
THE SENATE DEBATES

(UNOFFICIAL REPORT)

PARLIAMENT 2008 – 2013

THE SENATE

Wednesday, January 26, 2011

The Senate met in the Senate Chamber, Parliament Buildings, on Wednesday, December 15, 2010, 11.10 a.m.

PRESENT

His Honour Senator Dr. Brandford M. Taitt, B.A., M.P.A. LL.B(Hons.)D.H.L.(Hons.)(President) Her Honour Senator Kerryann F. Ifill, B.Sc.(Hons.), M.B.A. (Deputy President)

SENATOR the Hon. Miss M.P.O. McCLEAN, B.Sc. (Hons.), M.A.,M.B.A., (Minister of Foreign Affairs) (Leader of the Senate)

Senator the Hon. H.L. BENN, E.M.B.A. (Marketing), Minister of Agriculture and Rural Development)

Senator the Hon. D.W. BOYCE, B.Sc., M.B.A. (Fin.), C.M.A., F.C.A. (Minister of State, Ministry of Finance)

Senator Mrs, V.I. SANDIFORD-GARNER, CIM,Dip.Mng.m, M.B.A.,(Parliamentary Secretary, Ministry of Health)

Senator J. Ince, J.P., BB.a (Parliamentary Secretary, Ministry of Finance and Economic Affairs)

Senator P.W.B. GILKES

Senator H.A. Husbands, M.L.I.R, DIP (Mgmt.) B.Sc. (Public Administration) (Hons.) Ed. Cert. (U.W.I.) (Parliamentary Secretary, Prime Minister's Office)

Senator R.A. Hunte, J.P.

Senator Rev. Dr. D. L. DURANT, D.d. (Hon.)

Senator Sir Roy TROTMAN, K.A., M.A

Senator Sir John Stanley GODARD, K.A., B.Com., F.C.A., LL.D,(hon.)(U.W.I)

Senator the Hon. Mrs. V.E. NEWTON, S.C.M., B.A. (Spec.Hons.), M.A., LL.M.(Hons.)(U.W.I), F.L.A. (Gt.Brit.), L.E.C.

Senator the Very Reverend H.E. CRICHLow, G.C.M., B.A. (Hons.) Duenelm

Senator Dr. F.L. CHANDLER, Ph.D, Bsc.(Hons.)

Senator R. O. MARVILLE, B.A.(Hons.), M.A. African Studies, M.B.A.

Senator R.G. Cave, CBE, B.C.H.

Prayers were led by Rev. Father Errington Massiash.

Mr. PRESIDENT: This Senate is in session.

ABSENT

Senator J.A.C. Hutson, B.C.H., M.R.A.C.

PRESENTATION OF PAPERS

SENATOR Hon. Miss M.P.O. McClean: Mr. President I am commanded to lay the following documents:

1. The Annual Report of Needhams' Point Development Incorporated for year 2009.
2. The Annual Report of Needham's Point Development Holding Limited for the year 2009.
3. The Report of the Judicial Council for the year 2008.
4. Financial Statements of the Thelma Vaughan Memorial Home for the year ending March 31, 2009.
5. The Annual Report of the National Petroleum Corporation for the year April 1, 2008 to March 31, 2009.
6. The Annual Report and Financial Statements of the Accountant General for the Financial Year 2009 - 2010.
7. Excise Tax(Rate of Tax) Order, 2010.
8. Reports on the Operations of the Severance Payments Scheme for the years 2007 and 2008.
9. The National Insurance and Social Security(Non-Contributory Old Age Pensions) (Amendment)(No.2) Regulations, 2010.

MOTIONS RELATING TO THE BUSINESS OF THE SENATE

SENATOR Hon. Miss M.P.O. McClean: Mr. President, I beg to move that Standing Order No. 45(2) be suspended for the remainder of today's Sitting.

The question was put to the Senate and agree.

INTRODUCTION OF BILLS

SENATOR Hon. Miss M.P.O. McClean: Mr. President, I beg to move the first reading of the following:

1. Medical Profession Bill, 2011
2. Environmental Levy (Validation and Repeal) Bill, 2011.

The question was put to the Senate and agreed.

PUBLIC BUSINESS

ORDER NO. 1 – MEDICAL PROFESSION BILL, 2011

SENATOR Hon. Miss M.P.O. McClean: Mr. President, it currently exists in Barbados a suite of legislation which regulates professions, trades and vocations. For example they exist on the statute books of Barbados a legislation in relation to the legal profession, land surveyors, medical profession, private investigators, security guards and a whole range of professions, and of course the medical profession.

Sir, currently the registration of professions, vocations and trades, such as those cited previously, is intended to accomplish a number of things including the setting of admission requirements for persons desirous of entering that profession. Such legislation may also speak to the defining of skills levels required for those professions. Sir, of critical importance would be regulations in the legislation speaking to the implementation of Codes of Conduct, and in many instances provision for the mandating or requiring of continued professional development. These requirements are intended to do a number of things including protecting the interest of the citizen. It is intended legislation of that type to ensure or to safeguard the public health and safety.

Sir, while we must recognise that like the licencing or registration can have a positive effect on the quality of service provided by any profession, there are a number of other requirements. For example, a doctor, lawyer, land surveyor, et cetera, in following the requirements of the legislation of that particular profession would be pretty much required, I can use the word forced, not in its harshest sense, to observe certain minimum standards, whether it is standard of behaviour or conduct, standards in terms of acquisition of technical knowledge and other kinds of knowledge in order to perform the function of the particular profession to the best of that professional's ability.

12.26 p.m.

The quality of service will also be influenced by a complexity of factors over and beyond what is provided for, in the piece of legislation.

With any profession or almost any situation in which we engage as people, standards evolve, circumstances change and the need to maintain legislation that reflects the requirements of the day must be put in place and thus, the need to revisit, replace and amend existing legislation and, Sir, that is part of what we are focusing on today.

As we debate the medical profession in Barbados, we perhaps do so against a background in which, traditionally, many young boys and girls have often been guided to pursue what were seen as two of the frequently, almost revered professions, the medical profession and the legal profession.

Sir, I exercise no prejudice, but I think clearly the role of the physician for me or the medical practitioner, is one which impacts on most of us who are directly under the today basis, Sir, if I had to write them but I do not think I probably should do that, of course, they are not the only professions and we would like our young people to explore the fullness of all the career options but we still have a bias in many instances to those professions. Certainly, in the case of the medical profession, we often talk literally about the life and death possibilities as can therefore appreciate this Regulation is very critical.

Sir, in looking at the issue of Regulation as I indicated, what this legislation seeks to do is to address a number of areas, one being competence, others, codes of conduct, which regulate, notwithstanding a professional in another's competence, behaviours. I think that is important to separate the two.

In Barbados we have invested heavily in the area of health and in fact when we look at a country's situation, Barbados being no different, we recognise that the health of the nation - to use a much often sentence phrase. I would not use the word clique - the health of a nation is very much the wealth of a nation. The quality of condition of our citizens' health is going to impact positively or negatively on his or her ability to contribute in several ways as a citizen of any given country, Barbados being no exception.

Sir, if you look at this legislation, the contents and the intent of the Medical Profession Bill is intended to facilitate the delivery of quality health care in the context in which this country, as I just said, has been investing very heavily in ensuring that the average citizen has access to quality health care. It is important that we ensure that persons who offer themselves up as qualified medical practitioners, medical doctors for example, are indeed at the time of registration, competent and capable of delivering the services that they want to deliver.

Sir, beyond entry and initial registration however, the intention also is to ensure that the medical practitioner continues to be competent and capable. Therefore, a critical requirement would be the mandating of continued professional development. It is important not only from a philosophical position that continuous education and lifelong learning is something that we should all aspire to, whatever that learning is but more specifically, the technical capacity, capability or competence of a medical professional, is very critical.

Let us take for example a person who functions as a surgeon. Techniques change. For example, a very important kind of development over the years has been fluoroscopic surgery and laser surgery. These are new techniques which have significant benefits. Therefore, a surgeon, whether he or she is a general surgeon or a specialist in any of the particular areas, will need to stay abreast of what is happening in the industry, in the profession. At the end of the day it is also about an industry because with the techniques come equipment and methodology, methods and techniques of doing the particular surgery in the example that I am using.

Sir, it is important that practitioners stay on top of the profession, that they follow the research that is going on, that they expose themselves to new techniques in their particular field. In essence, that they stay on top of what is happening in order to bring to bear on their day-to-day activities, the best knowledge and the highest level of competence and so, it is very important that is done.

I spoke, Sir, of entry requirements, et cetera, and those things are important because when we talk about admission requirements it recognises that graduates of medical schools will be drawn from across the region, from across the hemisphere, from across the world and there must be some method used to ensure that there are some minimal standards that have been obtained, irrespective of your area of training.

Sir, let me hasten to say however that I would hate to see a situation where standards or requirements are used to prevent persons who, in fact, should be brought into the profession or be allowed into the profession to practice,

used as a means of keeping some persons out. Sir, it is important, as I said, that we pay attention to these things.

Sir, The legislation also speaks to the whole question of complaints. There is a provision in it for complaints with a Complaints Committee, because having brought persons who are presented in credentials before an Assessment Committee, which is also identified in the Legislation, the citizen or the patient should have a right also to, in a structured and formal way, raise matters to address the issue of lack of professional behaviour or the failure to discharge professional responsibilities in a competent manner, et cetera.

Sir, in terms of the Legislation, it is sufficiently comprehensive to:

1. Admit persons to the profession. 2. Regulate how that professional functions in the particular profession.

Sir, we have an Assessment Committee provided for in the Legislation, we have a Complaints Committee provided for in the Legislation and we have, in fact, moving to the next level, a Disciplinary Committee provided for in the Legislation. This Disciplinary Committee is intended to determine, access and rule on allegations or professional misconduct, for example of incompetence made in respect of a medical practitioner.

One of the major developments over several decades would have been the development of a number of specialities within the medical profession. Sir, if we look at, for example, a normal listing of medical professions, we see persons who specialise in family medicine, persons who specialise in geriatrics, in pediatrics and in cardiology. Then, you have thoracic cardiologists, and all combinations of things.

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Senator the Hon. Miss M. P. O. McCLEAN: What that translates into, Mr. President, is the range of knowledge and competence over and above the initial training. Let us say, for example, that on completion of an MBBS the person goes on to specialise, that person has moved beyond what I would call the basic range of information which qualifies him or her to be a General Practitioner.

The weakness therefore of the current legislation is that the existing Medical Registration Bill does not make specific provision for the registration of specialists of the examples that I gave within the broad medical profession. Mr. President, it is important that be done to ensure that there is greater conformity to the requirements in terms of

skills levels, et cetera because a person who is deemed a General Practitioner will operate within certain parameters and would be expected to provide certain types of medical advice, counselling, et cetera. On the other hand, a specialist is expected to have a more in-depth knowledge of that particular speciality. It is therefore critical that anybody who holds himself or herself out to be a specialist demonstrates not only to the Medical Council but also to prospective patients and to the general public that he or she has fulfilled the necessary preparation, training and development to participate in that profession.

Overall, Sir, this piece of legislation, as I said, seeks to ensure that it stays very much in tune with what have been major developments in the medical profession. The regulation of the profession then would be better enhanced through the provisions of this legislation.

We have been able to identify major weaknesses in the existing legislation. This is not something that has been short in coming. It is a piece of legislation which has been out there for several years and would have made the rounds of a number of stakeholders who would have been invited to comment. I believe that at the end of the day, with all that has been identified as major weaknesses in the legislation and all that has gone into its drafting, we would have in place a Medical Profession Bill, 2011 which should enhance the regulation of a very critical profession. It is done in a manner that recognises the importance of providing to this country the best conditions, regulatory and otherwise. Certainly, it talks about admissions and the regulation of conduct of behaviour, et cetera. It provides for the best conditions under which we can feel comfortable that the Barbadian citizen is going to have available to him or her good medical services.

Mr. President, as I prepare to wrap up my introductory comments, let me say that this country has been served well by our medical profession. I indicated that health and spending on health in Barbados is in fact one of two major components of Government's expenditure. In other words, health and education are two of the areas in which taxpayers have contributed significantly to the well-being and the capacity of this country.

In looking at the two of those together, and we look at education, expenditure on medical education has in fact been pretty high but we have also seen the results of this. Anybody who has to interface with our medical profession, either in our public facilities such as the Queen Elizabeth Hospital or our polyclinics, or who has to interface with our medical professionals in their private practices would recognise that we have outstanding individuals who have been and can hold their own in any medical arena.

Beyond that, we also know of the successes of many of our people who would have been trained within the

system of the University of the West Indies and who would have left Barbados, some of them permanently, some of whom, even though they do not reside in Barbados, also interface with their colleagues here.

Overall, our investment in medical education has served us well. We however want to ensure that continues and we would do that within the ambit of regulations which seek to ensure that persons who are part of this profession would exhibit the appropriate levels of professionalism and that they will also acquire and maintain the requisite skills levels, et cetera.

To support that, there are a number of mechanisms which speak to requirements as I said before for continuing professional or continued professional development and mechanisms in which where persons perhaps move away from what is considered the best practice or best practices that they themselves would be subject to the appropriate scrutiny of their peers and others who may sit on committees to either assess their qualifications, to hear issues or complains of less than professional conduct and ultimately where necessary to execute the necessary discipline.

With those few words, Mr. President, I beg to move that the Medical Profession Bill, 2011 be read a second time.

Mr. PRESIDENT: Senator Symmonds.

Senator K. D. SYMMONDS: I am obliged to you, Mr. President. Mr. President, I want to make it clear at the beginning that the Opposition certainly will take no issue with the substance of this Bill. In fact, none would have accused the distinguished Honourable Leader of Government Business of being anything other than very gracious if in her opening remarks she had indicated that the long history of this Bill takes us all the way back to the closing stages of the last Parliament when the Barbados Labour Party would have... I think it died on the Order Paper of the last Parliament.

Subsequent to that, Sir, my rereading of what is obviously a tweaked and slightly adjusted formulation of that which would have appeared before the last Parliament suggests that there are one or two amendments to that which would have come and I would speak to them in due course. Mr. President, I think that which this Chamber must hear and that which by extension the country must also come to understand is the context within which this piece of legislation is brought, the context certainly within which it was formulated by the Barbados Labour Party.

Sir, suffice it to say that one of the critical things that we have to accept in Barbados with respect to health care is that there must be an adequate level of medical training of

practitioners to ensure conformity not only with the standards that we want to have in place nationally but also internationally. Why does that become an issue? That becomes an issue because of the fact that this profession which we are going to address today very much like all the other professions, whether it is engineering, accounting, veterinary, the legal profession, et cetera, are all areas of occupation in which we are spending substantial sums by way of training our nation's most precious resource which is the human resource product. We are training that human resource not only with a view to providing services here in Barbados but also to provide services regionally and internationally.

12.47 p.m.

Mr. President, this debate fits very neatly into a context of an economic situation in which, this very year 2011, Barbados and the rest of CARICOM will join the Dominican Republic to form CARIFORUM and go into economic partnership with the European Union and we will see, beginning from 2011, an opportunity which hitherto was unprecedented for our regionally-trained professionals to have market access to the European Union continent and to the vast amount of economic opportunities that lie therein. Mr. President, equally, there is a reciprocal aspect to the relationship and those on the European continent will be coming knocking here.

Sir, one of the concerns that one may begin by highlighting, is that it is somewhat of a tragedy that three years would have elapsed before a Bill of this magnitude and of this potential for such a critical human resource component of the country, be brought before Parliament of Barbados. Notwithstanding, it is here and we must deal with it in as adequately a manner as possible. The reality is that the economic context of which I am speaking is one which is critical to Barbados at this time, for another reason. We are going through an unprecedented economic recession and it therefore means that there is extreme contraction in our economy. It makes it difficult for any professional or any other holder of an occupation to earn his or her keep. When once you add to that in a liberalised marketplace in which there will be sterner and more fierce competition, that makes the situation all the more difficult with which to grapple. Mr. President, the concept was, as we looked at it back in 2007, was to try to make this profession and the nursing profession as the first two bites of the cherry as competitive as possible, so that you meet the very best practices of the international environment and you place the profession on as competitive a footing as is humanly possible.

Mr. President, this Honourable Chamber debated in the very early stages of this Parliament a similar type of legislative change for the nursing profession. Sir, quite frankly, I want to say in the early stages of these few

submissions that I will make, what should be following hard on the heels of this amendment to the Medical Profession Act is a series of similarly new pieces of legislation, which will place on a more competitive footing the legal fraternity, the accounting fraternity and all the others that we are hoping to be in a position to be at the forefront of earning revenues for this country and indeed competing effectively across this region and in the international area.

Mr. President, in that context, what then has been achieved by this piece of legislation? I think the Leader of Government Business did justice to the substance of the Act, for the most part. I think that one of the areas where we had contemplated a change... Sir, let me say that perhaps one of the things this Honourable Chamber needs also to be mindful of is that you are treating to professions. I belong to a profession which has very ancient traditions and therefore to come to the professional body, especially the older members of that profession who have reached the pinnacle thereof and say to them that you want to bring about certain fundamental changes, it is very often going to be resisted and resisted stoutly.

Mr. President, one of things that we have been hoping to see in this Bill but it has not come to the fore, about which the Medical Professions Bill have one day to speak to, is an issue with which the legal profession similarly is going to have to address. Sir, that is the fact that when you have your councils set up and have a disciplinary body in place, that you do not have on that body even the presence of one layman. Sir, there is a very strong feeling that the profession should be judged only by its peers and that we can understand but having said so, there is a view as well, and I think it is a very compelling view, that the layman out there sees the profession in a way in which the profession itself does not see its own body and its own function.

Asides.

Senator KERRIE D. SYMMONDS Sir, I am being guided sotta voce that the layman is in here and that has eluded me but let me say as well that the rationale is that you want to have on it - and I see that here now - the presence of an attorney-at-law because of the fact that you want to ensure that the members of the medical profession are benefiting from all the principles of natural justice which they deserve, when once an issue of a disciplinary nature is being brought to the fore. Sir, there is a long history of cases in this jurisdiction where certain steps have been taken against members of a profession, only then for it to be overturned when it gets to the court and is challenged because the approach that had been taken was not necessarily in accordance with the fairest of practices.

Mr. President, I am also concerned about the issue of specialist registration. I think this Bill cures an ancient problem of medical practitioners in Barbados, wherein you come here and practice as a general practitioner, you may have a diploma in Dermatology but that does not, by itself, a dermatologist make. What is now being required is the reaching of a higher standard and that higher standard can only be seen as benefiting that which is ultimately going to be a consuming body, the public of Barbados who has to come and say this person is clearly recognised as a specialist in this particular area.

We have seen persons who are in the area of cardiology, a fundamental area, but who are not necessarily a cardiologist, and while those persons may be able to execute their function effectively so be it but I think that the protection that has to be given to the public in law was not there before and this piece of legislation I think adequately starts to speak to that.

Mr. President, there is also a bias in our medical system towards the University of the West Indies system of British training. Sir, perhaps that is not by itself or at first blush a bad thing but the reality is that there are a number of instances - I can recount one to this Honourable Chamber - where a Barbadian-born medical practitioner won a Barbados Exhibition, so clearly he was not intellectually lightweight. He then went abroad to the United States of America and became a Fellow in Ophthalmology there. The requirement at the level of internship, however, in the American system is less rigorous or onerous than it is here in our system. In fact, this was a matter that once before came before the Cabinet, because you have three months to be done in pediatrics, three months in general medicine, three months in internal medicine, three months in obstetrics and gynecology, so that your internship period in Barbados is going to be far more broad in terms of your exposure, not so in the United States of America necessarily. Sir, that does not get away from the fact that you have a Barbadian-born individual who is now a Fellow in Ophthalmology in the United States of America, practicing as such, seeking to come back here but then is faced with a situation where you go all the way back to his internship and say to him he has not done enough time, though he has the specialist skill, experience and qualification.

12.56 p.m.

Sir, those are some of the things that can create an unfortunate bias in the system and that is where I think pieces of legislation like this one, are vitally necessary in order to make sure that we do not lose access to a critical component of our human resources.

Mr. President, the Leader of Government Business spoke extensively, I thought, on the question of continuing

medical education and it is true as well of continuing legal education. I, certainly, would be the first to underscore that in any of the professions it is something, I think, that you have to take a certain sense of personal interest in. I must tell you that when I began to practise law I could not possibly have been doing regional consultancy work in international trade law had I not put myself through the courses in order to be able to do. Sir, I say that only as an example of that which should happen across the board in all of the professions.

Mr. President, clearly, I think that while there is much merit in this Bill, the medical fraternity is a critical human resource in this country and as such we must also speak to the way in which we are treating to that human resource above and beyond just the legalistics of the Bill. There is an issue of the management of the human resource and that is a source of some concern to me. The issue which the Bill speaks to very directly in this regard is the question of advertising. This is one of the areas where I think, and in fact, I know for a fact because I can say that prior to being in this place I have had to speak extensively by way of a seminar type situation to the medical counsel on issues relating to what was at that stage the beginning of the liberalisation process, and they were just contemplating CARICOM and the movement of practitioners in the region.

Mr. President, the point has to be made that at the pinnacle of the profession again, there is a very strong feeling about the rich tradition that the medical fraternity has had and they are not advertising their skills and services. There is a view that to advertise is to cheapen the profession and that is also the view in the legal profession but one now has to confront the reality that you are now also dealing with a new economy and new challenges, and the fact of the matter is that you are going to ask the members of your fraternity, and I say this specifically now with respect to the doctors ...

Asides.

SENATOR K.D. SYMMONDS: Sir, they are going to be asking members of their fraternity to leave this region and to sell their services and skills in distant lands, which they are now entitled to do but could not have done when all of us were teenagers and our early years of adult life, Mr. President, and go into jurisdictions where the precise same method of advertising of your service is being used.

Mr. President, there is now a marketing component to attracting the clientele and it is all well good to say that there is a new marketplace out there but we also have to be preparing people for how we penetrate the market, how you analyse the market and all those rich skills which are part and parcel of the area of marketing that the Leader of Government Business has mastered, are those areas now

which our professionals need to become familiar with but we are resisting the question of advertising in the medical profession. We do it in the legal profession as well and I think it is so across several of the professions down here. I am not entirely sure that we are not doing it to our own disservice because when once we are pressured from forces coming from abroad who are coming here to perform the same type of service and sell the same type of service but can do so because they have a superiority of numbers and in some instances dollars as well then, Sir, you are going to find that our people are at something of a disadvantage. Again, it has been the wisdom of the ages in these professions that you do not advertise but I am not entirely sure that I am on all-fours with the medical profession in the economic reality of the fact. What they are doing now is not just delivering a public good, it is also an economic good as well.

Mr. President, I say that the question of management of the medical profession is also a political issue and I think we have to deal with it at some stage. We have, I think, Mr. President, the unfortunate situation in Barbados today where there needs to be greater clarity with respect to management policy especially at the island's premier institution, the Queen Elizabeth Hospital. There are too many unanswered questions which are floating around. In fact, today, as I stand before you, on the court list of the High Court of Barbados, we have the island's sole pediatric cardiologist challenging the Board of the Queen Elizabeth Hospital to allow him to practise in circumstances where he claims that he has been unreasonably and unfairly suspended. Sir, coming out of that claim is the question of the management and the transparency of the management process. Sir, this becomes a critical point not only because we are talking about the island's sole pediatric cardiologist but more important, Sir, because of the nature of the complaints that he has registered and I think that at a very minimum if the Board has chosen to treat to the concerns raised in silence then it falls incumbent on the Government to intervene with a view to saying, this is a critical health care issue and as part and parcel of the discourse on health care and the delivery of health care in Barbados, we need to be satisfied that there is not a situation at the Queen Elizabeth Hospital where persons who are physicians but not necessarily consultants at the hospital can, via any machination, be able to access patients at the hospital for them to be moved to a private institution without reference to the consultant who is in charge. Sir, that is a worrisome thing. I do not think that anyone treats to it lightly, but I think what has happened that has caused this now to spiral unnecessarily out of control is, the Government of Barbados when the Board chooses to tuck its tail between its leg and treat to these issues as did not happen, in spite of the fact one of the best kept secrets in the country is the letter written by the very said Pediatric Cardiologist who has condemned the practices. Then the Government does not speak to the issue, does not give any public satisfaction,

does not say, look there is nothing to fear here. You will not find a situation where the average Barbadian, this is something that falls outside of the norm, nothing like that is said, but yet still we are hearing that a private physician may be fattening his purse as a result a failing in the administrative structure at the Queen Elizabeth Hospital without reference to the consulting physician and therefore put reference to the well-being of the patient who may be moved. Sir, I think that is an area where the Government -- again we are talking now about the management of the medical profession in this country.

I go further, Sir, because one of the areas where this piece of legislation only treats to a very gingerly is the fundamental question of training. That is why I started out by saying that one of the unfortunate aspects of this thing is, we have come three years later than we should on a piece of legislation, which quite frankly, today I would have been far happier coming to discuss and debate an amendment to bring us even more into the reality of the urgent times that we live in. Sir, there is a fierce urgency of now.

Sir, we are training people. Sir, this Government, quite rightly in my view, just invested one-and-a-half million dollars for us to open an Embassy in Cuba. We as Barbadians leaving here every year going to Cuba, joining CARICOM citizens, who are going to Cuba and coming back trained as doctors. Sir, the question that remains is the question that was raised by none other than the Attorney General of this country, only yesterday. Why is it that there is still not a seamless integration of those students who return with a qualification in medicine, into the realms of our practice here in Barbados? Are we not again treating lightly to what is a fundamental human resource at a time when we can least afford to trifle with the human resource because of the fierce the economic urgency of now, when we want to reposition our economy and restructure the economy, and the people who are component parts of that so that we are effectively in a position now to earn foreign exchange by selling a critical service? That is an important issue.

Mr. President, one of the things that worry me, especially with the Cuban situation is again the fact, and I am not necessarily blaming this particular administration, because I was part of an administration that I think did not do it either, let me say that, but somebody at some stage has to bell the cat. We cannot have professional bodies in Barbados believing that they are a closed shop, and that because the pinnacle of the profession went to school in Great Britain that those who did not go there are necessarily inferior, even though by their hundreds and by their thousands people are leaving St. Vincent, Grenada and all over the Caribbean and going to the same Cuba in order to have their eye sight dealt with, to have their prostate problems dealt with and various other types of

problems as well. Sir, we tend to be either spinning top in mud at a time when we cannot afford that luxury, or alternatively we are dealing in a very spineless way with bringing a critical professional body into the Christian understanding that the real fierce urgency of now requires there to be a change in the attitude.

Mr. President, I go further, because I am also concerned about the deployment of the human resource. This is a very critical issue.

Sir, I heard the talk from the lips of the Minister responsible for health that we need to have a discussion on reforming health care delivery. I am the first to agree with that, but it cannot be a comment that is intended to be taken seriously if I am going to have executive office in the land and say that we should discuss reform without putting anything on the table by way of what the reform is to constitute. I am trying to stay wide of the politics, but I see Senator Hunte looking at me, almost imploring me to make the observation that he and I knew of a Democratic Labour Party much richer than that. If they want to talk reform then let us put the reform on the table, because there are a number of reforms that we need urgently, and I say again the fierce urgency of now. Mr. President, we need urgently to come to terms with certain reforms in Barbados. Sir, one of them is the fact that we began a process of taking the Polyclinics in this country because of their importance of primary health care, but up to 2007 we were opening, I think, at least two of them -again let me contextualise.

Sir, you are looking in this country at an inevitability that one day, coming soon, there will have to be a movement in the direction of a twenty-four hour economy. We are not speaking to the public about it. I do not know why, but it is an inevitability. You can see it like a train hustling down a track. You are moving in the direction of a twenty-four hour economy. What do I mean by that? I am saying to you that a critical component part of this economy is the international business sector. It is bringing in, I think, outside of tourism the next highest of tax returns. The reality is that when Barbados is closed. China is open. Japan is open, and people want to do business with Barbados and we hold out to them that we want to do business with them. So that you are going to have increasingly to make sure that this country and all the aspects of this country that touch and concern international business are put on a setting where they can be open virtually twenty-four hours a day. Sir, that does not just happen there. There are going to have, Sir, because it continues to have a ripple effect or a knock-on effect across all sectors.

I am sure that Senator Sir Roy would be the first to say that if you want to have that as part of your economic reality, then you have to make sure that the bus service and

so on are in position, because the ladies have to be moved, and so on and so forth.

Mr. President, to come straight back to the heart of the Resolution, health care is no different. We want to have the best possible opportunity to deliver primary health care and not everybody is going to get sick between the convenient hours of 9.00 a.m. to 4.00 p.m. Not everybody is going to have urgently to see a doctor before 5 O'clock in the evening. So therefore you ask the question why is it that all the Polyclinics in Barbados are not yet open until, let us say, 10 O'clock. You have to ask that question.

Mr. PRESIDENT: Senator, you need to be accurate in your presentation. I think that is part of the rules.

Mr. K. D. SYMMONDS: I am guided, Sir, but I ask the question, why is it that all the Polyclinics not yet open until 10 O'clock. Is that an inaccuracy, Mr. President?

Mr. PRESIDENT: It is inaccurate because I can tell you that the Polyclinics in Barbados are open until after 10 O'clock.

Mr. K. D. SYMMONDS: Sir, if you say that is the case, and if that is your position, then, Mr. President, I will be guided by that. All the Polyclinics are open until after 10 O'clock. Sir, while we are on that score, the question also has to be asked...

Asides.

Mr. K. D. SYMMONDS: I know that is not the case. I have not just come to town. I do not have a vested interest. I am going to say what I have to say.

Mr. President, the question must also be asked about the allocation of this critical component part of our health care delivery. We are talking primary health care and we all have just come out, for the most part, participating in a bi-election campaign in St. John, and I take the opportunity to congratulate the Government on a case well fought and won.

1.13 p.m.

Mr. President, that these are things we have to talk about. We are also in 2011, Sir, and I am glad the Chamber in going to elect me to the Polyclinic which is closest to me and I am not, Mr. President, going to continue to feel comfortable about hearing from a Government that has been in office for three years, that they want to reflect on 14 years of Barbados Labour Party rule because there comes a time when you have to go on with life. Sir, they have to go on with life.

Sir, I do not understand them.

Asides.

Senator K. SYMMONDS: Senator Ince is the first person to tell me that I used to be a Member over there so he is trying to woo me back.

Mr. PRESIDENT: Order, please.

Senator K. SYMMONDS: He said to me that 14 years was a long time and we should have done everything in 14 years but life goes on. There is fierce urgency, not of yesterday but now, Mr. President, and the technology that is available now was not necessarily available in 1999.

Asides.

Senator K. SYMMONDS: Sir, if the Government wants me to go further, I will say that the whole island should be now be so SYFY, in today's access. Wireless Internet access should be a matter of course around this island, if we are going to talk about economic development seriously.

Mr. President, there is a tendency in this Chamber and I have heard in the other place as well, where we are not prepared to leave the realm of the partisan, where you come in here and you have George Street attached to your back and Roebuck Street attached to your back and you are not dealing, Sir, with the national development.

The Leader of Government Business had a long time to speak, Sir, she did not utilise her time. She chose not to address a developmental approach to this matter and the Leader of Government Business is now going to heckle me when she had her time. I do not understand it.

Asides.

Senator K. SYMMONDS: Sir, I make the other point that the nature of that which is offered in the polyclinics has to be part of the discussion of reform as well. E must be in a position, I think, if we are going to be serious to say that if a Senator or anybody else arrived at a polyclinic that you must instantaneously - this is now becoming about development of health care in the best interest of Barbadian community - you want people, Sir, to be able to access medical records and there is nothing wrong with that, there is nothing political about that.

Sir, you do not want somebody to have then to write the next day, to go on Friday or Saturday, you have to wait until Monday to get the medical records from the polyclinic that you are accustomed going to or at the Queen Elizabeth Hospital. Sir, you do not want to leave a polyclinic to go to another clinic somewhere else to get an X-ray. Sir, you should not have to say that we do not have an asthma bay. There are certain basic requirements that we have to put in

place such as an ultrasound. All of these are things, Sir, that should be readily accessible across the board.

Mr. President, the point that I am trying to make is this, whether or not the Government is interested in getting away from the partisan aspect of it, or the Government is prepared to sit down and confront it squarely.

Asides.

Senator K. SYMMONDS: Mr. President, you will not hear Senator Ince say we cannot get into that, but let me just say for the benefit of anyone who may have picked up Senator Ince.

Sir, you would not expect that good judgement would maintain that somebody who is in a polyclinic in St. Peter is told that they should go down to Belleville to get an X-ray and that is satisfactory delivery of health care. That is perhaps what I am trying to say in a very succinct way that, yes, there has been a lot of politics, Sir, and you yourself, Mr. President, are one of the people whom, I think, and I say so now, were unfortunately parried by the politics of health care.

Mr. President, let me say this as well that we have come to a point in time, where we have to cast an eye to the future. I feel that if we are going to seriously talk about engaging the country in a discourse about reforming healthcare in Barbados we have to put some of these concrete suggestions on the table.

Mr. President, whether Senator Benn agrees with me or he does not, the reality is that Senator Benn can never leave the Chamber and say that Senator Symmonds did not offer suggestions. He may chose to disregard them but the point is, I have attempted to put suggestions on the table and what you do with them is entirely a matter for you. Sir, I am speaking in the context of a Barbadian who feels that this country has immense potential but that if we do not, as a Government, take the people to the next step, you have to hold peoples' hands and carry them on the journey, then we will fail ourselves and we will fail our future.

Sir, only last night, the President of the United States of America made a State of the Union address when he talked about, how do you win your future and that is what we have to start to do. We have to start to think about how we are going to win our future because there is no lack of potential in Barbados, Mr. President, but what there must be is a lack of clarity of vision, a lack of action.

Mr. PRESIDENT: Senator, I have to draw to your attention that there is a limit to the speeches, which are made in the Senate, and you have been speaking for some considerable time now. I draw it to your attention for what it is worth. Senator, you may proceed.

Senator K. SYMMONDS: Mr. President, I thought that I had about 20 minutes to go.

Asides.

Mr. PRESIDENT: Why am I not surprised that you thought so?

Asides.

Senator K. SYMMONDS: Mr. President, I am not going to delay the Senate. It is nearly the luncheon hour, if not so already.

I honestly feel, Mr. President, that there is much merit in the Act/Bill which is before us. It is an Act/Bill as I said, which is envisaged by the previous Government. There have been some things in the Act/Bill which we are not going to resist but I think we would have done slightly differently. I do believe, Sir, that we are at a critical stage in healthcare development where we need to engage the country on the way forward, in as productive a manner as is possible.

I want to thank you, Sir, for being such a gracious listener.

Asides.

Mr. PRESIDENT: Senator Chandler.

Senator Dr. F.L. CHANDLER: Mr. President, I rise to support the Medical Professions Bill, 2010 which expands on the Medical registration Act, Cap. 370.

The medical profession is, of course, critical to the health of the nation and therefore measures must be put in place to ensure that the healthcare that is being offered is not compromised.

I am pleased to see that the Barbados Association of Medical Practitioners (BAMP) will be consulted before any of these standards and codes are formulated but I am also glad to see that the Council does not consist entirely of medical practitioners. I even feel that more non practitioners should be included.

The area of further training which I think is further mentioned in the Bill is important because there are lots of new conditions and lots of new medications appearing all the time. I think doctors need to keep up with these.

I have also always understood that doctors are not very well trained in nutrition and seeing that we have all the chronic non communicable diseases, I think that this needs to be improved. They need to have more training in nutrition.

Sir, there is also the area of preventive medicine, which I think we need to place more emphasis on.

I note that there is a Complaints Committee and there are a number of areas where there have been complaints from the general public with regard to healthcare but of course most of these are aired at the dining table at home because when it is one's health, few people have the courage to air these complaints publicly. Sir, I am wondering how this problem will be overcome, even having a Complaints Committee, if it will be overcome.

One area of complaint is the inordinately long time you have to wait even if you have an appointment. In fact, one hour seems to be the minimum now.

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Senator Dr. F. L. CHANDLER: In fact, one hour seems to be the minimum now in most cases. This, of course, can affect productivity of the country where working people would have to get back to the workplace. Another complaint is the very variable level of fees which are charged by doctors and so one could be taken very much by surprise when one is faced with the fee at the end of the visit. In fact, those with weak hearts might even suffer from the shock and might have to pay for another visit.

These complaints are only heard in the home. In fact, I only know of one very courageous young woman who actually questioned the fee and had it halved. I cannot think of anybody else who questioned the doctor's fee. There is also the feeling of many of course that when you have medical insurance that the fees tend to be higher. I think that is not good because then that has an effect on future premiums.

Some doctors too seem to consider a patient a new patient if that patient has not seen them in years and they have to pay a higher fee. Now I do not understand that because I thought that the whole objective was to keep you healthy not to keep you sick. If the doctor managed to get you well and you are away for a year and then you start all over again, you become a new patient with a higher fee. I do not quite get the logic in that one but that is apparently how it is with some doctors. I would also like to make a few comments on other health related issues. I am glad to see that the St. Joseph Hospital is apparently going to be leased and would be open again after regrettably large sums of money have been spent on it over the years to no apparent avail.

Asides.

Senator Dr. F. L. CHANDLER: Mr. President, going back to the Bill, there are also complaints sometimes about doctors being hesitant to give referrals or for you to have a second opinion. I find that is also a bit unfortunate but as I said before young people are fearful of complaining so I do not know if this Complaints Committee in the new Bill will achieve that objective.

There is one clause which I hope that the Honourable Leader of Government Business might clarify in her closing remarks. I was wondering what a secret remedy meant in Clause 23 (1). I do not quite understand what that was. Another concern too is in Clause 21 (1). This appears to be the equivalent of a grandfather clause where you have a specialist who does not have the requisite qualifications being accepted as a specialist if he has had the amount of experience. I find this may be alright in other professions but I would not risk it in the medical profession.

Although there seems to be some improvement in the Accident and Emergency Department, I still think that there needs to be more improvement. I think it needs to be rid of the vagrants. I know of someone who visited there within the last month who was approached by a vagrant wearing only an underwear and introducing himself as a doctor, so I think that needs to be cured. I continue to say, I have said it many times in here already, that I think that in emergency departments patients need to be assessed immediately because there are patients with different degrees of emergency and they should not all be categorised as first come first serve, it can have dire consequences.

This also go for the private clinics. I assume that the private clinics that are opened until midnight or after or for 24 hours are emergency clinics because I do not think that anybody with a cold is going to go to the doctor at midnight so I think that they are considered emergency clinics and they should have immediate assessment. I know of cases where this has not been done and it has had dire consequences with people even dying.

Mr. President, I would like to repeat my support for this Bill.

I thank you.

SUSPENSION

Senator the Hon. Miss M. P. O. McCLEAN: Mr. President, I beg to move that this Sitting be suspended until 2.30 p.m. this afternoon.

The question that the Sitting be suspended until 2.30 p.m. was put and resolved in the affirmative without

division and Mr. PRESIDENT suspended the Sitting accordingly.

A39

1.37 p.m.

RESUMPTION

Mr. PRESIDENT: This sitting is resumed. Senator Sir Roy.

Senator Sir ROY TROTMAN Mr. President, since this is the first time for the year that I am standing before this honourable gathering, let me take this opportunity to wish you and all my colleagues good health in the new Senate year and healthy proceedings, as we endeavour to work out the best interest of our nation. Mr. President, since the Honour bestowed upon you were only physically completed this morning, may I be among those who have exercised the great opportunity and pleasure in welcoming you again to this distinguished Order of Knight of St. Andrew.

Mr. President, I would like to make a contribution on the item before us at this time, indicating that I support the Bill before us and that I wish to make a comment regarding it, from three positions. Sir, one position is from the technical position of looking at some concerns that I have personally and I have to raise on the behalf of the Congress of Trade Unions and Staff Associations who have delegated that responsibility to me in these things. Secondly, I wish to approach the matter from the point of view of the doctor as a provider of services and who therefore has a responsibility to those persons to whom he or she offers that service. In that regard, I would wish to make some comments along the line that was made by Senator Chandler. The third place I would wish to make some comments regarding the doctor as a worker, in this case where the employer, may from time to time, be the Government and where that doctor may have a contract for service or a contract of service and where I will wish to speak to conditions and relationships that should apply.

Mr. President, I choose to speak to the matter of the doctor as a provider of services first because I wish to make it clear that so far as I am concerned, a doctor as a provider of services is in no different position from any other worker in the country and in the same way that I have personally supported a call for accountability, in the same way that I have put my voice to the position of another worker being required to understand that the National Initiative for Service Excellence (NISE) should have meaning and relevance, and that a doctor should not consider that he or she is any person who is different. Therefore, the concerns expressed by some of our Senator colleagues earlier about the length of time one has to wait

or other lacunae that may be in the structure of the protocol for doctors. Those are matters for which doctors should have the very same sense of urgency regarding the commitment of their constituents/patients as any other worker, for example, carpenter, maid, butler or sweeper.

Mr. President, I am firmly of the view that all animals are equal but some are more equal than others must be dispensed with when it comes to the question of delivering service to the people of our country. Mr. President, whatever our occupation, whatever our station in life, we should never lose sight of the fact that before God we are all equal and we should always remember that we grew up under the Golden Rule and we should never seek to do unto others what others must not do to us.

Mr. President, I make this point, believing firmly that the Barbados Association of Medical Practitioners shares that view. In fact, they have instructed me to say that is their view. They have also instructed me to say that they fully support the Medical Registration Act. That is therefore the position from which I would wish to have this discussion because Barbados Association of Medical Practitioners has a particular view, the Barbados Workers Union has a particular view about worker, including other trade unions in Barbados. Therefore, I am sure that Honourable Senators here, who now represent employers or who previously represented employers, will tell you that employers organisations are of a particular view regarding how employers are supposed to treat workers, from a perspective of the humanity of persons and the humanity in work, but that does not necessarily mean that every employer, doctor or worker will necessarily follow the structure of the rules and be guided by what is proper and fit.

Mr. President, we have a responsibility however, where there are aberrations or where people depart from what they know to be right or from what we know should be rightfully done by them, we have a responsibility to guide them along the straight and narrow. Sometimes that straight and narrow is not as easily followed as possible because as Dr. Durant would tell us, there is a way that seems right but it does not necessarily mean that is the way one wants to go, because the way to nether regions is paved by all kinds of egocentric.

Mr. President, I wish very strongly to make the point, that the Barbados Association of Medical Practitioners is quite supportive of the legislation and they would wish that there was no understanding by anyone if it appears that if they have some concerns about some element or aspect of the legislation. In fact, Mr. President, you would have heard Senator Symmonds speaking at some length about his concerns. Senator Symmonds has more time than is allowed for lesser persons like me but you have heard Senator Symmonds...

Mr. PRESIDENT: I hate to interrupt you but I have to draw to your attention but in the case that you are making, all of us in here are equal.

Senator Sir ROY TROTMAN: Mr. President, Senator Symmonds so ably said in the longer period of time that was allocated to him that there are some areas in which there is need for some further consultation. Senator Chandler also made a point - and I trust that it is accurate because it is a point which I would wish to call for - that there ought to be and in fact there is the need for post enactment discussions with the administrators of the Act, when once it is finally proclaimed, to ensure that Barbados Association of Medical Practitioners, as the umbrella body of doctors, is properly able to advise its constituents.

2.52 p.m.

There is not going to be much point in having individual argumentation between the administrators of the legislation and individual doctors when BAMP is a "closed shop" trade union one that I hope you would have passed a similar law to allow other trade unions to share in but one does not practise unless one becomes a member. I am sure that Senator Symmonds would tell you that lawyers also enjoy similar closed shop legislation but we cannot get legislation unfortunately for other trade unions and it is about time that the Government recognises its friends and that the friendship is social justice would require similar arrangements but that is not for full discussion today.

The second thing I would wish to say is that BAMP is an association of doctors and many of the doctors within the brotherhood of BAMP, and sisterhood I suppose, within the umbrella of BAMP, work for an employer under terms that are spelt out in contracts for services and in those contracts for service, depending on how the contract is structured, within those arrangements there is the likelihood for misunderstandings in certain parts of the conditions that are being required by this new piece of legislation. It is not as though anybody has directed me, or anybody has said or suggested to me that there are overall difficulties, or faults, in the system but, in fact, there are some problems which, as employees, the workers are concerned about.

Mr. President, in the first place there is the suggestion of specialist training and there is a requirement for that additional training, post qualification training, that speaks in the law to a minimum of four years but I am told by BAMP, and I have to go on that information, that there are some institutions which deliver or award degrees in the fields of the speciality that are being referred to, where the qualified period or the study period is less than the four years in the in the legislation. If that is so, and I have no reason to believe that it is not so, what then would be happening by our legislation is that we would be making it

a requirement on persons from our region, who need to go sometimes to a university in our region, for the award(3:23)of a degree in our region, which is set as a study period for three years thereby disqualifying the persons from the requirement within the legislation. Sir, this cannot be malicious, I am sure it is not but it is something if, as I have put forward, if it is true, then it would mean that there has to be some means through which we can review such a lacuna in the legislation which is before us and where we can endeavour to straighten that out in the best interest of all who might be concerned.

The matter of the solidness of qualifications is not a matter which is being challenged by this speaker nor, so far as I am concerned is it being challenged by the workers who are doctors. It is, that if there is that particular difficulty then the legislation must move to have some correction.

Mr. President, the matter of professional propriety is something that we would also wish to make absolutely clear that we support and where the leader of the House has properly made out that this piece of legislation is intended to ensure that the various publics who interact with the medical profession are satisfactorily treated. I would wish to say that we support that fully (5:04) because, far too often, workers are divided into segments and there are segments of workers who have no privileges and there are other segments of workers who believe that they have all the privileges and, to the extent that the legislation is intended to ensure that all of us understand that under God we have responsibility to those with whom we interact that propriety of the area is being fully supported and we would want to make it absolutely clear and looking from that point of view, we are quite satisfied that the idea of having Committees for assessment, Committees for complaints and Committees for discipline are within the ambit of any properly structured piece of legislation.

What is problematic for us, is that in the structure of the Assessment Committee and it is possibly that it is also within the structure of the other Committees, there is an arrangement in the persons who are assigned that, again, and without malice by anyone, could cause a particular type of difficulty.

Mr. President, Senator Symmonds, in his presentation, made the point that the attorneys still have what is a ridiculous arrangement where only lawyers sit and become the position of person who deal in matters of discipline. We would think that by now it ought to be understood that the publics who have either to benefit from, or suffer because of any kind of misdemeanor, I do not want to say malfeasance because I do not want to use those fancy words which may not be exactly what is wrong or relate to what is wrong but the publics have to have the opportunity to be able to stand in some forum, from time to

time, as part of the judgement in matters that relate to the welfare of our country and anyone who serves in the country should be willing to have that judgement made. From time to time, editorials made judgement of the trade union movement and we have to stand before it and not treat with it but judgements are made and should be made, even though you respond to them from time to time.

The problem in the Committee's assessment is that since there are three doctors and there are five persons who constitute a quorum, it is quite possible that you may have a meeting that deals with assessment, a very important Committee treating the well-being of the hospital or treating the well-being of doctors, not just the hospital or similarly with discipline and that quorum might be so structured on a particular day where there is no medical practitioner. It would seem to us that we could either in phrase or have it understood ...

Asides.

Senator SIR ROY TROTMAN: Sir, in the trade union movement you would have a letter of understanding but under legislation you would have to have an amendment but we ought to be able to write in an arrangement where a quorum would be whatever number the lawmakers chose to make it, so you have five, one of whom shall be, and if you (9:00) put that position in, it safeguards an arrangement where the interests of a profession are safeguarded against a position where non-professionals in that field might sit in judgement without giving the possibility for a voice to be heard. Sir, I think that is only reasonable.

Furthermore, we have a situation where, again, the Bill endeavours to ensure that doctors are properly seen as workers and that is what we wanted to be done, and so they are given the opportunity, if they have to come before a disciplinary body or an assessment body or a complaints body to be represented by an attorney or by a friend.

SA39/3:02

Where we have dealt with these things in Barbados from the point of view of our social partnership, and the point of view of our high level of labour management, in this beautiful nation, we have given every worker the opportunity to be represented by an attorney of his choice. Also let me add, not been able to see any reference, to having to be able to represent a doctor, to having another union, I would not name one, Sir, because I would not like Senator Symmonds to advertise during this submission. So I will not refer to the Barbados Workers Union or the Congress of Trade Union Staff Association. I will not.

Sir, I think there must be some arrangement where while there is total agreement on the principle regarding the

legislation, and while there is support for what is required within the legislation, for a recognition that there may be some problems which have to be addressed and which will allow us to meet the demands that there are.

Sir, there is one final area in that technical part of the legislation that I would wish to touch on and I hope that we are also able in some post enactment discussion to treat and to have a satisfactory resolution. The legislation speaks of the need for reports within three months, and it speaks to there being disciplinary action in the event that the three-months deadline is not met. While three months may be reasonable, and while if a person is in private practice in his or her own private clinic, then that person has to take full responsibility for meeting the deadline. If that doctor is working in the public institution, the Polyclinic or the hospital, it is my understanding that person relies upon another public servant for getting that report completed, a Secretary, Typist, or whoever. If that is so, then it would seem to me that what we have to do is to treat that matter in the Regulations so as to present the intention of the legislation, that there cannot be the excuse used by one side or the other, by using a third party to be confused in the exercise. Sir, I think that if we were able to treat these matters, then there ought not to be a problem because there are now fundamental areas of difference.

Sir, at a personal level, as citizen, I would wish to say that I, and I am sure my colleagues do too, welcome legislation that endeavours to bear in mind that we all have rights and we all have responsibilities. The rights of doctors, medical professional people, must be respected. The responsibilities of doctors must also be respected and must be taken into consideration. I do not believe however that there are fundamental rights for doctors with a different body of fundamental rights for carpenters or masons, and therefore I would like to this that in the approach to this legislation, all of the rights and values that are ours in the country will be recognised and respected, and that the occasion would be used to have us encourage all other professionals, at all levels, and I see professionals not only at the upper end of the earning ladder but I see professionals at the lower ends as well, among the artisans, and those persons who work in the hospitality industry. Sir, I believe that their rights and their responsibilities should be equally recognised and taken seriously.

Sir, very often at the lower end, people see for workers only the responsibilities and persons get treated only when their responsibilities are not honoured and are not sufficiently taken in by themselves, but sometimes therefore they get punished or they lose their jobs for little or no reasons. When we go further up the earning ladder that does not apply because we have a false sense of values that people should do as we say and be minded to do as we do. If we want to correct the difficulties in our society, we have to say what we mean, and we have to mean what we

say, and we all have to practice the same standards and use the same values.

I thank you, Sir.

Mr. PRESIDENT: Senator Hunte.

SENATOR R.A. HUNTE Mr. President, I am going to be fairly short. I rise to support the Bill before us but I would not have intervened in the debate, although it is my privilege, but for several reasons I will. This Bill has been around in drafted form or discussions to the effect on this item, or what is in the Bill now, for close to seventy years. I feel disturbed sometimes when I hear former Members of Government making comments that this legislation has taken this long to come to Parliament when previously the Opposition does not really call elections. They do not. They do not dissolve Parliament, Governments do, and Governments do probably when it suits them to do it. Why could this not have come within the last ten years to Parliament for discussion debate and implementation?

Sir, when a new Government comes into power, and an Opposition Member or Members state that we have had this under our wings and so on, you could have something under any wing, but the implementation is important. It is just like, of course, the Financial Services Act, which was around for over thirteen years. It took this new Government only three years to bring that Act to Parliament. So I think that kind of politicking does not matter. In another Place some person got up and spoke to the Bill for only ninety seconds. An important piece of legislation like this, ninety seconds in that contribution. Sir, I call it an insult to this August Chamber in any form...

Mr. PRESIDENT: Senator Hunte, I do not like interrupting you, but I have to draw to your attention that what goes on in another Place cannot be debated in this place. Thank you.

SENATOR R.A. HUNTE I abide by your ruling, Sir.

Sir, I want to state that things have changed and changed dramatically over the years in terms of health and the implementation of programmes for the upliftment of our people. Even though sometimes in these debates you would prefer not to mention Party, being partisan, sometimes you have to.

The Democratic Labour Party's record as far as its health programme over the years is impeccable. The Democratic Labour Party has endorsed the World Health Organisation definition of health as being a state of complete physical, mental and social well-being, and not being merely the absence of disease or infirmity.

3.11 p.m.

Ever since that has happened there have been so many changes to health Acts in Barbados, institutions that cater to the people of this country, whereby almshouses, as we used to call them then, have been moved out and replaced by district hospitals. Of course, the Queen Elizabeth Hospital, always seemed to be the only thing that concerned people when you mention health.

Sir, when you leave all the stinking gutters around the place - that is not unparliamentary, Sir, - and all the gullies where the mosquitoes and so on gather, that is what leads people, and any one of us can go there, some of us have been there already, I have not yet been a patient there, but that is what leads us to the institution.

I find in matters of discussion when regarding health, it is always about the QEH, and then you bring the doctors into these matters and so on. The point is that health is not only about a hospital. You do not go in a hospital as a matter of bed night, Sir, and relax and look out and jump in the swimming pool, you go in there as a patient, unless of course you are going to look for somebody. There are so many things that happen that we look to health for, in Barbados for some reason, the only thing that we seem to talk about as far as health is concerned is the QEH. A lot of us understand why that is so but I am saying because we understand that, we do not necessarily mean it should be so.

Sir, this professional Bill that we are debating here today, is important from the point of view that I noticed in Barbados, over the years that when it comes to certain professions, people do not like to talk about them. People do not like to talk about the doctors, people do not talk about - well not the lawyers anymore, people are more than talking about them - but people do not talk about the doctors because they if they get sick. I heard Senator Chandler this morning and she made reference to the fees being charged in this particular area but you are a patient so you have a right to speak about it. It is not a matter of attacking the profession. Doctors are no different to anybody else. They are all paid well. In fact, their offices are so well equipped now, they have nurses in them, they have all kinds of personnel. It is not just somebody answering the telephone and say, you next. They have people doing all kinds of tests and they are well paid.

I am saying, Sir, that looking at different part of the Legislation where people will now have to answer to words like censor, words like termination, words like reprimand. That is in the Legislation, because no professional in this country or in any country but particularly in Barbados because we know here well, is untouchable.

You are respected for what you have learnt, or what you practice but whenever it boils down, you are just a human being like anybody else. There are always cracks

and creases in the system and, of course, pursued by people who are part of that. Sir, I support this Legislation for what it says.

Senator Symmonds this morning, I do not know if he did not read the Bill but, of course, it made reference that persons who are lay persons will sit on that Commission. I think there will be something like 13 persons. Originally, they were about 10 doctors who will sit on the Committee but there will now be 13 persons who will sit on the Committee and they will sit and, at least, three or four of those persons will be lay persons. However, I think this is good because generally, they say that a lawyer is his worse client or a client is his worse lawyer, depending on how you want to put that. It can happen the other way in this profession too but for too long in Barbados the medical profession has been untouchable.

Sir, you hear reports, people have died still waiting for a medical report to get a piece of change. It did not come through because doctors are of the view that they should not waste time, probably around the law courts, standing up waiting for people to make decisions but then again, I do not know if it is that the lawyers do not want to see the doctors, or the doctors do not want to see the lawyers. Sir, when it comes to a decision to settle a matter, it is really a legal/medical thing. The doctor has to write the report. The lawyer, on behalf of the insurance company, comes into play somewhere along the line. The client might have a lawyer as well.

Therefore, this Legislation is really a real professions Legislation in the true sense of the word because now it stipulates whereby the doctor must write the report in three months and that is good. I know friends, and all of us living in Barbados have had people who have had to suffer along those lines, not getting a yen, in our language, Sir, of Barbadian dollars because they had to wait long years for reports.

I know and I have heard lawyers say that they would probably advise their clients that it may not be too good to settle earlier because in fact you can suffer the consequences if you do and some of them talk about what the insurance company offers up-front. Obviously, for the insurance it is easier for them if you can settle the matter for a piece of change, maybe \$25 000 or \$30 000 and get it over with, but the lawyers would advise that is not good. One lawyer said that he had settled a claim for a client in relation to nearly \$½ million (\$500 000) when the insurance was only offering up-front probably a little \$25 000 or \$30 000 so it is in the insurance interest to settle much earlier.

I am saying that it is really a touch and go situation. Yes, you want the best settlement but at the same time you are suffering for a meal, while an Attorney... of course it

depends on the time that the doctors write that report and I am saying, Sir, that we do not want to get too emotional on this matter because you have to end up in front the same doctors anyhow, if you get too emotional. I do not plan to be but I plan to comment on it because people in Barbados for too long felt and still feel based on tradition and, in some cases suffering with some inferiority complex, that you should not attack certain professions.

I respect people for what they are and what they went to learn but to be honest with you from an individual point, I do not see them any different to me but in this case because of this area, I thought I should have said something on this Bill because I think it is important and finally, it has come to pass.

Sir, the Democratic Labour Party as a political institution should have no fear, for having Legislation and discussion on matters and you do not want to bring them to fruition because let me tell you and I have always said this about the late David Thompson, he has always said that the Barbados Labour Party and I can speak about David Thompson, Sir, he has died, the former Prime Minister of Barbados...

Asides.

Senator R.A. HUNTE: Sir, if you wish me to withdraw that, I can say that a late politician has always said that the Members of the Barbados Labour Party always keep their eye on the election clock, rather than doing the things that they should do and that is quite true.

I will say this again, that if you go back and read the 1955 debates, you will see that a lot of things that the Democratic Labour Party implemented in 1961, had the Barbados Labour Party then in Government had listened, I do not think the Democratic Labour Party would have won the Government in 1961 but they just played around, keeping their eyes on the election clock.

Sir, if you have something to do, we will do it no matter what is the controversy and that is the problem in Barbados. We do not want to offend certain people so we draft things and we discuss things but we do not want to put them on the Statue Book. Sir, if the Democratic Labour Party has to get any criticism for what is necessary, then we will have to do it because that is the tradition in which the Party has been found, Sir, to do things for the people of Barbados.

Sir, support this Bill. I suppose in Committee there are so many other clauses that one would like to expand on but I want to say, Sir, that I thank you. I hope I have not disturbed you in anyway. I tried to be very cool today and not allowed my enthusiasm to run away with me, Sir, but I feel that I am equipped to speak on these matters because I

know the history of them. Therefore, I think that I had the duty in which I should speak to this Medical Professions Bill.

I wish to thank you, Sir.

Mr. PRESIDENT: Senator Sandiford-Garner.

3.22 p.m.

Senator Mrs. V. I. SANDIFORD-GARNER: Thank you, Sir. Sir, I rise to support this Bill. I will not extend debate on it because I think it is generally agreed on both sides that there is a necessity for the legislation to go through but there are a few points I would wish to make in my short presentation.

Sir, this Bill is part of this Government's overarching strategy to rationalise the operations of the health care system in this country. Successive Administrations have placed great emphasis on quality health care in Barbados and we are no different. Our system is the envy of the Caribbean and some parts of the developed world. It is free and it is easily accessible. It is a system, despite all of the criticisms, that works. Any Barbadian can attend a polyclinic anywhere free of cost.

I listened to the Honourable Senator on the other side earlier and I realised he does not have a clue about polyclinics. I could understand that because there are certain Barbadians who are totally out of touch with the working class and what the working class has to endure and so they do not know what time polyclinics open or where they are, so I could understand his position.

Sir, we have a National Drug Service that is also free of cost if you wish to access it for certain specific causes. We have a Formulary that works despite again some resistance to the changes that we would wish to make now. I would caution Barbadians that when they hear these comments to dig deeper. There is a very active lobby in Barbados for drug companies. In fact, there is an active lobby worldwide when it comes to drug companies. They take you to lunch, they try to coerce you to take trips and they knock on your door every day if you are a successful doctor to ensure that you carry their product. When you go into some doctors office you cannot see the desk from the samples. They are very aggressive in their activities. It is a billion dollar industry globally.

Sir, when you hear criticisms now of this Government which is trying to streamline the Formulary, look behind the articles you see in front and think when you read. A lot of these people do not even speak to the fact that Barbadians should be living healthier lifestyles. They support the use of drugs which are detrimental to most of us. In their articles they do not tell you that we

need to exercise more and eat better. They would tell you how much morphine you should take and how much Cataflam and the other stuff that is for the cholesterol that you should take but they do not tell you that the healthy lifestyle is the most viable alternative. Sir, I would wish Barbadians to understand that when we make these changes it is in their best interest.

I also would wish to speak about the fact that we have options in Barbados. In other countries you either pay for medical attention or forget it. In Barbados if you have the money like the Honourable Senator on the other side you could go to a private clinic on the West Coast or in the City that opens up until 11.00 p.m. and 12:00 midnight and pay and get the service that you wish, you have options. I know that the Honourable Senator understands that he has various options but the average Barbadian does not and we cater to them as well at the expense of the taxpayers but we do it because we invest a lot of money in the health system and the educational system because we are a Government that is centred on social services and is a socially conscious organisation. Sir, I would also wish to say here that the Barbados health service is one of our great institutions and the symbol of the level of sophistication of the society which we have and we have to remember that. We are a very small economy but we punch above our weight at all times and our health system is an example of that.

I would also wish to say as the Parliamentary Secretary attached to the Ministry of Health that this Government will always adhere to the core principles of our public health services. A comprehensive service for all, free at the point of youth and based on youth would be based on need and not the ability to pay and we will maintain that. This equity will always be maintained, Sir. We need this health ministry to also consistently provide adequate and excellent health care and this legislation is one of the most in that direction.

Mr. President, while we are discussing the regularisation of the administration of health in Barbados, reference must be made to our sterling efforts to improve the delivery of care at our lone general hospital, the Queen Elizabeth Hospital. Sir, when we came to office two years ago we found a hospital limping on its last leg. Nothing worked except the human beings who worked against all odds to ensure that our system continued at the level that it is expected to continue at.

Sir, in three years, we have commissioned a state-of-the-art Surgical Intensive Care Unit in difficult time. I would wish every Honourable Senator in here to go upstairs and visit our SICU not as a patient but as a Barbadian interested in looking at what this Government is doing with the money.

We opened a cafeteria so that our workers at the hospital do not have to leave the premises or go outside to a van to get something to eat. We opened that cafeteria that was closed for over a decade in difficult times. We fixed the elevators. The elevators are now awaiting commissioning from the company which we brought in to fix them and within a couple of months those elevators would be working again. We fixed them in difficult times. We are in the midst of a multi-million dollar electrical upgrade so that when you are on the operating table the lights do not go out which was happening for over a decade before we came to power in 2008.

We revamped the pharmacy where you could go to the pharmacy and feel that you are being catered to by people who care about you. While you sit, you watch a LCD screen which tells you why you should not be there. It gives you information on all the chronic non-communicable diseases and it teaches you what you need to do when you get your medication. We have totally revamped that pharmacy area. There is privacy when you are speaking with a pharmacist.

We have also placed signage throughout the hospital. If you visit there this evening you would see that you know where you are going. There are signs telling you where you can go and where you cannot go so that you know which floor you are on and where the lab is and where the morgue is.

Sir, we have moved also to implement a very strict appointment system in our clinics. Our neonatal clinics and our gynaecology clinics have a system now that we are working on where doctors do not give more than one person the same time and then you see a backlog of people there and when you go to the clinic you are not there a whole day. There is a system now being instituted for appointments whereby you go and you go out.

We are also building new headquarters for the ambulance service. We purchased two new ambulances. Can you imagine there were ambulances on the road which would have had in excess of 100 000 miles on them, ambulances that were working 24/7? We bought two ambulances within the past three years.

I heard Senator Chandler speak about the fact that she has noticed an improvement in the conditions at the Accident and Emergency Department. These things need to be mentioned because you always hear the negatives. I went in the Casualty and I went a whole day, but you do not hear people like Senator Chandler coming and saying or hear the reports that things are improving, why, because we have a system set up and the only time the system breaks down is when we do not have a full complement of doctors. We have what you call a waiting room to bed waiting time and turnaround time. We have patient

advocates in the hospital now in A&E who liaised between you and the doctor to ensure that what should be happening is happening.

3.32 p.m.

There are systems being put in place to ensure that your waiting time in the Casualty is minimised. We are also in discussion with service providers to ensure that the Records Department is brought into the 21st Century. The average person would not on average ever visited the Record Section at the Queen Elizabeth Hospital but you can hear talk about not getting records on time. Sir, the workers in that section work in the most inhumane conditions. I am surprised that they come to work. There are files stacked up to the ceiling. The ceiling is almost as tall as the roof of this Honourable Chamber. People have to climb ladders to find files. There are files in containers. There are files under desks. It is a paper- oriented environment, it is full of dust mites, full of vermin, yet the workers come to work every day to make sure that they do the best they can, to secure the records of persons in this country.

Mr. President, the lack of having reports is not only a doctor-generated problem, it is a logistical and operational problem. We are now at the stage where we are looking to bring that into the 21st Century by having discussions with companies which will now seek to make it a computerised environment, but it is awful. I am surprised that they work and I give them credit today. Mr. President, I went to that department because on my guided tour, I was not taken there, instead I went and I saw the condition under which those people work. Sir, they deserve every credit.

Sir, this says a lot about the work ethics of some of our Barbadians. We hear about the bad work ethics but there are some Barbadians, especially at the Queen Elizabeth Hospital who are dedicated to the job they are doing. There are orderlies who would get you an ambulance or other vehicle to get you from one part of the hospital to the other when the elevators are not working. They do not have to do it yet they do. Likewise, the members of staff at the Record Department deserve the highest praise.

Mr. President, another area that we are actively pursuing is the area of telemedicine. You would have heard a lot about that area recently, due to circumstances I would not wish to discuss here now. Sir, I would wish to sound the crying call that we want all Barbadians in the Diaspora who has skills to let us know what are those skills and how those skills could be put to the best use of this country. Mr. President, if we have to access telemedicine, we will do so. I understand from the Board that there are Barbadians who have said that they will be willing to assist us. Sir, there are critical services at the hospital but there is no backup.

There are specialists who go on holiday, who get sick and when they do so, there is a very high level of risk being experienced on the wards by patients. Sir, we have not heard about this until recently in a particular situation but this has been in existence for decade. We have to bring Barbados into the 21st Century. If you cannot do the work, there are Barbadians outside of Barbados who are willing to contribute, in order to assist their country and it will happen.

Mr. President, I am coming to the end of my presentation and would wish to say that we are also looking to the area of philanthropy to assist us because as you know the Queen Elizabeth Hospital is an institution which needs funds every day and with the budget of a small economy as ours, we cannot always provide what we would wish. Therefore, we now have a Queen Elizabeth Hospital Trust set up. This Trust will be meeting regularly and will be attracting moneys from outside of Barbados to assist the Queen Elizabeth Hospital in whatever it needs to do.

Mr. President, change to the Queen Elizabeth Hospital is coming and I wish to say here and now that through its Minister and a highly motivated and ethical Board will institute change at the Queen Elizabeth Hospital. Some of whom are there will have to be dragged kicking and screaming into the real world but I can assure you that we are committed to that change. Change does not come without dislocation and I know we will have our resistance and we are prepared for it but tough decisions have to be made at that healthcare institution and this is the Government that will make those decisions, with the assistance of the Board and of the Minister. Sir, Barbadians will see that change in the best interest of Barbadians as a whole and not only to a select few Barbadians.

Mr. President, I thank you.

Senator R. O. MAXVILLE: Mr. President, if I may begin on a personal note, I tried to find out why we began at 12:00 noon and not earlier. I am not pleased with what I see as a result of that delay. My congratulations to you.

Mr. President, Leader of Government Business began with a question of regulation and the tradition of respect given to doctors and lawyers. This is a tradition that goes way back. Of course, one of the reasons that fed this profession was the third leg of that group, the teacher. Sir, the teacher has not been paid in the same way and he could not raise the salary and so obviously the element of greed was able to help our tradition succeed and last for such a long time. I do not believe that my legal friend to the left agrees with me, he thinks that there are regulated but they are regulated at a rather high level.

Mr. President, I rise basically to support the Bill like everybody else who has thus spoken so far. There are few

things in the Bill that concern me somewhat. We have not dealt with a few of the fundamentals. Sir, I listened with some delight to Senator Sandiford-Garner but one of the things we have not got around to doing is looking at preventive health. I think in the ancient Chinese system doctors were paid when the population was healthy. When they were ill, they had to deal with it but they were paid to keep the population healthy. Mr. President, I think we need to get a lot more into this and perhaps that would be helped if doctors would learn more about nutrition and pharmacology so that have at least some sort of shield against this big push by drug manufacturers.

Mr. President, I remember one doctor recommending a medicine to somebody and this medicine was withdrawn two days later by the Food and Drug Administration of the United States of America because of its side effects. Most of the medicines out there have side effects that are frightening. In fact, one person who was recommended one of these medications looked at the side effects and decided they were not taking that medicine, that they were going to alternative medicine.

Mr. President, that is the point I want to begin at, that is the Bill deals with regulating western medicine, in all its forms. I think if you know enough about the history of medicine, you will realise that by the time they both got to Hippocrates and it was the same oath that the Egyptians used, there was an element that was missed in the old practice. The Great Egyptian physician Imhotep used both his knowledge of the human body and disease. He documented approximately 200 diseases. He used medicine which was herbal, along with vibration as means of curing specific illnesses. In Western medicine if you talk about vibrations, shackles or anything else, you are considered a witch doctor. What I am trying to say is that we ought perhaps to look also at alternative medicine in the system, like acupuncture and i-avada.

Mr. President, I mentioned this specifically because about five years ago, Senator Dr. Chandler and I put together a project to rescue the St. Joseph Hospital as an alternative medical institution which, to a large extent, would cater to people from North America and locally with ailments such as arthritis, which normal medicine can give you additives for but which i-avada substantially removes for quite a long time.

3.42 p.m.

Of course, the problem is, you have completely to change your diet and most people who are accustomed to eating certain things just refuse to change their diet to eat certain leaves and so on and so forth. Sir, the project is still there somewhere. It was a very feasible project according to Dr. Springer, who looked at it but nothing came of it at the time and it is probably still buried somewhere or other.

Mr. President, I wanted to make the point because I think we do not respect alternative medics in the same way that we do the allopathic doctor. There are also part of the system and an important part of the system. I think I can say that I know this because a number of problems that I have had, have treated by alternative medicine by my own wife, who happens to be an acupuncturist. I am not doing any advertising here, Senator Symmonds, with your permission, Sir. There are things that cannot easily be cured by medicines that can be cured by alternative medicines and I think that perhaps this should be part of what is in front of us. I approve of the notion of regulating how doctors behave, what happens in terms of sanctions, et cetera, not that I believe that doctors are monsters or anything of the sort but I think that this is part of the entirety of society. If any other professional behaves in a strange way, he is called to book.

Mr. President, it is a little bit painful to me, for instance, that the legal association has lawyers to determine what is malpractice for the simple reason that it is like saying that there is no such thing as police brutality, that the police has an Authority that looks at police brutality, that if there is any complaint, that the police themselves will look at it. Sir, you cannot have lawyers policing lawyers and, in this case, with the present Bill, there is an element of the public, and I think the (2:22) public is absolutely important in this context, dealing with matters like this. Sir, this is good. It is good because it is good in itself and it also appears to be good. When you have a club that is private and makes its own decision whatever the rest of the community says, even if they are fair, you are not likely to have total agreement.

Mr. President, I also too like the idea of the continued education. It may be, as Senator Trotman said, a question of tweeting the number of years but the idea of continuing education in any of the fields, in law as well, I think is important in our context. We have, to a large extent, to rethink education and the value of the resources that we have. Singapore has done this and they have practically sent everybody that they could in strategic positions back to the research work so that they have something that is out there ahead. I am always concerned by the fact, for instance, that we have such a small body of neurosurgeons in the entire region. I agree there are some excellent people. My own doctor, I think, is the best that we have and he is also one of the kindest, gentlest, generally intelligent and informed people. I am not going to mentioned names because I am not allowed but I think many people would know who I am talking about. However, apart from him there are some very good doctors in our place but there are some who are not quite so good and whose fees are quite high. I remember once having a bump on my elbow and my own doctor was not in town so I went to this young doctor who said that she did not yet know what it was but she poked in a needle in and out

came some blood. She said she did not know what it was but she thought it was an abscess. She told me that she would get back to me with the results but, Sir, I never heard from her again. My own doctor came back in the meantime, I went to him and he said: "My God, that a bar kits elbow." Sir, that is a British expression for a bartender because he is always on his elbow, the tendon goes and it bulges out. He asked me if I tend bars, I told him, no, that it was the computer.

Asides.

Senator R. O. MARVILLE: No, I was not attending to the bar. It was being on the computer that much so I stopped it and the bump went down. There was nothing serious but when you look at a thing and say that you have to test it to see if it is cancerous, you scare the hell out of a person who you are dealing with, and she really did not know what it was all about. Sir, this can happen and I know that these are people who we do not want to discard because they have skills but it is necessary that they go back through some sort of improvement. We cannot hurt ourselves by being at the top of the ladder. (5:39)

Mr. President, the point mentioned by Senator Symmonds about our ability now to sell our services within the European Union is relevant and important in this context. I think we need to have a regulatory system and, incidentally, I should point out that in Europe, very often, allopathic doctors also do acupuncture and, in fact, people who do acupuncture do the same first two years of medicine as doctors do, although they split off, and there are some fundamental differences and approach. Sir, Aruveyda and acupuncture believe that you do not treat a disease, you treat the person, and if you treat the person, the disease tends to disappear. Sir, that is how it works, do not ask me too much of the details. I will bring you a specialist, if you want me to. Sir, I do appreciate this effort at regulating the area of medicine and I think it will only do us better.

Mr. President, I thank you.

Mr. PRESIDENT: Senator Ince.

Senator J. INCE: Mr. President, I rise to support the amendment to the Medical Professional Bill. Sir, this amendment is important because to regulate an industry is part of the responsibility of Government and the social obligation it has to the people of the country. Sir, in December 2010, we would have passed the Financial Services Bill and that was also used to regulate the financial services industry. Sir, many of us benefit from the health industry directly or indirectly whether we are employed in the industry or we use the services of the medical profession, so it is important. Sir, it is important if we are to continue along the path of developing our tourism

industry because we are discussing health tourism and if we are going into health tourism, then it is important that we have persons offering a particular skill registered so that those living outside of Barbados would have a medical inventory which he or she could use to identify that particular skill. Sir, we are not just doing this because we have the time to do it but this Bill was lying around for almost 12 years or 13 years and, Mr. President, it is amazing to hear Senator Symmonds on the road of Damascus describing the Democratic Labour Party as wasting time. Sir, we took office three years but he outlined a list of measures that he expected us to complete within three years and Senator Symmonds sat in a Cabinet, in an official capacity that failed to accomplish anything in the health industry in 13 years but he wants us to complete all of these measures like IT. He wants us to have the polyclinics to be opened 24 hours. He says that we are going down like an express train and that the country should be a 24-hour economy. Sir, all of these things must be accomplished but the results of a neglected health industry when you decided that you are going to cut the budget of a critical area...

Asides.

Senator J. INCE: : Sir, I think sometimes Senator Symmonds needs to consult his chief advisor on economics - he now has one - when he is going to deal with centres in this country. Sir, an area called "Direction and Policy Formulation of the Health Industry".

3:52

Sir, listen to the title, Direction and Policy Formulation of the Health Industry, 2004. That is critical if you are going to maintain high health standard, they had a budget of \$3.5 million, from \$9.2 million, and now they want us, in three years, to carry out a hundred per cent restructuring of the entire health industry for all Barbadians, and it must be done in a short time. They reduced or cut...

Mr. K. D. SYMMONDS: On a point of order, Sir. Senator Ince is misleading the Honourable Chamber and I am absolutely sure that he would want to do justice to that which he is saying by making a document of the House that document which allows him to quote so specifically the figures all the way back in 2003. Even Senator Ince, who I will concede may be very gifted, is hardly likely to be so gifted that he can recollect with such a specific degree of accuracy those figures under that minor sub head, Sir.

SENATOR J. INCE: Mr. President, if Senator Symmonds wants to, let us go and get the Estimates of 2003. These numbers came from the Estimates of 2003, 2004, 2005 and 2006.

Mr. K. D. SYMMONDS: On a point of order. Senator Ince is misleading the Chamber. Sir, I do not want him to do anything. I only want him, if he is going to present a case, to present it well. I think that is the expectation of all Honourable Senators. Senator Ince is purporting that something is contained in the Estimates, but he does not have the Estimates before him. He has been anxiously awaiting an opportunity to speak to me, address what I said, since a quarter past one when I ended my speech. He has had ample opportunity to go and research the Estimates. I do not see any Estimates before him. He has not put anything before the House, and I am not prepared to accept that Senator Ince remembers with such specific accuracy, figures under a sub Head of a broader ministerial allocation of funds all the way back to 2003. If he can remember that, Sir, he should be able to tell us how much they spent in 2006 and 2007, because that is a more recent vintage.

Asides.

Mr. PRESIDENT: Please address the Chair.

Mr. K. D. SYMMONDS: It is Senator Benn who side tracked.

Mr. PRESIDENT: Senator Benn is not able to side track anyone in here unless that one is available for side tracking. Senator Ince.

SENATOR J.INCE: Thank you very much. Mr. President, the previous administration cut the budget of a critical area in the health industry, that Sub Head is called Direction and Policy Formulation, they cut the budget by over 50 per cent, the health sector in Barbados. Sir, they bought a generator for the Queen Elizabeth Hospital, and it is sad that whenever there is a debate about the health industry that the Opposition finds time to target one institution, and that is the Queen Elizabeth Hospital.

Sir, the Senator should have made mention of the generator that was bought by the previous administration, sat outside the Queen Elizabeth Hospital, because it was not compatible to the electrical circuit at the Queen Elizabeth Hospital. We came to office in 2008 and had to lease the generator from the Barbados Water Authority to ensure that when surgical operations were being done, that the lights on the table would not go out. That generator is now costing us, through a lease, approximately \$250 000, and we have purchased a generator already. The electrical system as mentioned by Senator Garner is being upgraded. These are the things Senator Symmonds should mention.

Sir, it is sad that a bi-election is over and he has to go back to St. John, the St. John Polyclinic. There is a system of behaviour that threatened, and as I said is a social obligation, health is a social obligation of any Government.

There are persons among us who would always be vulnerable. They would always be persons among us who cannot afford to buy health insurance, and those persons are to be protected. It seems that Senator Symmonds is not aware of those persons, but yet he represented a constituency where persons who are vulnerable live in that constituency.

Sir, Senator Symmonds sat in a Cabinet with a former Minister of Health, who is now, I call it an 'Ambassador or Greening', for the UN, an Ambassador of Green Environment, if that is the title, Sir, I am subject to correction.

Sir, they closed the St. John Polyclinic on the premise that it was not financially viable. We built the St. John Polyclinic to service persons in St. John as those living on the parameters of St. Joseph. The St. Joseph Hospital...

Mr. K. D. SYMMONDS: On a point of order, Sir. Senator Ince is misleading the Chamber. I must confess that if your ruling is to be consistent, you said to me earlier today, I am sure that Senators have to be accurate in that which they say. Now the Barbados Labour Party has not closed now...

Mr. PRESIDENT: I happened to be aware of what Senator Ince is saying. I happened to have been the Minister who did some of the things he is repeating. I therefore would know if he is accurate or not. It is not for you tell me to tell him what he is to do.

Mr. K. D. SYMMONDS: Mr. President, the point I am making is that Senator Ince is misleading the Chamber when he says that the Barbados Labour Party closed down a Polyclinic. Now we did not close down any Polyclinic in St. John.

Mr. PRESIDENT: You only closed down hospitals. Do not let us talk about it now.

Mr. K. D. SYMMONDS: Mr. President, I am speaking about a Polyclinic in St. John, with respect, Sir. I am not speaking about any hospital anywhere. Even you, Mr. President, cannot put words into my mouth or anything else. Mr. President, I am saying that the St. John Polyclinic was not built and therefore it cannot follow logically that the Barbados Labour Party closed it down. That is what I am say, Sir.

Mr. PRESIDENT: I am saying that what you are saying is not making any sense in terms of the debate that is going on. That is what I am saying. In here I get to speak when I am speaking to those Senators who cross the line.

SENATOR J.INCE: May I continue, Mr. President?

Mr. President, I am going to rephrase it for his benefit. A project called the St. John Polyclinic, construction had started on the St. John Polyclinic under the Democratic Labour Party administration. Sir, they came to office in 1994 and out of spite and victimisation they decided not to continue the construction of the St. John Polyclinic because it was not financially viable. That was the phrase.

Mr. K. D. SYMMONDS: On a point of order. Senator Ince is misleading the Chamber. The Barbados Labour Party came to office in 1994 and the St. John Polyclinic, such that it may be, or whatever passed for the commencement of the St. John Polyclinic had been stopped for at least eighteen months before the Barbados Labour Party came to office, and there was nothing there by way of any feasibility study to indicate what this phenomena in St. John was all about. When you are confronted with what was purported to be an acre of floor space but there is no practical reality behind what this is supposed to be about, what services? Sir, there is no feasibility study about whether or not the Glebe Polyclinic, which has been servicing people in St. John had exceeded its capacity. There had been no social background work. That is the point. The Democratic Labour Party has to stop turning this into a little partisan football. The people have past that.

4.01 p.m.

Sir, if Senator Ince wishes to go back 1998 and 2002, I am sorry or 1991/92 that is his business. The fact of the matter is that the Barbados Labour Party did not stop work, did not commence work, did nothing to do with the St. John Polyclinic. All that was done by the Democratic Labour Party. They began it, they ended and they abandoned it and it remains abandon to this date.

Senator J. INCE: Mr. President, may I continue, Sir, Mr. PRESIDENT: Please do.

Senator J. INCE: Sir, when the crusade was completed, they moved to the QEH and closed the Eye Care Unit, on the premise that it was not financially viable. Sir, that was when Senator Symmonds sat in the Cabinet with the former Minister, who is now at the UN and made public statement that it was not financially viable.

Sir, this was a unit that was completed with the state-of-the-art equipment. This was a unit, completely furnished by the Lions Club as well as persons who live outside of Barbados and persons who live in Barbados. and they said it was not financially viable. It was too high a cost to operate. How can you attach a cost to be held for persons in Barbados. This was a unit that was supposed to look after the health of Barbadians but then he made a statement about sending people to Cuba.

Sir, if they had opened that Unit, we would have no reason to send thousands of persons to Cuba. Yet, I could understand because they expected many persons to go blind, so that they could continue along the path of misrepresentation and manipulation of the economic systems in Barbados. Sir, they would have expected, by not operating the Eye Unit, 90 per cent of us would have gone blind but instead of going blind...

Senator K. SYMMONDS: Mr. President, on a point of order. Senator Ince is misleading the Chamber. I really want to help he who is politically blind to see. Mr. President, the comment that I made was that we are moving people from this region, not from Barbados necessarily, into Cuba to get assistance with eye care, eye treatment. I made it, Sir, in the context of a broader point, that we have doctors coming back from the same Cuba, who are not finding it easy to register a practice here. This is the point.

Sir, it is a social point. It is not a partisan/ political point and I want Senator Ince, because he can do better, to emancipate himself from this form of mental slavery. He can do better. Sir, he is doing an injustice to that which passed previously for a highly intellectual reputation.

Mr. PRESIDENT: I do not wish to participate in this debate but I wish you to understand the Chair fully understood what Senator Ince was saying. What Senator Ince said, if I may repeat it for your benefit, Sir, is that at the time when one Political Party came into office, they found provisions with all the plans for an Eye Care Centre but the political party that came into office turned that Eye Care Centre into an administration building. This is the point that he is attempting to make.

Honourable Senator, please continue.

Asides.

Senator J. INCE: Mr. President, Senator Symmonds is an Attorney-at-Law and he would be aware that there is something in law called a duty of care, so I am going to explain myself to him and be more clear as to what I am talking about, Sir, because Senator Symmonds is aware of a case that set the premise for negligence, called Donahue vs. Stevenson 1932.

Sir, in 1932 when that case went to the law lords - he is a lawyer so I am going to make it clear for him - the question was asked: "To whom do you owe a duty of care?" The law lords ruled: "All those persons to whom you are in contact with on a daily basis, is to whom you owe a duty of care." Then, the question was asked: "Whom is thy neighbour?" It was written also by Aristotle and Plato in their philosophical moorings. I could explain it to the Chair in legal language, in biblical language or in philosophical language.

Asides.

Senator J. INCE: I am going to explain it him now, Sir, in financial language.

They closed that Centre down but I spoke to him about blindness on a philosophic basis so if he did not understand what I was saying philosophically and it confused him, then he needs to go and read Aristotle and Plato and convert the philosophic language into the English Language and he would not be so confused.

Asides.

Senator J. INCE: Mr. President, this Bill seeks to consolidate the industries in Barbados. The Democratic Labour Party has always demonstrated what we term social economics for the people of Barbados. We are people driven. We care about the people and the people of Barbados. The constituents gave us a mandate to look after the welfare of its citizens, to look after the welfare of our children and to set a platform for our great grands, and the environment in which we can live. Sir, that is why I support the amendment to this Bill.

What we are doing for the healthcare industry is outlined in our Medium Term Development Strategy that was put together, Sir, not by any IMF or World Bank but was put together by persons like Senator Boyce, persons in the health industry and it was done by persons coming out of the University of the West Indies along with our social partners and that is why we have been able, Sir, to guide this economy in one of the worst economic recessions and protect our health industry.

Asides.

Senator J. INCE: Mr. President, with those few words, I am obliged to you, Sir.

Thank you very much, Sir.

Asides.

Senator H.A. HUSBANDS: Thank you very much, Mr. President.

I do not know if I could match the philosophical, legal or financial reaches of the last speaker but I certainly think that he has put this debate in fine perspective. Sir, the Parliamentary Secretary in the Ministry of Health, with her explanations and clarifications about the Queen Elizabeth Hospital and the health sector in general, I think should also be complimented.

Mr. President, let me just say that I support this Bill. As I understand in its outline, it has aimed at the

establishment of the Barbados Medical Council but there are three aspects to this Bill that I want to comment on and draw the nation's attention to, and these three have all been mentioned already.

I think when the Honourable Senator representing the Opposition began his speech, he actually began on a very fine ground. Towards the end he veered off as usual into matters that were ventilated and discussed last week elsewhere and, as usual then, his speech took a serious nose dive but he actually began on a ground on which we agreed. Subsequent to that, some Senators have made the point that there is a much wider context to this Bill.

We live in a period and era, referred to as one of globalization, trade liberalisation, access to markets, free trade and this Bill places the medical profession, the developments in the medical profession and not only the medical profession as other Senators have said, hopefully it would come very soon to the legal profession.

Sir, I am a proud member of the teaching profession, which is usually considered a stepchild of the more established professions, but I am a proud member of that profession, nevertheless.

4.12 p.m.

I know that in the teaching profession, we have argued, and I certainly have, for some years that what we do as teachers could not be measured and assessed as other workers performance are assessed. In pretty short order that approach to teaching has come to an end and throughout the world educators have had to subject themselves, some dragging and screaming, to have their performance, the performance of schools and the performance of students assessed.

Admittedly, these developments have occurred with some weaknesses because there is no one to one direct relationship. One has to take into account the environment in which students come from in assessing the performance of teachers in schools and so on.

This Bill does three significant things. The first of those significant things that I think is a positive response... We often speak of globalisation and trade liberalisation in these parts of the world in a negative context but the reality is that these changes in the world and in our own society...

The idea that today we are debating a Bill and reconstituting the Barbados Medical Council and giving ordinary men and women of this country a seat on that Council to be able to pronounce on the activities and take part seriously, representing the wider society and the wider country, in assessing the performance of the medical

profession, I think is an astonishing development and one which must be welcomed by all right-thinking people.

The development of the specialist register is, I think, another major development. I think the Bill opens up what I would describe as a consumerist approach to the medical profession, that is, these people in the medical profession are offering the public a service for which the public is paying, and on many occasions paying very dearly, and they ought to be in a position to justify the quality of the service.

Sir Roy spoke about the medical profession embracing the tenets of the National Initiative of Services Excellence and so on, all of this is to be welcomed. When you go to a doctor that you thought, and you only thought this because the doctor may have led you to that conclusion, is a specialist in the field, now that we have instituted this register, you can go and check and see if the \$200 or the \$250 that this specialist is demanding is justified. It opens up the medical profession in an unprecedented way and consumers, we call them patients, of the medical services now have something of their right just as the composition of the Council provides for ordinary men and women to be represented on the Council.

We are bringing an end gladly to the days when some professionals said that the only people who could assess us - that is what we teachers have said for a long while and at some point in my life I may have actually promoted that view. Our skills are so unique that in order to assess us you had to be a teacher. Well, parents looked through their children school books, looked at the results, looked at the behaviour of the children when they came home from school, when they were on vacation, and concluded that I work at XY place or XY and I am assessed, who are you that you cannot be assessed and your work graded. This Bill opens up a very new and refreshing approach to the professions in Barbados.

I mentioned the specialist register which I said is a tremendous development. The other aspect is one of continuous training. Other Honourable Senators have mentioned it but I think that it is necessary again to draw to the public's attention that we are saying gone are the days when you qualify as a teacher, as an attorney, as an engineer, 20, 25 years ago, and that is the end of your training. Anybody with access to a television, even CBC, would know the tremendous developments in the medical profession. It is difficult from day to day how things change. One day salt is good, the next day it is bad or whatever. The point is that the developments in the medical profession are proceeding at an astronomical rate and in order for you to be functioning well in the medical profession, the aspect of continuous training must be a core element of that profession. This Bill guarantees that those people in the medical profession... As I said, I hope that

this represents only the beginning for other professions, people who are providing services.

The Honourable Senator on the other side was right. If we can take, I am sure we can, Senator Trotman's word, the approach of some members, particularly BAMP... This represents not a drag on the medical profession but opens up opportunities for doctors in Barbados to practice the art of medicine not only in Barbados but elsewhere and opens up a market. Those who think only of practising and carrying on their business in Barbados are dinosaurs and ought to get on board and see the positive aspects of this Bill.

Mr. President, there are a few other areas, if we are going to have a full consumerist approach to some of these professions, that we need to take into consideration. One day we ought to be able to reach the stage where we can go to some website or some register somewhere and see the performance record of persons in the medical profession just as I would today say for schools. The Ministry of Education and Human Resource Development ought not to be taking my profession out of the ling. There ought to be a time when parents can go to the Ministry of Education and Human Resource Development or to some website somewhere and see not just the academic performance of schools but a broad performance of schools, how these schools are rated. There are ways to arrive at objective ratings of schools. If I am going to have some particular procedure I now can see whether the person performing that procedure is a trained specialist in that area. One step further in the development of this process would be to see how really good is that person. Yes, they are trained, yes, they are on the register but what has been their performance. This is nothing new. In many parts of the world, this avenue is open.

4.22 p.m.

Mr. President, I am saying that ought to be the direction in which we are going. Sir, just as in the teaching profession there are initiatives around the world to get bad teachers out of the classrooms, there ought to be in the medical and other professions to get bad practitioners out of the area of practice. Maybe there are some other aspect in the medical profession where doctors, whose records do not show them to be the best practitioners in their field, can become involved.

Mr. President, I am pleased with this Bill in general. I recognised where it is going and I am extremely pleased that it covers those three areas: (1) the area of the establishment widening the participation of the public in the Barbados Medical Council, (2) the vetoing of the specialist register and (3) that aspect of continuing training and education.

Mr. President, on the wider issues, I think the Parliamentary Secretary in the Minister of Health has dealt with them very well. Mr. President, I will close by offering my congratulations to her and to the Minister of Health. Sir, in relation to the Minister of Health, my comments may not only be partisan because the Honourable Member is both my Parliamentary representative and friend but with my training I will judge him on his performance. Mr. President, as a teacher, judging him on his performance, I have absolutely no reservation in the short time that he has been Minister of Health, as has been outlined by his Parliamentary Secretary, to give the Minister of Health an A+. Mr. President, I say that especially in the context of the times in which we operate, with such financial difficulties not only in Barbados but the world over.

Mr. President, of course, we want three polyclinics in St. James. If we cannot have three, then we would want two. We also want the latest technology that would be at the Queen Elizabeth Hospital. Sir, when the Parliamentary Secretary spoke of the conditions in the Record Sector of the Queen Elizabeth Hospital, this highlighted to me how neglected some aspects of the public service of this country have been. Sir, it is alright for persons to call on call-in programmes or write letters and complain but they do not see backrooms and the unsafe conditions. It is the same thing with the Immigration Department, the Immigration Department exists in the Middle Ages. The fact that Immigration Officers rise every day and go to work, as a former trade union leader, I would have some difficulty in convincing them to go there every day and to work under those horrible conditions, yet these officers go to work to serve the people of Barbados.

Mr. President, there are complaints of officers sometimes losing their temper but if I were working in the Record Department at the Queen Elizabeth Hospital, I would lose my temper sometimes too. Sir, when we look at the total picture, when we look at how they were neglected, today in difficult times we are attempting to correct the problems and provide reasonable accommodation for the staff at the Immigration Department so that they can do their work in the interest of this country. Mr. President, as they are one of the leading security arms of this country, they ought not to be, they should never have been forced to work in that condition. They spent about 14 years or so that they have been crying. Sir, when I hear

the Parliamentary Secretary in the Minister of Health talked, anytime that I have to go the Queen Elizabeth Hospital to get medical records, today I go with a different perspective. I go to them humbly because when the staff is climbing up ladders or having to deal with dust, I do not see that.

Mr. President, I am going to repeat, I have absolutely no problem, despite the fact that the Minister of Health is

my friend. If he had deserved a C, I would have given him one. He is my friend and Parliamentary representative and I give him an A+ for what he has done with the health services in Barbados. I thank you.

Senator S. J. O. BRADSHAW: Mr. President, as I sat here listening to this session, I cannot help but wonder sometimes about the politics of politics. Sir, I say that because it seems we spend so much time trying to state a position with respect to what administration after administration has achieved in their time yet when we speak about health care, I cannot help thinking that there are people out there who are wondering whether or not the health care system we have today is truly representative of the best of healthcare system that we can achieve in Barbados.

Mr. President, I say that because Honourable Senator after Honourable Senator on the other side has spoken to what the Barbados Labour Party has done in its 14 years of office, as though there were not previous years where their administration was also in power. They have also spoken about things they have done since coming to power and I believe that the general public has got tired of hearing what one side has done and what the other side has done, in an attempt to create a legacy while in office. Mr. President, the general population which utilizes the healthcare system in Barbados, particularly the Queen Elizabeth Hospital, is faced with a number of challenges. Sir, among those challenge which we have spoken about here today, the fact is that most Honourable Senators who sit here tend not to utilize the Queen Elizabeth Hospital for some of the very services about which we speak, so it is easy for us to sit here and speak about how there have been improvements to the Queen Elizabeth Hospital, about how walls have been painted, about how curtains have been changed, et cetera.

Mr. President, the reality of which I am aware at the Queen Elizabeth Hospital is a completely different one and also for most Barbadians who utilises the services of the Queen Elizabeth Hospital and polyclinics across Barbados. Mr. President, the fact is that when you check some of the social media sites, you would often hear or see concerns expressed about the fact that there are not even enough bed at the Queen Elizabeth Hospital. Sir, only recently a popular entertainer wrote on her Face Book page that she had a minor operation and that she is now at home because of the fact that there were not enough beds at the Queen Elizabeth Hospital.

Mr. President, we do not come here and talk about the legacy of what we leave behind in a five-year period of time, we need to come to this Honourable House to address the concerns that people have and the realities that are facing the average Barbadian on a daily basis. It is not for us to come here and say what it is that we have done while we are in public life, we must come here to be able to

present a vision to the people of Barbados that when we speak about healthcare that people can be comfortable and confident and that future generations have a healthcare system that they can depend on. Mr. President, the people of Barbados want to know that when they go to the Accident and Emergency Department that they are met with persons who are courteous to them, who would make sure that they make them feel they care.

Mr. President, I think that sometimes we come to these meetings and present views that are so tainted with politics that we stray away from the very important essence...

Senator Mrs. IRENE SANDIFORD-GARDNER: On a point of order. Mr. President, the Honourable Member is misleading this Honourable House. Sir, I said very clearly that this Government has introduced a system at the Queen Elizabeth Hospital which would ameliorate the condition the Honourable Senator is mentioning, whereby we introduce patient advocates. We also introduced a turn-around time system to ameliorate the waiting time and the impatience that some persons may have in waiting in the Accident and Emergency Department. I also outlined a future plan for the Queen Elizabeth Hospital.

Mr. PRESIDENT: Senator, your point is made.

Senator S. J. O. BRADSHAW: Mr. President, I do not seek to belittle the presentation that was made by the Honourable Senator, what I seek simply to state are the facts and realities that are presented to me on a daily basis.

4.32 p.m.

What I seek simply to state are the facts and the realities that are presented to me on a daily basis and some of those realities that are presented are really not about the presentations that have been made here today. It is fine to come here and to state that changes are being made but there are realities that the average Barbadian is facing out there and if there are persons who comment that the system is still not functioning or that the system could function better, then it is my duty to bring that to the table here this afternoon.

Mr. President, I am not seeking to go back on the comments that were made as a representative because persons come to this House and it is their responsibility to state what they are doing. My concern is that when we are stating what we are doing, the public is listening and the people who are using these services are out there saying that enough is not being done. I remember about 10 years ago I took my grandmother to the hospital and I was not satisfied with the service at the Queen Elizabeth Hospital. The reason I was not satisfied with the care is because she is an 84-year-old woman, she has a heart condition and

when the nurse asked her to lie on the bed without investigating what her condition was, I made a decision at that point in time that so long as I was in a capacity to pay for services I would not be utilising the Queen Elizabeth Hospital but the reality is, that is not the reality of several other Barbadians across Barbados. Sir, some people have no choice but to utilise the services of the Queen Elizabeth Hospital. Sir, the reason the Barbados Labour Party and other persons would often reference the Queen Elizabeth Hospital is simply because the majority of Barbadians have no choice but to utilise the public health care system. Sir, that is a fact and if it is that those persons take a decision that regardless of how pretty we want to use language in this House to indicate that things are being done that there is a reality that enough is not being done and that more could be done.

Mr. President, in presenting a vision to the country with respect to health care, I am saying that more needs to be said of what it is that we are doing to provide more beds in the hospital. It is not enough just to do a few programmes in the hospital and change a few canteens to talk about healthy living. We actually have to apply this life style through the things that we also do. It is not enough simply for persons who attend the Accident and Emergency Department to be greeted with these things when the harsh reality is that when they go back to their homes they are not accessible to a lot of the things that would allow them to be healthy. We have to be realistic and we have to take a holistic approach to health and to nutrition. We cannot take a position that by simply touting the words and saying that we must eat healthy and that we must advocate for healthy living and that is simply enough when the harsh reality is that within our educational system we are also not encouraging persons to practise healthy lifestyles. We are not encouraging persons to go to the gym. (3:01) I was sitting between two Honourable Senators earlier, one having cow heel and one having pork. We have to start to speak to our population...

Asides.

Bradshaw: For those of you who like pork that is fine but the fact of the matter is that as people in public life, if we are saying to our nation that they have to start living healthy, then we also have to set certain examples with respect to healthy living and we have to encourage persons to get out and be able to engage in healthy living.

Mr. President, let me say some of the things that concern me here with respect to this legislation. It is not about if the Barbados Labour Party was instrumental in the framing of the legislation. It is not important, as far as I am concerned, whether or not there have been amendments to the legislation at this point in time. What is really important the average Barbadian is whether the legislation would work, once it is enacted. It is important that it is able to

work and that the practitioners and persons who are consuming the medical services feel as though this legislation is actually working for them. It is revolutionary in the sense that we are obviously moving towards a more globalised economy. We are finding ourselves in a position where we have to retrain and get our people equipped to take advantage of various services and to extend their services beyond Barbados. Mr. President, I welcome the opportunity that we have here to be able to speak on a piece of legislation like this but I believe there are also some provisions within the legislation that we will need to discuss even further.

Mr. President, I was reading recently in the Nation-News that the insurance companies were particularly heartened by the fact that the failure of doctors to provide medical reports within a three-month period would constitute professionals misconduct. I believe the Honourable Senator Symmonds stated earlier that there was a Disciplinary Committee which was set up which did not have a lay-person on that Committee and subsequently we have checked that piece of legislation and it actually does state that there is no layperson who sits on the Disciplinary Committee. In fact, laypersons actually sit on the Medical Council, so we are still in a situation where, with respect to investigating and disciplining the medical profession, we are still in a position where we do not have laypersons having that confidence in knowing that there can be a part of the process of disciplining persons within the medical profession.

Mr. President, with respect to medical reports, as a practitioner in the legal profession, we are often faced with a situation, especially in personal injury claims where medical reports tend to hold up claim. If we are not in a position to receive medical reports from the doctors in a timely manner, it often leads to frustration by the clients, it leads to frustrations by the attorneys, it leads to frustrations by the doctors who may be the other attending physicians for the particular clients. I think that whilst we acknowledge within the legislation that there must be elements of additional professional training and continuing education, I would hope that the Medical Council pays particular attention to enlightening members of the medical profession why it is important that we work hand in hand with the legal profession to ensure that we get these medical reports out in a timely because it is of great concern to many people.

Mr. President, what we have seen in practice as well is that you have a situation developing where, because of the considerable delay in medical reports being submitted, often times clients tend to develop high blood pressure, they have been laid off from work, may have a disability, the income has been significantly diminished and they find themselves in a situation where they have to go to the doctors for more reasons than what they were initially

injured in relation to. Sir, we find ourselves in a situation where we have to simply address the professional conduct and the professional training aspect of the profession and we have to place specific emphasis on ensuring that our doctors are fully appraised of all the facts which would lead to a successful settlement of personal injury claims in particular.

Mr. President, this legislation, certainly, is a welcome piece of legislation for the profession. I think we can definitely go further than this in terms of ensuring that the legal profession also embraces the issue of continuing education because it is not enough simply to pass legislation relating to doctors but not also look at the fact that when claims sometimes have to go to court there is significant delays within the legal system and which further frustrates claimants as well. It is fine when we speak of this legislation but there are far-reaching implications that we have to look at for other areas of the profession which also interacts with the legal profession.

Mr. President, the other point I would add is that we find ourselves in a situation where as of the April 1st, we are seeing some significant cuts as with respect to some of the drugs that would be related to hypertension. In the legislation, we speak to professional misconduct but there also the issue of professional negligence that I think we need to be mindful of, that if the Government is proposing to make certain cuts with respect to medication and to cut the cost of health care, that you must err on the side of caution also that we do not compromise the quality of the care that we are actually administering to consumers and to patients in the public domain.

Mr. President, it is important that an analysis be done of the types of medications that are required because daily I come across young people and old people, who are developing hypertension and high blood pressure and this completely relates to us have a clear vision for Barbados, having a clear vision for our health care system and talking to people about proper nutrition and talking to people about what things they need to do in terms of creating a healthy lifestyle.

Mr. President, it is not enough simply to come here and say that in the last three years we have X and Y, when there are people out there generally trying to have access to health care and are unable to do so. I have situations which this legislation will not even begin to address unless the medical profession starts to get their eye on the ball. I have a situation right now where there are people out there who have children with special needs, for instance and they need to access two or three different doctors but simply cannot afford to be able to afford a speech therapist or a physical therapist and all the other things that are necessary to assist with their children. Sir, these are the realities of what is happening in Barbados.

4:42

So we can talk about improving health care but without a clear vision as to where we are taking our health care system into the 21st century and engaging our people in a debate allows them to realise that the health care system that we had 30 years ago, is not going to be the health care system that we will have 30 years from now.

Mr. President, there are costs we would not have anticipated years ago that are obviously coming to the fore, and as a country we have to start to grapple with those costs and we have to engage. Sir, not just talk about engaging our people, but actually engaging in serious discussions about health care and about healthy living. It is not enough simply to talk any more.

The current Government has a way unfortunately of lowering the debate to a level of blame constantly in this country. I do not believe that this is the way forward for our country. The Barbados Labour Party will take its lashes for the things that it has not done but equally we will always put forward a position for the development of Barbados.

Sir, for the last three years all we have done is hear about what has not been done in health care, but we need to now start to hear what is actually being done. I am concerned when I hear about vermin and rodents in the Queen Elizabeth Hospital, perhaps the time has come for us to consider may be a new hospital, but that is not on the table. Of course there has been a back and forth as to whether or not the other side wishes to have a hospital constructed or not. Making good the hospital in little patches may not be enough, because service may not be properly dispensed to the people of Barbados. At the end of the day if we continue...

Asides.

Mr. PRESIDENT: Order, please.

SENATOR Miss S.J.O. BRADSHAW: If we continue to rely on the politics of politics, the people of Barbados will continue to suffer. We have to look at what we leave as our legacy and not simply as to what we are going to do in five years that we can stand on a political platform and talk about what we have achieved in that particular period of time.

Sir, if you listen to the public of Barbados, they are sick and tired of hearing our Representatives sit in these Chambers and talk about what they have done and blame other persons. It is time that we take a holistic approach to where we are, not just with health care but all other services, and try to present a position to the people of Barbados that says to them that you actually care. It is not

about the votes. It is not about building a hospital or a polyclinic for simple reasons to win votes. It is not about that. It is because you care about the people. It is about doing studies on the situation of our total health system, to determine where are the best places to put health care locations in our countries. It is about taking the data that no doubt would be derived from this legislation as well, and utilising it for purposes other than coming here to talk about what Party has done and what the other has not done. It is time that we should move on, because the people of Barbados are asking for you, for three years, to basically take action, present the vision.

Do not just talk in your Manifesto about building a new Accident and Emergency wing. Come back to the people. Level with the people of Barbados. If the financial situation is such right now...

Asides.

Mr. PRESIDENT: Order, please. I have to draw to the attention of the Chamber that each Honourable Senator must be heard in silence. Senator you may continue.

SENATOR Miss S.J.O. BRADSHAW: Thank you, Mr. President. If it is that we must move forward into the next decade and we must have a legacy for the children of Barbados, let it be that when we come to debate issues of health care, we come with things that are properly assessed. Let us come to the table without all of the partisan politics. Let us come and learn from the things that we have not done and the things that we need to do. Sir, honestly, people are tired of hearing about what has happened and what has not happened. People require proper medical care. Sir, as I said before, most of you who sit in here do not go to the Queen Elizabeth Hospital for medical attention.

Asides.

SENATOR Miss S.J.O. BRADSHAW: I admit and that is the reason why the concerns are expressed to me on a daily basis that is what I would come here to talk about. I will not come here to talk about what legacy the Barbados Labour Party left and what they did and did not do. I will come here to talk about what the people who utilise the public care system are talking about on the streets. That is what I will come here to talk about. I am not going to come here to blame anybody for what we have not done in health care. I am going to talk about the people and the concerns that are expressed on a daily basis as I go across Barbados.

Asides.

SENATOR Miss S.J.O. BRADSHAW: It would appear that they are rattled.

Asides.

SENATOR Miss S.J.O. BRADSHAW: Mr. President, this piece of legislation is one of many that need to come to this House. It is part of a bigger vision. We cannot wait until we have articulated a development plan for ten years, and when we come to the end of a ten-year plan to then start thinking about the next ten years. We have to start being proactive in the way we approach our health care system. We need to realise that health and education go hand in hand. We cannot talk about building grand buildings when we are not educating our people about healthy living, how to build communities and how to build to improve their well-being.

Sir, with that, I thank you.

Mr. PRESIDENT: Senator Benn.

Hon. SENATOR H.L. BENN: Mr. President, I just seek your permission to spend about five minutes on this wonderful Medical Profession Bill 2011. I rise to support the Bill. I want to say from the outset that I am very pleased that the Bill has provided for the establishment of the Barbados Medical Council. It has provided for the registration of medical practitioners, for the regulation of the conduct and discipline of medical practitioners, for the prescription of qualification, approval of standards and requirement for continuing education and training, and the regulation of advertising by medical practitioners.

Mr. President, I want from the outside to applaud the persons who have drafted the Bill. They have done an excellent job. It is a very good piece of legislation. It is long in coming and the Democratic Labour Party Government is not seeking to claim the Bill because we know it was out there for many years and we are happy it has come to this Honourable Chamber at this time.

I will take note from Senator Bradshaw's delivery and seek to stay on the high road, because I recognise that whenever we have to come to these Chambers and you speak on things that ought to have been done it annoys and affects very badly those persons who represent the Barbados Labour Party. I know the problems as it relates to that kind of stuff because in the recent bi-election in St. John they started with the Polyclinic and they know the results at the end of the day. They started on something blaming the Democratic Labour Party. I will not go down that road. Mr. President, I am not even going to talk about the Polyclinic because Senator Symmonds was correct when he indicated it was closed before the Barbados Labour Party came to office in 1994. It was closed in 1992, but because of spite they refused to touch it and they carried that same spite that prevailed within them for the St. Joseph Hospital. I do not want to speak about that either because that institution ought not to have been left in the state in which it was left for all of those years, an institution in the parish of a former Prime Minister who

ought to have been proud to have an institution in his constituency that would look after the health needs of the people in the north. The same spite that went into the neglect of St. John Polyclinic went into the neglect of the St. Joseph Hospital, but as I said, I am going to take a note from Senator Bradshaw's delivery and do not go down that road.

Asides.

Hon. SENATOR H.L. BENN: Senator Chandler mentioned that she was pleased with the composition of the Barbados Medical Council.

4.50 p.m.

I am hoping, Mr. President, that out of this Medical Professions Bill, other professionals in Barbados, those which are already organised, will re look their constitutions or their regulations and would seek to bring them in line, and those which are not yet regulated and organised would draw from this piece of Legislation and seek to formalise their structures in a way that all of us can benefit.

Mr. President, while I am on this note, I am hoping that once we have this out of the way, we will want to look at possibilities of strengthening the Queen Elizabeth Hospital and making provisions for those persons who are out there training and studying, with a hope that they will come back to Barbados and make a contribution to a sector that holds the key to the future of our very health in this country.

I am addressing those medical students, those dental students and those veterinary students who are studying Cuba. Permit me to spare a spot for them. I just had a chance to go to Cuba to see some of the facilities that they have there. Mr. President, I want to say to you that I am extremely impressed.

When the Senator was speaking about the Eye Care Unit, which was organised many years ago and abandoned by the former administration and we had to transform it into an administrative block and most of our patients who want to have their eyes well looked after, have to now get on a plane and go to the same Cuba, where our medical and dental and veterinary students are studying and when they come back here they are told that they are not properly trained. I am hoping that once we got this out of the way that some accreditation will be given to them. We looked to make sure that it happened in your administration. The Barbados Labour Party did not look after them.

I want us here in this new Government to spare a thought for them. They are properly trained and I am calling on us in this new Government to look at the Veterinary Council and the Medical Council and ensure

that we make provisions to make those people comfortable. If we find loop holes in their training, let us correct them but not to deprive them of an opportunity to earn a living, after studying in quality areas for such a long time.

Mr. President, I know that Senator Bradshaw indicated about her experience at the hospital. I only had a short experience at the hospital when my mother was a patient there. During that time the Barbados Labour Party was in office, but you want to blame when you had to buy toilet paper to carry up there. You do not have to blame when you had to carry soap in the Hospital. You do not have to blame when you had to carry toothpaste up there. You do not have to blame when you used to cook and carry soup for her because the food was not to her liking. There are so many people in this country and you talk about caring for those of us who do not go in there because when we are ill and we can afford it, we go to the private places. You do not have to blame for that but the majority of those persons that you are seeking to represent, are those persons who were suffering as well, when the Barbados Labour Party was in office and when their parents, grandparents, aunts and uncles at the hospitals and every week had to trek, when they get out of the buses to go there to stop at the shop to buy toilet rolls, soap and toothpaste. I am hopeful that this administration will put an end, or if it has not put an end to it as yet, that we will put an end to it.

I am hopeful that once we have got this out of the way, we will also be able to cater to those persons that are in need of special care. Too many times I look in the newspapers and see unfortunate children, their parents have to be out there begging the private sector for funds to correct a six-year-old, eight-year-old or two-year-old to fly up to Canada or the United States of America to get some corrective surgery. This is expensive and I am hoping that by God's help - and the economy should turn around - that we will be able to put aside adequate funding for the persons who need special medical care overseas, that once a doctor has recognised that is the deficiency or the problem and writes a letter to send to the person(s) in authority recommending those persons to us, we can tap into a fund and have them sent, rather than people having dance sales, cake sales and sponsor walks to raise funds to send them for that care. Sir, because while the grass is growing, the horse is starving, and while we wait for funds to build up, the persons are getting worse. I am hopeful that this Government will be able to address those needs.

I do not like to hear about the shortcomings of the former administration or this administration. They all have shortcomings and this piece of Legislation is not cast in stone. There will be opportunities. I am sure that as we go along, even during the course of time, maybe the next four or five months, or years down the line, as the very medical people study it, the Senators on the Opposition side look at it and recognise that there are areas they can add, or that

there are certain shortcomings, we will be able to come back in both Houses, the Lower House and this Honourable Senate and amend certain Bills. Mr. President, I am hopeful that we can put our heads together and get things going.

I want in closing, Mr. President, just to say that I look forward to better healthcare in this country. I look forward to putting our heads together to take this country forward. I am looking forward for other professions to examine this to see where they can reshape theirs and, as I said earlier, someday I want to spare a thought for those students who are studying hard overseas, particularly those students in Cuba and I wish that we can have them probably accredited, so that they can come back to Barbados and add value to our health institutions.

Sir, congratulations to those who are responsible for the drafting of the Bill. Congratulations to you, Terry Dean, Senator Symmonds and Senator Bradshaw for your contribution and also for your Party's involvement in the past, in getting this Bill here.

Mr. President, I am very much obliged to you, Sir.

Mr. PRESIDENT: Senator Crichlow, you have the Floor.

Senator the Very Rev. H.E. CRICHLLOW: Thank you, Mr. President. I rise to support the Bill but first I would like to congratulate our youngest Senator.

Asides.

Senator the Very Rev. H.E. CRICHLLOW: She made a very fine speech and I hope she will remember that because if she remains like that, in two years, three years or five years, she will be built up for Barbados because right now she is non partisan.

Asides.

Mr. PRESIDENT: Order, please.

5.02 p.m.

Senator the Very Reverend H. E. CRICHLLOW: I did not use the words Independent Senator because you do like the word independent because you say that everybody is independent in here so I did not say that she spoke like an Independent Senator because of her dislike of the word independent.

The Bill is about the medical personnel and not so much about the conditions at the Queen Elizabeth Hospital although I find that most Honourable Senators spoke of the conditions. It is important of course to start with the medical personnel. A hospital would not be a hospital

without doctors. I think this is a modern piece of legislation and we are right to insist on having our medical personnel, men and women of integrity, because qualities like integrity are not very popular these days, people do not think of integrity as something to be achieved or to aim for. Most of the time we are thinking of making money and so we think of all the professions in that way and it is a great pity because there are some professions where the personnel do not think of money at all or hardly think of money and I would think that medicine is one of those professions. The patient is more important than the money that can be made out of the patient so a really professional medic should be more conscious of the person than of the fee.

Accreditation, I think Senator Benn mentioned that, is most important. We have to see that the hospital, polyclinics and all medical facilities are staffed by men and women who are skilled and whose certification is valid because there are a lot of people going around in the world today that are interested in fraud and so we have to protect the public from such people. There are people who have papers from universities that do not exist. This is not only so in the medical field. In the academic field generally you could find people who have these degrees and so on. The Accreditation Council has therefore to inquire into the quality of the universities from which everyone is applying for a job.

At this juncture of our history, we in this part of the world, in the English-speaking Caribbean, are caught between Britain and America even in ordinary fields like plumbing or electricity and many others and we are taking off British parts and replacing them by American parts. This has happened since independence. The same thing is happening in terms of academic work. Many people in Britain find it difficult to understand how people in the English-speaking Caribbean could go to England to do university education instead of going to America. Most of them would not know their British history. They know very little about the West Indies. They do not know that English is our native language and so it is not easy for them to understand why we should be more interested in going to England than just next door to the United States of America.

This means that we are changing from one educational philosophy to another. In Britain, it is felt that only some people can be educated but in America it is felt that everybody is educable. Now these two philosophical systems produced two different types of people so that they are a lot of so-called universities that award degrees and so on especially doctorates that have no value at all because as I said at the beginning they are just paper universities, there are no buildings and so on and a lot of people like to be called doctor, I do not mean a medical doctor and so you could be fooled quite easily. I remember I got a doctorate

one night. I have some American friends who invited me to dinner and then they took me to some other friends just a few yards away and on the way to the other friends, the gentleman asked me how do I introduced you. He said you are doctor so and so. I said no, no just the Reverend. He said at home you would be a doctor and all night I was being called a doctor.

5.12 p.m.

Mr. President, we have to be very careful about qualifications, we have to be very careful in investigating the source of those qualifications, so that our people can be sure that they are being treated by persons who are qualified to do so. It is even more important because people pay more attention to their physical bodies than to their spiritual. We have to see that all of our doctors have the proper and corporate qualifications.

Mr. President, there is then the fiduciary relationship of people trusting their doctors, and they should. Their recovery, in many cases, depend on the amount of trust they have in their doctors, so you are not putting people who will not trust their doctors. Sir, 50 or 70 years ago doctors knew more about their patients because they knew them personally, they knew their history, including their family's history but now that scientific medicine is being practised you do not have to know much about the person, you simply can have that test and they can tell you what is wrong with you.

Mr. President, we have to have laws that will protect our people because in a technological age such as ours, we will meet people who understand the technology. Therefore, there is a greater emphasis on the authenticity, we must be sure that people we employ are able to do the job for which they are paid.

Mr. President, Honourable Senators have already spoken about Cuba and I would like to support them in what was said. It is not fair for us to be accepting medical scholarships from Cuba and when students qualify, they have difficulty in obtaining practice in Barbados. If we send any student to any university and obviously we would be sending them to credible universities, we should be prepared to encourage them when they come back.

Mr. President, fear of criticism was mentioned and there is, especially in the hospital/doctor relationship, people would be afraid to criticise their doctors. It is true that doctors tend to, as other professionals, can judge the faults of other doctors, and some of them do but when they allow other people in the community to know these judgments, they do not like it. It is called washing one's dirty linen in public. Sir, that is a pity, generally-speaking, people feel that if you belong to profession, then you should keep any bad things among your group, so that if a

lawyer and as a few have done in the past, and I remember especially Sir Bernard St. John saying something about lawyers. Sir, what he said was true but people did not like the idea of a lawyer speaking ill of other lawyers. Mr. President, just as persons would not like the idea of a doctor speaking ill against another doctor, or priest speaking ill of other priests, they feel that they themselves are damaged in this because if they had a certain conception of a profession, then they lose that kind of trust throughout the whole profession. Mr. President, it is difficult for persons in the profession, who sees things going wrong and try their best to correct those things but find that they are not being listened to and so they simply let it out to the public. Sir, the person who does that is criticised on both sides but sometimes it is best for people to know that everything is not going well in the profession.

Asides.

Senator The Very Reverend H. E. CRICHLLOW: Mr. President, I am not saying that policemen should not be judged as a policeman because as a member of the Police Service Commission for a number of years, I know the rank and file of the police force would prefer to be judged by those who are not police officers. They think or know they would get an easier break if people who were not policemen tried them.

When people say it is no good complaining to the police about the police because they are not going to give against them.

5.20 p.m.

They say it is no good complaining to the Bar Association because they are all lawyers and they will take up for each other. Sir, that is not really true because they are people with integrity in all of these professions and they know their profession better than those who do not belong to the profession and so, I think we need to have trust in those whom we appoint the highest offices in these professions so that they can make judgements that are fair.

Mr. President, on the whole, I am happy to see a Bill like this presented to the Chambers and I hope that it becomes law. We will have, from time to time, of course, to amend this Bill, when it becomes an Act, just like we had to do with all the other Acts because our society is changing, the world is changing very, very fast and we cannot use laws that are outdated. We are living now in a global village. For example, if there is a Barbadian who has done very good work in medicine in any part of the world, we can get him to help with our development, I think that every effort should be made to do so even if it means amending laws because laws are to be amended: "Leges mutantur sunt" in Latin. I am happy that we are bringing

this kind of legislation so that our country will be keeping step with the 21st Century.

Mr. President, thank you very much.

Mr. PRESIDENT: Senator Cave, you have the Floor. (3:29)

Senator R. G. CAVE: Mr. President, I rise to support the legislation before us. I would say that this has been a very interesting debate this afternoon. I really want to compliment Senator Bradshaw, who I had not heard before and to hear her view but more particularly, she brought a breathe of fresh air for me as far as the level of debate I would like to see in this Chamber constantly. Sir, I support Senator Chrichlow in his statement but it was lovely to hear how she portrayed herself and how she felt the debate should go in this Chamber and I want to fully support her statement. I think if she can stay like that the future of Barbados would be very strong.

Mr. President, this does not take away, however, from the many other lovely statements that I have heard today and I really enjoy the debate, and I also want to support Senator Sandiford-Garner on the work she says she is doing with the hospital. I do hope that the effort she is making will come true. I would have to say that it is encouraging to see the quality of her statement and I support her on it.

Mr. President, I want to say that I have been through difficult cases in the hospital with my wife, who nearly took the wrong turn and I can say that the doctors and the supporters of the doctors worked under very difficult conditions with the administration at that time and that happened to be the past administration. Sir, it does not matter which administration, the point is that there were difficult conditions and without the quality of the doctors, who were trying four o'clock and five o'clock in the morning to get through and operation, she would not have made it, so I have the highest respect for the staff and the doctors at the hospital. I am delighted to hear the Parliamentary Secretary in the Ministry saying what she thinks she can do for the hospital and I give her my full support.

Mr. President, the Bill before us is excellent and I fully support it. (6:10)

Mr. PRESIDENT: Senator Boyce.

Senator the Hon. D.W. BOYCE: Mr. President, I also rise to support this Medical Profession Bill. Sir, I will not be long. I just wanted to highlight a couple of points in this Bill which I think are very good points. The first one has to do with the composition of the Assessment Committee of the Medical Council. Sir, the Assessment

Committee now has on it the Chairman of the Barbados Accreditation Council or a senior representative of the Council and it is important because the people who are the professionals in Barbados in assessing the equivalency of qualifications, are the people at the Barbados Accreditation Council and for a long of time that Council has been asked to do equivalency evaluations of a lot of different qualifications but has not been asked to do the work here for the medical profession. I think there are some other professions which they have not been asked to give an equivalency statement for these professions. They are the ones who have the experience, they are the ones who the expertise and they are the ones who can assess different schools, different ways of teaching, different ways of delivering the training and they are the one who really ought to drive a lot of this accreditation that the Medical Council would have to do.

Mr. President, when that happens maybe the issue, as one of my colleagues has raised, in terms of the accreditation for those people trained in Cuba, may take a different turn and we may begin to see a more balanced perspective on the quality of training done by those other persons.

Mr. President, I want to highlight the matter of the ongoing professional development which is doctors are now required to undergo. It is something which we in the accounting profession have had to undergo for the longest while in order to maintain our designation. I am glad that the doctors are now being brought into that same kind of standard and I hope that the lawyers and all the other professions would be brought to that same kind of standard because it is the only way that we are going to guarantee that the services we provide are world-class services, and that we are providing in Barbados the same level of training and the same level of professional that is provide anyway else in the world. Sir, most of these designations are international designations of one sort or the other, and this way we are now making sure that the medical profession gives us that level of international competency, on an ongoing basis, which we want to have and, Sir, I hope the others will come into that soon.

5:30

Mr. President, there is one matter that I would like to highlight, the matter of fiduciary responsibility of Council to the public of Barbados. As I read the Act, I seem to understand that the Council has the power to initiate an investigation on its own accord into anything that it considers going wrong in the profession. That I think is important because it means that you have the fear, as Senator Chandler said the people have of complaining for doctors or whatever, and a sense to weed out this, because this Medical Council gets to hear either anonymously or however, about certain problems. I think it has enough

reason to begin to investigate the matter and then move to advance a kind of investigation. Sir that is a very important part of what this Bill seeks to bring to our medical profession, this matter of fiducial duty of the Council. Sir, apart from the fiducial duty of the Council to make sure that things go well within the medical profession. This is a very fine thing.

Mr. President, I was not minded to speak on the Queen Elizabeth Hospital at all, but since Honourable Senators, almost without exception, found that they should mention the Queen Elizabeth Hospital, I too feel that I must mention it, but may be in a slightly different way.

Mr. President, in 2008-2009 Estimates we increased the budget for the Queen Elizabeth Hospital very substantially. Senator Ince's memory is probably better than mine, but I think it must have been twenty or thirty million dollars more per year that we gave to the Queen Elizabeth Hospital.

Asides.

SENATOR D.W. BOYCE: Mr. President, we took the view that whether or not you are going to have a new hospital, whatever the vision you had for the health services sector you had to act now, even while you were developing and fleshing out that vision and planning how to execute that vision. You had to act now in order to save lives and to improve the quality of the health service to the people who could not afford health service anywhere else. That is why we took it up and we have held it more or less at that level for the rest of the time.

Sir, other than that, because of the problems we had with some of the physical infrastructure of the hospital, we took a decision to have them borrow some money, I think \$50 million, to redo some of the infrastructure. When I saw the report on the electrical system in early 2008, I was resolved to recommend to our late Prime Minister that we needed to do something about that immediately.

Sir, a friend of mine who works somewhere else showed me a report, and now I come to understand the seriousness of the situation. While we have agreed to develop a vision, to articulate a vision, and to create a plan, in the meantime we have to make sure that the Queen Elizabeth Hospital is in a position to save lives. Therefore, we have provided for its capital improvement and have provided for its ongoing operation. I think that is very commendable.

Mr. President, just to take off from my colleague Senator Husbands about the Immigration Department and the files. Now I know why it takes so long to get some files dealt with, but we are determined to find better conditions for that staff and do it soon. I really have to salute

notwithstanding all the things that have been said about that Department, notwithstanding that it is not perfect, like none of us is perfect, Mr. President. I did not say that on my own.

Asides.

SENATOR D.W. BOYCE: Mr. President, not saying that they are not perfect, some of the issues, they are doing quite a good job in the circumstances in which they operate, with the volume of work they have to deal with.

Sir, with those few words, I really will support this Medical Profession Bill.

Thank you, Mr. President.

Mr. PRESIDENT: Senator McClean.

SENATOR Hon. Miss M.P.O. McClean: Mr. President, as I rise to wrap up, I would be doing an injustice to the Minister of Health, the Parliamentary Secretary in the Ministry of Health, the staff of the Ministry and all the agencies which constitute part of the health service, and indeed to the Cabinet of this Democratic Labour Party administration if I were to let the comments of the young Senator on the other side go unchallenged. I must say I do not usually disagree with my elders if I can help it, but I do not know that I can agree if I resort to my profession, as Senator Husbands, that I can score her comments highly from the perspective of content and accuracy.

First of all I do not know what the phrase, the politics of politics means. We are representatives of Government, representatives of the Opposition and persons titled Independent Senators, who represent a cross section of interest in the country. As we sit here as the political directorate we have to deal with issues political.

Sir, I would try not to be all over the place, but I am trying to respond in a systematic way, to a presentation which was in fact all over the place, and which left me challenged to respond because there were many things that were said that do not represent, to my mind, a reality in terms of the kind of debate that must take place in this Chamber. I am going to start first from a personal perspective.

Mr. President, as of today I have a sister who goes for dialysis three days a week at the hospital, and she goes three days a week because the system does not allow those patients to go more, even though they need more. I cannot take her away and pay for her because she cannot afford it, and we should not have to afford it if we are paying taxes and so on. So I do not have the luxury of moving her.

Sir, my mother died in the Queen Elizabeth Hospital on a public ward, because it was recommended that at her age she should not be in a private ward alone. My brother, Wendell, died in a private ward at the hospital and I had to see the conditions there. Two years after him another brother died and a year after him my father died, and in 2007 I had to sit with my uncle, 93-years-old, in the Accident and Emergency for several days before they could find a bed to put him.

Sir, when you ask why there were no more beds, we have to ask ourselves how we got there. I spent several years at the University teaching Strategic Management, and one of the processes that I taught when you think critically is that we have to be systematic. The first thing we need to do whether we are politicians, managers, doctors or lawyers, is a situation of analysis. That situation of analysis, and this is a free lecture now. I am going back to what I know. That situation analysis has to ask us what is and what has been our situation? What is the situation we face, and how did we get there? Unless we do that swat analysis we cannot move forward. So we are not talking about blaming and leaving it there.

We have to apportion blame, because a Government of fourteen years life which presided over the introduction of a VAT and which was predicted, I sat in a Board Room where I heard one of the key initiators assigned a Consultant by the previous administration to introduce VAT, asked a colleague on that Board from another country, "What was your experience?"

5.31 p.m.

The person said that once we do that situation analysis, we must apportion blame. A part of that blame is that those resources were not used well and one of the gross critical neglected areas was the Queen Elizabeth Hospital when we look at what was the situation. I am not speaking by hearsay or a potential constituent or whatever or whoever or a friend, I am talking about walking the corridors of the Queen Elizabeth Hospital as a person going to visit my parents, my brothers, and my uncle. As a care giver, I understood what it is to look at the floors. The Minister of Health can tell you that I went into the Queen Elizabeth Hospital recently and told him it seems as though the floors are getting cleaned nowadays.

The optics are important, the resources. I speak as a person who has a niece who works very hard as a young doctor in the hospital, and who, when there was no cafeteria, I used to get in my car when she was on call and take food for her because she was trying to save lives and starving when she was on call because there was nowhere to get anything to eat.

Alternatively, she would have to run our and big some fast food that was not healthy. Do you understand, Mr. President? So when we talk about these things, we have to be careful.

I also want to say that in the process of doing that analysis, this administration in preparation for the last election spent time in serious analysis, doing exactly what I am talking about now, of the various sectors. We came up with a concept and it was not just a mere slogan. We talked about rescuing the QEH. That rescue of the QEH, was critical because in the minds of Barbadians at the centrepiece of our health service delivery, is the Queen Elizabeth Hospital.

You would have hear, Mr. President, in the last contribution about the perilous state that hospital was in. We could not see it at the beginning of 2008 that the situation with the power supply, the access to power to run the machines, et cetera was in such a bad condition that the lives of people were in jeopardy. This is what we inherited. We have to recognise that was it because that would inform, Sir, the priorities and the must dos.

There is a notion going around and I understand that the strategy of the Opposition is to say something and you say it often enough that people would believe it and what is being suggested is that nothing is happening.

I am very happy that the Parliamentary Secretary was well enough to be here today to sit down and identify all that has been happening, in terms of the hospital. We do not have enough beds but we are solving that. We do not have enough beds because enough was not done to provide for care of the elderly, so poor people or stressed out people who cannot take care of the elderly leave them at the hospital. Not that they do not love them but because they feel that if they are left there, they will be cared for but that was never addressed. It was allowed to escalate.

Sir, as I said, I may be all over the place and I want to pause because before we came to this session, we participated in the presentation of National Honours, and it pleased my heart, Mr. President, to hear an outstanding member of the Medical Profession, an outstanding Medical Professor, identified you, Sir, as the best Health Minister to date. That is the situation and an analysis as well. What it meant was there were certain foundations set out for healthcare in this country.

As we say, Government is a continuous process but we also recognise that things either are built on or developed, they are ignored and neglected and sometimes even destroyed. What we, Sir, are trying to do is to rebuild.

I started my contribution, Sir, by making reference to the context of this Legislation. This Legislation, Sir, is part

of a process, as described by the Honourable Senator Sandiford-Garner, of a strategy to rebuild, to strengthen, to re-invigorate and to bring into the 21st Century healthcare in Barbados. It is important that we do this so having look at what happens, and we cannot let Barbadians forget because when they try to access what we are doing, they must at all times remember, that our assessment has to be done against a number of realities.

What is the context in which we operate right now, economic and otherwise?

What it is that was left behind, positive or negative?

Sir, that is what we talked about. It is not coming in here and arguing that this or that did not happen. It did not happen and we do answer the question: So what? This is the question that I would ask my students to answer, once they tell you that it did not happen.

Sir, what are going to do about it? What are we currently doing about it? What are the resources we have to bring into play and what are the constraints within which we operate?

Therefore, Mr. President, I want to say that we have a vision for healthcare. We have a vision for the healthy society, we have a vision for a productive society and these are things are all very much intertwined.

I recognise in relation to healthcare, in relation to other aspects of our economy, that the Barbados Labour Party believes in bricks and mortar. This is their elegance of progress. Those are the symbols of progress that they would want to speak to but in the context of healthcare, Mr. President, our focus is on people. It is people centered.

Asides.

Senator Hon. Miss M.P.O. McCLEAN: They do not need to clap for that. They need to listen in silence because some serious things are being said.

Mr. President, when we talk about our vision being people centered our vision for health is not always about curative measures. It is about preventative measures. I was a little concerned and I did say in one of my last contributions that I was going to give my dear friend on the other side who could be my daughter, an easy time but I think that as a mother figure I have to make sure that she comes up in the right way and come to a good Christian understanding.

Asides.

Senator Hon. Miss M.P.O. McCLEAN: Sir, I want to say that when we talk about a people centered approach,

the focus is on prevention and I would want to recall because maybe she does not pay attention to what we say and do. The late Honourable David Thompson quite early appointed our newly elected member for the parish of St. John - she is a Queen, she is a lady, she is royal. I do not know what is wrong with that. Some people used to play that song but I will not digress - to focus on getting Barbados and Barbadians to focus on healthy living.

I do not get a chance to watch television much but I do watch CBC and there is an ad which resonates with me. A lot of us are hypertensive and part of it is because we consume too much salt, not because we eat pork. My grandmother ate pork and she died at nearly 100 years old. My father died in his late 80s and I remember as a child seeing a couple pigs in our yard at some point in my life and I enjoyed a pork chop this afternoon and I trust that I will live to a decent age.

Mr. President, the point I am making is that Barbados, that is only one initiative as I said, the whole business of encouraging Barbadians to be healthy, in terms of their engaging in recreational activities, exercise and so on, to focus on their nutrition.

Barbados is very much part of a CARICOM initiative which has been able to convince the United Nations to put on its agenda -and I can tell you in September this year there will be a high level summit on chronic noncommunicable diseases.

Only yesterday, Mr. President, I met with two officers of an initiative called the Healthy Caribbean Coalition and they were there to lobby Government to make sure that we signal to the UN our commitment.

5.52 p.m.

In fact, in those discussions, it was pointed out that a number of initiatives, certainly many of them of recent vintage, have been put in place to address the whole issue of prevention in terms of such diseases, et cetera. To suggest therefore that this Chamber and honourable colleagues on this side come in here and engage in empty rhetoric is to mislead this Chamber and indeed to mislead the public and all of those who may be listening from wherever they are outside of Barbados.

I want, Sir, to now say a bit more than what was said by Senator Sandiford-Garner because the first contribution from the Opposition was suggesting that there were a number of absences and there was a suggestion that the absence of a polyclinic for example in St. James is a problem. I live in St. James but I live within reach of the Black Rock Polyclinic and the Warrens Polyclinic and if the traffic going up Black Rock was too heavy I would get on Highway 2A and go down to St. Peter. I am sure that St.

Peter is much closer to some other parts of St. James. What I want to say in terms of the polyclinics because the matter of St. John was raised and without going through some of the debate that would have been engaged in on the platforms during the last election is that the Minister of Health has committed to the completion of the St. John Polyclinic, something that was neglected for 14 years, because of some other kinds of neglect.

It is clear, Mr. President, that the St. Joseph Polyclinic... If we think in terms of the layout of the land of Barbados, a polyclinic in St. Joseph is more critical than one in St. James for the reasons I just gave. Mr. President, the truth is that polyclinic has been left to fall into perilous disrepair. It is critical now that we have some facility to serve that. I would have thought, Mr. President, that when the Eric Holder Junior Complex was constructed, a forward-thinking socially conscious Government would have incorporated that. I am happy to report also that the plans and the drawings for the St. John Polyclinic will demonstrate that it would be substantially more than a medical facility. In fact, as a medical facility, it would have in it services of the type that I heard, the ability to do X-rays and a whole set of things.

The discussion about the opening hours of the polyclinics was also raised. Mr. President, I go back to my situational analysis. Why is it that those were not better equipped to ensure that they all could open, if not all, some very critical ones... Again, there was no vision for the polyclinics to fulfil the role that model was supposed to cover in terms of the relationship between our polyclinics and our central hospital, and I could go on more about that.

I want to say something as well about the whole business of the connectivity. The question was raised about ICTs and the ability to share files, et cetera. IT connectivity was something that you would have seen... Certainly, in the last 14 years, the cost of IT technology reduced substantially the capacity and the ability to manipulate data. All of those things evolved tremendously in the last two decades. Again, why was it not done in a way?

Mr. President, there was a suggestion on the other side that the polyclinics are not in any way computerised to put it in that simple terms but there are in fact some measure of connectivity. Polyclinics could share information among themselves. They may not necessarily be connected to the Queen Elizabeth Hospital as yet but I can tell you that there is a programme to develop, it is right now being worked on, a health information system for the entire health sector. The RFP has been prepared and the process for tendering would go out. As I said, polyclinics do have connectivity.

I must confess, Mr. President, when we talk about IT that a couple weeks ago I got a shock. A friend of mine

called me in consternation because she was assisting an aunt who incidentally would soon have to receive dialysis and there is some medication that you give a patient as they are going through the process of kidney failure, a once monthly dose of medication, and in helping the aunt, she threw out the box by which she had to get a refill. Now this medication came from the hospital and she called me and I said but just call the hospital, when I go to my pharmacy, they would check the system and I can get a repeat. She called and they gave her a long story. I said I would call and I happen to speak to the same person she spoke to and the person said the problem is Ma'am is that we are now computerising the pharmacy. Why did not that happen over the last 14 years?

We talk about record management. I understand that there are now six new computers. Senator Sandiford-Garner would have spoken to the other innovations at the pharmacy. Mr. President, I can go on and on. I have lots of paper in here but I think that I have made the point that as we talk about these things, we are not simply heaping coals on the backs of the Opposition which has to take place but we are doing it within the context of getting Barbadians to understand where we have been, where we are now and we are explaining also where we are going. Those are basic steps in a strategic approach to how we do things. It is something that I spent many years teaching many young people. I am very happy to say that everywhere I walk across this country in the public and private sector I see those young people thinking critically and using these skills.

We use them in there too because the myth must not go abroad that this Administration is doing nothing. Of course, people know why they would want that. I suppose that is part of the politics of politics maybe that is what it means, I do not know. I would get an explanation of the politics of politics some time but the point is that we come here and we systematically show what we are doing. We also need to show why we are doing what we are doing. We explained our constraints. We looked at the opportunities we have and we are fully pursuing those things in the interest...

Mr. President, before I move that this Bill be read a second time, I want to say that a close examination of the expenditures of this Administration, whether it is at the Queen Elizabeth Hospital or at some other area of the Ministry of Health, - I will bring that information when we go through the Estimates debate in a short while - show that when it comes to the spending of money a couple things are very evident. Things are coming in not only under budget but when you start to analyse project for project in terms of similarities, for example, expenditures on some aspects of operations at the hospital or expenditures on repairs of schools, it would tell us a very interesting tale. The tale is that notwithstanding the

constraints that we face, we have been making maximum use of the limited resources at our disposal, we are making those scarce dollars go a long way and therefore while we...

As I said, this thing about a new hospital will come when it is to come but even if we said on January 16th, 2008 or February 1st, 2008 or somewhere in there that we were going to start immediately to build a new hospital, the Queen Elizabeth Hospital was still the place that most of us would have to go. We have to stabilise it. The hospital is like a patient, it needs some drips and so on. Somebody did an excellent analogy in here some time ago but the reality is that is what we had to do with the hospital. We are getting there. We have made some significant inroads.

6.02 p.m.

Mr. President, I have spent more than a decade hosting two call-in programmes, mostly in the evenings and sometimes in the middle of the day. Mr. President, if you want to get a barometer of what is happening in our health care system, you can listen to the calls where people complain about the Queen Elizabeth Hospital, the polyclinics. Mr. President, up to now I still listen because I have grown used to working with a radio alongside of me. I do not know what other people do but I have to pay attention to what goes on in this country. Mr. President, I do not listen to a lot of music, except

when I am going to sleep, I listen to talk radio very often because I want to know what is going on. Mr. President, I can tell you that for the more than 10 years that I have hosted that programme, including the almost three years now that I have not hosted, the complaints about the hospital are fewer.

Mr. President, reference was made to the Accident and Emergency Department but a friend of mine and I worked hard to convince a medical practitioner to accept an offer to sit on the Board of the Queen Elizabeth Hospital. Sir, we were pushing that medical practitioner to do because he was one of the persons who would have been involved in taking what we call the Casualty to what is now the Accident and Emergency Department. He understood the protocols and processes by which that should work.

Mr. President, you heard what Senator Sandiford-Garner said, they are working, so we are, in fact, rescuing the Queen Elizabeth Hospital and the health care system of this country. I believe this piece of legislation is critical to that. Mr. President, I beg to move that this

Bill be read a second time.

The question was put to the Senate and agreed to.

On the separate motion of Senator the Hon. Miss M.P.O. McCLEAN, the Senate resolved itself into Committee on the Bill. Her Honour SENATOR KERRYANN F. IFILL, DEPUTY PRESIDENT, in the Chair.

COMMITTEE

MADAM DEPUTY PRESIDENT: This Honourable Senate is now in Committee.

Part 1, Clauses 1 to 2, inclusive, were called and passed.

Part 2, Clauses 3 to 8, inclusive, were called and passed.

Part 3, Clauses 9 to 21, inclusive, were called and passed.

Part 4, Clauses 22 to 31, inclusive, were called and passed.

Part 5, Clauses 32 to 36, inclusive, were called and passed.

Part 6, Clauses 37 to 48, inclusive, were called and passed.

Part 7, Clauses 49 to 53, inclusive, were called and passed.

The First Schedule was called and passed.

The Second Schedule was called and passed.

The Third Schedule was called and passed.

The Fourth Schedule was called and passed.

The Fifth Schedule was called and passed.

The Sixth Schedule was called and passed.

The Seventh Schedule was called and passed.

The Eighth Schedule was called and passed.

The Ninth Schedule was called and passed.

On the motion of Senator the Hon. Miss M.P.O. McCLEAN, Madam DEPUTY PRESIDENT reported to His HONOUR SENATOR SIR BRANFORD TAITT the passing of one Bill in Committee, and His HONOUR SENATOR SIR BRANFORD TAITT resumed the Chair and reported accordingly.

On the separate motions of Senator the Hon. Miss M.P.O. McCLEAN, the Bill was read a second time and third time and passed and cited as the Medical Professionals Act, 2011.

6.10 p.m.

SUSPENSION

SENATOR the HON. MISS M.P.A. McCLEAN: Mr. President, I beg to move that this Sitting be suspended until 6.20 p.m. today.

The question was put to the Senate and agreed to and Mr. PRESIDENT suspended the Sitting accordingly.

RESUMPTION

COMMITTEE

SENATOR Hon. Miss M.P.O. McClean: Mr. President, I beg to move that Senator the Very Reverend Chrichlow be appointed temporary Chairman of Committees for the remainder of the Sitting.

The question was put to the Senate and agreed to.

ORDER NO. 2 – ENVIRONMENTAL LEVY (VALIDATION AND REPEAL) BILL, 2011

Madam DEPUTY PRESIDENT: Senator McClean.

SENATOR Hon. Miss M.P.O. McClean: Madam Deputy President, the Environmental Levy (Validation and Repeal) Bill, 2011, is a modification to the legislation to effect some administrative changes, and to validate the actions taken in relation to the collection of revenues by the Customs Department, as it relates to an environmental levy to be imposed on goods imported into Barbados, following the 2008 Financial Statement and Budgetary Proposals. At that time a decision was taken to increase the levies, and as we are all aware, the process of effecting the legislative changes, typically, is somewhat slower than the commencement of the collection of those monies. Therefore, the Controller of Customs and the Customs Department would have received those prior to the modification of the legislation.

In terms of those levies, the issue of repeal arises because having validated that legislation we now have to turn our attention to the repealing of that legislation, because the application of those levies would have been imposed, as I said, on goods coming into Barbados, and this would have applied both to the goods produced regionally and extra regionally.

However, there were some requests made and some lobbying done to the Minister of Finance at the time of the imposition of the initial levies to exempt locally produced goods. The argument being that as small producers who were not necessarily realising economies of scale, et cetera, and the cost of production would have been high in the first instance, and the imposition of this would have added to the cost thus making our products less competitive. The challenge, however, that runs counter to the provisions of our relationship as a member of CARICOM. As a member of CARICOM we have certain treaty obligations under the Revised TREATY OF CHAGUARAMAS. That meant we were treating goods from our CARICOM neighbours in a way that was different than how we were treating our own. Therefore, it would have been argued that we were not operating under the rules of the TREATY OF CHAGUARAMAS. Therefore, we would have to have either impose those levies on our local producers, or we remove those impositions on products.

In the 2010 Budgetary Proposals, the Minister of Finance opted to remove those environmental levies consistent with our participation and commitment to CARICOM, and to the provision so of the Treaty of CHAGUARAMAS, therefore the Bill seeks to do two things, (1) to validate the collection of monies over the period 2008 to the decision of 2010, because the provision to remove them would have been towards the end of last year.(2) to repeal the legislation which would have provided the initial legal authority to impose those levies.

Madam, simply put, the intention of this is Bill is to achieve those two objectives in order to ensure that we are complying fully, as required by the law, that we have in place, to put it another way, the requisite law in place. In this case the removal of the law which would have required the imposition of levies.

Sir, it is, as I said, a pretty straightforward routine matter and therefore I beg to move that this Bill be now read a second time.

The question was put to the Senate and agreed to.

On the motion of Senator the Hon. Miss M.P.O. McClean, the Senate resolved itself into Committee, Her Honour Senator Miss K.F. IFILL in the Chair.

COMMITTEE

MADAM CHAIRMAN: The Senate is in Committee.

Clauses 1 to 3 inclusive were called and passed.

The Schedule was called and passed.

On the motion of Senator the Hon. Miss M.P.O. McCLEAN, Madam CHAIRMAN reported the passing of one Bill in Committee to Her Honour the DEPUTY PRESIDENT and Madam DEPUTY PRESIDENT resumed the Chair and reported accordingly.

On the motion of Senator the Hon. Miss M.P.O. McCLEAN, the Bill was read a third time and passed and cited as the Environmental Levy (Validation and Repeal) Act, 2011.

6.32 p.m.

ORDER NO. 3 – RESOLUTION TO APPROVE IN ACCORDANCE WITH SECTION 5 OF THE LAND ACQUISITION ACT, CAP. 228 THE COMPULSORY ACQUISITION BY THE CROWN OF THE PARCELS OF LAND SITUATION AT GODDINGS ALLEY, SPEIGHTSTOWN IN THE PARISH OF ST. PETER FOR THE PUBLIC PURPOSES OF: (1) CONSTRUCTING AN ACCESS ROAD AT GOODINGS ALLEY AND (2) CONSTRUCTING AN ACCESS RAMP AND WIDENING THE SALT POND DRAINAGE CANAL AT GOODINGS ALLEY AND SALT POND.

Senator Hon. Miss M.P.O. McCLEAN: Madam Deputy President, this Resolution is a straightforward one. It is the compulsory acquisition of parcels of land at Goddings Alley in Speightstown, St. Peter and the intention or the purpose is for the construction of road to facilitate access at the said Goddings Alley, thus improving the ability of the pedestrians and others to move in that general area.

In addition, many of us may be familiar with the area referred to as the Salt Pond in that part of Speightstown, which typically lends to flooding in parts of Speightstown, especially when we have significant rain. It also perhaps becomes difficult to tolerate in terms of the presentation of it, the scent of it, et cetera, and what is need there, the technical people have identified the need to widen what we refer to as the Salt Pond to better improve drainage.

The intention is to widen the canal, as well to construct an access ramp. It is expected that with these modifications, the physical environment of that part of Speightstown will be better enhanced. We know the value of Speightstown, the historic significance and the importance of ensuring that we minimise the problem that we face in some northerly parts of the island.

We have address some drainage in St. James and this area of St. Peter is also one in which that work is supposed to be done. Therefore, to facilitate that work, the land referred to here will be acquired in accordance with section

5 of the Land Acquisition Act, Chapter 228 of the Laws of Barbados. Therefore, the acquisition of this land is in the best interest of the people of Barbados and those persons who may visit and have reason to be in the general area of Speightstown that is the Salt Pond and Goddings Alley.

With those few remarks, Madam Deputy President, I beg to move that this Resolution do now pass.

The question was put to the Senate and agreed to.

ORDER NO. 4 – RESOLUTION TO APPROVE IN ACCORDANCE WITH SECTION 5 OF THE CROWN LANDS (VESTING AND DISPOSAL) ACT. CAP. 225 THE VESTING IN THE NATIONAL HOUSING CORPORATION OF PARCELS OF LAND THE PROPERTY OF THE CROWN SITUATE AT CHERRY GROVE, HENLEY AND POOL IN THE PARISH OF ST. JOHN, TODDS IN THE PARISH OF ST. GEORGE AND COCONUT HALL IN THE PARISH OF ST. LUCY IN THIS ISLAND FOR THE PUBLIC PURPOSE OF HOUSING DEVELOPMENT UNDER THE HOUSING EVERY LAST PERSON (H.E.L.P.) PROGRAMME.

Senator Hon. Miss M.P.O. McCLEAN: Madam Deputy President, my recollection in the last couple of years that we have been in this Honourable Chamber is that we would have debated a number of Resolution in relation to the acquisition and this is again one such Resolution. This is important very early in the life of this administration, we rolled out a housing plan to address the dire need for housing, especially at the lower-middle income and middle income levels of this society.

I can report, Madam Deputy President, that housing programme is very much ongoing. We have seen the construction of a number of single units. We have seen some high-rise units and this has taken place against the background of the resources available or should I say not available to the National Housing Corporation in amounts that would be maximally desired.

However, through a number of initiatives partnering with large entities who have ready access to finances, and certainly a system within that arrangement of subcontracting and in addition, the use of small contractors, through the acquisition of funding, specifically for small contractors, the Government's Housing Programme continues apace.

The acquisition of lands, according to the Crown Lands Vesting and Disposal Act, Chapter 225, and the vesting of these lands in the National Housing Corporation will allow for persons to access lots in the parishes of St.

John, St. George and St. Lucy. In most cases we are looking at what we can call in filling.

One of strategies identified and being executed by this administration, has to do with areas, which form almost a part of some existing tenancies, where persons have acquired land and where there are areas which can expand that to a decent housing development, or neighbourhood, for want of a better word.

Consistent with our programme, in our relation to our H.E.L.P. these acquisitions have now come to the point that they can be brought to this Honourable Chamber. This process has, as you know in all that is required, has started and will continue in this vein because there are several commitments that we have identified and we are in the process of completing.

As I indicated in my opening comments, the vesting of lands and therefore Resolutions of this type, can and will turn up in this Chamber for debate and we have over and over, I certainly have made the case in the past and will continue to do so in the future, of the value of facilitating acquisition.

A lot of these lots relate to a particular arrangement where first time buyers will be able to acquire lots at \$5 per square foot. In addition to this, we will see the construction of units, the sale of lots in some developments.

When I talk about in filling, I can tell you that in the constituency of St. James South, the Parliamentary Representative and that happens to be the constituency I live in so I pass one particular area and I notice that they have put in roads et cetera and are preparing some lots in parts of that Wanstead, Husbands, Oxenards area for sale to Barbadians. Other areas have been identified and it is likely that very soon you would see construction of homes.

I would want to stress, Madam Deputy President, that what we see unfolding is mix of options available to prospective homeowners. Some persons want a piece of land and they can with the assistance of friends and family and the proper guidance from the professionals, construct homes.

Some other persons will it easier to purchase a completed and others obviously are looking for rent-to-own. We will go through the several options. We have seen them unfolding and I am happy, Madam Deputy President to bring yet another Resolution to this Honourable Chamber because, as we do this, we see the dreams of many Barbadians being fulfilled.

Madam Deputy President, this Resolution, another step in our housing programme and another step in

fulfilling the dreams of Barbadians is taken and so I beg to move that this Resolution do now pass.

The question was put to the Senate and agreed to.

ADJOURNMENT

Senator the Hon. Miss M. P. O. McCLEAN: Madam Deputy President, I beg to move that the Senate do now adjourn sine die.

The question that the Senate do now adjourn sine die was put and resolved in the affirmative and MADAM DEPUTY PRESIDENT adjourned the Senate accordingly.

6.52 p.m.

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EDITORIAL NOTES — NOT PART OF THE REPORT

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

EDITORIAL QUERIES

Points noted while preparing this report from the edited transcript. The text has not been altered except where stated.

Q1. Masthead and date. The convening sentence in the source gives the date as Wednesday, December 15, 2010, but the heading and file name give Wednesday, January 26, 2011, which is used. Please confirm.

Q2. Masthead. The session is not stated in the source, so no session line is printed.

Q3. Order No. 1, after the resumption. In the source Senator Sir Roy Trotman's name is run into his first paragraph ('Senator Sir ROY TROTMAN Mr. President, since this is the first time ...') instead of standing as a speech heading, so the first part of his speech (about 900 words, to the President's interruption) prints under the label 'Mr. PRESIDENT'. Printed as in the source; please confirm the attribution.

Q4. Order No. 1, Senator R. A. Hunte's speech. In the same way 'SENATOR R.A. HUNTE' is run into his paragraphs, so nearly all of his speech (about 1,700 words, either side of the President's ruling on debating proceedings in another Place) prints under the label 'Mr. PRESIDENT'. Printed as in the source; please confirm the attribution.

Q5. ABSENT list. The heading 'PRESENTATION OF PAPERS' is set in the source as a line of the ABSENT list, after Senator J. A. C. Hutson, and so prints within the list rather than as a heading. Printed as in the source.

Q6. Order No. 1, Committee and third reading. The Deputy President is said to have reported to 'His HONOUR SENATOR SIR BRANFORD TAITT'; the PRESENT list gives 'His Honour Senator Dr. Brandford M. Taitt'. The Bill, already read a second time, is then 'read a second time and third time' and cited as 'the Medical Professionals Act, 2011'; in the debate it is also called the 'Medical Professions Bill, 2010' (Senator Dr. F. L. Chandler) and the 'Medical Professional Bill' (Senator J. Ince). Printed as in the source.

Q7. Resumption at 6.20 p.m., Order No. 2. Senator the Very Reverend H. E. Crichlow (spelt 'Chrichlow') is appointed temporary Chairman of Committees, but the Senate then went into Committee on the Environmental Levy (Validation and Repeal) Bill, 2011 with Her Honour Senator Miss K. F. Ifill in the Chair. Printed as in the source.

Q8. Order No. 3. The Resolution's title spells the place both 'GODDINGS ALLEY' and 'GOODINGS ALLEY'; the Leader's speech uses 'Goddings Alley'. Printed as in the source.

Q9. Names and labels. Several names are spelt more than one way: 'Senator R. O. MAXVILLE' and 'MARVILLE'; 'Senator Mrs. IRENE SANDIFORD-GARDNER' and 'SANDIFORD-GARNER'; 'M.P.A. McCLEAN' once for M.P.O. McCLEAN; 'Mr. PRESIDENT'; and 'Rev. Father Errington Massiash' in the opening. Printed as in the source.

DEBATE SUMMARY

(Editorial summary — not part of the record.)

The Senate met in the Senate Chamber, Parliament Buildings, on Wednesday, 26th January, 2011 at 11.10 a.m., with the President, His Honour Senator Dr. Brandford M. Taitt, in the Chair; prayers were led by Rev. Father Errington Massiash. The Leader of the Senate, Senator the Hon. Miss M. P. O. McClean, laid papers including the Annual Reports of Needhams' Point Development Incorporated and Needham's Point Development Holding Limited for 2009 and the Report of the Judicial Council for 2008. Standing Order No. 45(2) was suspended, and the Medical Profession Bill, 2011 and the Environmental Levy (Validation and Repeal) Bill, 2011 were read a first time.

Senator McClean moved the second reading of the Medical Profession Bill, 2011, explaining that registration legislation set admission requirements and standards for professions, that standards evolve and legislation must be revisited, and that the Bill dealt with specialist competence beyond initial training. For the Opposition, Senator K. D. Symmonds said they took no issue with its substance, called it a tweaked version of a Bill before the last Parliament, and urged that doctors be prepared to market their services abroad; the President corrected him on the opening hours of the polyclinics and reminded him of the limit on speeches. Senator Dr. F. L. Chandler supported the Bill, speaking of waiting times and of patients' reluctance to complain or seek a second opinion.

After the luncheon suspension, Senator Sir Roy Trotman said the Barbados Association of Medical Practitioners fully supported the legislation, that a doctor providing services was in no different position from any other worker, and that BAMP had questions about the four-year minimum for specialist training. Senator R. A. Hunte supported the Bill, noting that doctors would have to write medical reports within three months, and was ruled out of order for referring to proceedings in another Place. Senator

Mrs. V. I. Sandiford-Garner said the Bill was part of the Government's strategy to rationalise the health care system, and Senator R. O. Marville also spoke.

Senator J. Ince said the previous administration had cut the Direction and Policy Formulation Sub Head by over 50 per cent and closed the Eye Care Unit at the QEH; Senator Symmonds rose on several points of order, and the President, saying he had been the Minister concerned, intervened. Senator H. A. Husbands supported the Bill, and Senator S. J. O. Bradshaw, speaking for the first time, criticised 'the politics of politics' in debates on health care. Senator the Hon. H. L. Benn welcomed the Barbados Medical Council, Senator the Very Rev. H. E. Crichtlow congratulated the youngest Senator, Senator R. G. Cave complimented Senator Bradshaw, and Senator the Hon. D. W. Boyce highlighted the composition of the Assessment Committee and said the Government had acted to stabilise the QEH.

Senator McClean replied that complaints about the hospital on call-in programmes had become fewer and that the Government was rescuing the Queen Elizabeth Hospital. The Bill passed through Committee, with the Deputy President in the Chair, and all its stages.

After a short suspension, Senator McClean moved the Environmental Levy (Validation and Repeal) Bill, 2011, which validated levies collected from 2008 and repealed them in line with the 2010 Budgetary Proposals and the Treaty of Chaguaramas; it passed all stages. The Senate then agreed to a Resolution for the compulsory acquisition of land at Goddings Alley, Speightstown for an access road and the widening of the Salt Pond drainage canal, and a Resolution vesting Crown land at Cherry Grove, Henley and Pool in St. John, Todds in St. George and Coconut Hall in St. Lucy in the National Housing Corporation, Senator McClean saying first-time buyers would acquire lots at \$5 per square foot. The Senate was adjourned sine die.