

OFFICIAL HANSARD REPORT
THURSDAY
13 JANUARY 2011
10.25 AM
Twelfth Sitting

[Hon. Cline A Glidden, Deputy Speaker, in the Chair]

The Deputy Speaker: I call on the Fourth Elected Member for West Bay to read prayers.

PRAYERS

Capt. A. Eugene Ebanks: Let us pray.

Almighty God, from whom all wisdom and power are derived: We beseech Thee so to direct and prosper the deliberations of the Legislative Assembly now assembled, that all things may be ordered upon the best and surest foundations for the glory of Thy Name and for the safety, honour and welfare of the people of these Islands.

Bless our Sovereign Lady, Queen Elizabeth II; Philip, Duke of Edinburgh; Charles, Prince of Wales; and all the Royal Family. Give grace to all who exercise authority in our Commonwealth, that peace and happiness, truth and justice, religion and piety may be established among us. Especially we pray for the Governor of our Islands, the Speaker of the Legislative Assembly, Official Members and Ministers of Cabinet and Members of the Legislative Assembly, that we may be enabled faithfully to perform the responsible duties of our high office. All this we ask for Thy great Name's sake.

Let us say The Lord's Prayer together: *Our Father, who art in Heaven, Hallowed be Thy Name. Thy Kingdom come, Thy will be done on earth as it is in Heaven. Give us this day our daily bread, and forgive us our trespasses, as we forgive those who trespass against us. Lead us not into temptation, but deliver us from evil. For Thine is the Kingdom, the power and the glory, forever and ever. Amen.*

The Lord bless us and keep us. The Lord make His face shine upon us and be gracious unto us. The Lord lift up the light of His countenance upon us and give us peace, now and always. Amen.

The Deputy Speaker: Please be seated.
 Proceedings are resumed.

**READING BY THE HONOURABLE
 SPEAKER OF MESSAGES
 AND ANNOUNCEMENTS**

The Deputy Speaker: I have no notices of messages or announcements, except to say, for those who may wonder about the change in procedure this morning of myself doing the procession, the Speaker injured her foot. And while she is here (she will be resuming the

Chair now) she had difficulty going up and down the stairs. So, we decided that we would do it in this manner.

The Speaker will now take the Chair.

[Hon. Mary J. Lawrence, JP, Speaker, in the Chair]

The Speaker: Thank you, Honourable Deputy Speaker.

Please be seated.

**QUESTIONS TO HONOURABLE
 MINISTERS AND MEMBERS
 OF THE CABINET**

[Questions No. 14 and 15 Deferred]

Hon. Rolston M. Anglin: Madam Speaker, as the Member is not here, I am not sure whether he has deputized anyone to ask the two questions.

The Speaker: Leader of the Opposition?

[inaudible interjection]

Hon. Rolston M. Anglin: If he has not, the Government would certainly be willing to move a motion that the questions be asked at a later stage in this sitting.

The Speaker: Is the Leader of the Opposition willing to ask the questions?

[Inaudible interjection]

The Speaker: No. I am in charge.

Hon. D. Kurt Tibbetts, Leader of the Opposition: I know that.

The Speaker: Okay. If you want to ask the questions in place of the . . . Someone from the Opposition Bench has to put the motion that the . . .

[Inaudible interjections]

The Speaker: Leader of the Opposition, please just . . .

Hon. D. Kurt Tibbetts, Leader of the Opposition: Madam Speaker—

The Speaker: Yes, sir, thank you.

Hon. D. Kurt Tibbetts, Leader of the Opposition: I move that the questions on the Order Paper, to be asked by the Third Elected Member for George Town, because of his unavoidable absence at this point in time, be deferred until a later sitting.

The Speaker: Thank you sir.

Mr. Anthony S. Eden: Madam Speaker, I beg to second the motion.

[loud electronic interference]

The Speaker: There is a motion on the floor that the parliamentary questions on the Order Paper today standing in the name of the Third Elected Member for George Town be deferred until a later sitting.

All those in favour, please say Aye. Those against, No.

Ayes.

The Speaker: The Ayes have it.

Agreed: Questions Numbers 14 and 15 deferred until a later sitting.

STATEMENTS BY HONOURABLE MINISTERS AND MEMBERS OF THE CABINET

The Speaker: Honourable Minister of Education, I have two statements to be delivered by you this morning.

Cayman Islands Further Education Centre (CIFEC) Update

Hon. Rolston M. Anglin: Thank you, Madam Speaker.

As you know we ended a little late last night, I have both statements, which you have approved, and all the requisite copies.

The first statement is a statement and an update on the Cayman Islands Further Education Centre (CIFEC).

Madam Speaker, I would like at this time to update this honourable House about the new Cayman Islands Further Education Centre, referred to commonly as CIFEC, both in terms of our successes and how we have responded to some of the initial challenges.

The move to a five-year high school system was a significant part of the transition to the new high schools and the creation of a Year 12 programme was a central feature of the process. When I took office it was rapidly clear to me that despite the imminence of the opening of the new schools and you will remember at that time that the original contractor was still on

site and the expected opening was a year away, that is, September of 2010, no comprehensive, strategic, budgeted plan, for programmes had been created.

Madam Speaker, after extensive consultation, discussion and review I made the decision to move ahead with the secondary transition. We simply could not be held hostage by construction disputes and delays, so I took the decision to treat the facilities issues and educational issues as separate challenges. In this way, whenever the physical plant of the new schools became available, the true school, that is, students and staff and all their learning interactions, would be ready to move at relatively short notice.

This appeared the only prudent course of action given the uncertainties that we inherited. The alternative would have left us with the choice of potentially either re-organising the entire secondary system mid-year with an inevitable impact on learning, or leaving a multi-million dollar facility empty until we were ready to do so.

This strategy demanded that a project which might normally have been expected to require at least two years and required an additional school campus, was to be completed in approximately eight months with no new facilities. The potential benefits, however, were considered so valuable as to outweigh the risks and in November 2009, the Ministry authorized the DES to move ahead with the secondary education transition, the comprehensive restructuring of the secondary education in Grand Cayman, which would create an all-through high school system already in place in Cayman Brac, and the creation of a new mandatory Year 12 programme at CIFEC to provide a bridge between school and the world of work, or further education.

Madam Speaker, this restructuring has been one of the most ambitious policy projects ever taken in Caymanian education history. Its implementation, I believe, is the single most significant achievement in education for 2009/10. During the course of the year, Clifton Hunter High School and John Gray High School were organised as Year 7 through 11, all-through schools. A new curriculum model was adopted, a new management structure developed and timetables were centrally planned to ensure equity and access for all students.

Catchment areas for the schools were defined and students assigned, and every secondary school staff member in Grand Cayman was reassigned. Students and teachers entered their newly restructured schools in September 2010. I dare say that this has also been one of the most fiscally responsible large scale initiatives ever undertaken within Government. With careful planning and the strategic reallocation of resources, all of this was achieved without the use of expensive consultants and in a staffing-neutral manner.

Madam Speaker, the secondary transition also facilitated the opening of CIFEC on the present George Hicks campus. In this way, this UDP Govern-

ment has honoured its manifesto commitments and delivered for the first time in over 30 years of previous governmental promises appropriate, internationally accredited Technical and Vocational Education and Training opportunities (TVET) for Caymanian youth. The central framework of these TVET opportunities provided through the Business and Technology Education Council of the United Kingdom, popularly known as BTEC.

In September 2010, our vocational career and technical students have been following BTEC courses in business, IT, motor vehicle, medical technician, creative media, hospitality, and sports and leisure. In addition, they have had opportunities to re-take CXC or GCSE exams in a range of subjects both within the teaching timetable at the further education centre, and within additional evening programmes.

All vocational courses require two days of work placement and are supported by careers, life skill and work readiness programmes. Madam Speaker, although we are very proud of the TVET opportunities, thus provided, CIFEC is not just a technical school. It also houses at present in another classroom block our highest achieving students from Year 11 within the Advanced Placement (AP) programme.

Advanced Placement qualifications are administered by the College Board, the same examining body that offers the SAT in the United States. In our programmes, students are required to take mathematics and English as well as at least two other choices from biology, physics, Spanish, geography, psychology and art.

AP is the only two year programme available at CIFEC and further course choices will be available in the second year. AP course passes give direct credit transfers to over 90 per cent of American universities as well as being widely accepted for university entry and credit in 60 countries around the world.

Madam Speaker, let there be no doubt this is a tremendous benefit to our students. AP is recognised by institutions such as the University of Cambridge and Oxford in the United Kingdom and Harvard and Columbia in the United States.

The creation of these facilities and programmes have been accomplished in a timely fashion using existing facilities, which imposed severe challenges on planning models, and in a staffing-neutral, cost-neutral environment. This was only possible through a combination of careful planning, stringent economies and innovative programme development.

Madam Speaker, the completion of these plans to restructure secondary education within the restrictions imposed is an enormous triumph for our country and the youth of the Cayman Islands. This was made possible through the leadership and dedication of many persons within the Ministry, the Department of Education Services, and our schools. We owe them our thanks.

Madam Speaker, given the enormity of the task and the tight timescale involved, we have experi-

enced some issues in start-up that have taken time and energy to resolve, and some that we continue to work to enhance. Overall, the secondary transition has been relatively smooth. Indeed, the new principal of Clifton Hunter High School, Dr. Steve Geraghty, commented at a recent PTA that this has been the sixth but smoothest new school start-up of his career.

From the outset, CIFEC experienced an up-take that was at the very highest end of what was planned for. This put significant pressure on the new staff to accommodate them within programmes of choice within a short timeframe, and for that short time things were relatively disorganised. However, a response plan was quickly agreed and implemented and, indeed, it is the combined work of the CIFEC, DES and Ministry staff that has turned the matters around.

I also personally made an unannounced visit to CIFEC in November to check on progress for myself. On arrival I saw an orderly campus with students in class and actively learning. I also met with some students and discussed their experiences and issues.

Madam Speaker, at this time I can inform you that all of the 250 students in vocational courses are in work placements. Initially, we had a small number of around 10 students who proved a challenge to place because of either health issues or significant emotional, social and behavioural issues. The CIFEC staff has worked very hard to find appropriate placement for all of them. And now, they, and some of our more academically challenged students are participating in a level 1 CIFEC programme called "Introductory Vocational Studies." It is our intention to offer this as a standard programme in September 2011.

Madam Speaker, at this time I am pleased to report that the monthly progress update shows that in some subjects nearly 50 per cent of our students are on track with their vocational course to achieve the BTEC diploma by June 2011. If they maintain this progress they will receive an equivalent of four level 2 CXC/GCSE equivalent passes in their chosen field.

The majority of the rest are on track to obtain the BTEC certificate, which is equivalent to two level 2 CXC/GCSE passes. This regular monitoring has shown that all but a handful of students are embracing the opportunities offered to them, and this handful are now being accommodated in the alternative programme, as mentioned above.

Madam Speaker, just by way of reference, and for clarity for the record, the level 2 passes I spoke of would be what we would have called O-Levels in the past. So, again, these are not just your bulk standard vocational courses that do not have great value to our students; this is a highly accredited programme that will give them the opportunity at a real skill with a relevant qualification.

This is the key! These programmes are about providing the critical "Bridges to Success" for all students of all abilities and interests. We must embrace learning and training opportunities and keep our chil-

dren in school as long as possible. We must ensure that they are prepared for the next phase of life, the world of work.

Similarly, in terms of our pilot AP programme, students have completed their assignments to date and are on track to take their exams this year or next. As stated, this is a two year programme overall, so students achieving acceptable passes after one year can add new courses in the second year.

I am pleased to report that all the texts ordered have now arrived. Communication between AP parents and staff has much improved with an email group, regular bulletins as well as the staff phone and emails that were available from the outset. All AP students and parents have also been given guidance on the amount of time expected in terms of out of lesson independent study.

Students in the AP programme will also shortly receive a net-book computer for the duration of their course to assist them with their studies. A wireless internet hotspot has been set up by LIME to facilitate all students who wish to use their own laptops without compromising the government secure site. This also enables students to work within clear Internet acceptable use protocols as they would in the workplace with the expectation of responsible use or facing the loss of this and other privileges.

Madam Speaker, the enormity of the challenge we have undertaken in the restructuring of secondary education cannot be understated and is especially significant in the face of the global financial constraints that have impacted us all. Much has been achieved; much remains to be done as the UDP Government and my Ministry, continue to work to fulfill our commitment to delivering a world class education system with opportunities for success for all of our students.

The present programme offerings at our secondary schools and CIFEC are but a start as the Ministry and DES will continue to seek to expand the range of learning opportunities available to our students. With the anticipated move to Clifton Hunter High School in Frank Sound, this coming fall, more space will become available allowing for additional programmes to be offered. Furthermore, we also intend to resource and equip further vocational programmes at Cayman Brac High School in the coming year to enhance the courses already initiated within Cayman Brac High School in 2010.

Throughout the restructuring we have learned important lessons that we will act upon when we welcome a whole new cohort of students next academic year.

Thank you, Madam Speaker.

The Speaker: Thank you, Honourable Minister of Education.

Would you like to continue with your second statement now?

[inaudible interjection]

Hon. Rolston M. Anglin: I thank you, Madam . . .

Mr. D. Ezzard Miller: Go ahead. I can do what I have to do when you finish with the second one.

Hon. Rolston M. Anglin: Madam Speaker, I am now seeing clearly, so—

The Speaker: Member for North Side?

Motion Moved to enable the statement to be debated

[Standing Order 24(1) and 9(h)]

Mr. D. Ezzard Miller: Madam Speaker, I was going to . . . well, let me do it now.

Madam Speaker, in accordance with Standing Order 24(1) and (9)(h), can I move a motion that this statement be adopted as an official part of Government education policy so that it can be debated on?

The Speaker: The motion is that the Statement be adopted—

Mr. D. Ezzard Miller: That the motion is in accordance with Standing Order 24(1) **“Subject to the Constitution and these Standing Orders, any Member may propose by way of motion any matter for debate in the House.”**

Standing Order 24 (9) (h), **“arising out of any item of business made immediately after that item is disposed of and before the next item is entered upon.”**

Madam Speaker, in not knowing that this statement was going to be made, I could not give notice of the motion. So, I am moving the motion under those two Standing Orders.

The Speaker: It is 24(1) and what was the other one?

Mr. D. Ezzard Miller: [Standing Order] 24(9), which talks about the following motions may be made without notice, and (9)(h) says, **“arising out of any item of business made immediately after that item is disposed of and before the next item is entered upon.”**

So, in terms of those two Standing Orders, Madam Speaker, I would like to move a motion that the statement just read by the Minister of Education be adopted by this House as part of the Government's official education policy.

The Speaker: Is there a seconder for that motion?

Mr. D. Ezzard Miller: Yes, Madam Speaker.

Mr. V. Arden McLean: Madam Speaker, I beg to second the motion.

The Speaker: And the motion that you are proposing is that this statement be made a part of Government policy? Is that the motion for debate?

Mr. D. Ezzard Miller: Madam Speaker, once you accept that I am being allowed in accordance with those two Standing Orders to make the motion, I will then make the motion so that the . . .

The Speaker: Well, it says it can be made without notice.

Hon. Cline A. Glidden, Jr.: Madam Speaker, just as a matter of clarification.

The Speaker: Yes sir.

Hon. Cline A. Glidden, Jr.: The Minister of Education brought a statement and now the Member for North Side is asking that there be a motion that that statement be adopted as policy? Is it not obvious that when the Minister of Education brings a statement he is stating it because it is a policy of the Government?

If all the Member wants to do is endorse a great education policy of the Government, we accept that endorsement.

The Speaker: I am trying to find out whether this is . . . according to the Standing Orders he has the right to bring a motion, but I am not sure that the motion to make it a part of policy is the . . . are you asking for the matter to be debated?

Hon. Rolston M. Anglin: Madam Speaker, let me—

The Speaker: I am trying to find out what you are asking—

Yes, Minister for Education?

Hon. Rolston M. Anglin: Madam Speaker, as I said, this is an update; not an introduction of CIFEC.

CIFEC opened from September 2010. I announced this over a year ago in a statement to this House that this was where we were heading and that further education would be temporarily housed at Clifton Hunter alongside what is now the George Hicks site which was renamed Clifton Hunter, and made that clear as well.

I made it clear at the time that we wanted to ensure that students, staff, everyone clearly recognised that all those persons are the Clifton Hunter High School so that when we moved everything would have been seamless. We would not have been changing the names of houses; we would not have been changing the name of anything.

To say that the statement would now be adopted as part of Government policy is a flawed motion. This has formed part of Government policy for over a year and has been acted upon.

I do not know if the Member is again trying to find creative ways to do some new stuff down here, but I would suggest that we might need to look at these Standing Orders very quickly because we are going to continue to run into these sorts of issues the longer we have Standing Orders that seem to not meet some of the needs of Members.

But, having said that, Madam Speaker, I accept the endorsement that he wants something that is already part of Government policy and has already been implemented to be part of Government policy. That must mean that he has something that he likes in this. But it is already part of Government policy. How can we debate whether this is going to be part of Government policy when it was announced over a year ago and has been implemented? The time to have done that would have been to have brought a private member's motion in the budget meeting of the House and debate it then.

The Speaker: Member for North Side, do you have anything you want to add to this?

No?

Well, we do have a motion on the Floor of the House that the statement that has just been made be debated as part of Government policy, although, as I understand it, it is now part of Government policy already—

The Premier, Hon. W. McKeever Bush: Madam Speaker—

The Speaker:—I am not sure what the motion is—

The Premier, Hon. W. McKeever Bush: Madam Speaker, that was what I was going to point out to the Member.

The Member might not have realised that it is already part and parcel of Government policy, already begun. I do not see the sense in debating it, I mean to make it a part, because that is his objective, to make it part of Government's policy. It is already Government policy. And I do not see the sense in going forward with the motion.

I think the motion is well intended, but perhaps he would withdraw it.

[inaudible interjections]

Hon. Rolston M. Anglin: Madam Speaker, I know the Third Elected Member for George Town has just arrived. I hope that he gets an opportunity to read the statement. I think what he would quickly realise is that the statement clearly outlines what I have implemented. And I do not know how what I have implemented could have anything to do with any pre-existing policy. I found nothing!

[Inaudible interjections]

The Speaker: I would like to look at this a little bit further. So I am going to postpone the question until later on in the day. I would prefer if we go ahead now and finish the statements and then that will give me some time to look at this a little bit closer.

Minister of Education, please proceed.

[Inaudible interjection]

The Speaker: Yes, that is how we will do it. Other than that we will waste a lot of time here this morning.

[Inaudible interjection]

The Speaker: Minister of Education, please proceed. We have questions coming up and we are almost at 11 o'clock.

[long pause; inaudible interjections and laughter]

The Speaker: Let us . . . Member for North Side, do you want to withdraw the motion? Or do you want to go ahead with it?

We need to know so we can do a vote on it to withdraw it or proceed.

Motion withdrawn

Mr. D. Ezzard Miller: Madam Speaker, in the interests of expediency, I withdraw the motion.

The Speaker: Thank you, Member for North Side.

Do I have to have a vote on that, now that you have withdrawn the motion? All of these new things are cropping up this morning.

Minister of Education, please proceed with your next statement.

Hon. Rolston M. Anglin: Thank you, Madam Speaker.

The Speaker: And, thank you, Member for North Side.

New High School Modifications

Hon. Rolston M. Anglin: Yes, Madam Speaker.

Madam Speaker, I have a second statement, and this statement is to provide the House with an update on the new high school modifications. I know we deferred some questions and, really, I was hoping that the questions would have been taken before this, but so be it.

Madam Speaker, since taking up my post, the new schools projects have taken an inordinate amount of time, and the time of the Ministry staff. I have endeavoured to keep this honourable House regularly updated on both the challenges we have encountered and the strategies we have employed to take these projects forward. We have strengthened

the project management, managed contractor claims and disputes and we remain fully committed to completing the projects in a cost effective and timely a manner as possible.

Today my focus is on informing this House about the significant design challenges we have encountered, and about the considerable value engineering and redesign that has been required to turn these challenges into learning opportunities for our students.

Madam Speaker, the previous government employed the services of numerous overseas consultants, at significant expense to the public purse, and their advice was taken to inform the design of our schools. It is difficult to argue as to whether or not these 'experts' are right, for these are designers, such as Prakash Nair, who on his website proclaims himself as a "futurist." This Government recognises that such 'futurists' occupy a convenient position—as we are all likely to be long dead before they are likely proven wrong.

Nonetheless, for those of us living in the here and now, the concern has to be whether what we build enables our teachers to teach and our students to learn. Madam Speaker, when we sought the advice of our educators, our experts, both within the classroom and in administration, they expressed grave concerns over aspects of the design, and whether it was best suited for the needs of our students. The Chief Education Officer and her senior management team at the Department of Education Services took no ownership or responsibility for the design and the attendant teaching and learning approach proposed (i.e., open space learning).

In fact, we heard consistently that aspects of the design were maintained despite the concerns voiced to the Ministry and its consultants about their inappropriateness and the challenges that were likely to be encountered by teachers and students.

Madam Speaker, it is no understatement to say that some aspects of the design of the new high schools defy logic and judgment. Here are some key aspects our educators urged us to take action on:

1. Science and art were designed to be taught at the same time in a large open space. Madam Speaker, imagine two separate science classes being conducted simultaneously with an art lesson in a room with no dividers. This was the design for the teaching of science and art!

I am told that our educators were informed that this was the concept a Da Vinci area where the separate subject lines were merged, in an attempt to recreate 'renaissance learning.' To our collective knowledge nowhere else in the world teaches science and art in the same room at high school level, for the obvious reasons of noise infiltration and the products of science experiments interfering with neighbouring classes. Both science and art have changed significantly, I suggest, since the times of Leonardo Da Vinci.

2. Plans for the security of the school campuses fell below the present levels expected at our high schools. The plan for the perimeter was a 42-inch high picket fence around the three sides and at the rear, with no enclosure at all at the front. The CCTV planned for did not cover the perimeter areas, but mainly focused within campus buildings.

3. Important curriculum offerings and other important aspects of provision were not accommodated within this design, including:

- No real provision for the teaching of Home Economics, as a Life Skills and examination subject, despite a design for commercial kitchens at each site that cost around \$750,000 each.
- Insufficient Science space for the present number of classes.
- There was also no provision for behaviour modification centres and excessive provision for administrative staff.

I am advised that the original design had students learning alongside professional caterers in the commercial kitchens, whilst providing meals for their peers. Think of the health and safety issues involved: Can you imagine twenty Year 7 students in a commercial kitchen, working under time pressure to prepare lunch? Apart from the safety aspects, it is difficult to envisage how the teaching of skills would have been accommodated within this scenario.

4. "Open learning" environments are a consistent feature of the design of these schools. In simple words, Madam Speaker, these are schools without classrooms, where different teachers and classes of students are in full view and hearing of one another, in large open spaces.

Madam Speaker, this is where we started our school system, in our Town Halls! It would seem that the design of these new schools has sought—at great expense—to take us back to where we started. The schools, and academies in particular are designed for independent working and small (4-6 students) group instruction within these open learning spaces. This is not the predominant method of learning in our High Schools at present, nor is it likely to become so in the near future.

Madam Speaker, one has to ask: who were these schools designed for? There seems to have been no consideration for the real challenges such a structure poses to effective teaching, classroom management and student focus, and the realities of preparing students for external examinations.

Madam Speaker, it must also be recognised that independent working and small group instruction as methods of learning are not universally agreed as best practice for all students or subjects at all times. Frequently, whole group instruction and indeed discussion is required in order to produce the greatest learning impact! Furthermore, the professional development needed to assist staff to teach effectively in an

open learning environment would be significant and expensive, given the current state of play within our education system.

Madam Speaker, as Minister I recognise that care needs to be taken so that staff, students and parents do not become, or remain, negatively inclined toward the new buildings, as this will likely undermine the learning environment at the new high schools. Nonetheless, the public has a right to know that despite the significant expense incurred to the country, significant challenges were encountered with the original design.

Madam Speaker, in order to address the concerns of our highly respected educators, who know and understand the needs of Caymanian students, my Ministry has carried out significant value engineering and redesign, to turn these challenges into learning opportunities for all our students.

The redesign work completed to date is as follows:

1. Madam Speaker, the Laboratories will now be specifically given over to teaching science. These large laboratories will have to serve at least two classes simultaneously. There was no cost effective way of dividing them due to the ceiling height, but at least now art lessons will not be distracted by smoke billowing over from burning chemicals, or by the aroma of burning sulphur. Art has been re-housed in separate, facilities within the Design and Technology building. This further enables 3-D art and design by offering easy access to the equipment within the technology workshops.

2. Another important aspect of re-design, Madam Speaker, involved ensuring a more secure and safe learning environment for our students and staff. The 42-inch [high] picket perimeter fence will be replaced by a 6ft chain link, and CCTV will be focused at the front of the building where the fence may not be extended. I recognise this affects the aesthetics of the design, but when, as occurred recently at a private school on this island, a paedophile can openly approach students—even with fences and security guards present—how could we possibly leave the perimeters of our schools so unsecured and compromise our children? That "open space," "everything goes" type of philosophy is behind us, hopefully forever.

3. World-class facilities for the teaching of Home Economics and Textiles are now provided, whereby whole classes can learn important skills from trained teachers, as well as access to a demonstration and commercial kitchen that can be utilised for vocationally-focused classes. These changes honour the UDP manifesto commitment to enhanced vocational education opportunities for our students.

Whilst we are on the subject of cooking and eating, I was also informed recently that one of the concepts suggested by Professor Heppell and Co. was that students would "graze." I was led to believe that this concept might enable students to go at any time to a canteen area to gain sustenance.

Madam Speaker, I suggest to you that if this incredible idea were actually true, many growing adolescents would never be in class to benefit from quality teaching and learning, but instead would graze most of the day! Imagine the discipline and control issues this would add to an already challenging environment! We are talking about 10- to 16-year old students, not grown adults! That fact seemed to be lost on the previous administration!!

I personally found this concept hard to believe, but there may be some grain of truth in it because there is no indoor eating space large enough to comfortably hold more than 40 students in the academies, so I am left to wonder if there was ever a vision for canteen style food provision. In the new schools students will be required to eat outside in covered areas during clear days and within their classrooms on particularly inclement days.

Madam Speaker, the re-design work has allowed us to provide for behaviour intervention areas, enhancing the new National Behaviour and Discipline Strategy, which is significantly reducing serious incidents, and the need to suspend students in our schools. My Ministry has introduced new policies for behaviour and discipline (I say new, but there was no pre-existing policy—and, in fact, almost no formal written and communicated policies of any type existed at all when we took office).

This policy, and the use of behaviour units that it requires, has reduced suspensions and incidences of serious indiscipline across our system by over 60 per cent. In real terms this means by the end of October 2010, 8 students were suspended in 2010 from Years 10 through 12, compared to 35 in 2009, and 51 in 2008. This is not schools going soft on discipline, but a focus on de-escalation, keeping the students in school rather than excluding them from all learning environments. In this way we are in fact equipping our teachers with strategies to assist our challenging students, while providing the students themselves with every opportunity to succeed.

Madam Speaker, The space for these units was created by using some of the administrative allocation. Sixteen central office staff were catered for in the original design—16! Clifton Hunter has between 5 and 8 at present. Aside from the space one is left to wonder at the staffing costs required for these original designs.

4. Madam Speaker, this brings me to my biggest remaining regret regarding the limitations we encountered in our redesign work. The changes we have brought in will not enable my Ministry to deliver completely acoustically separate learning spaces within the academies, but we have added as close to them as we can.

We are constrained from adding proper walls by the fire codes, which require a 4-foot gap for emergency egress at the end of each partition, and by MEP issues concerning air circulation, requiring the need to leave a gap at the top too. Please note that the major-

ity of these buildings, with their MEP specifications, were substantially complete when I took office. This meant I had no opportunity to make more significant changes that I desired.

Obviously, the costs of redesigning and re-building are too significant to redress this in a manner the Government, parents, teachers and students desire, but we have done our best.

Permanent acoustic partitions have been added. An acousticians report was commissioned to confirm anticipated sound reduction levels. These have indicated that (and I quote), “Activities on one side of the fixed barriers will be audibly noticeable but not distracting most of the time, but with the potential for distraction in some [areas].” And, Madam Speaker, in layman’s terms, if you have an argument, let’s say, between two students or a student and a teacher, you will hear it. But, the fact of the matter is, as all of us know, whether or not you had traditional classrooms or not, in those circumstances people get distracted. We can only imagine what the learning environment would have been like with completely open spaces.

Madam Speaker, in keeping with my ongoing commitment to consultation, my Ministry and I have taken these design changes back to educators, parents and students. Staff and some parents have been able to tour the new Clifton Hunter High School campus to assess the impact [of] the changes, as well as being able to view the plans.

Madam Speaker, these changes have been met with significant support from those consulted. There is a tangible relief that they will not be made to conform to a futuristic experiment where the form of these buildings wholly dictated its function. Whilst reservations undoubtedly still remain in the minds of some regarding the design, more stakeholders are embracing the move as a positive one.

Madam Speaker, given the enormous burden that the building of these schools has placed on this, and possibly future generations, anything short of embracing the new schools as beneficial to learning would be a national tragedy. We all need to commit to ensuring that these schools open soon, and serve our children in a positive manner, rather than delivering the negative outcomes that would undoubtedly have taken place under the previous administration.

We, in this Ministry, recognise that the buildings alone do not raise educational achievement and it is for this reason we have relied on the teachers, students and parents to guide us in making these most welcome modifications.

Madam Speaker, I thank you.

The Speaker: Thank you, Minister for Education.
Third Elected Member for George Town.

Short Questions

[Standing Order 30(2)]

Mr. Alden M. McLaughlin, Jr.: Madam Speaker, pursuant to the relevant Standing Order, I ask your permission to—

The Speaker: Standing Order 30(2).

Mr. Alden M. McLaughlin, Jr.: Standing Order 30, suborder (2). I am seeking your permission, Madam Speaker, to ask the Honourable Minister of Education a few short questions on his statement.

The Speaker: Proceed.

Third Elected Member for George Town.

Mr. Alden M. McLaughlin, Jr.: Madam Speaker, given the first statement the Minister delivered this morning, in which it is apparent that he has grasped the vision which my administration had for education, I was disappointed to hear him continue to trash talk the design of the new schools buildings which are designed to enhance and give effect to the earlier vision.

But, Madam Speaker, I will have an opportunity to address these criticisms in another forum very shortly, and now I do not have the opportunity to do so. But I just wish to ask the Minister if he would explain what has happened to the commercial kitchens, which he refers to, which were designed not just to accommodate the provision of food for all of the students in the school, but also to function in the event that these facilities were required for extended use as hurricane shelters.

The Speaker: Minister of Education.

Hon. Rolston M. Anglin: Thank you, Madam Speaker.

Madam Speaker, I thought it was clear from all of the discourse that has been had over these kitchens thus far, that this administration was not willing to incur this level of spending for what the Third Elected Member for George Town has described as providing for all students and in the event they have to be used for an extended period of time.

Madam Speaker, the Government had to look at all of the design and try to ensure that where there were built in luxuries, not necessities, or there were aspects that educators and ourselves were convinced were counter beneficial, we changed. What I can tell this honourable House is that at present we are looking at ensuring that we can continue being able to provide food on site for our students in a much more cost-effective manner.

Madam Speaker, we are not at the final stages of that yet in terms of a decision. What I can say to this honourable House and to the Third Elected Member for George Town is that the instruction I gave was that I wanted to look very carefully at having a separate building on site that would be able to house an adequate kitchen that was able to deliver. And, Madam Speaker, the team has already gone and vis-

ited the present George Hicks campus to see what is there, because I know the Third Elected Member for George Town fully well knows that that kitchen adequately takes care of that school campus. And so we are looking to have a similar type situation occur in the future.

The second piece as to why I have made that decision is as the Third Elected Member for George Town knows and, indeed, many other Members of this House who follow our schools and actively participate in those schools, [that] HSAs (Home School Association), or PTAs (Parents Teachers Association) (whatever they call them at a particular school) are an important and integral feature of schools. And I fully support them. They are a key piece in this life of a school community and I want to try to ensure that we do everything to have our HSAs and PTAs continue to have the opportunity to participate in the running of our canteens.

The Speaker: Third Elected Member for George Town.

Mr. Alden M. McLaughlin, Jr.: Madam Speaker, I am just seeking some clarity here. Is the Minister of Education saying that despite all of this re-design work the schools and the students are still going to be in a position where food has to be trucked in to these state of the art facilities on a daily basis with all of the health and safety risks attendant in moving large quantities of food distances, as is the case, which I am sure the Minister of Education is well aware? One of the concerns of which I know he must be well aware.

The Speaker: Minister of Education.

Hon. Rolston M. Anglin: Madam Speaker, I thought I chose my words carefully. I will further elaborate.

I did not say that I asked them to take a look-see; I said that I instructed the design team to come up with a design for a stand alone facility on each campus that will enable the provision of food at each campus. And it is going to come in at significantly less than three-quarters of a million dollars.

What I can also report to this honourable House is that the situation which the Third Elected Member for George Town says currently exists, currently exists in our schools system and exists at a number of schools. And I am actively also seeking to address those by way of our new primary schools building programme and trying to ensure that at each step of the way we look at all attendant issues that our schools face and try to address them.

Madam Speaker, the Third Elected Member for George Town knows me better than that, but I know he is seeking to be a little mischievous this morning.

The Speaker: Third Elected Member for George Town.

Mr. Alden M. McLaughlin, Jr.: Madam Speaker, just so that I get this absolutely clear, I am asking, is the Minister saying that having redesigned these facilities, by removing the large scale commercial kitchens which were provided in the original design, he has now concluded that he has to go and build stand alone kitchen facilities on the respective sites to be able to provide the necessary food for the children there? And, if that is the case, how much longer is he expecting it to take before these new kitchen facilities in the stand alone buildings are going to be completed for both schools?

Hon. Rolston M. Anglin: Madam Speaker, let's get back to all of the points that I have made in the statement.

Madam Speaker, with the new mandatory Year 12 programming that has been brought on stream we are going to ensure that vocational and career further education options are available to our students so that work readiness and the bridges to success are there.

What seemed to have existed in the original design was a complete move away from having the critical life skills and external subject offerings in what I have concluded and maintained and the Government has concluded and maintained are key areas for our students.

Given the original design and cost, and the administration block that was provided, in looking at the entire picture, the designers concluded that the best and the most cost effective manner was to re-design those original spaces so that teaching and learning could be housed in those main buildings.

The option would have been to continue and scale it down and have the kitchens inside the main building, but then still have to accommodate students for home economics and textiles in a separate building, because there was nowhere else to put them; or, put our students first and design within the main buildings. And remember now, a number of these buildings were already in place when we took office, in terms of the frame of the building—foundation, walls, ceiling, roof. So, the decision was made to put students first; design in the main buildings for students and let food catering be secondary. There simply was not any space, according to the designers, to accommodate our students and have the provision of food inside of those buildings, hence the reason.

Madam Speaker, the initial investigation has concluded . . . not concluded, but suggested that one of the most appropriate places would be alongside one of the existing buildings which means we would actually only have to put up three walls and a sub-roof, therefore, bringing down the cost even further.

However, Madam Speaker, as you and the Third Elected Member for George Town would be aware we need to have the type of discussion with the Planning Department to ensure that they are going to

approve it instead of going and spending significant sums on design, et cetera.

So, Madam Speaker, I hope that that clarifies the matter for the Member and this honourable House.

Oh, and Madam Speaker, it is certainly my intention that when we move into [the] Clifton Hunter [school], that that will be built. In fact, one of the things we are looking at is whether or not the Clifton Hunter HSA might be able to use some of the current equipment and how we would then retrofit the current Clifton Hunter site to accommodate those students that will be there. So, there is lots of work to be done.

Obviously, when the Frank Sound site is opened, approximately 750 students will no longer be in the George Hicks Campus. So we need to think critically about how food and what volume of food would be necessary at that particular site. However, we know John Gray is adjacent and so we need to think about that as well, knowing that John Gray in the phased approach, which the Honourable Premier announced to this House during the Budget Meeting, would be employed to complete the high schools.

The Speaker: Thank you, Honourable Minister. If there are no further questions . . .

Member for North Side.

Mr. D. Ezzard Miller: Madam Speaker, can I ask the Minister of Education if he can confirm if all of the students doing the TVET course have in fact found employment for the three days that they are supposed to be working during the work programme?

Page 2, the last sentence at the bottom says that all vocational courses required two days a week work [placement], and I am just querying whether or not the Minister can confirm that all of the students in those programmes have gotten work placement.

Hon. Rolston M. Anglin: Thank you.

Madam Speaker, if I could point the Member to page 4 of the statement, the first new paragraph, and I quote, "**Madam Speaker, at this time I can inform you that all 250 students in vocational courses are in work placements.**"

The Speaker: Thank you.

Mr. D. Ezzard Miller: Another question, Madam Speaker.

Is the Member aware that in the higher academic students some students are having difficulty getting considered for application at university because they cannot produce a high school diploma because they have not yet received their high school diploma, having already passed their nine O-levels subjects, to submit to the university?

Hon. Rolston M. Anglin: Madam Speaker, is the Member asking whether I am aware that current students at Year 12, and being accommodated at either

University College of the Cayman Islands (UCCI) or one of the two A-Level colleges, or at CIFEC? Or are you talking about students who are outside the government system?

Mr. D. Ezzard Miller: No, Madam Speaker, I am talking about students who are in A-Level programme, specifically at Prep.

I have had representation from one mother that the university which is prepared to accept her child has asked for a high school diploma and she cannot produce the high school diploma because she has not yet graduated from high school. Even when they have gone to the alternative of providing transcripts there seems to be an unusual or unnecessary or bureaucratic delay in obtaining those transcripts of the last two years of high school in a timely fashion to allow the student to complete their application process in time for September.

The Speaker: Minister of Education.

Hon. Rolston M. Anglin: Madam Speaker, once we have moved beyond the business in which I am directly involved in the House, I will speak with the Member to get the details. And I will ensure that this is clearly communicated to the Ministry, the Chief Education Officer and both Principals at high schools because I would find it unacceptable that something so important in students' lives would not be treated with the seriousness and urgency it deserves.

Despite the fact that a student . . . and I take it from the Member's question that this would be one of our students that took up the option of attending a Sixth Form College instead of staying at CIFEC itself. I cannot accept any explanation that would say that simply because June has not come as yet that that would cause any delay or any issue. Once the student has sat their external exams, they need to be provided the requisite information.

The Speaker: Thank you, Minister of Education.

Mr. D. Ezzard Miller: Madam Speaker, with your indulgence, I think the problem lies in the fact that the first year of these A-Level students have not yet graduated from high school and, therefore, they have not been presented with the diploma and that is because most universities want to see a high school diploma and it raises an unnecessary question of integrity of the application. When you try to explain to the programme that you are doing advanced studies at A-Level, but you have not graduated from high school, the two do not fit.

And the last question, Madam Speaker, I note that the Minister for Education quotes the Principal of the Clifton Hunter High School, of some glowing remarks. I wonder if the Principal of the John Gray High School would make a similar statement.

Hon. Rolston M. Anglin: Madam Speaker, I will undertake to ask the Principal at John Gray High School the same question on behalf of the Member for North Side.

The Speaker: Thank you.

Can we move on now, with the statement from the Honourable Premier?

Advisory District Councils

The Premier, Hon. W. McKeeva Bush: Thank you, Madam Speaker.

Madam Speaker, you would have heard a great deal in the last few days about the creation of the Advisory District Councils. This has been a matter of much debate this week, not only in the Legislative Assembly, but also in the media. I therefore crave your indulgence as I seek to dispel some of the fears and correct some of the misinformation that has clouded this positive step.

This is an idea that I have long advocated. Now it is about to become a reality, the Assembly having granted full approval to the Bill.

Section 119 of the Cayman Islands Constitution calls for the establishment of Advisory District Councils to advise the MLAs in each electoral district. This is why my Government brought the legislation that enables it. It establishes the Advisory District Councils.

The main point of contention that has arisen about the Bill is the manner in which the members of the Councils are selected. The Opposition and the daily newspaper believe that Council members should be elected. My Government disagrees with this. The Council members will be appointed by the Governor in Cabinet and will include people nominated by the Opposition, the ruling party, independent MLAs, if such a creature exists, and the public.

There will be a cross-section of representatives on the Councils. Members of the Opposition say this is not what the framers of the Constitution intended. Well, I did have an input when all of this was being done in London, and certainly this is what we intended as the then Opposition. If the Opposition today (who was the Government of the day when the Constitution was being shaped) so strongly envisioned that Council members would be elected, then why did they not require that in the Constitution?

One simple sentence would have made that clear. Instead, what is now clear is that they only call for elected Councils because this gives them a platform from which to try to tear down what the Government is seeking to build.

What does the Constitution say about the establishment of the Advisory District Councils? It says, and I quote [section 119 of the Constitution]: "**Subject to this Constitution, a law enacted by the Legislature shall provide for the establishment, functions and jurisdiction of Councils for each electoral dis-**

trict to operate as advisory bodies to the elected members of the Legislative Assembly.”

The Constitution makes no requirement that Council Members be elected, and, in my view, for good reason. The Councils are advisory bodies. They have no binding authority. They are there to advise the district elected Member of the Legislative Assembly on district matters. If the Member for North Side wanted an elected council, he should have said so when the Constitution was being debated.

If, as the Opposition says, that the Council will be politicised by certain appointment by the Cabinet, would they not be very political if they were elected? For whom would they be elected by? And what would be the process for their election? Would it not be a political process?

It has been said that by having the members appointed by Cabinet the Council will rubber stamp the Government's policy. What is there to rubber stamp? The Councils are not there to approve or carry out the Government's policy. The Councils are there to advise the MLAs and through the MLAs advise the Cabinet. The members of the Council will advise the MLAs in the district; they will not advise the Cabinet. They are there to tell us what is needed (us, being the Cabinet) in the district, or tell us (meaning the Member, and the Member to the Cabinet) what is needed in the district.

They are there to tell us what the wishes of the district's residents are on a given matter. They are there as a link between the elected legislators and the people of the district. This is called empowerment.

In addition, the public may be reassured that these Councils are not sham entities, they will not be appointed to tell the Government what it wants to hear, as has been charged by the Opposition and the Member for North Side—quite the contrary.

As noted in [clause] 3(1), the purpose of the Councils in keeping with the Constitution is to assist the Members of the Assembly in the discharge of their responsibility for the conduct of business of the electoral district. If Cabinet intended the Councils to be controlled by them, we would not have gone on to add [clause] 3(4) which notes that each Council shall be subject to the directions of the relevant Member. Let me repeat that, Madam Speaker: “Each Council shall be subject to the directions of the relevant Member”—not the Cabinet. That is the law.

The Councils would also not have been charged with the functions set out in [clause] 5 if what they were saying was true, which calls for them to advise the MLAs on policies and programmes that are proposed by them, but to also bring forward their own proposals with respect to policies and programmes.

[Clause] 3(3) requires that the scope of the Council's deliberation is as wide as public policy may be. And [clause] 5 requires that the Councils, (1)(c) establish, maintain, and operate information systems; (d) encourage and support among residents exchange of information in respect of policies and programmes

proposed by the Member. [Clause 5] (3)(a), consider proposals referred to it by any person; (c) initiate or direct the carrying out of studies and research necessary for the more effective discharge of the Member's responsibilities.

These are meant to be real working bodies that will provide a valuable addition to our ability to assess the needs of people and communities and respond with sensitivity and precision. We are, therefore, poised with the creation of the Advisory District Council to begin a new era in our system of public governance. Again, I say it is called “empowering the people.”

How are the Advisory District Councils to be appointed? [Clause] 4(1) of the Advisory District Councils Bill empowers the Governor in Cabinet to appoint the members of the Advisory District Councils, as many as 10 members may be appointed. The Cabinet will select and appoint four officers. Up to six other members may be appointed. Of these regular members at least two—and let me repeat that: *at least two*—must be recommended by the Leader of the Opposition. This means that it is possible for the Opposition to have more than two members on a council.

The good people of the Cayman Islands will understand and the Opposition well knows, and the press ought to know, that the health of a liberal democracy may be measured in direct proportion to the exercise by persons of their rights as citizens. The Advisory District Councils, as an instrument of public governance, will be as well balanced as people make them.

We, elected Members of the Cabinet, remain answerable to the electorate. If they do not like the way we appoint the councils, what we throw on them will boomerang on us! I say that to say, Madam Speaker, that it would be a short-sighted Cabinet that would strive for a reasonable representation of the Opposition.

The Bill in [clause] 4(1) also requires Cabinet to be cognisant of recommendations made by the public within the relevant district. This is further evidence of my Government's intention for representation on the councils to be fair, to be open, and to be balanced.

The Bill also provides in [clause] 4(4) for situations where no ruling party member represents a district. This would obviously include East End currently, where the MLA is a Member of the Opposition PPM, and North Side, where the Member says he is a declared Independent. [Clause] 4(4) stipulates that the ruling party would in such cases be limited to no more than three nominations to the council. Again, three!

Clearly, the point is to give the Member a recognisably strong hand in the council. This is not the approach that would be taken by a Government whose intent was to control the councils in the dictatorial manner that has been charged in the inflammatory language of those who oppose the Bill.

Critics of the Bill say that by appointing the council members the Government will load the council with cronies who will tell the Government what it wants to hear. Now, that would be foolish. How can a Government expect to be re-elected if it does not listen to what the people are telling the District Councils?

There are those who say that the UDP Government is creating an advantage for itself by having the council members appointed. Well, Madam Speaker, I have been in the political area long enough to know that in the Cayman Islands no one party, team, or person stays in power forever. At some point in the future the UDP will sit as the loyal Opposition, as we did before. So, why would we create a situation that gives an advantage to some future government that we may have to sit in opposition to in the Legislative Assembly? That would not only be a failure of good governance, it would indicate a collapse of common sense.

No, Madam Speaker, the Government is being a good government and thinking about the future as well. Not my Government, but other governments.

Let me return briefly to the proposed election of the District Councils. Surely the Opposition and the Member for North Side do not seriously mean to saddle the Cayman Islands with a second set of elections. And surely they will not seriously expect that people will not recoil from the expense and the sheer labour involved in mounting properly managed, scrutinised, recorded and regulated elections.

Amendments to the Bill, Madam Speaker, were moved by the Member for North Side—one of the proponents of elected councils. Of course, his amendments sought to exclude everybody but those registered voters from either voting or holding office on the councils. The effect of that would be to exclude from the councils many persons with a wealth of skill and experience potentially of value to their communities. In contrast to this, the councils as proposed in the Bill would be as inclusive as possible, also giving civil servants the opportunity to contribute to public officers in a more open forum.

The Advisory District Councils will offer a different quality of involvement from anything we have seen before. It will ensure a closer involvement in the affairs of Government than has been in evidence from our earliest days of the Justices and Vestrymen, and it will improve upon those days several fold. What will be critical, Madam Speaker, is not how the councils are established or appointed, but how they operate. And how they operate will be determined by the participation of the population.

Do not believe, I would say to the people, the crude political rhetoric that makes the councils out to be puppets of the Government. This is for the people. And the people that control it are the people who sit on it. The Advisory District Councils will be as good as they want it to be; as good as they will make them,

and as good as their questions, their opinions and their suggestions.

Madam Speaker, the Member for North Side said they should be elected, and that he has an elected council and it should not be political. And so has the Opposition. The Member for North Side has an elected council, he claims. Elected by whom? The entire district of North Side? Or by some of his supporters? And how did they get elected? By some kind of political process?

They are talking out of both corners of their mouths. That is the problem, Madam Speaker.

This is a valuable institution and we should treat it as such. The Advisory District Councils will bring together divergent people and divergent ideas that will result in making our districts, our communities, and the Cayman Islands in general, a better place to live and raise our children.

Madam Speaker, because this is so important, and the Opposition, and it seems the Member for North Side, are so Hell bent on misinforming, we intend to circulate pamphlets that will explain what the councils will do for the public's information. I also intend to make sure that this statement is printed in full in the media and repeated in full on Radio Cayman, the television and other news media, except *CNS* because they never publish anything that we say.

Thank you for listening, Madam Speaker, thank you for your indulgence. And I do hope that this new era of empowering the people will bring about the desired effect that we all want, and that is for the people to be involved in what affects them in their daily lives in their communities.

Thank you very much, Madam Speaker.

The Speaker: Thank you, Honourable Premier.

Are there any questions on that statement?

[pause]

The Speaker: If not, let us move on.

GOVERNMENT BUSINESS

BILLS

SECOND READING

Health Practice (Amendment) Bill, 2010

[Continuation debate thereon]

The Speaker: When we concluded the debate last night, the Third Elected Member for George Town had just concluded.

Does any other Member wish to speak?

[pause]

Third Elected Member for West Bay.

Hon. Cline A. Glidden, Jr.: Thank you, Madam Speaker.

Madam Speaker, thank you for the opportunity to make a short contribution to a Bill for a Law to amend the Health Practice Law (2005 Revision) to make provision in respect of medical tourism services; to establish a category of special registration; and for incidental and connected purposes.

Madam Speaker, I thought, I guess a bit naively, that we would have been through this debate by now because as a country it appears that we have accepted in large part that we need the facility that is referred to as Dr. Shetty's Hospital. With the coming of the New Year, business people, people we have spoken with in the community, have all expressed hope that we would be getting some economic stimulus and impetus, and one of those hopes or a significant part of that hope is the creation and start of the Dr. Shetty Hospital, which the Government has publicly supported and endorsed.

Now, Madam Speaker, for the large part, we thought that all 15 Members of the Legislative Assembly recognised the value of such a facility and our being very fortunate in being able to attract this world recognised medical practitioner and investor in bringing such an investment to our shores. And so, when the legislation came—the much talked about legislation—it was expected that all Members would be simply standing and offering their support.

Madam Speaker, I guess we should have known by now, but it appears that at least one Member on the opposite side, he is referred to as an Independent Member from North Side . . . I am not sure whether he supports the project, whether he does not support the legislation, but I guess the vote will tell us whether we have support at all.

Madam Speaker, while it is easy to say we support this project, when we look at all the benefits that have been listed and the need for the country that would be recognised by this project, a caveat for this project actually happening were certain amendments to facilitate the project actually coming to the Cayman Islands.

So, Madam Speaker, when the Member got up yesterday and mentioned, I guess with some level of distaste, that we have a foreign investor who made a promise or a commitment over one year ago and nothing has happened, it was a bit unfair to give the perception that that was due in some part to the developer. Because the Agreement clearly said that prior to the investment being made by the developer, certain legislative changes, specifically, would have to have been made by the Government. And so, here are those pieces of legislation.

So, on one hand, if you are excited and anxious for the developer to start investing, then we need to be excited and supportive of getting the required legislation passed. In the absence of that legislation we will not have that investment.

Madam Speaker, I am hopeful that by the end of the contributions from the Government [that] some Members of the Opposition, and specifically the Minister of Health who has the constitutional responsibility for seeing this legislation through and seeing this project through, that all members in the general public will understand completely why, contrary to the expressed statements by the Member for North Side, that this legislation is unnecessary . . . that they will see that this legislation is completely necessary and critically necessary for this very important project for the Cayman Islands.

Madam Speaker, just a little historical context: When this project got started, I was introduced to the Caymanian side of the representatives of the developer sometime in 2009. I then spoke to the Minister of Health. After the Minister of Health did his due diligence and investigated, the Minister of Health, the Chairman of the Health Services Authority and I travelled to Bangalore, India, to actually meet with Dr. Shetty and to visit the facility that was there. I can say that I actually got a procedure—I actually got my medical done by Dr. Shetty in the hospital. So, I feel that from a project standpoint, from a quality standpoint, I am very comfortable to be able to discuss the facility and to discuss the operation that we saw.

Madam Speaker, the promises that were made as far as the project were never, do whatever you want, say whatever you want, continue to do what you have been doing, and I am going to simply come and invest \$2 billion in your country. What Dr. Shetty said to the Government was, *We see the attractiveness of medical tourism. We see the possibilities of medical tourism. And if the Government is willing to facilitate what, we, as a company, will require, then we are willing to partner with the Government of the Cayman Islands and provide a facility that will not only give you an economic boost from a medical tourism perspective, but will also benefit the country by providing tertiary health care services that were not previously provided for the citizens of your country.*

So, Madam Speaker, as in a true partnership, he is required to do part and the Government is required to do part. And that is the reason for the necessity of this legislation.

Even though the whole debate by the Member for North Side was centered around his lack of support because of this legislation being unnecessary, he went into some great detail explaining that this was not something new, that medical tourism has been around for a long time and that the country has benefited. He made some reference to some ladies who used to come before and get procedures in the Cayman Islands, and his reference to that is that medical tourism has been around.

Now, Madam Speaker, I do not know the relevance of that. Having been in the medical field before he would have had knowledge, but I think that if you ask the average Caymanian they will say to you that medical tourism is something new to the Cayman Is-

lands, especially in the size and scale that we are talking about with the Dr. Shetty project which will not only affect the one doctor or the one hotel room that may have been benefitting for the last 35 years, but will now have a profound impact on the entire economy of the Cayman Islands.

The relevance of the fact that it was here for 35 years, and so that means that because it has been operating in the current way for 35 years, is he suggesting that we should simply remain doing that and we should not try to embrace and expand medical tourism? And if that is what he is suggesting, Madam Speaker, then, obviously, he is going to be alone, pretty much. I do not think he will get too much support. Maybe some of the people that he is consulting or discussing with, but in large part, Madam Speaker, I think it is fair comment to say that he will be continuing independent on that view or thought.

Madam Speaker, it is important, when we talk about medical tourism existing for the past 35 years, to discuss exactly what existed. There are significant limits and restrictions that have been placed on the provision of medical services. And I can understand when the Member for North Side comes with a statement or a letter from the Cayman Islands Medical and Dental Society. And they are saying that they are not in support of the current legislation.

Madam Speaker, all I can say about that is that I do not have any claims to have worked in the medical field, but I did own an electronic security business. If I do the comparison, Madam Speaker, that if I was in the electronic security business and I was able to say which other companies would come and provide electronic security services and compete with me, and I was given the power to restrict those companies from coming and competing with me, there probably would have been some small bits of selfishness that would have probably indicated to me that allowing other companies, while those companies may provide additional services and expanded abilities, I probably would not have wanted those other companies to come and compete with the services that I provide.

Now, Madam Speaker, I thought through and figured that maybe that was unique to the business that I am affiliated with and that would not necessarily be the case when it comes to the medical practice. Madam Speaker, when the Member for North Side tabled the response from the Cayman Islands Medical and Dental Society, I saw the names of those individual Council members. I remembered a discussion that I had had with one of those members not so long ago, who was concerned because, as the Member for North Side said, on a small scale there was a level of practice of medical tourism. And in this particular case there was a practice of some stem cell treatments that were ongoing in the Cayman Islands.

Apparently, those stem cell treatments had received worldwide recognition and we were getting people coming into the Cayman Islands for those

treatments and that service and everybody was happy.

My understanding was (again, not being experienced in the medical practice) that it was a simple matter of getting the stem cells provided and connecting an IV. So it was not a significant risk to the patient. Patients were coming to the Cayman Islands and getting the services which were seen, I guess, as not mainstream medical practice, so it was not allowed, necessarily, in the US. And they were finding it convenient to come to Cayman to get that service.

For a while this happened. It appeared that the customers were all comfortable and appreciative of that service. But, all of a sudden, the Cayman practitioner who was providing those services was called into the Council and told that while he was not necessarily breaking any laws, they were not happy with what he was doing. They did not feel in their discretion that he had sufficient training to provide that service, and so, he had to stop.

Now, Madam Speaker, that goes to the point of the discretion provided for with the existing system that we have. That is why, even though the Member for North Side may feel that it is not necessary for any change in the legislation, luckily that one individual doctor who was providing that service, that was not the mainstay of his business. So, he could continue providing his services and, while he was upset, while patients were upset, he recognised that he had no ground to continue, or it was going to be a significant legal fight that he was not willing to take on, and so he stopped.

Now, we compare that to an entity that is talking about coming in and making a significant capital investment based simply on medical tourism. And what the Member for North Side was proposing was that they should simply come and make that investment, leave it to the same discretion and hope that the existing system allows them to operate. When the day comes that they are not allowed to operate, or that the doctors are not allowed to get registered, they simply stop. And so, that investment that was made simply dries up, or goes away.

Madam Speaker, I think that all reasonable individuals will see that that amount of discretion, that amount of business uncertainty does not encourage or facilitate a foreign investor coming and making any significant investments in medical tourism in the Cayman Islands. So, they are asking for a level of certainty.

Now, the Minister, the legal draftsman, the legal advisors have attempted to find a way in consultation with the medical practitioners to have amendments made that would allow the level of scrutiny to remain the same, as far as registration, but would also allow a level of certainty so that investments could be made without the fear of unfair discretion. That is the purpose for the amendments to the legislation. The purpose of the amendments is simply to allow and to facilitate a level of confidence with the investor that

would allow them to know. Follow the rules, follow the laws, satisfy the requirements, but you will not be subjected to discretion which could negatively impact the business.

Madam Speaker, the Member for North Side also said that even though we have a lot of medical tourism now, that the Government is wrong in encouraging or giving incentives to this one investor group, and that all the incentives have been given to this one investor group. Madam Speaker, he commented that he knew of a number of other potential interested medical tourism providers who would be coming to the Cayman Islands if they could come, if this did not exclude them from coming.

Madam Speaker, I have some difficulty understanding that comment, because he made it appear that the Government is only encouraging or entertaining this one group.

Mr. D. Ezzard Miller: Give them exclusivity.

Hon. Cline A. Glidden, Jr.: And he is referring again to the exclusivity.

Madam Speaker, that Member also said that in his practice and [in his] experienced opinion the only workable medical tourism is small and niche market. I can assume that these he is supporting and talking about would fall into that category—small and niche market.

Well then, Madam Speaker, the reason for the difficulty in my understanding would be that the exclusivity that we referred to is only for facilities with larger . . . more than 25 beds. And it also is only for non-Caymanian. So, Madam Speaker, if he has all of those individuals that have these small niche [markets] and they are interested in medical tourism, why has he not done what other responsible representatives do, and bring them? Bring them and introduce them to us. We welcome them. Hopefully, if they are within the sound of my voice, they will hear that the Government welcomes, encourages, supports, and will facilitate their coming to the Cayman Islands.

Madam Speaker, that is why it is hard to accept the discussions or the concerns as being genuine, because the Member refers to all the research he has done to prepare. He refers to these people who are out there, apparently very interested in coming to the Cayman Islands.

The Premier, Hon. W. McKeeva Bush: Talking about standards and all kinds of stuff. He needs to talk about [inaudible].

Hon. Cline A. Glidden, Jr.: If those people are coming, or if those people want to come, we have . . . and my colleague, the Fourth Elected Member for George Town, made a good point yesterday. We are not talking about small facilities when we say 25 beds or more.

If I remember correctly, he said that Dr. Tomlinson's hospital is an 18-bed facility.

The Premier, Hon. W. McKeeva Bush: Yep.

Hon. Cline A. Glidden, Jr.: So we are talking about hospitals larger than Dr. Tomlinson's hospital. There is no exclusivity against them. If they want them larger than that—

[*inaudible interjection*]

Hon. Cline A. Glidden, Jr.: —and they are Caymanian entities, then there is no exclusivity against them.

So, Madam Speaker, it is important for the Member, with all of his research and information, to share accurate information with the public. He has a responsibility to do that. It is not like he does not have access to that information, Madam Speaker. He told us that he had gone into detail looking at the Agreement. So, the question has to be asked, if that is what the Agreement says, and he understands the Agreement, and he has read the Agreement and gone through it in detail, why would he not share accurate information with the general public?

What is the *modus operandi*? What is the reason for sharing information to make it seem like these other entities that are so interested in coming to the Cayman Islands cannot come?

Madam Speaker, there is one other issue that significantly concerned me when I heard the Member debate. And the Member made the comment that all other Members of the Legislative Assembly had been invited by the company and given presentations, and he, with the most qualification and experience in the medical field, was not invited. And then he went on to suggest the reason why he would not have been invited—could it be because the developers were scared?

Madam Speaker, that seemed like a logical question. So, what I did while I was sitting here was send a request for the Chairman of the Narayana (Cayman) Development Group and I asked him if there was any good explanation as to why the Member in the Legislative Assembly who had the most experience was not invited. And surprise, surprise, Madam Speaker. What I was told was that the Member was invited. He was taken to lunch with another Member of the Legislative Assembly. He was invited on two occasions.

[*inaudible interjection*]

Hon. Cline A. Glidden, Jr.: Madam Speaker, the Member is telling me no!

All I can say, Madam Speaker, is that that was what I was told by the Chairman.

[*inaudible interjection*]

Hon. Cline A. Glidden, Jr.: Okay? I've been told by the Chairman.

So, Madam Speaker, because it seems unreasonable for me . . . but, while the question as to the invitation may be in question, what is not in question is that the Member then got on the radio and publicly said that he did not want to be invited to any private presentation, that he would want a public forum.

Well, Madam Speaker, lo and behold, Dr. Shetty came to the Cayman Islands and there was a public forum.

[inaudible interjection]

Hon. Cline A. Glidden, Jr.: There was a medical conference. And that Member failed to attend that medical conference!

Other more qualified members of the medical practitioner's field, like Dr. Stephen Tomlinson, were there and were able to question Dr. Shetty and question the group.

Why has the Member not gone and availed himself of the opportunity if he has been so genuinely concerned with their ability to present?

[inaudible interjection]

Hon. Cline A. Glidden, Jr.: Madam Speaker, there was ample opportunity for the Member to go and, as he said, ask the questions that would embarrass them and show that all of this is not going to work and is not necessary.

Madam Speaker, again, we talk about the debate on this legislation, the necessity of this legislation. As I said at the start, I was hopeful that this would not be necessary. But what we have is an obvious attempt to discredit the project that the Government has found as one that is able to be supported. And the Government has publicly acknowledged that changes to legislation are required to support that project.

So, Madam Speaker, it is important for us as a Government to justify, first of all, the merits of the project. And once the country accepts the merits of the project, we are sure that the country will see that the required amendments to legislation are the right thing.

The Premier, Hon. W. McKeever Bush: He complains about he does not get information. He is getting it and now he is gone.

Hon. Cline A. Glidden, Jr.: Madam Speaker, another attempt that I do not understand the purpose of, was when the Member then went into a long discussion as to how this legislation was going to disenfranchise existing medical practitioners. Because, he went on to say that (and I will use the example that he used) [if] a tourist who came on the cruise ship got something in his eye and he went to Dr. Mani's facility and Dr. Mani treated him, and if Dr. Mani was not recognised and

authorised as a medical practitioner in a medical tourism facility he would be prosecuted and likely face significant fines.

Now, Madam Speaker, the Member went into great [detail] to tell us about how much research he had done and how prepared he was for the project, and how prepared he was for this debate. He even went on to say, Madam Speaker, that the problem with other Members is that we do not prepare well enough, and that because we do not prepare, he is the only one, apparently, that prepares and other Members cannot give a good level of contribution.

Now, that was basically what he was saying. But, Madam Speaker, I have to question the preparedness, the understanding or the intention, because [clause] 2 of the proposed Bill, the Health Practice (Amendment) Bill, 2010, gives definitions. It says, **“‘medical tourism facility’ means a health care facility that is designated by the Governor under section 7A(2); ‘medical tourism provider’ means a person designated by the Governor under section 7A(1); and ‘medical tourism services’ includes inpatient and ambulatory medical and surgical services provided to individuals who have travelled to the Cayman Islands for the purposes of obtaining health care.”**

Now, Madam Speaker, how could someone so experienced in the medical world interpret that to mean that someone who came here as a tourist to enjoy the beauty and the benefits and the serenity of the Cayman Islands be confused as being somebody who had travelled to the Cayman Islands for the purposes of obtaining health care? And if it is clear to him, as it is to everybody else, what would be the benefit of him trying to scare the local practitioners into believing in some way that this legislation is designed as an attempt to restrict them or to penalise them? What would be that?

So, Madam Speaker, it is a few things. It is either lack of understanding, lack of research, or deliberate misleading of the general public. I am not sure which one of those it falls into, Madam Speaker, but I think it is important that as Representatives who the people have duly elected to come and share information . . . they expect us to research and to look at the laws. And, if we do not know, we have a responsibility to find out before we get up and state, with some level of apparent understanding and fact, misinformation.

Madam Speaker, after laying those kinds of aspersions out, the debate continued on to question the quality of the facility and the fact that if we lose the quality that people will not be interested in coming to this facility. And, Madam Speaker, I think that is a fair comment. I think that all of us recognise that, first of all, if the quality of health care is diminished, all of us as citizens have an interest in ensuring that that does not occur.

Madam Speaker, if anything, even more so, an investor that is getting ready to spend (as quoted by him) some \$2 billion, also would have a very seri-

ous economic, if not moral or ethical concern, that the quality of health care and the reputation of health care, the perception of the health care in the Cayman Islands is not diminished in any way. Why would anyone want to invest significant monies hoping to attract people to come and take up that health care if the reputation and levels of that care are diminished or lower than they currently stand?

So, Madam Speaker, I think it is a fair comment to say that if there is no confidence in our health care system there will be no patients. And, with no patients, that means there is no return on that investment. So, I am certain that Dr. Shetty—as all of our other very qualified and high level providers of health care facilities and services in the Cayman Islands—will do whatever is necessary to ensure that the levels remain as high or, if anything, are even improved upon if that is possible.

Madam Speaker, he went on to speak about the reference to the existing registration procedures and the fact that there is no need to change. But, Madam Speaker, I am sure that you, as well as many other Members in here, have recognised the challenge that exists with getting registration. Right next door, to our north, there is a provider of world recognised health care—Cuba. We have all heard the stories of the Cuban doctors who have come to the Cayman Islands who want to operate here, but who have significant challenges with being able to operate.

There is always that question as to why it is so difficult. Why do we have specialists from Cuba, but we will not recognise their qualification and we cannot get them licensed?

We have also had another case in the media recently of a Caymanian doctor who has not been recognised, or who has had trouble with recognition. So, I do not think it is fair comment to say that we cannot improve on the system and that we need to leave it exactly as it stands now. I think that most people . . . I dare say that most practitioners would say that there is always room for improving the system. We recognise some of the shortcomings, so we need to try to improve on that.

So, the Member might not agree with all of the amendments, but to say that there is no need for change, I think we have enough historical data, Madam Speaker, to say that we do need some change and those changes are what the Government is bringing forward now. We do not expect that the change is going to get the support of everyone. But the intention is definitely to improve on the situation.

Madam Speaker, there was a reference made to the Medical Council of India. I am not sure what the relevance of that was. I do not know if it was just meant to cast aspersions, or was the Member suggesting that we should be using registration from the Medical Council of India, because that is not what the Government is proposing. But the relevance of the fact that we are not doing that, I am not sure why we would be using that unfortunate situation which, again,

my colleague, the Fourth Elected Member for George Town, made very, very clear.

When we talk about them having their problems as far as corruption, Madam Speaker, sadly in many of our systems . . . I think he used an example yesterday of corruption. But thankfully they were able to weed out that corruption. They were able to find the person who was creating that challenge to their system.

Ironically, Madam Speaker, I did some research as well. The Member was referring to the ability to do research on Google. I did some research, and what I found interesting is that in a country of over one billion residents, with millions of health care practitioners and professionals, when that problem was identified, Dr. Devi Shetty was one of six doctors chosen to be on a board of governors to try to deal with and sort out that problem, to clean up that problem that had existed.

So, Madam Speaker, as an endorsement . . . and I am not sure if that was what the Member for North Side was trying to get out, that Dr. Shetty is so well recognised that when they had the corruption issue with a different practitioner or different council chairman, that he was asked to come and help sort the problem out.

Now, Madam Speaker, it is interesting because when the Member referred to the level and the quality of service and he went on about being substandard service and the reason for change was that he was going to bring them and he talked about some “Mexican-isation” of health care. And he said, Madam Speaker, that it was due to his search on Google (I think he referred to) and the information that he found.

Now, I can use Google as well, Madam Speaker. So I went on and did a little research and, like I said, I found that while there had been that corruption in the Medical Council of India, Dr. Shetty had been asked by the President of India to help sort that out. And then, I also found an excerpt from the *Wall Street Journal* that I will be willing to share, Madam Speaker, and will ask that I be allowed to table it after I read it.

It is the *Wall Street Journal*, November 25, 2009. It refers to the [Henry Ford of Heart Surgery](#). And it is quite a lengthy discussion, but it is referring to Dr. Shetty and the procedures that Dr. Shetty has done. It refers to Dr. Shetty: **“Dr. Shetty, who entered the limelight in the early 1990s as Mother Teresa’s cardiac surgeon, offers cutting-edge medical care in India at a fraction of what it costs elsewhere in the world. His flagship heart hospital charges \$2,000, on average, for open-heart surgery, compared with hospitals in the U.S. that are paid between \$20,000 and \$100,000, depending on the complexity of the surgery.**

“The approach has transformed health care in India through a simple premise that works in other industries: economies of scale. By driving huge volumes, even of procedures as sophisti-

cated, delicate and dangerous as heart surgery, Dr. Shetty has managed to drive down the cost of health care in his nation of one billion.”

Now, Madam Speaker, it goes onto talk about the comparisons. It says: “Narayana’s 42 cardiac surgeons performed 3,174 cardiac bypass surgeries in 2008, more than double the 1,367 the Cleveland Clinic, a U.S. leader, did in the same year. His surgeons operated on 2,777 pediatric patients, more than double the 1,026 surgeries performed at Children’s Hospital Boston.”

Now, Madam Speaker, it is tempting, as you can imagine, when talking about increasing those numbers that there would be a risk. And I assume that is what my colleague, the Member for North Side, was saying; that you are reducing the level of care. Madam Speaker, while they have some critics who will say that increasing volume would compromise patient care, “. . . Jack Lewin, chief executive of the American College of Cardiology, who visited Dr. Shetty’s hospital earlier this year as a guest lecturer, says Dr. Shetty has done just the opposite—used high volumes to improve quality. For one thing, some studies show quality rises at hospitals that perform more surgeries for the simple reason that doctors are getting more experience. And at Narayana, says Dr. Lewin, the large number of patients allows individual doctors to focus on one or two specific types of cardiac surgeries.

“In smaller U.S. and Indian hospitals, he says, there aren’t enough patients for one surgeon to focus exclusively on one type of heart procedure.

“Narayana surgeon Colin John, for example, has performed nearly 4,000 complex pediatric procedures known as Tetralogy of Fallot in his 30-year career. The procedure repairs four different heart abnormalities at once. Many surgeons in other countries would never reach that number of any type of cardiac surgery in their lifetimes.

“Dr. Shetty’s success rates appear to be as good as those of many hospitals abroad. Narayana [Hrudayalaya] reports a 1.4% mortality rate within 30 days of coronary artery bypass graft surgery, one of the most common procedures, compared with an average of 1.9% in the U.S. in 2008, according to data gathered by the Chicago-based Society of Thoracic Surgeons.

“It isn’t possible truly to compare the mortality rates, says Dr. Shetty, because he doesn’t adjust his mortality rate to reflect patients’ ages and other illnesses, in what is known as a risk-adjusted mortality rate.” Because, like Dr. Lewin says, “. . . Dr. Shetty’s success rates would look even better if he adjusted for risk, because his patients often lack access to even basic health care and suffer from more advanced cardiac disease when they finally come in for surgery.”

Now, Madam Speaker, I find it difficult to believe that the Member for North Side with his ac-

knowledged ability to search on Google, if his concern was really about the lowering of health care in the Cayman Islands by the introduction of Dr. Shetty and his “Mexican-isation,” or his concern to what he refers to as a “lowering of the standards,” why was he not able to find this—as well as all the other positive stories and comparisons of Dr. Shetty that are available on the same Internet and especially on the same Google search engine?

So, Madam Speaker, again it has to come down to what is really the purpose or the concern. Is it genuine to say that we are worried? Or is it in some way an attempt to put questions or queries about the attractiveness of this project, which the Government has gone out, searched, worked hard to get to the Cayman Islands, dealt with a competitive nature, because there is significant interest?

Madam Speaker, it is important as a country for us to recognise that to get and attract individuals of the caliber of Dr. Shetty, we have to make it attractive to him. The Member kept saying this was not necessary. That is his opinion. We could say the reason why it has not happened, the reason why we have not gotten the advances or we have not been able to attract . . . according to him, this industry has been in Cayman for 35 years, but on a very small scale. The country now recognises an opportunity for an increase in the benefits associated with medical tourism. The country recognises that due to our geographical location we should be going out and attracting interested individuals of high reputational standards to come and provide those services in Cayman.

Madam Speaker, I have quite a bit more to go and I see it is sort of . . . if now is a convenient time for the break, Madam Speaker, but if you want me to continue I can.

The Speaker: If you have a lot more to go, I think we should break now, the lunch is here.

Hon. Cline A. Glidden, Jr.: Okay, Ma’am. We can take a break.

The Speaker: We will adjourn the House until 2.00 pm . . . sorry, suspend the House.

Proceedings suspended at 12.35 pm

Proceedings resumed at 2.20 pm

The Speaker: Proceedings are resumed. Please be seated.

When we took the break for lunch, the Honourable Deputy Speaker, the Third Elected Member for West Bay, was speaking. He will continue his speech at this time.

SECOND READING

Health Practice (Amendment) Bill, 2010

[Continuation of debate thereon]

Hon. Cline A. Glidden, Jr.: Thank you, Madam Speaker.

When we took the luncheon break, I had been going over the Bill as proposed by the Government to amend the Health Practice Law (2005 Revision) to make provision in respect of medical tourism services.

Madam Speaker, the main point of my speech so far has been to say that this legislation has been necessitated due to a decision by the Government to encourage, support and facilitate medical tourism, specifically due to discussions with and interest expressed by Dr. Devi Shetty from India, who has made a public commitment to invest in a very large medical tourism facility in the Cayman Islands.

Madam Speaker, in general, I [went] through why the Government felt it was necessary to make the amendments, why the Agreement with Dr. Shetty has been made; [that] there was an Agreement and a recognition of the need to make some remedial changes to the current legislation which would allow a level of certainty for investors to come in and invest in such a facility. We went through the questions that had been raised by some Members concerning the quality of the facility, the quality of the individual investor that has been discussed; we went through why there is a need for the changes, what safeguards were in place, and we went through some of the historical perspectives.

Madam Speaker, we had even gotten to some of the online statements and recognitions that had been given to Dr. Shetty, and what is seen as a totally new and innovative method of medical care to be provided in a much different-from-the-norm way that it has been done in the past, and the huge savings, not only in terms of financial savings, but also in access to medical care that people were not privy to before.

Madam Speaker, there has been much question and criticism both in the Legislative Assembly and in the House of Disagreement and the question as to whether the Government has gone too far in terms of trying to encourage and facilitate Dr. Shetty and other prospective medical tourism providers to the Cayman Islands. And, of course, we feel that we have not. And we feel that we can justify quite adequately why we have been able to reach the balance that is necessary to attract and to also maintain the high standards of health care. And we have also shown why it is in the best interests of those investors that we also maintain the high standard of health care.

Madam Speaker, in answering some of the criticism so far, I made reference specifically to the Member for North Side who spoke for his fully allocated time as to why these legislative changes are not necessary. And we have attempted to try to show, Madam Speaker . . . because the intent of the Government is, while the Government will do what it has to do, we would like to ensure that as much as possi-

ble all Members are allowed, or given the opportunity to be able to make a very objective decision when it comes to deciding whether they can support this legislation, which directly means support for the Dr. Shetty project.

Madam Speaker, there has been some misinformation, whether intentional or unintentional. It is our responsibility to ensure that that information is cleared up. There was a statement made yesterday saying that the concessions were very broad-reaching and would be very significant for the people of the Cayman Islands and that one of those concessions would even be that the Government would have to build a new airport. Madam Speaker, that sounds very unreasonable. We can understand why, if the Government had entered into such agreement there would be cause for concern.

However, Madam Speaker, what we do not understand is why the Member for North Side would make those kinds of statements. He made the statement and then when he was challenged off the microphone, and when he read the actual Agreement (which supposedly he had read before) he acknowledged that what the Agreement says is that there will be a requirement for a new airport when the Government is satisfied that a new airport is justified. That means that when the facility is up and functioning and the Government says, *Oh well, we have reached the maximum capacity of the airport. Medical tourism is a flourishing business; we have received all the benefits associated with it.* And the Government decides it is time to build a new airport then, we've said.

Now, Madam Speaker, the Government has a responsibility to the country that when we get excess passengers, that when air travel is neither any longer safe nor comfortable due to restrictions in the airport, whether that is due to medical tourism or due to anything else, we still have a responsibility to the country to upgrade the airport facilities. So, for the Member to make that seem like that is something untoward or unfair, understanding, we hope, that sooner rather than later the success of this project and other gains in tourism are such that we cannot accommodate all of the passengers with our current existing airport.

Madam Speaker, we have an airport redevelopment project that has nothing to do with Dr. Shetty. With the current projections it is projected to last us for at least the next 15 years. We are hopeful that our projections are wrong and that the numbers increase dramatically and that Cayman does find itself in need of a new airport to handle all of the business that will be generated because of the gains in tourism long before. But if it so happens that it is because of medical tourism, whatever it takes, Madam Speaker, to ensure that the guests who come to the Cayman Islands are given a very good first and last impression (those who come by air and those who come by sea), this Government is intent on ensuring that those facilities are up to standard.

We wanted to make sure, Madam Speaker, and we think that the Representative from North Side very clearly understands, because he has access to the document. But for those people who may have been listening and may have not heard him actually acknowledge that what he [said] was misleading and untrue—and unfortunately there may be some people who were left with that impression—we just wanted to clarify that that is not a factual statement, and that afterwards what he said . . . well, he still believes, he thinks—and we know what value to place on that, Madam Speaker. But there is no real truth or reason for concern in that area of development.

So, Madam Speaker, since we have clarified the issue on the airport there is a need for a discussion on the concessions, because the Member has said in the House and publicly that there have been other concerns as to this facility or these concessions granted to the developer being such that he is the only one who is going to benefit, and that the Government in some way is getting short-changed and the people of the Cayman Islands are getting short-changed. He made the point to say that there is the possibility of up to \$160 million in duty concessions.

Madam Speaker, in abstract, that seems like a huge concession to give to any investor. And so, again, trying to be what we feel is sensational, the Member just referred to the concession. And then he had the, I guess, lack of interest in the Caymanian people to say that the Government could give up to \$160 million in concessions but there is really no benefit to Cayman. So, anyone listening to that would say, *Well, the Government is giving away all of this and we are getting nothing.*

So, Madam Speaker (and I am able to lay this as well when I am finished), I have gone out and gotten a copy of the economic impact that has been done by a recognised accounting firm, namely, Grant Thornton, that shows the potential impact for the Cayman Islands and which will show, Madam Speaker, why as a Government we feel that the possible concession of up to \$160 million—which only will happen if all of the numbers that are provided for here would actually mature, because it is duties based on the investment.

Madam Speaker, I now beg your permission to be able to read from the economic impact study to show that if we do end up giving Dr. Shetty and his development \$160 million in duty [concessions], the benefits [to] the Cayman Islands will be significantly more. I think that when the general public is armed with the information they will determine that \$160 million is very good value for money for what the Cayman Islands will get.

The Speaker: Do you have a copy of that that I can follow along with?

Hon. Cline A. Glidden, Jr.: I do not, Madam Speaker. But I can stop and get you . . .

The Speaker: If you want to go on, I could do this very quickly and then we will get copies for the Member afterwards.

Hon. Cline A. Glidden, Jr.: Okay.

Can I . . . so, you will just get the copies for yourself?

The Speaker: Yes.

Hon. Cline A. Glidden, Jr.: Okay.

The Speaker: So I do not hold you up in your presentation.

Hon. Cline A. Glidden, Jr.: Okay.

[pause]

Hon. Cline A. Glidden, Jr.: Madam Speaker, can I also check how much time I have remaining?

The Speaker: Madam Clerk?

[pause]

The Speaker: One hour and seven minutes (is that what you said?).

[Inaudible interjections]

The Speaker: While we are waiting, can I ask . . . this impact study that you are talking about, is it the official study for the project?

Hon. Cline A. Glidden, Jr.: Yes, Madam Speaker. This is the one that has been presented to the public and to the Government.

The Speaker: Okay.

[pause]

Hon. Cline A. Glidden, Jr.: Thank you, Madam Speaker.

I think it is important for us to do a comparison as to actually what the Government is getting in return for giving up this up to \$160 million, because the Member made a point of saying that while he sees 22 concessions in the Agreement, he only found one benefit for Caymanians. That, obviously, is a very misleading statement because the Government of which I am a part is proud to recognise and respect and look out for the Caymanian people first and foremost. And we feel that we have done that more than adequately in this Agreement. But I leave that for the judgment of the public after having heard what the other side of the equation will be.

Madam Speaker, the impact of the “Health City” as proposed by Dr. Shetty gives direct impact, indirect impact and induced impact. And when it talks

about direct impact, it is saying that the impact during construction, the impact during operation, and then the total impact. The indirect impact consists of the impact on industries such as hospitality, aviation, tourism, and retail. So that creates a total indirect impact. And induced impact or soft factors are [things] such as increased education levels, life expectancy, et cetera.

Madam Speaker, if we look at just the capital expenditure that is proposed for the 10-year period from 2010 to 2022, we are looking at an expenditure of \$1.2 billion. If we look at capital expenditure on the University from 2014 to 2017, we have \$360 million. And when we look at the capital expenditure on assisted living facilities for the five-year period from 2015 to 2020, we have a sum of \$433 million. The total capital expenditure between 2010 and 2023 is \$2 billion, Madam Speaker. And that is just the capital expenditure.

If we then look at (and this is page 20) the number of patients and visitors coming per day, the effect from a tourism perspective, the number of patients coming in 2012 would be 120 patients per day, the number of patients coming in 2023, which is the end of that period, is 1,440 patients per day. And, based on the study of one visitor along with one patient, we would have the number of accompanying visitors per day of 1,440. So, the total number of patients and visitors per day by the completion of the project in 2023 would equate to 2,880 persons per day.

Madam Speaker, if we extrapolate that down to look at the number of patients and visitors coming per year, we expect this facility at completion to be producing 420,000 visitors and patients per year.

Madam Speaker, right now on stay over tourism we are working hard to get to around 300,000 passengers per annum. And this proposal as projected by a recognised accounting firm calls for this investment by a private individual creating some 100 per cent increase in our visitor passengers. I would think that that in itself, recognising the amount of money that we spend to try to get the passengers that we get now, that the general public would recognise that a possible investment of \$160 million over 15 years by the Government to get 400-something-thousand passengers in itself would be a very prudent investment. But that is just a start, Madam Speaker.

So, we have \$2 billion in capital expenditure. We have 400,000 patients and visitors coming per annum. And then we start looking at some of the revenue. The revenue for just the hospital which calls for a spin-off effect is somewhere around \$4.4 billion by 2023. They have impact on duties and utilities. So, duties collected on medical equipment and supplies of \$66 million; duties collected on imported building material, \$110 million; and duties collected on utilities supply, \$533 million.

We have opportunities for Caymanians, Madam Speaker, as far as direct impact. The number of Caymanian doctors employed by 2023 is projected

to be 90. The number of Caymanian nurses employed by 2023 will be equal to 900. The number of Caymanian support staff employed is 693. The number of Caymanian technical staff employed would be another 693. Total number of Caymanians employed is estimated to be 2,375, and a total salary disbursed to Caymanians would be \$804 million—almost a billion dollars, Madam Speaker.

We go down to indirect impact: Hotel and restaurant revenues, maximum number of hotel rooms required per day by 2012 would be 1,200. Maximum number of hotel rooms required per day by 2023 would have increased to 14,400. And accumulative hotel revenue realisation is \$8.7 billion by 2023. Accumulative revenue generated by restaurants would be \$1.5 billion.

Indirect impact: Additional revenues for Cayman Airways and leasing apartments;[for] number of extra patients per day on Cayman Airways when we start in 2012 would be 29. The number of extra patients per day on Cayman Airways by 2023 would be 346. Additional cumulative revenue earned by Cayman Airways over that 11-year period would be \$1.1 billion to our national airline. And the leasing process and charges collected would be \$39 million.

Madam Speaker, we have indirect impact on transportation, recreation and other industries. Total amount earned by the transport sector during that period would be \$2 billion. Total amount earned through recreation and shopping would be \$4 billion. Total amount earned through other miscellaneous industries would be \$2 billion.

So, Madam Speaker, we then get down to the induced impact where we have increased education levels, because there would be tertiary education associated with the support and training [of] our Caymanians, there is a diversification of the industry. There is also increased life expectancy due to individuals having access to health care that they did not have before [and] increased employment and infrastructure development as well, Madam Speaker.

So, Madam Speaker, I think that when that Member refers to these “significant concessions” it has to be either one of two issues: Either he really does not understand, or he is intentionally trying to mislead. No one can look at \$160 million in concessions in return for direct benefits of somewhere around \$15 billion and say that Cayman is getting nothing in exchange for the concessions. That cannot be a genuine assessment.

Hopefully, we have been able to inform him or we have been able to inform the general public that the position as expunged by that Member is not an honest assessment.

And the truth, Madam Speaker, is that the Government has done an excellent job of going out and attracting an industry that has great potential for the Cayman Islands, has great potential for the training of young Caymanians, has great potential for the entrepreneurs, has great potential for the existing

businesses, some of those government-owned businesses like Cayman Airways, where we are talking about an input of just for the airline alone of over a billion dollars.

So, Madam Speaker, we can only hope that it is a genuine lack of understanding by that Member, and by those others that may genuinely be concerned about the benefits of this project. Maybe it is some of those that just cannot accept that the Government is doing a great job of going out and attracting foreign investors who are willing to come and provide great opportunities for Caymanians.

But, Madam Speaker, it is important, because as a Government we have a responsibility to explain and justify the decisions that we make. And I think the justification for \$160 million in concessions over 10 years in return for getting some \$15 billion or \$18 billion in revenue, is pretty much a no-brainer. So everybody should be able to see the benefit in that.

Madam Speaker, he mentioned—because that Member has a habit of trying to show that he is the only protector of Caymanians and Caymanian businesses—a motion that he will be bringing that calls for the same level of concessions to be given to all the Caymanian medical facilities currently in operation. I give him advanced commitment of my support. I am pretty sure I can give it for the Government, but I won't be that . . . I give him my support. But it has one caveat, Madam Speaker.

I give him the commitment of supporting concessions of equal value as long as those businesses are able to produce benefits for the Cayman Islands and show it by a recognised company, like the standard of Grant Thornton, that on a percentage basis, if we give \$160 million worth of concessions that we are going to get \$18 billion back. I feel certain that the Government and the whole Legislative Assembly will support those regardless of whether or not they are Caymanian-owned businesses.

Anybody that is bringing that amount of investment to the Cayman Islands and bringing that kind of return has our unqualified support for the motion to give them the same level of concessions. But it is important, Madam Speaker, to recognise that the Government is not out there—like he would make it seem—giving concessions just for the sake of giving concessions. We are giving concessions because we want to encourage the benefit to Caymanians.

Madam Speaker, now that I have gone through the explanation of the economic benefits of the project, the reason for the concession, and the level of qualities that Dr. Shetty and the Government, through its critiquing, has been able to get for the Cayman Islands, I think it is important to also share a bit more (as the Member referred to, Google research) to show that this is not limited to just the Cayman Islands. It is not just the Cayman Islands that recognises this as a great opportunity.

Madam Speaker, I will lay this on the Table as soon as I read this excerpt from *BBC News Health*.

The last one was from the *Wall Street Journal*. This one is from the *BBC News Health* and it is dated 2 August 2010. The title is "[Production Line Heart Surgery](#)."

"The chest of a thirteen-year-old boy Uday Kumar has been sliced open and a team of doctors are operating on his heart.

"This is for patients who have a single ventricle,' says the senior surgeon Colin John, 'with reduced pulmonary blood flow.'

"Similar complex procedures are taking place in a line of operating theatres stretching down the corridor.

"This is cardiac surgery on the production line, in an extraordinary hospital in India.

"The Narayana [Hrudayalaya] in Bangalore is the largest heart surgery hospital in the world. It has 1,000 beds, and last year it carried out a staggering 6,000 operations, half of them on children.

"By contrast Great Ormond Street in London did less than 600.

"Dr Shetty would like to see his care model adopted by the UK 'We are all products of the National Health Service in the UK, and what we learnt over there we have implemented in perhaps a slightly different manner,' says Dr Devi Shetty, India's most famous heart surgeon, and the driving force behind the hospital."

Madam Speaker, it is important to make that point, that he is India's most famous heart surgeon, because the Member also made some reference yesterday that Dr. Shetty is only "Cayman renown." Because, according to him, he is not world-renown; he is only Cayman renown. Obviously, that was a cheap shot, Madam Speaker, at saying that even though Dr. Shetty is recognised by the rest of the world, obviously that Member is, again, an Independent Member in his lack of recognition for Dr. Shetty.

"We believe that the only way is to build large hospitals—100 or 200 beds are not going to be the solution for the current world health problem. We need to build large hospitals where hundreds of operations are carried out every day.

"And here in Bangalore, the theory appears to work. Despite the huge volume of operations, mortality rates are comparable with or better than those in Britain and the US, and costs are much lower.

"Little wonder that Dr Shetty and his hospital have been attracting attention from around the world. One recent visit was from a British delegation travelling to India with the Prime Minister David Cameron."

Now, Madam Speaker, I know that our Premier has been labeled as being before his time. But I think this is a great indication, Madam Speaker, of the foresight of the Government led by the Honourable Premier, that little Cayman Islands, an Overseas Territory, has gone out and attracted a world-renown cardiac surgeon and investor who wants to come to the

Cayman Islands long before even the British Government recognised and then followed suit to do it.

Madam Speaker, this is a difficult thing to do because I can remember when the Minister for Health and I travelled to India. The blog sites all carried stories as to *Why are our Representatives wasting Government money and going over to India to look at their medical facilities? Wasting Government money; wasting time jetting around the world for no benefit to the Cayman Islands.* Here we see that after we have done that, after we have been able to secure the facility and invest in the Cayman Islands, lo and behold Prime Minister David Cameron decides that this is a good thing and he is also going to go over and see the facility!

I guess his people were probably saying the same thing too; that he is wasting money and time because he does not know what he is doing. That is what we have to go through as legislators, Madam Speaker.

When they went on the visit, **“They were keen to see what lessons could be learnt for health care back home.”** This is important, Madam Speaker, again for the Member who says that bringing Dr. Shetty and his team here is, what he referred to as, “Mexican-isation of the health care systems in the Cayman Islands.” So, he is saying that the great United Kingdom—who happens to be one of those entities that we recognise registered doctors from—is doing the same thing because they also are encouraging and supporting Dr. Shetty and trying to see what they can learn.

They said, **“What we're trying to do in the UK because of our budget problem . . .”** (doesn't that sound familiar, Madam Speaker?) **“. . . is to get more for less,” explained Britain's Business Secretary Vince Cable to a group of senior hospital executives.”**

Now, I know that that Member feels that he is more able and qualified to speak on health services and the benefits of Dr. Shetty (because he has acknowledged) than all of the Members of this Legislative Assembly. I assume that he feels that he is more qualified and capable than all the other Members as well.

The Premier, Hon. W. McKeeva Bush: [Inaudible]

Hon. Cline A. Glidden, Jr.: And, Madam Speaker, the Premier is just reminding me that when he tried to give that information to the Member for North Side yesterday, in an attempt to protect him from exposing himself unnecessarily to information that he did not have, he took that opportunity to berate the Premier and tell him that he did not know what he was talking about.

The Premier, Hon. W. McKeeva Bush: [Inaudible]

Hon. Cline A. Glidden, Jr.: But, Madam Speaker, here we have it in black and white—that same research that he talks about doing—David Cameron, the Business Secretary, Vince Cable, everybody else from around the world, even those places that we hold up as being paradise for the highest level of health services that we should be emanating, they are recognising that: **“Not having inferior health because there's less money, but actually getting more out of the system for less resource.”** And do you know what he said? He said, **“And you've shown us a model here by which we can do this.”**

The Premier, Hon. W. McKeeva Bush: Yep!

Hon. Cline A. Glidden, Jr.: **“Alongside the heart hospital are two neighbouring facilities—one dedicated exclusively to orthopaedics, and one to cancer treatment. They call it a health city. Vince Cable described the visit as quite inspirational.”**

Madam Speaker, isn't that amazing?

Great for England, inspirational . . . little old Cayman, because we are doing it, it's not good. We are not smart enough to do it. Maybe this will give justification, Madam Speaker, because maybe the Member did not know that England was also doing it. And maybe because we were doing it before he knew he doesn't have the foresight to see.

So, maybe that Member will now accept that if England is doing it, then, it must be okay. The fact that Cayman just happened to have had the foresight to do it first . . . may be just chance, Madam Speaker. May be chance; but, hopefully that Member, based on the information provided, will now understand.

Mr. Cable continued, **“I just found it overwhelming. It combines what we always see in a good health system, . . .”** Now, Madam Speaker, “good health system.” According to that Member, what we were proposing was something that is lowering the standard, lowering the quality. He said, **“I just found it overwhelming. It combines what we always see in a good health system, which is humane humanitarian behaviour, with sound economics.”**

Doesn't that sound like something that we should be striving for, Madam Speaker? He should be getting up and congratulating the Government. He should be doing like what he did earlier today when he endorsed the education policy so much that he wanted a motion so he could vote on it!

But, Madam Speaker, he has an opportunity still because the vote is coming on this Bill. Hopefully, if he is listening, he is taking in the information. Hopefully now he will see why, as we expect all other Members to be in support of the legislative changes necessary to move this project forward.

It says, **“In a series of wards upstairs, heart patients are recovering from surgery and waiting to go home. The average cost of surgery here is a fraction of what it costs in the West, and patients come to Bangalore from all over the world.”**

“The very poorest are never turned away either. Under a subsidised scheme, [CS] Manju Nath, a local man, had complex heart surgery here for next to nothing.”

Madam Speaker, it says, “. . . some patients are treated for a significant financial loss to the hospital. But the volume of operations is so large, that it still makes an overall profit.”

“Now, Dr Shetty is expanding his business interests. He's building a new hospital in the Cayman Islands - a joint venture with the government there - designed to appeal to patients in nearby Florida who may not have full insurance cover.

“And he says he's interested in creating a 'health city' in Britain as well, where he predicts costs could plummet.

“When one building and all the specialists in that building do only one procedure - that is taking care of the heart - obviously the results get better,” he argues. ‘And the costs go down significantly.

“In the US a heart surgery costs perhaps 20 or 30 times what it costs here. We are able to do a complex heart surgery for \$1,800 (£1,140), and we want to bring it down to \$800.’

“He has been called the 'Henry Ford' of heart surgery. It is mass production, which appears to be a resounding success.

“A simple business plan, but potentially quite revolutionary.

“Could this be a vision of the future for health care, in Britain and around the world?”

Madam Speaker, I will give this to the [Serjeant] if you want it tabled.

The Speaker: Yes please.

Would you have it copied please, so that all Members may have a copy of it?

And there was another paper this morning?

Hon. Cline A. Glidden, Jr.: Yes, Madam Speaker. It was the *Wall Street Journal* statement on Dr. Shetty.

The Speaker: Right.

Hon. Cline A. Glidden, Jr.: So, Madam Speaker, in winding up my short contribution to this very important Bill, I hope that through the research and the critiquing and very detailed analysis that has been done by the Government of the Cayman Islands, specifically the Minister of Health and his team in getting us to the point in time where we are very close to fulfilling the final agreements as required by Dr. Shetty and his team being able to move forward in the direction of the medical tourism facility, that all Members of the House and members of the public who we have been privileged to serve will recognise that this project—while having some level of concern and controversy, in many cases unnecessary levels because of the irresponsible actions of some Members giving informa-

tion that is totally onerous and erroneous—is a good project, is an important aspect for the potential future benefit to the Cayman Islands.

Madam Speaker, the Government is committed to fulfilling its mandate of creating a better place to live, to work, to play—namely, the Cayman Islands. We understand that there are difficult times. We understand that people have had it difficult. Madam Speaker, we are excited about the possibilities that this opportunity will provide.

My only regret with the Dr. Shetty situation and the Dr. Shetty hospital and the benefits is that we were not able to get it quicker. Besides the economic benefits, we have had too many of our citizens who have passed on due to services [not] being readily available in the Cayman Islands. Here is an opportunity for us as a country to embrace an economic benefit, but also a humanitarian benefit that allows our citizens . . .

Now, Madam Speaker, in closing, I just want to say, the Member for North Side—who I think will be the only Member . . . well, I do not know. But I feel from statements that have been made that other Members will be supportive. Madam Speaker, that Member, more so than any other Member, should understand the difficulty associated with trying to do anything, because that Member was the Minister of Health before. And during his administration, Madam Speaker, I remember, as you will, that he attempted to build a hospital, referred to as “the hospital in the swamp.”

I am sure that he thought that was the right thing to do. But, Madam Speaker, the public decided that it was not. And even though he thought it was the right thing, eventually, after much cost and time and expense, and headaches, fights, I have been told by Members who were there at the time, that [that] had to stop, Madam Speaker. Even though he thought that was the right thing.

So, Madam Speaker, it is not good enough to get up on the Floor of the Legislative Assembly or get up in public forums as a Representative and talk about what you think when the information is available. It is time to research and show —

The Premier, Hon. W. McKeever Bush: [Inaudible]

Hon. Cline A. Glidden, Jr.: And, Madam Speaker, it goes further than that.

The Member even got up and said that we do not do our research. So, he made it seem as if this was something that had pulled out of the sky and decided that, all of a sudden, this was something that we wanted to do and that no consideration had been given to the Caymanian people.

Madam Speaker, I hope that that Member, other Members and members of the public, will get behind and embrace this project, because this is a real evolution in the services provided to the Caymanian people. We are looking forward to getting it,

Madam Speaker. The Government has made a commitment to move it through as speedily as possible.

We have a commitment from the developer who has made trips here. For those people who need to know, Dr. Shetty has told the Government that he is taking time off from his facility in India to be able to concentrate wholly and solely on developing the facility in the Cayman Islands.

Madam Speaker, it is also important to note that a spin-off of that has already been positive. Some of the members of Dr. Shetty's boards have either visited the Cayman Islands before or are on their way, because they are looking at other investment opportunities and advancement opportunities in the Cayman Islands. Madam Speaker, these [opportunities] range from software to e-government initiatives.

Madam Speaker, there is a level of interest. It is also important to note that Dr. Shetty is one of the most researched. And case studies are used even by Harvard University because of the innovations that have been made. We have gotten expressions and support from Baptist Healthcare here; a list of insurance providers and health service facilities throughout the United States who want to benefit and be attached in some way.

We have one of the largest assisted living groups out of the United States that has expressed interest and already made preliminary visits to the Cayman Islands to see how they can get involved. The scope of this exercise is significantly larger than anything that we have seen before. And, Madam Speaker, if we can adapt the required legislation and give the appropriate concessions to encourage and facilitate such an investment in the economy and in the people of the Cayman Islands, I think we have a responsibility to do just that.

So, Madam Speaker, this is one of those occasions (as my colleagues have reminded me) that, instead of us actually following the UK, this is a situation where the UK is now actually following the Cayman Islands. That is visionary leadership, Madam Speaker! That is the kind of leadership that the people went to the polls for in May 2009 and voted us in. And so, we are exercising that, Madam Speaker, and obviously, as you can tell, we are proud to be associated with the project.

We encourage our colleagues on the other side, who we know, while we might not agree politically, are ultimately here for the best interest of the Caymanian public. So, now that the information has been given, we encourage them to take part in the success of this project by voting in support of this and other necessary legislation for this project to move forward. And I thank you for your indulgence, Madam Speaker.

The Premier, Hon. W. McKeeva Bush: Great job; good speech!

The Speaker: Thank you, Third Elected Member for West Bay.

Does any other Member wish to speak?
[pause] Does any other Member wish to speak?
[pause]

First Elected Member for Cayman Brac and Little Cayman.

Mr. Moses I. Kirkconnell: Thank you, Madam Speaker.

Madam Speaker, I rise to make a short contribution on the Health Practice (Amendment) Bill, 2010. I must say that this has taken on a life of its own over the last couple of days, and I must compliment both sides for the research and passion with which the contributions have been given. I hope that my contribution is a little more global, but with the same amount of passion.

I would like to look at this and say that the Cayman Islands needs development. The Cayman Islands needs a third leg to its economy. And it doesn't matter who you are in this honourable House, whichever side you sit, but we have to all come together and try to attract people to build our economy.

The Premier, Hon. W. McKeeva Bush: Come on this side over here!

Mr. Moses I. Kirkconnell: The fact that it was looked at, at what was available, what was coming up globally that we as a country could look at. When you take the expense side of a balance sheet of just about every country in this world and you see the one uncontrolled expense that every year grows and grows and grows, it's health care—the United States, the UK, France, us. If it is not looked at in trying to understand how you are going to control that, then how are you ever going to find the money to balance your budget? Or how are you going to find the money to deliver the services that the people and your constituents need in this country?

So, Madam Speaker, it seems to me that health care and looking at how that part of the global problem can be solved and bringing what is being said and, certainly, a good case laid out to the Cayman Islands seems to be sustainable, seems to be something that we want to encourage to come here and help us develop, and it is compatible with the type of development that we need and the economy we are trying to continue to grow.

But, Madam Speaker, as we all know, when you are trying to attract business to your country it is not easy. It is you, as the Representative of the people, trying to get the best fit for the country itself and the best investment for the needs of everybody, everybody in your country benefits from it. And the developer is very clear. They are coming to be successful. They are not coming to give charity or to be involved in something that is going to fail.

So, in this legislation that has come before us today, it looks like there is not only this piece but there is some companion legislation with it, the Tort Law, and there were some concessions. So, I would imagine that the negotiations in good faith went to the point where the developer said there are certain things that they needed to be successful. That is what is now coming for all of us to take responsibility for as elected Representatives for our districts and review it and debate it and give our contribution of what we believe is good, bad and indifferent.

Madam Speaker, one of the concessions, as I understand, is that there is an exclusive 10-year period given to the developer. Madam Speaker, I personally met with Dr. Shetty and the developer and I invited them to come to Cayman Brac. I believe that this project is big enough that Cayman Brac can take advantage of it.

The Premier, Hon. W. McKeever Bush: Of course!

Mr. Moses I. Kirkconnell: And I am looking forward to the Minister's winding up, his commitment (which I know is there) that he will do whatever possible to make sure that Cayman Brac enjoys some of the economic benefit that is going to come forth with this project.

An hon. Member: Hear, hear!

Mr. Moses I. Kirkconnell: Madam Speaker, that being said, there is not a whole lot that I can add from the standpoint of picking apart the economic benefit, talking about the apartment rentals, talking about selling more cars, talking about passengers coming on the airplane. That has been put out here. I believe that what has come here and what the companion legislation . . . and I am going to be bold enough to ask you for some indulgence to just deal a little bit with the Tort Law as well, because the 21 days are not up on it, but it is out and it has been circulated. I just have a couple of comments on it.

The Speaker: I don't think you can anticipate legislation. You can . . .

[Inaudible interjections]

The Premier, Hon. W. McKeever Bush: Can't do it.

[Inaudible interjections and laughter]

The Speaker: I think that that is one of the rules, that you cannot anticipate legislation. It is coming. You can mention it without going into detail.

Mr. Moses I. Kirkconnell: Madam Speaker, I am going to anticipate that one of the things that would have to happen—

[laughter]

Mr. Moses I. Kirkconnell: It has nothing to do with legislation!

[Laughter]

The Speaker: Okay.

[inaudible interjection]

Mr. Moses I. Kirkconnell: When we look at attracting a developer, attracting a project of this magnitude, we want to make sure that it is top tier. We want to make sure that whatever is brought here is something that the world looks at and says, *This is as good as the Cleveland Clinic, the Mayo Clinic, or whatever the top tier facility is.*

So, in doing that it also has to be understood that when concessions or requests or business models are explained to a private/public partnership (I want to call it) of what is needed from our side, that we understand clearly the legislation that is brought to us, that it provides a top care result with that legislation.

Madam Speaker, if one of the costs of health care is [that] you, unfortunately, have a procedure done and you are a person 55-years of age and you make \$100,000 a year, and your expected working life is to age 65, and that procedure creates a result that does not enable you to work again for your working life, your damages, let us say, would be 10 times \$100,000, \$1 million. Now, in other jurisdictions (and here, to an extent, now) if you are awarded pain and suffering or another award, and let us say that award is \$25 million, Madam Speaker, that award comes from an insurance company. [If] a doctor, a person that is negligent and ran over your leg, it comes from somebody. But let us assume that it comes from an insurance company or a provider. That is \$25 million that they do not have to provide health care for, for somebody else.

I understand that that is one of the things that will obviously have to be looked into and given consideration in this jurisdiction. And I understand that that is some of the things that would, in theory, leave us in a top tier but allow us to deliver health care in a more reasonable way. It not only would apply to the Dr. Shetty hospital, but it would apply to anybody here, Madam Speaker; anybody that is here practicing right now.

So, in theory, I would assume that the cost of insurance would go down. I would hope that this would lend itself to the cost of living going down rather than rising. So, that part, I assume, at some point in time will come with some type of legislation and we will get to look at it then. Read it possibly.

Madam Speaker, the other issue that seems to have not been clarified in my mind . . . and I had two calls this morning from constituents that still did

not understand the legislation that is before us today. And I believe that this is one of the issues that the Honourable Minister will clarify in his winding up.

On page 7, [clause] 4 says, "The principal Law is amended in section 23 as follows—" and it goes down and it is [new] section 3(d) where it says, "the special registration list." And then it says [clause 5] [new section] "**24A. (1) Subject to this Law a person who satisfies the relevant Council of the matters specified in section 24(2) may apply to be specially registered under this section, and that person shall be registered by the Council as a registered practitioner in the special registration list.**"

Madam Speaker, I believe this is extremely important because this is the legislation that is in front of us—not the economic benefit, not how people are going to do this. The thing that we are asked to vote on . . . I am in support of moving this project forward; but I have to be comfortable that when my constituents ask a question [I] understand this. I am assuming is in this specific case that the doctors are going to come from India. And there are items under the Council's review that they have a checklist.

We have heard and we have discussed and we have debated degrees, qualifications, and I believe there are a myriad of reasons why these qualifications, these issues, have been brought to this specific House with this legislation. And that is what I need to understand. And that is what I believe is the critical matter here today that we are dealing with on this Bill—the assurance that this continues to provide top tier medical practitioners as the ones that we fully recognise. [We] have heard [they] are creating a completely new way of health care in India and the parent company of what is going to do this development.

I do not know, Madam Speaker, is it the English language that creates the barrier that they cannot qualify? I am sure there are many reasons. But I have, from a business standpoint, reason to believe that somebody who is going to invest a couple of billion dollars over a period of time has to ensure that the doctors who are going to do the work are top tier. And there has to be an underlying reason as to why this request has been made.

I believe it is important for me, personally, to understand that and to have satisfaction that this enables them to get the top tier doctors here and have them practicing and how this actually benefits that. In my mind that has not been clarified to the point that I would like to understand it. And I have not had the opportunity for a one-on-one with the Minister at this point. I am sure if I ask I will be accorded that privilege.

So, Madam Speaker, that is, in my opinion, the thrust of what we are here to vote on today and to understand how we go forward. That we ensure that we have a top tier facility, that we create a benefit for the Caymanian community that Cayman Brac and Little Cayman get some benefit out of this exclusivity,

and I am sure that is going to happen, Madam Speaker.

I would ask that the Minister focus on those three things, or two things, for me in his winding up. I will wait for the wind-up and thank you for the opportunity for these comments.

The Speaker: Thank you, First Elected Member for Cayman Brac and Little Cayman.

Does any other Member wish to speak? [pause] Does any other Member wish to speak? [pause]

Third Elected Member for Bodden Town.

Mr. Dwayne S. Seymour: Thank you, Madam Speaker.

I rise to give a small contribution to the Bill that we seek to amend—The Health Practice Law (2005 Revision).

I was hoping I did not have to get up. But, like the First Elected Member for Cayman Brac and Little Cayman said, it has taken a turn.

As a new Member, I wonder at times, and I get my answer whilst I am wondering, why young people are so turned off from politics and are not trusting us as politicians. Madam Speaker, I am asking, humbly, all Members to please remember that it is not only the politics that we play or the politricks and the effect that it has on our young people and the public, and to stop the scare mongering and be factual.

Madam Speaker, I would never use a word, like "dishonest," because it is unparliamentary and some might say I am questioning their integrity. But for us to go online to search . . . and, Madam Speaker, I also use the search engines to prepare for my speeches. But, Madam Speaker, what I want to be . . . or not want to be, is a "Google-tician." Yes, Madam Speaker, a Google-tician, to scare monger and play politics, and to be so mischievous just to start a political campaign. As many of us know, one of the ways that the Opposition tries to win an election is to start with scare tactics, start with a plan.

Madam Speaker, let us talk for a minute about Dr. Shetty's hospital. The public in itself is very smart. They are already talking about some of the things they hear on the radio, that it is so absurd and misleading. The public will understand that these guys are politicians and they are trying to make the other team look bad as much as possible to eventually break them.

Madam Speaker, Dr. Shetty's plan is a good one. It is a sound one. And it will benefit the people of the Cayman Islands.

When I hear them talking about corruption, Madam Speaker, and the quality of doctors and everything else in the world to try to discredit the Indian doctors and Dr. Shetty, and everything else, I would like your permission to read from a little Google in the spirit of things. It's from www.familyhealthcare.org.uk. I will also probably have to lay it on the table.

The Speaker: You should have a copy for me as well. Are you quoting the entire thing or just . . .

Mr. Dwayne S. Seymour: Just a part of it.

The Speaker: Is it a long document?

Mr. Dwayne S. Seymour: Sorry, Madam Speaker.

The Speaker: I am trying to . . .

Mr. Dwayne S. Seymour: It's just . . .

The Speaker: Let's get it copied quickly and then everybody has a copy.

Mr. Dwayne S. Seymour: In the spirit of research.

The Speaker: If you want to continue with something else while we wait a couple of minutes . . . it won't take but a couple of minutes to get it done.

Mr. Dwayne S. Seymour: Madam Speaker, let's look at how our relationship even started with the donation and the operation of a free cardiac cath lab at the George Town Hospital, donated by the Dr. Shetty's team. I have been listening intently to all of Dr. Shetty's presentations. And personally, I cannot wait for this hospital to come on line.

The opportunities themselves are what have me so excited, as I have three young children. For young Caymanians there will be enormous opportunities. Imagine, Madam Speaker, it will be the Government's responsibility to ensure that we encourage our youth to gravitate towards these opportunities and to get the necessary training in the said fields of medicine. We must, we must, we must encourage our youth to take this opportunity, especially once this hospital starts. It will take approximately eight years to complete in its entirety. During this time there are many Caymanians that could be trained in the different principles of medicine.

The commerce alone, Madam Speaker, is a great opportunity that our people will have whether it is in apartment rentals or the restaurant business or other spin-offs. We, as a Government, need to continuously ensure that Cayman benefits from all inward investment brought to this country. So, definitely this is shaping up, in my opinion, to be the third pillar of our so-fragile economy. I definitely cannot wait for this to start.

Madam Speaker, one of the great things about Dr. Shetty's vision and model is that he offers insight for countries worldwide that are struggling with soaring medical costs. Does that sound familiar? The Cayman Islands struggle every year with soaring medical costs. And one of Dr. Shetty's models fits right within what we need at this time, someone who has the insight for countries that are struggling with soaring medical costs. What perfect timing.

Madam Speaker, as I looked at *CNN* this morning, it said the cost for cancer care by the year 2020 will go up by 66 per cent! Imagine that, Madam Speaker. What perfect timing. The time is now, Madam Speaker. The time is now.

We are ahead of the game. Even the Mother Country is trying to play catch-up with us. The lowly Cayman Islands have now become the visionaries! I believe that Caymanians will be proud of the UDP's decision for many years to come. Imagine, a one-hour plane ride from Miami, safe environment, beautiful weather, beautiful people; a perfect choice. No need to wonder further why Cayman was chosen by Dr. Shetty's team. He was approached, as he said in his presentation, by many other larger countries, and it was a resounding vote that the Cayman Islands was the preferred choice.

Madam Speaker, Dr. Shetty has negated the idea from some in the industry that increased volume could compromise patient care. Dr. Shetty has proven the opposite. He uses high volumes to improve quality for it has shown hospitals that perform more surgeries that quality rises as doctors get more experience. For smaller hospitals there are not enough patients for one surgeon to focus exclusively on one type of heart procedure. Otherwise, Dr. Shetty's success rate is so good that it reported he has a 1.4 per cent mortality rate within 30 days of coronary by-pass graft surgery—one of the most common procedures—compared with an average of 1.9 per cent in the US in the year 2008.

Madam Speaker, just listen for a minute to some of his comments. And not only comments, but his actions. **"Four years ago, Dr. Shetty scrutinized his annual bill for sutures—then \$100,000"** (I am reading from a document that we already have "Henry Ford Heart Surgery" document, page 4).

"Four years ago, Dr. Shetty scrutinized his annual bill for sutures—then \$100,000 and rising by about 5% each year. He made the switch to cheaper sutures by Centennial, cutting his expenditures in half to \$50,000."

And his comments to back that, as I quote, **"In health care you can't do one big thing and reduce the price," Dr. Shetty says. "We have to do 1,000 small things."** End quote.

As we all know, Dr. Shetty was the doctor of world [famous] Mother Teresa, whom he also operated on. And for some to suggest that this is a fly-by-night operation is so sad and very misleading. There is no question that this hospital is a worthy and smart thing for the Cayman Islands to bring here. Imagine the amount of money our Government—that is so cash-strapped—will save on an annual basis.

As I extrapolate from the same document on page 4—"Operation Cut Cost"—the average price of coronary bypass graft surgery, Dr. Shetty's hospital \$2,000, US Medicare, \$20,000 to \$42,000. Coronary bypass graft surgeries performed in 2008, Dr. Shetty's

hospital, 3,174; the Cleveland Clinic, 1,367; the Massachusetts' General Hospital, 536.

Paediatric cardiac surgeries performed in 2008, Dr. Shetty's hospital, 2,777; The Children's Hospital in Boston, 1,026.

Madam Speaker, I do think it is approximately about \$25 million a year we spend on overseas health care just by the Government alone. I stand to be corrected. And if Dr. Shetty charges about 10 per cent to 25 per cent of the regular US cost, plus, we would also be getting a further reduction of 20 per cent on this already reduced cost, Madam Speaker, I only have one problem with this, it should have started already.

Madam Speaker, in wrapping up my contribution to this amendment Bill, in my humble belief it is pure politricks being played, and in my short political view I believe it is political jealousy. It is all about—*I am not the person who is doing it.*

It would be so amazing in just my pre-thoughts to see how quickly the same detractors would gravitate to this idea if they were in power. But anything that makes the UDP look bad, or anything that makes the UDP look good is a bad idea. And that is the whole strategy, my friends.

So, whether it is the dock, or whether it is the hospital, it is not a good idea because they did not bring it. Even international singer Shaggy had a song saying "It wasn't me." So, I make this contribution to alert the good listening public of the games people play when they cannot have their way.

Madam Speaker, I have had many managers before who did not accept my spot-on ideas. And turned right around and used my same comments and input when they got a chance to. All they did was to change a comma. I think this Government has definitely justified this decision and, again, visionary leadership.

I would like to applaud, especially the Premier, the Ministry of Health and the Dr. Shetty team for bringing this all together.

Before I end I would like to read the document that we just got copied, just to see when you talk about corruption and whether we should bring Indian doctors, or whether they are good enough, or whether Dr. Shetty is worthy, we are talking about the Indian organisation. Let's look at something very near and dear to us, the Mother Country.

As I read from the document of Independent Family Healthcare Ltd. It is entitled, "[UK General Medical Council Told Docs to commit fraud for MMR vaccine bonuses.](#)"

"The UK's General Medical Council issued formal written advice to UK medical doctors to commit fraud on the UK's National Health Service for personal financial gain.

"If UK doctors met target levels for vaccinations they qualified for bonus payments. One way of claiming was to make a false return." Imagine! **"The GMC's advice was for doctors to file**

false returns of the numbers of patients who had received the MMR vaccine. Doctors were advised to take unvaccinated child patients off the patient list temporarily to claim the bonuses but also to ensure the parent agreed, [thereby implicating parents in the fraud]."

Imagine! This is the UK we're talking about.

"The GMC is the UK statutory body established to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine by medical doctors. Dishonesty, financial impropriety and fraud fall within its purview [in more ways than one it would seem]."

"This is the same organisation which recently found Professors Walker-Smith, Simon Murch and Dr Andrew Wakefield guilty of numerous charges filed by *Sunday Times*' journalist Brian Deer."

Say it is not so! Not India; this is the UK!

"No parent complained and the doctors enjoy wide support amongst parents of many autistic children they did their best to help. Other doctors who have refused to toe the UK's Department of Health line on medical practice have found themselves facing or threatened with proceedings by the GMC including amongst many others these . . .

"So if it concerns getting MMR vaccine uptake up to help the drug industry," you cannot get any UK doctors either! This is something else! "fraud is fine."

"So if it concerns getting MMR vaccine uptake up to help the drug industry, fraud is fine."

Imagine!

"But make sure you implicate the parents and what better way to do that than to pressure them into agreeing their children become temporary patients possibly for emergency treatment only or else be dumped from the patient roster completely. But if you raise valid concerns about the safety of vaccinations watch out." End quote, Madam Speaker.

Madam Speaker, I thank you for this time to speak in this honourable House and I support 100 per cent the amendment of this Bill. Thank you.

The Speaker: Thank you, Third Elected Member for Bodden Town.

Does any other Member wish to speak?
[pause] Does any other Member wish to speak?
[pause]

Second Elected Member for Bodden Town.

Mr. Anthony S. Eden: Thank you, Madam Speaker.

As I rise to make my short contribution to this amending legislation. First of all, I would certainly say that it is the democratic right of any of us sitting in here to have our opinion, our interpretation on what we feel could emanate from the Bill once passed into

law. Most of us here, I am sure, would defend that to the end.

I must take my hat off to the Third Elected Member for West Bay in his evangelical call. He certainly put forward some very important information that much of the public out there may not be aware of.

The First Elected Member for Cayman Brac and Little Cayman spoke (and I am sure the Minister will deal with this in his winding up) on [clause] 4, the special registration list. As I went on to read [clause] 5, this did give me some comfort as to what was happening with that.

[Clause] 5, [new section 24A (3)] indicated, “**A person specially registered under this section may practice at the health care facility as specified in the person’s application . . . but not otherwise.**” I can be corrected, but I am sure the Minister will elaborate on this. This is restricting the practitioners to the facility that will come on line, being that of Dr. Shetty’s hospital.

Madam Speaker, as in any legislation, everything cannot be perfect. There are chances that we all must take and in this instance it appears to me, and having worked for three terms under the existing registration of the Health Practice (Amendment) [Law] and the criteria established there, I remember, and it was alluded to earlier on, in regard to when the Cuban doctors came here. There was some concern as to their ability.

At that time, it was mainly the communication, the language situation. It was, at that time, the belief that there should be an understanding between the doctor and the patient. And we did indicate that if any of those doctors wanted to go on to Jamaica to get credentialed and whatever they needed to get in line, we would support them. A number of them took up that proposal. And I can tell you that we do have some of those Cuban doctors and it is known around the world that the standard of health care in Cuba is one of the highest in the world. I had the opportunity on one occasion to experience it with a friend of ours.

Madam Speaker, the other section that brought some concern to Members is the directions that can be given to the Councils by the Governor. I am hoping that when the Minister winds up, he will expand and expound on this. There is some concern, mainly with the belief that to give directions to one in this instance it should be someone with medical background and understanding.

Madam Speaker, once this Bill is put in place it will be far-reaching. And it is my belief that the magnitude of development that we are looking at would certainly behoove the proponents to make sure that they have everything in line and that the good reputation of the Cayman Islands is upheld.

Thank you.

The Speaker: Thank you, Second Elected Member for Bodden Town.

Does any other Member wish to speak?
[pause]

Elected Member for East End.

Mr. V. Arden McLean: Thank you, Madam Speaker. My contribution to this Bill will be short.

It is public knowledge that I support the provisions for medical tourism in this country. I always have, because like others who support and promote the introduction of medical tourism, I believe that it can serve as another pillar of our economy. Therefore, it is not my place at this time to change my position whether it is based on who it might be.

However, Madam Speaker, I do believe that if medical tourism is going to be a pillar of this economy, then certainly Caymanians should benefit as a result. And I have some concerns about the way some of the provisions are put in here to allow a medical tourism provider to be established here, and I wonder if it is going to exclude all others, that is, the provisions that are in here, such as [clause] 3, where, “**The principal Law is amended by inserting after section 7. . . 7A (3) The provisions of this Law relating to health care facilities apply to medical tourism facilities, and a medical tourism provider shall not operate a medical tourism facility without a certificate issued under this Law authorising the operation of the health care facility at which the relevant medical tourism services are provided.**”

Now, I hope that is not to the exclusion of Caymanian facilities that currently exist, because under clause 5, the [Bill] is proposing to amend section 24, with 24A, which says, “**(1) Subject to this Law, a person who satisfies the relevant Council of the matters specified in section 24(2) may apply to be specially registered under this section and that person shall be registered by the Council as a registered practitioner in the special registration list.**”

“(2) The Governor may by Order published in the Gazette designate a health care facility as a facility at which persons specially registered under this section may be employed, whether or not together with any other registered practitioners.”

Now, Madam Speaker, I know that the current facility we have been talking about, the Dr. Shetty hospital has an exclusive agreement with the Government for five years after it commences operation. And that provision requires that the persons travelling from overseas would be treated at that registered facility. My concern and question is, if someone who travels to this country (and I don’t know that they do not at this time) who can be classified as a medical tourist, because they have found some procedures, medication or whatever here, that they consider cheaper, or the likes, or more suitable for their case, if a Caymanian facility is not registered as a tourism provider, will that institution or individual be prosecuted? Currently, I do not know if that happens. I really do not know if that happens.

By all accounts I believe I have seen a number of institutions here advertise that there were particular specialists on the Island at a particular time—cosmetic surgery and the likes. Now, I do not know if people from overseas, be it America, England, whatever country, follow those specialists to this country because the procedures can be done cheaper here, I do not know if that happens currently. I do not know.

Madam Speaker, I had a situation last year when I personally visited a doctor in America. After I got the prescription I went and got some medication. Six months of medication was just close to \$300 in the States. Sixty days of medication was close to \$300. When I got here and that [medication] was completed I went to my cousin's pharmacy. I asked them to give me another two months. They had to call the doctor who referred me from there to get approval to do this, which he did. I had refills from the States, but I did not have any prescription from here, so he approved it. They gave me the bill and the medication was forty-something dollars. And I said, "No, I think you have made a mistake." It had to be a mistake. Maybe I argued a little too much with the people, but I said, "Is this the same medication? Or is this generic?"

They said, "No."

I said, "Have you taken off the federal tax? Have you given me family price?"

They said, "No. This is the price of the medication."

I hope Donald does not increase it now!

[laughter]

Mr. V. Arden McLean: Anyway, Madam Speaker, that is what my concern is. Suffice it to say that I did not go back to the United States to buy any; I went to my cousin's pharmacy every time I needed a refill.

Madam Speaker, therein lies . . . because this covers all the Councils, pharmaceuticals, the Pharmacy Council, all four Councils this would cover. You would have to be registered in all of those disciplines to practice here. I do not know if that scenario would be a possibility.

Now, if such is the case, then, Madam Speaker, we certainly cannot exclude those Caymanian businesses from that possibility. We need to ensure that this law makes provision—which I do not see in here—which excludes Caymanian businesses. Now, I know Caymanians can, at whatever time . . . provisions are for Caymanian businesses who want to go into the medical tourism field. But it appears exclusively Caymanian and no overseas interests. No foreign investor interest.

Whilst I believe that may be a little bit off the track as well, we need to ensure that we make provisions for Caymanians, especially those businesses that are established. We have a number of clinics here. We have a number of . . . well, we have another hospital here. We have our own hospital here, where we may find ourselves in contravention of our own

law. Certainly, I do not know how far the Attorney General and/or the Minister will go in prosecuting his own hospital if he has a specialist there and some tourist comes in here specifically to get some medical procedures done.

I know we may say that we do not provide tertiary level care here at our hospital, but I would like to think we do, because if someone refers another person from overseas because there is a specialist, be it visiting or otherwise, our hospital, then I would like to think that that's tertiary level medicine being practiced.

Madam Speaker, I support the provisions of medical tourism. But we need to move forward with caution that in our quest and our zeal to put this in place that we are not excluding the possibility, the probability of existing facilities going through or committing an offence in this country and being charged \$25,000 and the likes. I have some serious, serious concerns about that. And it may be that the Attorney General or the Minister has some explanation, however I do not see it here. I would specifically ask that it be addressed.

Madam Speaker, I would like to hear the Minister's response to all of those issues that have been raised because there are other Members who raised other specific issues. But I would encourage us to all be tolerant to all others, because, Madam Speaker, I have no authority on the medical field other than trying to find a doctor if something goes wrong with me. Certainly, there are people in this honourable Chamber who only know how to turn on a light switch to use electricity, that I could teach them a thing or two. But I do not think it is reasonable for me to disrespect them because they do not know.

I believe we need to show a little tolerance with people. I know what my shortcomings are. I don't know anything about the medical thing, Madam Speaker. And I would encourage all of us to respect each other.

I have not been here for much of this debate. I have been for a little piece here and there because I had some other pressing matters. But, Madam Speaker, that is my plea. This is 2011. I believe we need to be a little kinder and a little gentler in interpreting what others mean.

Thank you, Madam Speaker.

The Speaker: Thank you, Member for East End.

Does any other Member wish to speak?
[pause] Does any other Member wish to speak?
[pause] Does any other Member wish to speak?
[pause]. If not I am going to call on the mover of this Bill to make his reply.

Honourable Minister of Health.

Hon. J. Mark P. Scotland: Thank you, Madam Speaker.

I have listened intently over the last days to the various contributions on the debate, lively contri-

butions. I must say that this proposed Bill has generated much discussion.

Madam Speaker, I start my brief winding up trying to address or to speak to some of the concerns expressed by the Member for North Side who opened the debate on the Bill yesterday. He started by saying that this was the most troubling and disturbing Bill that he had ever had to face in his 30 years of politics, entirely unnecessary with the potential to destroy any hope of developing medical tourism. He said provisions fly in the face of all that has been done in the last 40 years.

Madam Speaker, based on the contributions by other Members who expressed some concern, which I hope to address, I am a bit more at ease now. Certainly, no other Member expressed the concern that this draft Bill being tabled here today is the worst and most disturbing piece of legislation they have ever seen. So, that gave me some comfort [knowing] that it is not as bad as the Member for North Side is saying.

Madam Speaker, he said if we pass this Bill we are going to throw the bath pan, the baby and everything else out with the bath water, and that we are putting all of our eggs in one basket with one medical tourism provider.

Madam Speaker, in my opening remarks, although I was very forthright when I said that the genesis of the Bill itself was to satisfy the commitments in the Agreement with Dr. Shetty, the Bill in no way makes it seem that we are putting all of our eggs into one basket with one developer. What the Bill does (and I will go into the provisions of the Bill later on) is create a designation of medical tourism provider. And, while it gives us the mechanism to provide the exclusivity under the Agreement, more importantly, Madam Speaker (and I said that in my opening contribution as well), the Bill provides us with the mechanism to better regulate the medical tourism industry as we go forward.

Madam Speaker, I said that we are considering medical tourism to possibly be the third leg of our economy in the future. And in that regard, we should regulate it, control it, monitor the growth and development as closely as we can in a similar way that the financial industry has developed, and even the tourism industry in that regard, over the years, in order to ensure that a high standard of facilities are developed here, high standard of practitioners, high standard of care for patients who come here, and, importantly, opportunities for Caymanians businesswise, employment-wise.

In the instance of Dr. Shetty's hospital the opportunities for education are there. So, the designation included in this Bill does just that, Madam Speaker; it gives us an extra method, and extra way to regulate and control the industry as it develops.

Madam Speaker, I want to read briefly from the [Agreement](#) with Dr. Shetty because there has been much discussion regarding the exclusivity; how long it is, when it starts, what it is exactly, who is ex-

cluded and so on. Madam Speaker, I am just going to read one paragraph from the Agreement.

Exclusivity from Competition, clause 2.12 says: **"From the Effective Date until the expiration of 5 years from the date the hospital commences operations, to give the Company the exclusive right to set up large-scale medical tourism facilities in the Cayman Islands. Specifically, no other non-Caymanian will be permitted to come to the Cayman Islands to compete in the field of large-scale medical tourism. Subject to clause 13, such exclusivity will take the following form:**

"a. Such action as may be necessary to prevent a non-Caymanian" (and Madam Speaker, I keep saying here it is a non-Caymanian) **"from operating a health care facility involving the conduct of large scale medical tourism facilities for the period from the Effective Date until the expiration of 5 years from the date on which the hospital commences operations;"**

And, Madam Speaker, just to give the definition of "large scale medical tourism facilities" that means "facilities of 25 or more inpatient beds offering the provision of medical tourism."

So, Madam Speaker, when we speak about exclusivity under this Agreement, it does not refer to any Caymanian operating any facility of any size that is over 25 beds or under 25 beds, whether it is an inpatient facility or an outpatient facility providing medical tourism services. This Government and this Minister would not enter into an agreement that would exclude any Caymanian from a business opportunity such as that. So, that is the form that exclusivity takes, Madam Speaker.

Madam Speaker, the Member for North Side spoke about the discussion with the Medical and Dental Society. Madam Speaker, I have had discussions with the Medical and Dental Society on a number of occasions as well. But what is interesting about that Society, Madam Speaker, is that while they represent the medical industry (or, that's what they say), in every discussion I have had with them, I have not been able to meet with more than five or six of the doctors.

I remember setting up a meeting last year, July I think it was, specifically to discuss the proposed Dr. Shetty project and get some input. This was prior to Government entering the Agreement with them. We wanted to gain their input and get feedback from them on things that were going to go into the Agreement and how it would affect them. Madam Speaker, we set up . . . I think they set the room up and everything. They set up a big room down at the Hyatt Beach Suites. Set up a big spread of refreshments and so on, and five or six doctors showed up.

Recently, again when we were discussing this draft Bill as well, we set up a meeting and invited a number of them, and again, I think only three doctors showed up. I asked them at that time, "What size is your membership?" Their membership is about 40

practitioners—and that is out of over 200 practitioners [who are] on-island. So, out of 200-plus practitioners, only 40 of them are in the Medical and Dental Society. And when they get together to discuss important issues like this, we can only see five or six of them. So, it shows the level of interest, or how strong a society that is.

Madam Speaker, the way in which we have gained input into this Bill is, as I said in my opening remarks as well, by discussing this with the Health Practice Review Committee, which is made up of the chairs of all the medical councils. I named those and also the other persons who are on that Committee. All the chairs of those medical councils are private physicians who I consider are stakeholders who represent their various councils and, by extension, the medical industry. And, having those members form the review committee as well as the Ministry, the CMO and others, the Department of Health Regulatory Services, I think provided a wide range of cross section of stakeholders to give us input into this Bill. And, as I said, that review process is still ongoing.

So, Madam Speaker, like I said, I think that the statutory councils which we appoint, gives us the proper method to gain the feedback, the input that we needed for this Bill. Not to say that I did not take the input from the Medical and Dental Society, but as I said, that is a society formed by the doctors themselves which does not seem to be a very, very strong group, a very cohesive group. As I said, I have only seen a small number of them get together at any one time.

Madam Speaker, the Member for North Side said the million dollar question was why we were making these changes. And it was wrong because we were just satisfying the conditions for the Agreement. Madam Speaker, I made it clear, again, that the amendments were to satisfy the Agreement but there were also other benefits to these amendments.

Madam Speaker, if I had not said that, if I had just come and said we were making these amendments for the benefit of the medical industry, then there may have been the assertion that it was hiding the real reason why we were making the amendments. I was forthright in that. I made it clear that the amendments do satisfy the Agreement, but it also does have some ancillary benefits to the medical industry.

Madam Speaker, the Member for North Side also said there were three, if not four medical tourism facilities that would start now if it were not for this project. Madam Speaker, I have also met with proponents of other facilities. I met with proponents of facilities before Dr. Shetty. I know of several small ones. I know of some large ones. I have heard of another large one that says they are a Caymanian group and I even saw where they reported in the press article that they had presented it to the Minister for Health and also to the Premier.

Madam Speaker, I have never met with the group. I know one of the proponents extremely well and I asked him recently. I said, "How can you put in the press that you have met with me and presented it to me, when you never showed me anything to do with the proposed project that you want to do?" He could not answer me.

So . . . but like I said, I have seen . . . and others have met with me. And we did consider other proposals. I remember we had a proposal for a big cardiology centre that they wanted to develop on Seven-Mile Beach. Madam Speaker, that group asked for 25-years exclusivity on every cardiac procedure to be done in the Cayman Islands; a 25-year exclusivity on every procedure done in Cayman would have to be referred to them.

They also asked for 100 per cent duty concession for 25 years, and a number of other concessions. So, to say that we have just jumped and thrown all of our eggs to one developer with one project, it is after careful consideration that we have chosen this one developer and this one project to be developed here. Because, like I said, there are numerous others, and I just gave the example of one where they asked for what was considered . . . you know, being the first one that was presented to me, I thought that if these are all the type of proposals we were going to see, the Government will not accept any of these, because they are going to ask us to give them 25-year exclusivity on every procedure. And there wasn't anything about any discount; we still had to pay for those procedures. And then, like I said, 100 per cent duty concession as well.

So, we did consider other proposals. And the one that offered the best, the greatest benefits in many different ways for the country is the one that we signed this Agreement with, the Dr. Shetty group.

Madam Speaker, the Member for North Side talked about the project, how large it is going to be. Again, he almost made it seem an ominous thing in terms of the numbers of people. He said it is going to employ 20,000 to 25,000 professionals to staff the hospital. Madam Speaker, I think that is a gross exaggeration. And when adding the support and the family members, he said it would double our population.

Madam Speaker, the project is going to be developed over a number of years, I would say similar to the Camana Bay Development. I remember when 10 to 15 years ago when they talked about a build-out, there was going to be 15,000 people living in the development. Well, 10, 15 years later it has taken its time and it has grown and everybody is happy to see that project there for a number of reasons. But there have not been 15,000 people who have come to the Island all in one week to live or work at the project. And it is the same thing with this project, Madam Speaker. When you talk about projects of this nature, we talk about phased development, phased growth. And projects like this are going to grow only if the demand is there.

So, when the project starts, if it starts at 100 beds, 200 beds, as the demand grows that will determine whether it reaches 2,000 beds and when it reaches 2,000 beds. And then the support that is required for that will come along with it. The good part about that, Madam Speaker, is that over the growth of the project, over the development of the project, with the training element that is going to be here, the education element that is going to be here, or even overseas, a number of the positions to be filled at that facility can come right here from our Caymanians.

We heard the Third Elected Member for West Bay give some information from the economic impact study and he talked about how many Caymanians could be employed. So, Madam Speaker, when we talk about the numbers, we do not want to make it seem—and the Member for North Side made it seem—like next week when the project starts, 25,000 people are going to arrive on the planes and start to live and work here all at one time. And that could not be further from the truth, Madam Speaker.

What will happen over time will be, as I said [before], that all these projects will be based on the demand. So, [Dr. Shetty] has a projection for the project. And if those projections do not play out then you will not see 2,000 beds and you will not see 20,000 people living and working here at one time. But, the important thing is, it is a phased growth and it will happen as the demand justifies it. And, as I said, it presents opportunities for Caymanians to turn to the medical profession, either young Caymanians to train, or Caymanians who find themselves out of employment now to re-tool and re-train themselves and go into the medical field.

Moment of Interruption—4.30 pm

The Speaker: Honourable Minister for Health, we need a motion to continue after the hour of 4.30.

Suspension of Standing Order 10(2)

Hon. J. Mark P. Scotland: Madam Speaker, I so move, under Standing Order 10(2), to continue business after the hour of 4.30.

The Speaker: The question that Standing Order 10(2) be suspended to allow the continuation of business after the hour of 4.30.

All those in favour, please say Aye. Those against, No.

Ayes.

The Speaker: The Ayes have it.

Agreed: Standing Order 10(2) suspended.

The Speaker: Honourable Minister of Health, continuing his debate.

Hon. J. Mark P. Scotland: Madam Speaker, I want to turn briefly as well to the concessions, because that, again, has been hotly debated. And I keep using the word that the Member for North Side used. He kept using a term “investment.”

Madam Speaker, for me an investment is when the Government has to allocate funds from its budget into a specific project. And while “concession” may be deemed as a form of investment, it is not a direct investment on the part of Government. What this is, like I said, is just that—a concession.

There are a couple of points as far as concessions, Madam Speaker. Very importantly, one is that if the project does not come off the ground, if the project does not go forward, there is no concession to Dr. Shetty. So, Dr. Shetty does not realise any concession if he does not do any project. So, when we talk about a concession, it goes hand-in-hand. We encourage him to do the project and then he wants to do the project so that he can get the concession. We want him to do the project so we can see the benefit from it.

So there is a small concession. And we talked about the large one which is the concession to do with duty, where we provide a concession of up to \$160 million over . . . it is a concession on the first \$800 million worth of hospital equipment, which equates to about US\$160 million. Madam Speaker, if that happens, over five or six years we are talking about a concession of about \$20 million. And, when we speak—like my colleague from West Bay so eloquently spoke about in his contribution—about the economic impact, about the direct investment, the indirect investment and other benefits a concession of that nature that is going to spur, that type of development is certainly worth it, Madam Speaker.

Madam Speaker, the discussion on the quality of health care, the quality of practitioners . . . and I wanted to read a small excerpt from an article. I do not think you need to copy the whole thing, because it's only about three lines that I am going to read from an article. It is a website—everyone has done Google these days—health-tourism.com.

“Medical Tourism Facts: Why do people go abroad to get medical treatment? While most would think that medical travelers seek cheap and fast medical attention, some facts . . . regarding medical tourism indicated otherwise. . . . 40% of medical travelers seek advanced technology, . . . 32% seek better healthcare. Another 15% seek faster medical services while only 9% of travelers seek lower costs as their primary consideration.”

With that in mind, Madam Speaker, why would Dr. Shetty, or anyone for that matter that is going to engage in medical tourism, want to, in the words of the Member for North Side, Mexican-ise the medical industry?

I submit that it is in the best interest of Dr. Shetty to develop a facility of the highest standards. He has already spoken about the facility itself being

developed towards receiving JCI Accreditation, which is the Joints Commission International Accreditation, which is the highest level of accreditation for medical facilities in the world. And he has already spoken about the facility being accredited at that level.

So, again, he is setting up the facility to attract the North American market because of our geographic location. Wanting to attract those types of patients, why would he want anything else but the highest standards? Americans are not going to leave their place of abode, their country, to go to a lower standard of medical care regardless of the savings they are going to achieve from it. That is not going to happen, Madam Speaker. So, it is in his interest to develop the facility to the highest standard and also to have the highest level of practitioners employed at that facility, Madam Speaker.

He has a reputation to maintain. And that is key, Madam Speaker. Not a reputation to develop or to grow, but a reputation to maintain. He is already a world renowned physician, and many of my colleagues have already acknowledged that. And with many facilities in India and his reputation, I am quite sure he would not want to compromise by lowering any standards of his physicians or his facility here in the Cayman Islands.

That is Dr. Shetty. We have the same objective. We already have a very high standard of medical care here in the Cayman Islands; a high standard of practitioners. I acknowledge that many times, as often as I get the opportunity to. And we want to maintain the same thing—maintain it, or improve it. And that is what we are doing with this Bill.

Madam Speaker, I had the opportunity to visit one of Dr. Shetty's facilities in Bangalore. I concur with the comments of my colleague from West Bay that the facilities are first class. They are first world facilities [and] the physicians there as well. I met physicians there who had left facilities in the US to come and work at that facility and run different departments in the hospital for him.

Madam Speaker, I wanted to speak a little bit now about . . . there was one point made by one of the Members that the rationale for this legislation is to keep Caymanians from getting into the medical tourism business. I said already, Madam Speaker, and I read the clause on exclusivity where the exclusivity does not apply at all to Caymanians with any size of a medical facility, whether it be large, medium or small, inpatient or outpatient.

Madam Speaker, there was a discussion about the airport. Again, the Third Elected Member for West Bay ably addressed that. I did want to read the specific point in the Agreement that refers to the airport as well. Section 2.4 in the [Agreement](#) says (this is one of the undertakings of the Government): **“To upgrade the airport facilities (including, if appropriate, establish a new airport facilities elsewhere on Grand Cayman) to accommodate increased traffic in a timeframe that will facilitate the growth of**

passengers as a result of medical tourism” (and, Madam Speaker, very importantly) **“where the Government is satisfied, acting reasonably, that there is a significant increase in the number of visitors to Grand Cayman for medical treatment at CNHU and that the existing airport facilities are inadequate to facilitate the arrivals and accommodation of such an increase in visitors.”**

Now, Madam Speaker, that simply says that if he does the hospital and we start to get a lot of people visiting and the airport gets too small, we have to build a new airport. But, like we said, that is going to happen anyway if the traditional tourism starts to grow and/or the financial industry continues to grow and the number of people start coming here and we get increased numbers of arrivals. As a matter of fact, we are considering expanding the airport now because the existing airport is too small to handle the traffic that we have.

I think that we would hope that that happens, because if we see that happen it means that the project has been successful. [If] we have a large number of visitors, whether that be the patient or their family coming in arriving on the Island and the airport gets too small, we have to expand it or build a new one. I think, Madam Speaker, that is a good problem to have if we . . . but, it does not say here that Dr. Shetty tells us when to expand the airport; it says when the Government is satisfied that it is necessary.

Madam Speaker, there has been a discussion again about concessions. And I think maybe more than one person spoke about the Government giving up concessions, but Caymanians not getting concessions. Madam Speaker, again, there is nowhere in this Bill or in this Agreement with Dr. Shetty that excludes or precludes any Caymanian from applying or requesting concessions from the Government for any project.

In fact, during our tenure I am aware that we have already provided concessions for a number of small Caymanian developers doing projects, not necessarily medical tourism related, but just making the point that this Government is receptive to any person seeking concessions, particularly at this time. And no one is excluded or precluded from the opportunity to apply for such concessions. So [neither] this Bill, nor the Agreement that we have with Dr. Shetty excludes any Caymanian from seeking concessions.

Madam Speaker, I am going to speak now to the provisions in the Bill and try to address the concerns that were raised over the last couple of days.

Madam Speaker, the Bill starts by providing definitions for “medical tourism facility,” “medical tourism provider,” and “medical tourism services.”

“The principal Law is amended by inserting after section 7 the following section 7A(1).” And it says, **“Where the Governor deems it to be in the national interest, the Governor may by Order published in the Gazette designate any person as a medical tourism provider, upon such terms and**

conditions . . . as may be specified in the Order; and, upon such designation, the medical tourism provider may provide . . . services at any health care facility designated in the Order . . .”

“(2) Where the Governor deems it to be in the national interest, the Governor may by Order published in the Gazette designate any health care facility as a facility at which medical tourism services may be provided, upon such terms and conditions (if any) as may be specified in the Order; and upon such designation.”

“[(a)] medical tourism services may be provided at the health care facility so designated, to individuals who have travelled to the Islands for the purposes of obtaining health care; and [(b)] medical and surgical services may be provided at the health care facility so designated to individuals who are normally resident in the Islands.”

Madam Speaker, the purpose, like I said yesterday, of this clause in the Bill is twofold: One, it gives the Government the ability to regulate by designating who can provide medical tourism services as a medical tourism provider. And the process by which that would work, Madam Speaker, is that an entity would make an application to be a medical tourism provider. And I will give an analogy. In a similar way that someone now applies for a coastal works licence, that coastal works licence application is reviewed by the DOE, which is the Government’s technical expertise in that area. Once the review is complete, it is passed on to the Ministry and then taken to Cabinet for Cabinet’s decision on whether or not the coastal works licence should be approved.

It is a similar process in which this designation as medical tourism provider would happen. So there is no direct application to Cabinet. There was the assertion yesterday that the Cabinet does not have the technical expertise. Well, the Cabinet doesn’t have all the technical expertise in every area either, and that is why we rely on our technocrats, the persons in the Ministry and the various departments and even the medical councils the Health Practice Commission would be involved in reviewing the application for medical tourism provider.

Madam Speaker, in this instance it would even be the Ministry and Department of Tourism because when we talk about . . . I will give an example. If another large medical tourism provider, say, either a Caymanian medical tourism provider, or even after the period of exclusivity was applying to become a medical tourism provider but we had to look at the amount of room stock available for persons coming here at that time. That may be a reason why we do not need another medical tourism provider at that time, or we cannot sustain another one. So, there are a number of different areas that would have to be under review when we consider who would be designated as a medical tourism provider.

Madam Speaker, the other important point in this [Bill] is [clause 3 new section] 7A(3), on page 6 of

the amending Bill, which says, “The provisions in this Law relating to health care facilities apply to medical tourism facilities, and a medical tourism provider shall not operate a medical tourism facility without a certificate issued under this Law authorising the operation of the health care facility at which the relevant medical tourism services are provided.”

Madam Speaker, the certificate being referred to in that section is a certificate under section 5 of the principal Law, “Certification of health care facilities.” “The Health Practice Commission may, upon application being made to it issue a certificate to any person to operate a health care facility.”

So, Madam Speaker, although we have amended the Bill to designate a medical tourism provider, once designated as a medical tourism provider, in order to operate that facility they will still have to apply and go through the process to receive a health practice certificate from the Health Practice Commission. So that process has not changed. We have not repealed that section of the Law and that still has to happen.

Madam Speaker, a question asked was if this amendment to the Law excludes existing facilities. Madam Speaker, it does not. Dr. Tomlinson’s hospital can apply for designation as a medical tourism provider. For that matter, the Health Services Authority could apply to be a medical tourism provider.

The other question that was asked by the Member for East End, as I remember it now, was about facilities where a medical tourist, someone who has arrived here for medical tourism, might go to Dr. Shetty’s hospital but wants to buy medicine at another pharmacy on the Island. The question was asked if that pharmacy would be prosecuted if they were to sell medication to that patient who was a medical tourist.

Madam Speaker, under the provisions of the Law as it is, if they are not designated as a medical tourism provider, definitely that would seem a possibility. But, I would assume it would be in the interests, particularly if we are encouraging medical tourism and there will start to be a large number of persons coming here specifically for medical tourism, that pharmacies and other medical facilities, be they large or small, Caymanian-owned or otherwise, that are already in existence, would apply for that designation so that they would be able to take advantage of the medical tourism that is coming to the Island as well.

Madam Speaker, I want to see if I have addressed all of the concerns on the designation of facilities before I move on to registration.

The Third Elected Member for George Town spoke about the transfer of the responsibility from the bodies under the Health Practice Law of the medical facilities. Like I said, Madam Speaker, that is not what is happening with the amendment to the Bill. Like I said, the designation of medical tourism provider is in

addition to the registration of medical facilities under the Health Practice Law. I read the specific clause a little while ago. I hope that addresses that concern, Madam Speaker.

[inaudible interjection]

Hon. J. Mark P. Scotland: I explained a while ago why it was necessary for two reasons: One, to give an added means of regulation to the industry; and, two, . . . because the second reason gives the Government the means to exercise the . . . or to provide the exclusivity by . . . because as I said in my contribution yesterday, Madam Speaker, the only large-scale medical tourism facility for non-Caymanians that can be designated in the period of exclusivity is the Dr. Shetty group.

The suggestion was made yesterday that we could fulfill that exclusivity by including it in as an amendment to the Law. Madam Speaker, it was felt that by putting an amendment in the Law that could be changed a lot easier than honouring an Agreement which is in place, a binding agreement which would pass on from administration to administration. However, Madam Speaker, we know how governments are. And sometimes, by the slightest chance that the government may change in the next election—

[Inaudible interjections and laughter]

Hon. J. Mark P. Scotland: And then the Agreement would still be binding. Whereas if you were to put something in the Law that said that the Dr. Shetty hospital had exclusivity, that would be subject to change or amendment in the future.

Madam Speaker, I turn now briefly to the special registration. The special registration category being introduced, again, has been the subject of much concern. The reasons for it, as I said: One, it gives us the ability to register practitioners who do not come from the seven countries on the principal list in our current legislation.

Madam Speaker, when that Law was enacted many years ago and those seven countries placed on the list, at that time I agree it was probably for very good reason. The opportunities to train and become a medical practitioner in many other countries probably were not as good as in those seven. I listed those yesterday.

Since that time, I venture to say many may agree with me, or not, that the opportunities, the training and level of expertise and experience we can gain in other countries is up there with those seven as well. That is why one of the terms of reference for the review committee is to look at where we can add additional countries to that list, where it is possible to add additional countries in the future.

At this point we have not come to that. The Cayman Islands does not have its own accreditation system. I know it has been said that we should just

refer to the CAMC (Caribbean Association of Medical Councils) exam that is given in Jamaica. But, Madam Speaker, I was at a PAHO (Pan American Health Organization) meeting in December in Washington. One of the topics at that meeting was how difficult the whole CAMC process is, and it is even chasing Caribbean Medical practitioners away. The Caribbean is losing medical practitioners to North America and Canada and other areas because it is easier for them to become registered there.

They have an exercise underway now which is to look at how to make the process . . . and when I say “easier,” it is not to lower the standards; but it is just a very onerous and vigorous process that you have to go through to get registered. And that is for our own Caribbean medical practitioners. So, to say that we would refer to that, which is a very difficult process as it is now, and onerous, that is what we use now in some instances.

But, Madam Speaker, what we are trying to do now with the special registration list is . . . we have added a category where the practitioner will not be fully registered. The practitioner will have to work at a designated facility. But the practitioner is not going to be considered any lower level, any lower standard, any lower tier of a practitioner than the fully registered practitioners.

There are a couple of things from that, Madam Speaker, one, as we said, the practitioner will be . . . under [clause] 5 [new section 24A(3)] of the amending Bill it says, “**A person specially registered under this section may practice at the health care facility specified in the person’s application . . . but not otherwise.**” So, that’s a couple of things there, Madam Speaker, as we said to satisfy the concern of some of the local doctors that doctors who came in to work at Dr. Shetty’s hospital would immediately after six months or a year leave there and start their own practice or work in another practice locally. That would not be able to happen readily, as they would only be registered to work at the designated facility.

Madam Speaker, there was a question about the definition of “special registration.” Again, that is in the amending [Bill] under [clause] 5 [new section] 24A (1), (2) and (3). “**[(1)] Subject to this Law, a person who satisfies the relevant Council of the matters specified in section 24(2) may apply to be specially registered under this section, and that person shall be registered by the Council as a registered practitioner in the special registration list.**

“(2) **The Governor may by order published in the Gazette designate a health care facility as a facility at which persons specially registered under this section may be employed, whether or not together with any other registered practitioners.**

“(3) **A person specially registered under this section may practice at the health care facility specified in the person’s application (being a facil-**

ity designated under subsection (2)) but not otherwise.

“(4) Registration under this section shall be for a period of two years and the practitioner wishing to renew his registration shall apply for such renewal not less than sixty days prior to the expiration.”

Madam Speaker, [new section 24A] (5) also talks about another benefit of the special registration—it talks about, **“In the cases of emergency the chairman of a council may approve the registration of an applicant for a period not exceeding ninety days.”**

I mentioned yesterday as well that an added benefit of the special registration is that if you ever have, God forbid, a natural disaster or other type of disaster, where a number of doctors would be required we can register them under this section as well for short periods, you know, if they have to come in and assist in anyway.

So, this definition is in the Law.

The question was asked about the specific criteria for special registration. Madam Speaker, the specific criteria for special registration will be in the regulations to this Law, the Health Practice Registration Regulations. So, those have not been added to the regulations yet, Madam Speaker. Those are currently being developed with the aid of the Health Practice Committee and the Councils. Madam Speaker, those are specific to the various councils, the Medical Council will have their own, the Nursing and Midwifery Council, the Pharmacy Council will have their own separate sets of criteria as to how to deal with special registration.

Further to that as well, Madam Speaker, there will possibly be guidelines developed by the various councils. Note, Madam Speaker, that I have not yet said anything here about Cabinet being involved in this registration because that is not the intention either in the existing Law or with these amendments. All the registration of practitioners will still be carried out by the relevant councils in the format and process which I just spoke about.

Madam Speaker, I was pleased to hear the contribution of the First Elected Member for Cayman Brac and Little Cayman. He talked about the need for development, growing health care costs and the effect on our budget and so on. He said this project certainly does have the added benefit of being able to lower that health care cost in the future by being able to keep patients here. The discounted cost would also keep their family members here. And that is a benefit for us.

Madam Speaker, the First Elected Member for Cayman Brac and Little Cayman assured that [he and] the Second Elected Member [for Cayman Brac and Little Cayman], my colleague, the Deputy Premier, have been working very, very closely together to ensure that some of the benefits of this project will be

definitely felt in Cayman Brac and Little Cayman as well.

I was also pleased to hear the contribution from the Second Elected Member for Bodden Town. Knowing that he was a past Minister of Health, as well, it was reassuring to know that he said that he thinks at this time the Government needs to take some chances; that he can see that our economy is in a fragile situation. So, we cannot sit back; we need to take some chances to move things ahead. I was pleased to see that he was on board with us in that regard and we look forward to his support on the Bill as well. He mentioned the good reputation of the Cayman Islands already, which we have talked about extensively. I also said that [neither] Dr. Shetty nor the Government have any intention to damage or tarnish that reputation.

Madam Speaker, I think that I have addressed or spoken to . . . I won't say I have addressed them, because I am sure there will still be concerns. But I believe I have spoken to a number of the concerns that were raised during the debate here yesterday and today. Madam Speaker, I especially want to thank my colleagues on the Government and the Government Backbench, the Third Elected Member for Bodden Town, the Fourth Elected Member for George Town, and the Third Elected Member for West Bay, for their contributions, in particular, the Third Elected Member [for West Bay]. As the Second Elected Member for Bodden Town said, he had an evangelical calling today. I believe he put a lot of research into his contribution and I thank him for it.

I also want to thank the Members on the opposite side of the House as well. While their contributions were probing and they expressed concern, Madam Speaker, I believe that in my short time in this House that is what the Legislative Assembly is about. We make our proposals and the Opposition has an opportunity to debate it and then we, hopefully, address the concerns and look forward to their support.

Madam Speaker, I want to again thank Ms. Myrtle Brandt from the legal drafting, Ms. Jennifer Ahearn, the Chief Officer in the Ministry, and the Ministry staff. I believe that this legislation is well meaning for our country. I believe that after a very long negotiation period with the Dr. Shetty group we arrived at an Agreement that will be very beneficial to us in the future. The legislation that we are putting forward today is part of the legislation in general that will improve our health care in the future as well as legislation we are going to be bringing in the coming months as well.

Madam Speaker, I thank all Members for their contributions and I thank you. I await a positive vote on this important Bill.

The Speaker: Thank you, Honourable Minister for Health.

The question is that the Health Practice (Amendment) Bill, 2010, be given a second reading.

All those in favour, please say Aye. Those against, No.

Ayes and Noes.

The Speaker: The Ayes have it.

Hon. J. Mark P. Scotland: Madam Speaker, may I ask for a division?

The Premier, Hon. W. McKeeva Bush: A division, Madam Speaker.

The Speaker: Madam Clerk.

The Deputy Clerk:

Division No. 32/2010-11

Ayes: 11

Hon. W. McKeeva Bush
Hon. J. Y. O'Connor – Connolly
Hon. Rolston M. Anglin
Hon. Michael T. Adam
Hon. J. Mark P. Scotland
Hon. Cline A. Glidden
Capt. A. Eugene Ebanks
Mr. Ello A. Solomon
Mr. Dwayne S. Seymour
Mr. Moses I. Kirkconnell
Mr. Anthony S. Eden

Noes: 2

Mr. A. M. McLaughlin, Jr.
Mr. D. Ezzard Miller

The Speaker: The result of the Division: - Ayes: 11 and Noes: 2.

The Health Practice (Amendment) Bill, 2010, has been given a second reading.

Agreed by majority: The Health Practice (Amendment) Bill, 2010, given a second reading.

The Speaker: I think this is a good time to take a 15 minute break, as we seem to be going on tonight quite late again.

We will suspend the House for 15 minutes.

Proceedings suspended at 5.07 pm

Proceedings resumed at 5.39 pm

The Speaker: Proceedings are resumed. Please be seated.

SECOND READING

Prisons (Amendment) Bill, 2010

The Clerk: Second reading, The Prisons (Amendment) Bill, 2010.

The Speaker: Honourable First Official Member.

Hon. Donovan W. F. Ebanks, Deputy Governor: Madam Speaker, I beg to move the Second Reading of The Prisons (Amendment) Bill, 2010.

The Speaker: The Bill has been duly moved. Does the Member wish to speak thereto?

Hon. Donovan W. F. Ebanks, Deputy Governor: Yes, Madam Speaker. Thank you.

I would commence by acknowledging the outstanding performance yesterday and today by my colleague (and, at one stage, understudy) to my left, the Minister of Health. I thought he did extremely well under the circumstances and I would also wish to say to Members that I in no way feel offended if I do not get the level of response to my Bill that he got to his!

[Laughter]

Hon. Donovan W. F. Ebanks, Deputy Governor: Madam Speaker, this short Bill seeks to address an issue that has continued to plague our institutions for accommodating those persons on remand and those persons convicted of offences, namely our prisons.

And, Madam Speaker, the congregation of these offenders of the criminal justice system, through one means or another, invariably creates a cadre of people who are subject to enhanced restrictions on what they can possess.

Sadly, many of these persons have already displayed their unwillingness to comply with what the laws of society prescribe in respect of what they may legally possess before they go into that institution. So it is not surprising, I guess, in a way, that their deviant behaviour, the skills that some of them develop, and their network of persons who have either assisted or facilitated their behaviour in society, or what they turn to when they face these additional restrictions.

Madam Speaker, the proximity of particularly the male prison at Northward to the public road does not in any way assist the situation, nor does the fact that for various services, particularly the health related services, [that] prisoners from time to time have to be taken out of the facility. Nevertheless, we continue to see a growing level of innovation and initiative on the part of persons outside an institution, persons still in free society, to which these people will go to try to introduce into the prison regime and into the possession of inmates things that they are not authorised to have.

Just recently we had an incident where a dead and de-bowel chicken stuffed with drugs was thrown over the fence at Northward, obviously in expectation that some prisoner [would be] given the task of simply going up and picking up this dead chicken. And there are endless stories, Madam Speaker, of the lengths that people, sadly, will go to.

In some cases these are persons who one would have expected because of their relationship to inmates to have had more care and love and responsibility than to engage in activities that humour that

type of behaviour. But, in some cases, that is unfortunately the situation that we must face.

Unfortunately, Madam Speaker, up until now while there are provisions within the Prison Law and Prison Rules that prescribe what inmates can possess, there has been no provision in our legislation which addresses this particular matter of persons making available, by whatever means, items which prisoners are not authorised to have.

This Bill simply seeks to address a number of means by which individuals engage in this activity. So, [new section] 43B(a) says: “**(a) brings, throws or in any manner introduces or conveys into any prison;**” [New section 43B] says (b), “**conveys to any prisoner while in custody outside of a prison.**” And we have had situations where individuals will visit an institution and leave items in a ceiling of a bathroom that they expect the prisoners will be going to later in that day for a medical appointment or whatever.

[New section 43B] (c) says “**with the intent that it shall come into the possession of a prisoner, deposits in any place outside of a prison; or (d) carries out of any prison, an article or thing, unless he is authorized to do so by or under this Law or by the Director, commits an offence . . .**”

And so, we are hoping that this new provision will give us something with which we can deal with those people who, perhaps not as frequently as we would like, because, obviously, our scarce resources must be used first to ensure the custody of those who are within the prison and we are not able as often as we would like to apprehend people on the outside. But when we do, this will give us a legislative means with which we can we think appropriately reward them either with a period in custody of three years or a fine of \$15,000 or both.

So, Madam Speaker, that is essentially the behaviour that the amendment seeks to address and I would solicit the support of all Members of this House.

The Speaker: Does any other Member wish to speak? [pause]

Are we intending to close at 6 o'clock? Because if we are, this would be a good time to do so.

[Inaudible interjections]

ADJOURNMENT

Hon. Michael T. Adam: Madam Speaker, I move that we adjourn.

The Speaker: Until?

Hon. Michael T. Adam: Until 11.00 am tomorrow.

The Speaker: The question is that the House do stand adjourned until 11.00 am tomorrow.

All those in favour, please say Aye. Those against, No.

Ayes.

The Speaker: The Ayes have it.

Mr. Deputy Speaker, would you take the Mace out for me please?

At 5.50 pm the House stood adjourned until 11.00 am, Friday, 14 January 2011.