that their needs are being met under the public programme, as well as the consultants are satisfied that they are having the opportunity to roll out their private work in the way that it has been contemplated. Obviously this is a matter for the hospital to discuss, and if necessary then we can always update the public on that.

We get questions from time to time from patients at the hospital about the fact that there are long waiting times for public patients. But the truth is there are a lot of public patients too. So the waiting times match the kind of demand for these services. And of course the consultants at the hospital will pull out emergencies, obviously, or the more critical cases, and try to deal with them first before we move to the less critical cases and so on. So I think that more or less should put to rest for the time being the Queen Elizabeth Hospital operation. It is a work in progress and certainly, as I said, the dialogue between the management and the consultants is essential as we take this programme forward.

I need not add too much to the discussion on non-communicable diseases. They have been identified as a major, major area of concern. That is where most of our resources have to go in the treatment of non-communicable diseases. I think that what we must recognise is that there is no magic wand in removing the scourge of non-communicable diseases in our communities. The member for Christ Church West and other honourable members alluded to the fact that this is a long-term investment programme which has to start with actually promoting education within our people, promoting a change within our people as regards to those risk factors which cause NCD diseases to develop in the human body. And it is a reality. Alcohol, the abuse of alcohol, a non-active lifestyle, a sedentary lifestyle, high use of salt and sugars - these are areas which we have to be concerned with. Obesity is a reality. There is a direct link between obesity, childhood obesity and the development of cancers and hypertension, et cetera.

We need to work, therefore, sir, with the education of our communities, provide education in our schools, start with our children, start with our households, start with our parents, to help us to win this battle against non-communicable diseases. I keep saying, and we need to repeat and recognise as a chamber, it is not something that we do today that will reflect in reductions next year. It does not work like that. It is an investment. It is a long-term investment. So we are going to have a period of time where we are going to have to face the fact that, because of the high standards we offer in Barbados, we are going to have to keep spending money - and spending money, as I referred to in our dialysis programme - we are going to have to keep spending these kinds of sums to make sure the people of Barbados are secure in the knowledge of a healthcare system that they can depend on. So I hope that the honourable members do appreciate that. We certainly are grateful for their comments and we take them on board, and we look forward to working with them in terms of rolling out our NCD programme, our expanded NCD education programme and promotion.

I was reading in the newspaper only yesterday - I believe the Ministry of Health issued a notice of the creation of a helpline in the Ministry. 467-9500 is the number. It operates from 8:30 to 4:30, normal working hours. The idea here is that we put an expert at that desk who will answer questions which the public may have, who will point you in the direction of assistance or information which will help the public of Barbados to make useful and careful health decisions. So that number again, sir, for public consumption - 467-9500 is the helpline which has only been established this week at the Ministry of Health as part of our programme to improve the offerings of the Ministry and to offer that little bit more help to the public.

So then we come, of course - and I think I will close on the topic of healthcare financing. And I really want to express my sincere appreciation to the many members who made contributions in this regard. It is not a new topic. It is a topic which we have launched discussion throughout the island. We have had many, many meetings, public sessions, both sponsored by the Queen Elizabeth Hospital, by the Barbados Drug Service, by the Ministry of Health itself, trying to bring Barbadians together to look at that picture. I am grateful to the honourable member for St. Philip West who probably has come closest to articulating an option in respect to this financing. And of course this has to be fine-tuned and it has to be worked on so that the particulars of investment - of how we invest the funds and how the funds are managed and what purposes the funds are put to - because that is going to be critical.

As I said earlier, you have a situation at the hospital where almost every three years you have got to change equipment. You have got to change your basic equipment. That is the way the technology works today, so you have to be in a position to have money accumulated in some account which takes care of that aspect of it. This fund cannot contemplate the payment of salaries because it is dead in the dust. So we have to make these kinds of decisions. It is not a matter of consensus. I heard the contribution from the member for St. Michael South East. It is not a matter of consensus. It does not work like that. We have to put our heads together and work out with the technical experts - people who have that kind of expertise - what kind of investment funding policy we will develop, where it will be managed, what legal framework it has to be based upon, because it has to be legally strong enough to hold itself together or it will be destroyed before it starts.

So we have, I think, the seedlings with which to work. What we now have to do is find the correct fertile soil in which to place that seed. And then we need to have those workers who will, along with us, pour the appropriate ratio of nutrient to that garden bed so that we can have at some stage soon a flowering ground of prosperity for healthcare financing in the region. That is the way I see it. I

believe that is the best way to describe where we have to get to.

So, sir, I think it has been a most healthy exercise. And I want to say in terms of the format - because as Leader of the House, I had a little bit to do with the sharing with the opposition, the Leader of the Opposition, our thinking that we should do these heads and spend some time on these heads. And now I find that the members on the opposition, as they get up, they are kind of shunting between one position and the other. You know, it started with us not wanting them to speak - that is what we wanted, to be silent. And now it started that we do not want to get to the other heads. I heard a member say today, we do not seem to want to go on to the other heads.

The point is, and the Prime Minister was at pains to point out, that this practice of having second reading speeches with each person speaking for is of recent vintage - I think 1988. And he referred to instances where presentations for Estimates were half an hour to 40 minutes on the Government side and then half an hour to 40 minutes on the opposition side, and we went straight to committee and discussed the heads. So if we can get there, let us go there. And certainly, I think that that is the consistent thinking of the Democratic Labour Party. And then of course the question of how much time we spend on each head can also be an issue. So these are areas for discussion in the future. But certainly I think that this exercise on education and on health - and soon as we wrap up health, we will move to agriculture - I think this gives the country an opportunity to hear the articulation not only of the ministers with the responsibility and the shadow ministers, but other members of parliament who have valid contributions to make in this regard.

Mr. Chairman, sir, I want to say again I am grateful for the contributions of all honourable members, including the member for St. James Central. I am truly grateful for the ideas which have come out of this discussion. We take them with us to the Ministry of Health and we will roll out a programme which includes every Barbadian, gives everyone an opportunity to have a say when the time is appropriate, and at the same time helps us to roll out effective and well thought-out programmes for financing and for strengthening healthcare in Barbados. I truly want to express my appreciation, therefore, to you, sir, to the entire Parliament. And I want to move that Head 23, as amended, stand part. The figure for Head 23- \$251 416 133. And I beg to move that Head 23, as amended, stand part.

The question that Head 23, as amended, stand part was put and resolved in the affirmative without division.

HEAD 72 - MINISTRY OF AGRICULTURE, FOOD,
FISHERIES AND WATER RESOURCE
MANAGEMENT

Mr. CLERK: Mr. Chairman, Head 72 - the Ministry of Agriculture, Food, Fisheries and Water Resource Management - in the amount of \$159 649 507.

Mr. CHAIRMAN: Honourable member for St. Philip West.

Dr. the Hon. D. C. ESTWICK: Mr. Chair, let me first take this opportunity to commend the government for its continuing support for the Ministry of Agriculture, Food, Fisheries and Water Resources Management. And let me also thank the management staff of the Ministry of Agriculture and in addition, all of the members of the various boards that serve this country under the Ministry of Agriculture and those in regards to statutory corporations and private companies.

When people hear of the Ministry of Agriculture, Mr. Chairman, they somehow seem to think that agriculture is only about forking up ground. What they don't understand, Mr. Chairman, is that the Ministry of Agriculture is a regulatory ministry. It is a service providing ministry. It is also a technical support ministry. It provides veterinary, regulatory and diagnostic services. Plant Protection Services. Government Analytical Laboratory Services. Pesticide management services. Management of the Fisheries Division.

In addition to that, Mr. Chairman, the Ministry has responsibility for the management of the statutory entity, the Barbados Water Authority. It has responsibility for Southern Meats. It has responsibility for the Agricultural Development Fund. It has responsibility for the Barbados Agricultural Development and Marketing Corporation. The Barbados Agricultural Management Corporation. The Barbados Agricultural Credit Trust. It has responsibility for the Barbados Cane Industry Corporation. It has responsibility for the National Agricultural Commission and the Fisheries Advisory Commission in addition to the Pesticide Control Board. So Mr. Chairman, we are talking about a rather integrated ministry in regards to services being provided.

And like all the other ministries, Mr. Chairman, my ministry has had to cut and contrive in regards to the fiscal challenges that the government is facing. But I want to say that while this has been happening we have been able to have many important successes. And I would want to define some of those successes in relation to the various subsectors and ministries, statutory corporations that I have responsibility for.

You will hear it continually said, sir, on the radio that nothing is happening in agriculture. However, for the

last two years there have been unprecedented growth in the non-sugar agricultural sector in this country. And I am sure you can attest to that.

In addition, Mr. Chairman, when we look at those persons who have turned and have become involved in the area of agricultural production and technical agricultural production, sir, the records from the BADMC that deals with agricultural development through its land lease programme shows that in 2007, sir, there were about 107 farmers within the land lease programme. And as of last year that number is up to 188 farmers, sir. And these are farmers who have come into the system and are actively involved in producing vegetable root crops and other livestock farming environments. But yet nothing is happening in agriculture.

Now, as a farmer I look at cotton and as you would be aware, sir, that what we have been able to do was to sustain a significant increase in the acreage planted in cotton. We have been looking for as much as 600 acres this season, sir, which would have been up when we look back from way back in 2009-10. Mr. Chairman, this has demonstrated a significant increase - over 100 acres and a 20 per cent increase as to what was previously planted in regards to seed cotton output.

Mr. Chairman, you are aware that we are largely self-sufficient when it comes to poultry production and egg production. Largely self-sufficient, Mr. Chairman, in regards to pork production. What people in Barbados confuse when they speak to the food import bill in this country - when they speak to the food import bill in Barbados and you hear all this gross talk about \$700 million plus in food imports, what they don't tell the public is that out of that importation of 700 plus million dollars, only 35 million dollars of that is vegetables and root crops and herbs.

What that tells you is that the issue is not one of domestic production per se, but it is a matter of the value added upstream that we are importing into Barbados to satisfy a lifestyle that has moved in regards to how societies evolve as they become culturally influenced, whether it is European or American. So as a result of that, we have moved our palette to an international palette and have therefore driven the import bill along the line of high value added products that are not manufactured in Barbados and are not produced largely, sir, from the raw materials.

So Chairman, I want to speak quickly to the matter of the development of our food zones and the fact that we have just established a small farmers grant programme. The food zones were designed not only to enhance the domestic production of fresh and nutritious produce, but were designed to take advantage of the various concessions and

opportunities that would be created within the linkages to the hotel sector and the manufacturing sector. And within that zone, Mr. Chairman, the small grants fund is designed to assist them to concentrate on high-tech agriculture - meaning shade house technology, greenhouse technology and other types of technologies that would drive aquaponics, root crops and herbs and so on.

That fund, Mr. Chairman, is one where the Barbados Agricultural Society and my ministry are co-operating on and would roll out that fund in a joint team and allow for small farmers to draw down, I think about \$30 000 per small farmer. I think that is going to make a significant dent, Mr. Chairman, in regards to those farmers who do not now have access or the collateral to access funding in the traditional ways.

I want to thank the BDC in particular, Mr. Chairman, in regards to broadening the policy base of fund access to now allow farmers to access monies for agricultural programmes and agricultural projects in addition to the fisheries division. All of these, Mr. Chairman, create now opportunities for small farmers and middle-sized farmers to access funding.

Additionally, Mr. Chairman, we have moved to adjust the internal policy in regards to the rebate system, recognising that many farmers not having access to the new systems that I just spoke to, would have difficulty getting some of the materials and supplies that they would want. So what we did, Mr. Chairman, was to allow an upfront application of what would have been the rebate at the back end to be used - to be sent directly to the supplier so as to reduce the amount of money that the farmer has to outlay up front. So, Mr. Chairman, these are significant policy adjustments that will have major impact on the agricultural sector on the food production side of the arrangement.

Mr. Chairman, what is also of importance here is that the Ministry, in working with the FAO and working with IICA, we are far advanced in establishing an agricultural marketing system. That agricultural marketing system - the Chief Agricultural Officer is now aggressively working to make sure that we can now map out in Barbados where every single produce is under production and how much of that particular item is being produced in Barbados. That being important, Mr. Chairman, it helps you as head of the BAS to be able to manage the whole system of glut and flooding the markets and dealing with price stability when

and in regards to shortages and so on. Mr. Chairman, these are significant policy initiatives. Two other important ones that have been approved and have been rolled out regards the national. First time that we have had a national agricultural policy, sir, a white paper in agriculture and defined within that white paper and establishing the

modern agricultural infrastructure, which is designed around establishing the linkages between agriculture and manufacturing, agriculture and health, agriculture and tourism, agriculture and the environment. All of those linkages, sir - the first one, that is the MOU with the hotel sector, is established. And the second one, Mr. Chairman, has already gone through the Economic Committee of the Cabinet in regards to having a national procurement policy where we will be utilising the procurement opportunities at government state-owned facilities to drive domestic agricultural production. In other words, I do not see why a percentage of what the QEH orders should not come from domestic agricultural production. I want some. I do not see why what goes to the geriatric hospital, the psychiatric hospital, every single school and the welfare division, that should not come from domestic production primarily. That is the rationale, Mr. Chairman, for supporting domestic production and giving capacity-building opportunities to our domestic farmers. That policy framework, Mr. Chairman, is there. We now have to take it one step further and we will try to push as hard as we can to do this. I think, Mr. Chairman, that these are very significant and aggressive policy initiatives that the Ministry has worked on over the last few years.

So, Chairman, the other critical one has to do with food safety and the food safety initiatives that we are undertaking in concert with the Caribbean Agriculture, Health and Food Safety Agenda. That system, Mr. Chairman, is the establishment of the national agricultural health and food safety system. This approach allows us, Mr. Chairman, to effect food safety issues from the farm to the table. It is a very complex undertaking. And there are some in the private sector that, you know, have challenges in regards to exporting animal products to Europe and so on. We understand the challenge, but we have made significant progress in that. We have now, through the Ministry of Agriculture, been able to move the system forward in regards to the policy papers, in regards to harmonising many of the elements of the fragmented legislation and regulations. We are in the process of evolving out the entire plant protection - new legislation, plant legislation that deals with residue of pests and residue of fertilisers - and similarly, Mr. Chairman, to deal with those types of situations on imported products into the country and so on. And that will require you to be able to evolve your quarantine and evaluation systems at ports of entry, et cetera. We are far advanced in the laboratory designs. We have already come to a position as to where the laboratories are going to be. That will be at Graham Hall. And as a result of that, Mr. Chairman, we think that within the next two years or so we should be in a good position to be able to roll out the national Agricultural Health and Food Safety Plan.

Now, Mr. Chairman, let me get quickly to this whole notion of the sugar sector. And I want to first speak to and

correct some erroneous statements made by the Member for St. George North. The Member for St. George North - I now understand why he is nicknamed Blind Clark, because I may have to illuminate all the recesses of his brain this afternoon. Mr. Chairman, the Honourable Member got up in here and without understanding how the financing structure is established for the new multipurpose factory, proceeded to say that we are spending US\$250 million on processing 12 000 tons of cane. He then went on to say - how are we going to pay back this money from this small quantity or yield of cane? Now, you know he is my friend. He could have come to me and asked me a question. But I cannot allow the Honourable Member to put that rubbish out there. He does not even understand the difference between a loan and a foreign direct investment. It is not a loan that the government is getting. It is an investment from National Standard Finance. And that investment is coming into the country within the context of what is defined as a triple net lease. Let me explain.

A triple net lease investment is a standard real estate commercial financing strategy. And the way it works, Mr. Chairman, is this. If you have a project and that project's economics look good - that is, the internal rate of return looks good, the net present value looks good - and when you evaluate and execute sensitivity evaluations, all of the economic metrics say: proceed. Now, the entity National Standard will accept a lease from the government for the site in St. Andrew. That is lease number one of the triple net lease. Let me explain where the three come from. That is lease number one. National Standard will now invest their own money to build out a site known as the Andrews factory project and lease that site, Mr. Chairman, to a special purpose vehicle to build the project using their own money. Two leases, Mr. Chairman. When the factory is now completed, Mr. Chairman, the factory in its operational side is now leased back to the government - and in this case the Barbados Cane Industry Corporation - giving you the third lease. That is why it is called a triple net lease. Now the factory will be operated and out of the factory products you generate a revenue that repays the investment to the investor. That is not a loan. And I want to explain that to the Honourable Member for St. George North.

Any risk the government would bear - no, there will always be a risk to the financing arrangement - comes about in the event that there is a breakdown in the factory for a long time and it cannot generate the revenue on its own, or if you are dealing with a force majeure event. And in those cases all it would be is a top-up of what the factory could produce. That is the only risk.

Now, Mr. Chairman, let me then get into the other aspect of this matter because some people seem to be a little confused in regards to this whole notion of the feedstock for the factory. Let me say this, Mr. Chairman. I

have had multiple discussions with experts from South Africa, Louisiana, Mauritius, and local experts here. I went so far as to establish, Mr. Chairman, a national sugar growers committee headed by persons who manage plantations on a day-to-day basis. Mr. Chairman, in establishing the committee and looking at the anecdotal evidence and when you do a retrospective analysis of the data, many plantations in Barbados, Mr. Chairman, were achieving 28, 29, 30 tons of cane per acre - many of them - and some of them were doing significantly more than that. So in other words, we know how to get the yields up in regards to the acreage. Now the issue is, Mr. Chairman, moving back into production on an amount of about 23 to 25 000 acres of land available for the production process. That is not very difficult to do, Mr. Chairman.

The issue in regards to the fall-off in yield and the fall-off in production has to do with the fact that not only this government but the previous administration did not have the financial wherewithal to pay the independent sugar farmers the monies that they needed to carry out proper agricultural practices post-crop. That is a fact. And I can tell you that when I look at between 1991 and go through, Mr. Chairman, down to 1998, we have moved our production and export capacity down from 58 per cent, Mr. Chairman, down to 32 per cent. And why was that happening? Simply because the farmers did not have the money - as they do not have the money now under this administration - to carry out the post-harvest agricultural management practices. What are those? Pesticide management, fertigation management, ploughing properly, making sure that after the third ratoons you plough and put in new plants.

We now, Mr. Chairman, have to recognise that the reason why the farmers were not getting the money under both administrations is simple. And for Barbados to understand the simplicity, I would have to go back through some history. What is the history, Mr. Chairman? In 1976, the Barbados Sugar Industries Limited was formed. By that time, Mr. Chairman, all the plantations in this country were privately sector-owned - all of the sugar plantations and the factories, all of them. Between 1976 and the 1980s, the international trade policy and strategy was being adjusted. That international trade export regime was being adjusted because the European Union was being established, and the establishment of the European Union - while it was being established during the period of time between 1976 and 1990, Mr. Chairman - you had a number of Lomé Conventions: Lomé 1, 2, 3, 4. And by 1986, when the last one was in full flow, Chairman, you had a situation where the export quotas to the European Union and the UK in particular were declining every year. You had the price per export ton of sugar declining every year. So between that period, with the declines, you ended up - by 1990 - in a situation where, one, you were exporting sugar to Europe at a loss, and two, you were having poor yields because you

could not carry out the proper crop management practices. And your soils were being depleted of nutrients. So by 1990, Mr. Chairman, you had a situation where the entire industry was bankrupt - not a saint, dead as a doornail, needed resuscitation, sir. And monies had to be put into it to keep it alive. \$240 million were paid for the factories that I said before should be put in the time tunnel and sent back to the 17th century.

And the reality is the convergence, Mr. Chairman, of circumstances resulted in a scenario where the government had to form the Barbados Agricultural Management Company so as to take the plantations over, manage them on a lease basis and then advance the lease monies to the Barbados Agricultural Credit Trust - that was also established - in order to have the plantations over time repay their debts. So by 1994 we were then in a situation where the industry was essentially on life support. By that time, the Agricultural Management Company, a newly formed entity, would have taken on a tremendous set of debt and a tremendous set of inefficient, old, archaic systems - the factories - to manage. So BAMC now ends up with three hundred and something million dollars in debt. That is where it came from. It is not because of mismanagement from those people out there. And then on top of that they had to deal with the price support system that locked the BAMC into importing sugar into Barbados for distribution in the country at a loss. But yet the BAMC can get cursed every day by certain people who do not understand what they are talking about. And Mr. Chairman, for no additional costs charged, they have to provide all of the variety testing services, all the other agricultural services out there to the industry for not a cent. But every day people are talking about BAMC is not doing anything, BAMC should be shut down - all sorts of rubbish. No, I always believe you should read before you talk. I honestly believe so. And I do not open my mouth unless I know what I am saying. Some out there should learn that.

So, Chairman, we therefore came to this situation - and it is not a situation I blame those on the other side for, nor ourselves on this side - because there were a confluence of factors on the international side. And at the time the factories were not owned essentially by the state and the major plantations. So what ended up happening? The government of the day, recognising the difficulty, established in 1998 Booker Tate to come and evaluate the industry. Booker Tate managed the BAMC and carried out an evaluation on the three sugar factories in Barbados and then decided: look, fellows, this three-factory thing cannot work. They went further to say that we should rationalise the three factories down to one. At first the recommendation was Bulkeley. I remember when Sir Louis Tull said you cannot close Bulkeley over his life - he wanted to be dead first, over his dead body. But the fact of the matter, Mr. Chairman, is the reason why Bulkeley was not chosen was because it was the oldest factory of the lot

and because it was the oldest factory of the lot, it carried several insurance risks. You do not know what the substructure infrastructure dynamics are - those people who understand insurance would understand what I am saying. No.

On top of that, Mr. Chairman, the decision and the recommendation from Booker Tate at the time was to carry the industry to value-added. What were those value-added products, sir? You could do electricity, do plastic sugars, do high-end molasses, but they wanted to use coal to supplement bagasse. That was rejected, and rightly so. The former administration correctly at the time brought in Schaefer Associates and Schaefer Associates did a meta-analysis of the evaluation and at that point in time recommended that we should move to the value-added side of products from the sugarcane and create a sugarcane industry as opposed to just producing a sweetener from the sugar. They recommended that we move away from coal and do fuel cane. The fuel cane trials went on in Barbados and - if you call those trials, I would not say fail, because science is not about failure; science is about analysing the data, recognising the reasons why you did not get your results and making the adjustments - those adjustments were not made. And there are still people today who have fuel cane on the land.

So, Chairman, the idea was correct - that was 2002, 2004. The former administration then established a tripartite committee, and the tripartite committee was replaced then by a tripartite commission. And under the commission there was the hiring of CBET. And CBET did an evaluation of a five-year rollout plan for the diversification of the sugar industry in regards to value-added. Mr. Chairman, I have read it multiple times and it was indeed a good plan - it was an excellent plan. But the application of that at Bulkeley - there were just too many value-added products. And the recommendation of the use of the Tilt-B cane system was not bad at the time, but the issue was that the technology did not bear up under the rigour of evaluation. And when it was tried in Jamaica, they had to abandon it. These are the facts, Mr. Chairman. But the idea of the high-end value-added products from sugarcane was excellent. Those are things like cane juices, production of lignols, production of specialty sugars and a whole range of other sugars, potential vitamin production and a whole range - and electricity and so on - were correct.

But Mr. Chairman, it was the former member - the Right Honourable Member for St. Peter - who in hiring Schaefer Associates asked them to look at a sugar adaptation strategy in relation to the European Union adaptation strategy funding. You can look at me - I read and I know everything. Mr. Chairman, I am telling you, sir, that the adaptation strategy that was developed by Schaefer Associates was indeed an excellent adaptation strategy.

And I commend the members on the other side for it. I think it was the Honourable Erskine Griffith at the time who would have taken over from the Honourable Anthony Wood when he was head of the Tripartite Commission. And I am going to say, Mr. Chairman, that I am not going to be a hypocrite. The matter of the adaptation strategy that was put in place is exactly what it is that we are trying to roll out now. Is it different? It is not different. In fact, the adaptation strategy that we are trying to roll out is the same thing. I am trained to do exactly what the adaptation strategy recommended because it made sense and it still makes sense now.

And what is that adaptation strategy, Mr. Chairman? Move away from bulk sugar. In regards to the marketing strategy, the adjustments that we are making are to concentrate on blocking the importation of bought sugar, move to direct consumption sugars and reduce the exportation to Europe or stop it altogether. Produce 10 million litres of alcohol - that is what we plan to do. Produce direct consumption sugars - that is what we plan to do. Produce a 25 to 30 megawatt co-generation plant - that is what we are trying to do. And Mr. Chairman, that is phase one, and I am confident on that. Phase two of your adaptation would be to take blackstrap molasses - highly rich in vitamin B12 - and capsule it. Do not be afraid of producing beta-sitosterols, other plant sterols that lower cholesterol and treat prostate enlargement and a whole number of things like that. We have got to get our heads from around believing and thinking that a technology that was pertinent and relevant to the output of only one basic product from the sugarcane from 1625 is what our children and grandchildren with highly intelligent scientific brains ought to be dealing with. I am not buying that. I am not buying that at all.

So, Mr. Chairman, the whole approach here now - and the issue that people out there are saying, well, what happens if we stop - I just said we need about 23 000 acres. We can get that very easily, Mr. Chairman. We have large quantities of fallow land in Barbados. And I am saying, Mr. Chairman, with the proper funding we are confident that we can get the yields up. In fact, WICSCBS - they are right now testing new varieties, Mr. Chairman, for the same application. So I am very confident that the foreign direct investment into Barbados to help us build out this particular sector - and the fact that it is a foreign direct investment - I am happy for the foreign reserves - is the way to carry forward the industry. Stabilise the industry by creating value-added products that you can sell to create the monies you need to pay the farmers what they ought to be paid. Some say \$140. We are trying not to pay \$120. But I say this, Mr. Chairman, as I wrap up in this first intervention: \$62 million, Mr. Chairman, is what that co-generation facility is supposed to bring in revenue. \$62 million. If we stop the importation of that bad-tasting stuff - Surinamese sugar - we save \$35 million. How much is

that? Almost \$100 million. Resubsidise the industry to the tune of \$72 million. Now what is the loss? That has nothing to do with selling high-grade blackstrap molasses to the rum industry - more money. That has nothing to do with selling direct sugars or special sugars. So those scaremongers out there need to - I say - really come again. Really come again. I am confident that the decision taken by this

administration and the decision taken by the last administration in relation to the adaptation strategy. Sir was right then and it is right now. And as a result of that, Mr. Chairman, we are going to carry forward the implementation. I thank you, Mr. Chairman.

Mr. CHAIRMAN: Just a moment please - hold on 15 minutes.

Hon. A. D. BRATHWAITE: Mr. Chairman, I beg to move that you report progress to Mr. Speaker and ask for leave to sit again.

The question was put and resolved in the affirmative without division and Mr. CHAIRMAN reported progress to His Honour, the SPEAKER, and asked for leave to sit again. Mr. SPEAKER resumed the Chair and reported accordingly.

SUSPENSION

Hon. A. D. BRATHWAITE: Mr. Speaker, I beg to move that this sitting be suspended for some 15 minutes - until 5.40 p.m.

The question that the House be suspended until 5.40 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the House accordingly.

CONTENTS

RESUMPTION

COMMITTEE OF SUPPLY

HEAD 23 - MINISTRY OF HEALTH

Miss S. J. O. BRADSHAW.....	1
Hon. J. D. E. Boyce, 2, 3, 5, 10, 11, 15, 24; Mr. G. A. Clarke, 4, 5; Hon. S. A. Lashley, 5; Hon. R. L. Sealy, 7, 8; Dr. M. M. Agard, 8; Mr. K. D. Symmonds, 9, 11, 13, 16; Dr. the Hon. D. S. Lowe, 11; Hon. R. D. Jones, 16; Dr. the Hon. D. C. Estwick, 16; Mr. E. G. Hinkson, 18, 20; Hon. D. St.E. Kellman, 20; Rt. Hon. F. J. Stuart, 21.	

RESUMPTION

COMMITTEE OF SUPPLY

Dr. M. M. AGARD.....	24
Hon. A. D. Brathwaite; Hon. J. D. E. Boyce; Hon. D. O'N. Inniss; Dr. the Hon. D. C. Estwick; Miss S. J. O. Bradshaw; Hon. S. A. Lashley; Mr. K. D. Symmonds; Hon. S. D. Blackett.	

HEAD 72 - MINISTRY OF AGRICULTURE, FOOD,
FISHERIES AND WATER RESOURCE
MANAGEMENT

Dr. the Hon. D. C. ESTWICK.....	42
Hon. A. D. Brathwaite, 46.	

SPEAKERS IN THIS ISSUE

AGARD, Dr. M. M. (Christ Church West)
BLACKETT, Hon. S. D. (St. Michael Central)
BOYCE, Hon. J. D. E. (Christ Church South)
BRADSHAW, Miss S. J. O. (St. Michael South East)
BRATHWAITE, Hon. A. D. (St. Philip South)
CLARKE, Mr. G. A. (St. George North)
ESTWICK, Dr. the Hon. D. C. (St. Philip West)
HINKSON, Mr. E. G. (St. James North)
INNISS, Hon. D. O'N. (St. James South)
JONES, Hon. R. D. (Christ Church East Central)
KELLMAN, Hon. D. St.E. (St. Lucy)
LASHLEY, Hon. S. A. (Christ Church West Central)
LOWE, Dr. the Hon. D. S. (Christ Church East)
SEALY, Hon. R. L. (St. Michael South Central)
STUART, Rt. Hon. F. J. (St. Michael South)
SYMMONDS, Mr. K. D. (St. James Central)

DISCLAIMER. This transcript was prepared with the assistance of artificial intelligence tools and is provided for reference only. It has not been reviewed, verified or approved by the Hansard Department of the Parliament of Barbados and does not constitute an official parliamentary record. It may contain errors or omissions, including inaccuracies in wording or speaker identification. For authoritative quotations or confirmation of proceedings, consult the official Hansard record when available.

EDITORIAL NOTES — NOT PART OF THE REPORT

Prepared with the transcript; for checking against the recording and the Minutes.

EDITORIAL QUERIES

Points noted while correcting and preparing this report. Members are named as in the 2013–2018 Parliament.

Q1. Front matter. The source does not record the PRESENT list; the Members listed are those identified from the record. Mr. SPEAKER opened by resuming the Sitting suspended the previous evening until 9.00 a.m.; the source's convening sentence ('Pursuant to the adjournment ... met at 10.00 a.m.') is therefore replaced by a resumption line at 9.00 a.m. Please confirm the time from the Votes and Proceedings.

Q2. Throughout. The bracketed time-checks in the source have been omitted. They are out of sequence: '[2.30 a.m.]' appears early in the afternoon, the afternoon session after the luncheon suspension carries '[12.30 a.m.]' to '[2.30 a.m.]', and the first suspension is recorded as moved until 2.15 p.m. and taken at 2.15 p.m. after a time-check of 2.30. Please check the times against the recording.

Q3. Committee of Supply. The Chairman is not named in the source; the Chairman of Committees, Mr. J. D. Paul, is presumed. The source records no motion to go into Committee at either resumption, only Mr. SPEAKER's statement that the House was in Committee of Supply when the suspension was taken; the formula is supplied. Please confirm.

Q4. Head 23, after Mr. K. D. Symmonds. Headed 'DR. THE HON. DENIS S. LOWE, M.P.' in the source. Mr. CHAIRMAN called the Member for St. Philip West, the speaker says that issues were raised 'when I became the minister' after Mr. Goddard and Dr. Walcott, and Mr. E. G. Hinkson later refers to the Member for St. Philip West as a former Minister of Health. Dr. Lowe had already spoken at this Sitting. Printed under Dr. the Hon. D. C. ESTWICK. Please confirm.

Q5. Head 23, after Miss S. J. O. Bradshaw (second speech). Headed 'HON. MICHAEL A. LASHLEY, S.C., M.P.' in the source, but Mr. CHAIRMAN called the Member for Christ Church West Central, and the speaker says he wishes to 'rejoin this debate'; Hon. S. A. Lashley, Member for Christ Church West Central, spoke earlier at this Sitting. Printed under Hon. S. A. LASHLEY. Please confirm.

Q6. Head 23, Hon. D. O'N. Inniss. The source reads 'as reported by the Honourable Minister, the Member for Christ Church West'. In 2015 the Minister of Health, Hon. J. D. E. Boyce, was the Member for Christ Church South,

and the Member for Christ Church West was Dr. M. M. Agard of the Opposition. Corrected to 'Christ Church South'.

Q7. Head 23, Hon. D. O'N. Inniss. Part 2 of the source ends in the middle of Hon. D. O'N. Inniss's speech ('Today –') and Part 3 begins mid-sentence ('been trying to do over and over again'). Part of the speech may be missing at this point. Please check against the recording.

Q8. Head 23, Mr. K. D. Symmonds (third speech). No call from the Chair is recorded before this speech, which opens 'I am obliged, Mr. Chairman.' Please check against the recording.

Q9. Head 23, close. Mr. CHAIRMAN put the question that Head 23 stand part 'as amended'; no amendment to Head 23 is recorded in the debate of this day. Please confirm against the Committee's records.

Q10. Head 72, Dr. the Hon. D. C. Estwick. The Minister refers to the Member for St. George North as 'Blind Clark'. No intervention from the Chair is recorded. Left as in the source for the editor's attention.

Q11. Close of record. The source ends with the suspension at 5.25 p.m. until 5.40 p.m. The proceedings after the suspension, including any further consideration of Head 72 and the adjournment, are not recorded. Please supply from the recording or the Votes and Proceedings.

DEBATE SUMMARY

(Editorial summary — not part of the record.)

On Friday, March 20, 2015 Mr. SPEAKER resumed the Sitting and the House went back into Committee of Supply on the Estimates for 2015-2016, continuing Head 23, Ministry of Health. Miss S. J. O. Bradshaw urged health education for the young and said cuts to the drug formulary had led elderly diabetics to stop testing because of the cost of test strips; Hon. J. D. E. Boyce, on a point of order, said the formulary was set by a Drug Formulary Committee of professionals. She also raised the removal of buses from routes in the Pine and the single doctor at the Sir Winston Scott Polyclinic. Mr. G. A. Clarke asked about the debt of the Queen Elizabeth Hospital and the prices charged by pharmaceutical suppliers, and withdrew the term 'drug lords' at the Chairman's direction.

Hon. S. A. Lashley blamed a cap on hospital expenditure under the Barbados Labour Party for the hospital's condition. Hon. R. L. Sealy said shortages there were long-standing and that the Barbados Drug Service had

once spent as much as \$50 million; Dr. M. M. Agard, on a point of order, said her Leader ranked health second among priorities. Mr. K. D. Symmonds traced Government undertakings on the St. John Polyclinic from February 2008, saying cost overruns amounted to 100 per cent, and in a second speech cited curbs on junk food advertising in Chile and an 8-cent tax on sweet drinks in Argentina, drawing points of order from Hon. J. D. E. Boyce and Hon. R. D. Jones. Dr. the Hon. D. S. Lowe blamed 14 years of Barbados Labour Party neglect for the polyclinic's delay and spoke on environmental health. Dr. the Hon. D. C. Estwick referred to the 1978 Alma-Ata Declaration and urged the integration of private health insurance. Mr. E. G. Hinkson called for polyclinics to open at night and free medication for all pensioners.

The Prime Minister, Rt. Hon. F. J. Stuart, said that of estimated revenue of \$2 555 556 954 the Government proposed to spend \$331 459 647 on health, and that the St. John Polyclinic, begun around 1991, was between 95 and 97 per cent finished. Progress was reported and the House was suspended until 2.15 p.m.

On resumption Dr. M. M. Agard said a supplementary of \$4.5 million had been approved a year earlier while the polyclinic remained 95 per cent complete,

and repeated her call for a facility for diabetic patients, who she said occupied 42 per cent of hospital beds. Hon. J. D. E. Boyce said a clinic already served St. John. Hon. D. O'N. Inniss said human resources took 60 to 70 per cent of the hospital's allocation. Dr. the Hon. D. C. Estwick proposed a national health insurance fund drawn from earnings. Miss S. J. O. Bradshaw said the Government had no agreed position on reform; Hon. S. A. Lashley replied that the Opposition offered no alternative. Mr. K. D. Symmonds raised the recapitalisation of the hospital, and Hon. S. D. Blackett said the Accident and Emergency Department saw over 40 000 patients a year.

Winding up, Hon. J. D. E. Boyce reported zero cases of mother-to-child transmission of HIV, said a decision on a new hospital of some US\$500 million would depend on healthcare financing, and described the \$60 million loan to recapitalise the hospital. Head 23, as amended, was passed. On Head 72, Ministry of Agriculture, Food, Fisheries and Water Resource Management, \$159 649 507, Dr. the Hon. D. C. Estwick said farmers in the land lease programme had risen from 107 in 2007 to 188 and explained the triple net lease financing of the new multipurpose sugar factory. On the motion of Hon. A. D. Brathwaite, progress was reported and the House was suspended at 5.25 p.m. until 5.40 p.m.