



**2018/19 SESSION
of the
BERMUDA HOUSE OF ASSEMBLY
OFFICIAL HANSARD REPORT**

17 May 2019

*Sitting number 20 of the 2018/19 Session
(pages 1543–1650)*

**Hon. Dennis P. Lister, Jr., JP, MP
Speaker**

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BERMUDA HOUSE OF ASSEMBLY**OFFICIAL HANSARD REPORT****17 MAY 2019****10:04 AM***Sitting Number 20 of the 2018/19 Session**[Hon. Dennis P. Lister, Jr., Speaker, in the Chair]***PRAYERS***[Prayers read by Mrs. Shernette Wolffe, Clerk]***The Speaker:** Good morning, Members.*[Gavel]***CONFIRMATION OF MINUTES***[Minutes of 10 May 2019]***The Speaker:** Members, the Minutes of May 10th have been circulated. Are there any omissions, adjustments or corrections?

There are none. The Minutes are confirmed as printed.

*[Minutes of 10 May 2019 confirmed]***MESSAGES FROM THE GOVERNOR****The Speaker:** There are none.**ANNOUNCEMENTS BY THE SPEAKER
OR MEMBER PRESIDING****APOLOGIES****The Speaker:** Yes, the announcement this morning is that there are two Members who have indicated that they will be absent today. The first is the Minister of Education, Minister Rabain; and the Deputy Opposition Leader, MP Leah Scott.**MESSAGES FROM THE SENATE****The Speaker:** There are none.**PAPERS AND OTHER
COMMUNICATIONS TO THE HOUSE****The Speaker:** There are five papers or communications on the Order Paper this morning. The first is in the name of the Premier.

[Mr. Premier], would you like to present your paper?

Hon. E. David Burt: Thank you, Mr. Speaker, and good morning to you.**The Speaker:** Good morning.**GOVERNMENT REFORM STRATEGIC PLAN****Hon. E. David Burt:** Mr. Speaker, I have the honour to attach and submit for the information of the Honourable House of Assembly the [Government Reform Strategic Plan](#).**The Speaker:** Thank you.

The next this morning is in the name of the Minister of Finance. Minister.

Hon. Curtis L. Dickinson: Good morning, Mr. Speaker.**The Speaker:** Good morning.**TAXES MANAGEMENT (LARGE SHIP
INFRASTRUCTURE TAX PRESCRIBED FORMS)
REGULATIONS 2019****BERMUDA DEPOSIT INSURANCE CORPORATION
2017 ANNUAL REPORT****BERMUDA PUBLIC ACCOUNTABILITY BOARD
2018 ANNUAL REPORT****Hon. Curtis L. Dickinson:** Mr. Speaker, I have the honour to attach and submit for the information of the Honourable House of Assembly the following:

- [Taxes Management \(Large Ship Infrastructure Tax Prescribed Forms\) Regulations 2019](#);
- [Bermuda Deposit Insurance Corporation 2017 Annual Report](#); and
- [Bermuda Public Accountability Board 2018 Annual Report](#).

The Speaker: Yes. Thank you.

The next paper is in the name of the Minister of Transport. Minister De Silva.

2019 TRANSPORT GREEN PAPER REPORT**Hon. Zane. J. S. De Silva:** Thank you, Mr. Speaker.

Mr. Speaker, I have the honour to attach and submit for the information of the Honourable House of Assembly the [2019 Transport Green Paper](#) report.

The Speaker: Thank you.

PETITIONS

The Speaker: There are none.

STATEMENTS BY MINISTERS AND JUNIOR MINISTERS

The Speaker: On the Order Paper this morning, Members, there are seven Statements by Ministers and Junior Ministers. But I am going to seek your indulgence that there are eight. One will come after the seventh, and it is in reference to the blacklisting. And I think it will be news that is worthy to put on at the last minute. So, we will have that at the end.

The first Statement this morning is that in the name of the Premier.

Premier.

Hon. E. David Burt: Good morning, Mr. Speaker.

The Speaker: Good morning.

Copies are being distributed now.

CABINET COMMITTEE ON SOCIAL ISSUES

Hon. E. David Burt: Mr. Speaker, Bermuda's Cabinet-style government allows for the establishment of Cabinet committees. A Cabinet committee is designed to provide a greater focus on specific issues separate and apart from the more general agenda of the full Cabinet. Successive governments have established committees to deal with issues of economic development, cybersecurity, hotel development and, more recently, matters surrounding anti-money laundering and counter-terrorist financing.

Mr. Speaker, I am pleased to advise this Honourable House and the public that this Government has formed a [Cabinet Committee on Social Development](#).

Mr. Speaker, in our 2017 General Election Platform, the Progressive Labour Party set out an agenda that, at its core, promised to provide leadership on the social issues that demand attention in Bermuda. We promised (i) to introduce equality impact assessments as a component of [the] legislative and policy development process to ensure that current and future laws or policies do not expand or encourage discrimination. (ii) We promised to reduce the need for long-term social assistance by focusing on prevention, and empower people by investing resources as early as possible at critical stages of individuals' lives. (iii) We promised to implement perfor-

mance benchmarks and accountability measures to ensure that the Government's programmes and policies are responsive to the needs of our community and evaluate the effectiveness of social investment strategies using performance data. And (iv) we promised to evaluate approaches to best support family-first policies for families with children in lower-income households to break the cycle of poverty.

Mr. Speaker, by any measurement, that is an ambitious agenda which will take time to accomplish. However, I am pleased to advise this Honourable House and the public that the work has long started and is ongoing. The lens through which we view all of our policy and legislative implementation is one that magnifies the social impact as a priority.

Mr. Speaker, the Committee's first meeting was in February, and an equally ambitious set of issues was tackled. In keeping with our Throne Speech promises, the Committee addressed matters around the living wage, the extension of paid maternity leave, revisions to the mandatory retirement age, the adoption of the charter of rights and responsibilities for seniors and the unified family court and mediation centre.

Mr. Speaker, from that list of items, Honourable Members will note the progress made. (i) Public meetings on the living wage have now been completed, and legislation will soon follow. (ii) The Ministry of Health, in conjunction with the Ministry of Labour, Community Affairs and Sports, is addressing the extension of paid maternity leave in a consultative process. And the Seniors' Charter is being modified for Bermuda and will shortly be provided for this Honourable House to take note. (iii) The revisions to the mandatory retirement age are now on the Order Paper for debate in this House. And (iv) the unified family court and mediation centre will be further updated in the coming months, with current efforts focused on structuring the mediation framework.

Mr. Speaker, I wish to highlight one issue that was addressed by the Committee in that first meeting. Honourable Members will be aware of the reputational damage that can be done to young people whose youthful indiscretions land them before the courts and, therefore, in the media. The Committee considered the case of a young man, aged 17, whose involvement in a drug offence saw his name reported in print, and who, like so many young men over the years, faces the prospect of limited employment opportunities and restrictions on his travel, all for something that he has done before even reaching the age of majority.

Mr. Speaker, to ensure that young men in particular are not so damaged before their lives have even started, I can advise this Honourable House that the Ministry of Legal Affairs is working on a policy that will prevent the publication of the names of minors in the media when they appear in the criminal courts, certainly before sentence, and in only limited circumstances after sentencing. Mr. Speaker, our young

people cannot be condemned so early in life; we must give them every chance to succeed and move beyond the early mistakes they make.

Mr. Speaker, since that initial meeting, the Committee has twice met and convened and devoted one meeting to determining strategies around providing services required to assist those students in our education system who are not well-suited to the classroom setting and whose behaviour prevents teaching and learning for them and their fellow students. Mr. Speaker, we have identified the resource needs and the requirement for better information-sharing between those departments that touch the affected children, and the Cabinet will shortly consider a paper to address this critical area that impacts the safety and educational well-being of staff and students.

Mr. Speaker, the Committee most recently met last month and addressed the issue of affordable housing. Mr. Speaker, the Ministry of Public Works identified early the need for more accurate data around housing issues. The recently completed housing survey which ended in April will provide a clearer picture of housing issues and better inform how we tackle this problem on behalf of the people of Bermuda. The Minister has informed me that almost 1,000 responses have been received.

Mr. Speaker, more than affordability in housing the Minister of Public Works is encouraging us to think in terms of adequacy of housing. This focus is important because some of the social issues that we encounter are caused or exacerbated by inadequate housing, which in some cases forces on families living arrangements that are not suitable and become conducive to anti-social behaviour or even criminal conduct.

With this in mind, Mr. Speaker, affordable and adequate housing is a priority of this Government. And after a period of 10 years in which there has been no construction of units for addition to the Bermuda Housing Corporation stock, we will roll out projects that meet the demand identified by the community and informed by the housing survey to which I referred earlier.

Mr. Speaker, no discussion on housing can be complete without some reference to homelessness. Honourable Members will have heard the comments from the Honourable Member for constituency 16 last week in this House, which shone a light on the issue of homelessness. Mr. Speaker, as Honourable Members will know, there are various permutations to the issue of homelessness, and the condition of being on the streets is more often a symptom of wider issues that need to be addressed. It is important to note that the Bermuda Housing Corporation does not have a centrally located rooming house, and discussions are underway to determine if the Bishop Spencer site lends itself to this purpose.

The aim, Mr. Speaker, will be to provide more than just housing, but to also provide for functional

skills training and work opportunities that will assist in returning our fellow citizens to the dignity of work and quality of life. Concurrently, Mr. Speaker, I have asked the technical officers of the Cabinet Committee to separately identify a means to address the lack of aftercare provided to young people who “age out” of the system of care. I have received heartfelt pleas from family members who simply cannot, in spite of their best efforts, provide the care needed for these mostly young men. The result is that their conduct can land them on the streets and eventually in the courts, often leading to incarceration.

Mr. Speaker, we must interrupt a system that criminalises the mentally challenged or those simply in need of alternative assistance in living.

Mr. Speaker, this overview represents just the highlights of the work of the Committee and the Government as [a] whole in addressing head-on the social challenges in this community. Mr. Speaker, as we stated in 2018’s Throne Speech, while we grow and diversify this economy, we must devote equal attention to lifting people up; strengthening our communities and tackling the social issues that can prevent Bermudians from benefitting from the economic success we are determined to achieve.

Mr. Speaker, this Government will use the considerable mandate received from the people of Bermuda to promote a system of greater fairness and equity, where the potential of Bermudians is limited only by their individual determination to succeed.

Thank you, Mr. Speaker.

The Speaker: Thank you, Mr. Premier.

The second Statement this morning is from

...

[Pause]

Hon. E. David Burt: Should I just go ahead, Mr. Speaker?

The Speaker: Oh—yes, yes, yes, yes!

[Laughter]

Hon. E. David Burt: Sorry.

The Speaker: I was just going to announce it. But go ahead unless you want to do something different.

Hon. E. David Burt: I am sorry, Mr. Speaker.

The Speaker: Continue, Premier.

CONSULTANTS AND ADVISORS—A REVISED CONSTRUCT

Hon. E. David Burt: Thank you very much, Mr. Speaker. Mr. Speaker, my second Statement is on

[Amendments to the Premier and Opposition Leader Personal Staffs Act.](#)

Mr. Speaker, in a Statement to this Honourable House on the 11th of March 2019, I advised Honourable Members of this Government's intention to advance amendments to the Premier and Opposition Leader Personal Staffs Act 1983 to start the process of building capacity within ministries by developing a private office function. Honourable Members will recall my reference to the recommendations of the SAGE Commission and the 2011 Civil Service Review, which recommended the creation of a ministerial private office to "relieve Permanent Secretaries of the day-to-day tasks associated with Ministers' needs."

Mr. Speaker, I am therefore pleased to advise this Honourable House and the public that I will today introduce the promised amendments to the Act, and reflecting the change we have made, the Act will now be known as the Premier, Ministers and Opposition Leader Personal Staffs Act 2019.

Mr. Speaker, in an era when phrases like "openness and transparency" are used more as weapons than a genuine encouragement of best practice, this Government has determined to demystify the appointments and terms of service of those men and women who bring to bear their talent and expertise in support of Ministers and their policy objectives. The Act will see an end to the *gotcha* nature of ministerial appointments by requiring the annual publication of all such appointments, with details of remuneration to be tabled in this Honourable House. By codifying these appointments in terms that mirror the Ministerial Code of Conduct, this Government is providing the initiative required to move our political discourse beyond the small politics that so often distract us from the very important issues of true significance to the people of Bermuda.

Mr. Speaker, Bermuda is a complex society with a delicate economy, and is facing equally complex issues around economic diversification, social change and building a fairer society. We must ensure that Ministers of this and future governments can call upon the expertise and support required to properly discharge their responsibilities as demanded by the modern era of public service. Thank you, Mr. Speaker.

The Speaker: Thank you, Mr. Premier.

Would you like to do your third Statement, Mr. Premier?

Hon. E. David Burt: Yes, Mr. Speaker. I am happy to do so, Mr. Speaker.

The Speaker: Well, stay on your feet. Do not sit down.

[Laughter]

TABLING OF GOVERNMENT REFORM STRATEGIC PLAN

Hon. E. David Burt: Thank you, Mr. Speaker. I will now move on to my final Statement this morning, which is entitled the Tabling of the [Government Reform Strategic Plan](#).

Mr. Speaker, I rise this morning to remind this Honourable House that a plan for government reform has been finalised and implementation has commenced. Mr. Speaker, on March 1st I informed Honourable Members in this Honourable Chamber that the Government Reform Plan had been completed. On that day, I committed to table the plan following the next phase of consultation with our union partners. Mr. Speaker, today I am pleased to table for the consideration of this Honourable House a document that sets out this Government's strategic intent for government reform.

Mr. Speaker, the Cabinet Office has developed a strategic planning framework that will be used to move the initiative forward. This planning framework serves as the starting point towards the building of a comprehensive roadmap to realise government reform. The plan highlights the current state and anticipates a future state towards a vision of "a future-forward Government for the people of Bermuda" with the purpose of "enhancing the lives of the people of Bermuda."

Mr. Speaker, given the complexity of this initiative and all of its moving parts, it is imperative that the implementation is well-structured and well-planned. Thus, a programme management approach is being utilised to execute the multi-year implementation to move government from the current state towards the desired future state. What this means is that the Government will ensure coordinated management of all of the individual projects and the related change management activities to achieve beneficial change within the public service.

Mr. Speaker, five project management teams, comprising several technical officers, have been determined, and the Management Consulting Services [MCS] section will function as the Programme Management Office [PMO], as well as project managers on each project team. Union partners have also been invited to assist with various initiatives. Project teams will be supported by technical officers from all levels within the service. These officers will complete the various tasks associated with delivery of each of the projects. Some of the officers will be experts in the specific areas, and others will be provided training and growth opportunities or simply have an interest in participating in the change initiative. The opportunities to participate on the various teams are many, and we look forward to more public officers getting involved as the projects are rolled out.

Mr. Speaker, a comprehensive communications plan is being developed to ensure that all stake-

holders are aware of and understand the implementation plans, and regular updates will be issued. Some of the project teams have already commenced work on a number of initiatives in accordance with the identified priorities.

Mr. Speaker, notwithstanding that all of the work is important, our priorities are the information and technology components, as well as the people components, of the plan. To be clear, the people component of the plan is all about continuing to support the growth and development of talented public officers, empowering these officers through effective talent management, training and implementation of accountability processes and systems.

Mr. Speaker, the plan incorporates and seeks to build on some of the work that was already in progress that is consistent with our vision and purpose for the public service. For instance, in our election manifesto, this Government committed to review the SAGE recommendations as a part of its efforts to reform the public service. Recommendations contained in the first section of the report entitled Performance: The Critical Paradigm Shift, which seeks to strengthen leadership and address performance gaps, are of particular importance to this Government. I am therefore pleased to report that at least 75 per cent or more of these recommendations have either already been implemented or are a work in progress.

Mr. Speaker, specifically, under this administration, the hierarchy of the civil service has been restructured in accordance with the recommendations, and as a consequence, some of the recommendations peculiar to the functioning of the civil service executive have been implemented; the recommendations regarding government employees' capacity for implementing change have been implemented, including the monitoring and accountability for MCS recommendations at the Ministerial and PS level and an accountability structure for monitoring and implementation of internal audit recommendations; also, amongst others, work is in progress to implement the recommendations specific to succession planning and talent management, as well as those recommendations specific to performance management and accountability.

Mr. Speaker, this Government has assessed employee readiness for change and identified obstacles, such as being an overly bureaucratic environment with a weak execution model, and deliberately put in place the building blocks to enable the service to move towards a shared vision and purpose.

Mr. Speaker, steps to ensure the integration of the vision into the public administration workstream will commence with a planned workshop for civil service executives and heads of department, scheduled for June 20th. During this workshop, all senior officers will be engaged in a process to align each Ministry and department mission with the vision. A subsequent series of workshops will address the establishment of

key performance indicators and/or performance measures. The output from these workshops will coincide with the preparation of budgets and will be incorporated into the budget output for the next budget cycle.

Mr. Speaker, this Government has embarked upon an ambitious workplan towards Government Reform. Innovation and technology will underpin change as the Government works to achieve 100 per cent paperless processing by 2023. Ultimately, the public service will be the employer of choice, where talented individuals are rewarded fairly and valued over the long term for their contributions to enhance the lives of the people of Bermuda. Thank you, Mr. Speaker.

The Speaker: Thank you, Mr. Premier.

The next Statement this morning is in the name of the Minister of National Security.

Minister, would you like to put your Statement?

Hon. Wayne Caines: If it pleases you, Mr. Speaker.

The Speaker: Continue.

GANG PREVENTION IN PRIMARY SCHOOLS

Hon. Wayne Caines: Mr. Speaker, this morning I would like to highlight and acknowledge the important work of the National Security Ministry's Gang Violence Reduction Team's primary prevention initiative, called the Elliot Kings Group. Mr. Speaker, the Gang Violence Reduction Team has been working hard in our public schools since September 2018. The team has strategically partnered with the Ministry of Education, the Bermuda Police Service, the Department of Child and Family Services, Court Services, various school administrators, student services and community organisations to provide various support services for at-risk students and deliver prevention programs targeted to specific-year groups.

Mr. Speaker, the Elliot Kings Group is a targeted primary prevention initiative delivered by the Gang Violence Reduction Team in conjunction with the Elliot Primary School administration and the Living Legends Community Organisation. The initiative's specialised curriculum includes 14 experiential based sessions, which are delivered to targeted students in Primary 5 and 6. Sessions focus on self-esteem, positive relationship-building skills, teamwork and building resilience. The initiative was designed to reduce risk factors, enhance protective factors, increase academic motivation and increase developmental factors in the young people participating.

Mr. Speaker, yesterday I had the opportunity to watch the 14 young men at their completion ceremony. The young men gave testimonials on how the group impacted them and why it was important for them to participate. I learned that, for the majority of

the young people participating, this group has been a safe place where they can speak freely about their challenges, fears and their triumphs. It is also a space where they can be themselves, ask questions. They can be pushed to try new things and step outside of their comfort zones.

Mr. Speaker, the Elliot Primary Principal, Kimberly Creighton, spoke yesterday about the changes the school had seen in the young men participating in the programme. She reported that the young men were fully engaged and looked forward to each session. Principal Creighton reflected positively on the changes the classroom teachers and counsellors had seen within the young men. The principal said that she was proud to announce that there was a major decrease in discipline referrals and an increase in participation for the young men involved in the programme.

Mr. Speaker, I would like to congratulate all 14 of these courageous young men for their hard work, dedication and commitment to this programme: Master Daezi Harvey, Master Zion Smith-Codrington, Master Kyrah Richardson, Master Josiah Smith, Master Danari York, Master Gregory Talbot, Master Mason Whitehead, Master Jyaire Swan, Master River Curtis, Master Zaidon Smith-Codrington, Master J’Kiah Minors, Master Yacol Simons, Master Qash Lambert, and Master Zianni Trimm. I would also like to highlight the special award winners: Mr. Jyaire Swan and Mr. River Curtis, the recipients of the Most Improved Award; Mr. Gregory Talbot, the recipient of the Alchemy Fitness Comfort Zone Award; and Mr. Kyah Richardson, the recipient of the Overall Leadership Award. Mr. Speaker, I would like to personally thank the Elliot Primary Principal, Kimberly Creighton, and the teaching staff for their support of the students throughout the initiative.

I would like to thank Mr. Darren Woods, Youth Outreach and Prevention Manger of the Gang Violence Reduction Programme; Mr. Ian Coke, Founder of the Living Legends Community Organisation; and Mr. Don Vickers, Behavioural Therapist at Elliot Primary School, for designing, coordinating and delivering this amazing initiative. Their involvement and leadership are inspiring, and the impact will be seen for years to come on the students, as it is immeasurable.

Mr. Speaker, the [Primary School Prevention Initiative](#) is one of the programmes that the National Security Ministry’s Gang Violence Reduction Team has within its arsenal. This programme will be delivered in two additional targeted primary schools next year. I am looking forward to seeing equally uplifting results in the young men selected for next year’s initiative.

Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

I believe there is a second Statement on the Order Paper in your name.

Hon. Wayne Caines: If it pleases you, Mr. Speaker.

The Speaker: Continue.

IMMIGRATION REFORM UPDATE

Hon. Wayne Caines: Mr. Speaker, I rise today to update the Honourable House with an update of the proposed changes to the [work permit policies](#), which begins with assessing jobs currently listed in the closed, restricted, special and open job categories. This Government recognises the importance of including every member of our community in the decision-making process. To that end, we have been asking the members of our community for their feedback on the proposed changes.

In the Government’s Speech from the Throne, we pledged to make immigration laws better reflect our mandate of putting Bermudians first. This includes ensuring that Bermudians can secure employment in their own country. To achieve this objective, Mr. Speaker, I tasked the Department of Immigration with making improvements to our work permit policies to strike the right balance between the legitimate expectations of Bermudians and the legitimate labour needs of businesses.

With that in mind, the positions currently found in the closed category, for which work permit applications are not permitted, Mr. Speaker, are airline ground agent, retail floor supervisor, general labourer, office receptionist, painter, salesperson, tourist retail salesperson, taxi driver, wallpaper technician, grocery packer, cashier and courier. Tennis professionals and golf professionals, along with pot washers and . . .

Mr. Speaker, I would like to correct that. Tennis professionals are not on the list; neither are golf professionals. Those, at this time, need to be taken off, Mr. Speaker. I stand corrected.

An Hon. Member: They should be. I declare my interest.

[Laughter]

Hon. Wayne Caines: Mr. Speaker, in the restricted category, work permit applications for these jobs will be carefully considered and may not result in approval for work permits. In addition, jobs in the category must be referred to the Department of Workforce Development so that suitable qualified Bermudians who are registered can be referred to employers. It is expected that any referrals to employers will be seriously considered for employment for the relevant job. The positions currently found in the restricted category are bank teller, general customer-facing bartender, carpet installer, commercial cleaner, entertainer/musician,

fisherman, photographer, technical salesperson, travel agent/consultant, general carpenter, administrative assistant, room attendant, kitchen porter, dish/pot washer/kitchen assistants (or roles similar thereto), landscape gardener (entry level) and general mason.

Mr. Speaker, in contrast to the closed and restricted categories, work permit applications in the special category are positions which may include child caregiver, beauty salon or spa and hairdressing staff, family support, fine artist, graduate trainees, hospital nurse and physician, hospitality—seasonal work permit holders, interns, live-in domestic employees [private home], locum pharmacist and shared pharmacists, occasional work permit—model and casual or part-time employment, musician or entertainer, music school teacher, photographer, restaurant staff, self-employed persons and part owners of a Bermuda business, or categories of jobs identified by the Minister where there are large numbers of work permits.

Finally, Mr. Speaker, positions not listed in the closed, restricted or special categories are considered open category jobs and work permit applications may be applied for. It is hoped that changes made will assist with skills enhancement, employment, and training and development opportunities for Bermudians who may be unemployed or underemployed, or who are looking to make a career change.

Before proceeding with any proposed changes, the Government would like to have the Bermuda public's feedback. The public has been invited to send written concerns or comments regarding jobs which should or should not be included on the closed, restricted, special and open categories, and they should include reasons why or why not, by visiting the Citizens Forum on www.forum.gov.bm. Mr. Speaker, that deadline has been extended to May 24, 2019. Any decision made will affect all of us, and so it is of the utmost importance that every Bermudian, every person be given the opportunity to follow through with voicing their opinion, concerns or feedback on this most important issue.

Mr. Speaker, in addition to addressing the work permit policies, the Department of Immigration is working on many other initiatives that will address long-standing and/or sensitive immigration issues such as mixed-status families, children born overseas to Bermudian parents, the Department of Immigration processes and procedures, public service orders, PRC holders, the border management system for the new airport, policy and legislative development in support [of] or changes to mixed status families, and other immigration-related matters.

Mr. Speaker, the Government will continue to keep the public updated on developments and involved in the process by periodically requesting feedback via the Citizens Forum. Again, the website address for this is www.forum.gov.bm. Mr. Speaker, the public can also keep abreast of information and the announcements by downloading government's new

Tree Frog app, available for free from the Apple and the Google Play Store.

Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

The next Minister on the Order Paper this morning is the Minister of Works.

Minister.

Lt. Col. Hon. David A. Burch: Mr. Speaker, good morning.

The Speaker: Good morning.

KINGS WHARF REHABILITATION

Lt. Col. Hon. David A. Burch: Mr. Speaker, last November I reported extensively on the plan for the complete [refurbishment of King's Wharf](#) at the Royal Naval Dockyard—one of two deep-water cruise berths built in 1987/88. The main structure comprised a structural steel frame encased in reinforced concrete, with reinforced concrete slabs, constructed at a cost of \$9 million. Following a comprehensive inspection in 2014 by the UK engineering firm Mott MacDonald, deck problems were clearly identified and the report at that time estimated a replacement cost of the deck and terminal building at more than \$20 million.

Mr. Speaker, in 2017 it was clear that the deck had deteriorated further and needed to be rebuilt during the 2018 off season, from November 15, 2018, to April 9, 2019. Planning began immediately to explore options and new methods to meet that limited timeline. So, with that background, the Ministry initiated an accelerated replacement programme in order to meet the critical deadline of April 10, 2019, the arrival of the first cruise ship of the season. The consequences of missing that deadline would have incurred a US\$500,000 penalty for every visit that a ship could not dock.

Mr. Speaker, no one on the team could countenance such a circumstance. So, in order to complete the project and to avoid potential delays due to the current high demand for concrete on Island, a method of precast concrete slabs and beams was devised for the works. Using precast concrete would also increase the lifespan of the pier, as low reactivity aggregates such as fly ash (commonly used in Europe and North America, but not Bermuda) could be added to the mix to minimise corrosion of the reinforcing steel.

Precast Systems, Inc., of New Jersey who had previously supplied 25 concrete slabs to create a temporary pedestrian walkway atop the compromised deck at King's Wharf earlier last year, were selected. An agreement was reached with Bermuda International Shipping to transport a third of the dock on their weekly vessel, and the remaining two-thirds of the shipment, which included the slabs, would be trans-

ported to Bermuda on a cargo ship chartered specifically for this purpose and unloaded in the Royal Naval Dockyard and stored on Cross Island. This proposed approach would meet the demands of the construction schedule and essentially produce a savings of approximately \$400,000.

Mr. Speaker, the lowest bidder, at \$2.97 million, Crisson Construction, was awarded the contract to demolish the existing building and concrete deck, and construct the new pier. A number of other factors were implemented to enhance the construction and expand the life expectancy of the wharf. Usually, for long-term corrosion protection, one of the following elements would be included in the design: fly ash, cathodic protection, corrosion inhibitor or low reactivity aggregates. In this case, they were *all* used. Strict quality control was employed onsite and offsite by an independent lab. Top-of-the-line 6,000 psi concrete was used. Corrosion inhibitor was added to the concrete to make sure it was the most durable concrete for our harsh environment. Cathodic protection was added to ensure a lifespan of at least 75 years for this new infrastructure. The new wharf was built with increased loading to accommodate the next generation of cruise ships.

Mr. Speaker, under this plan, the replacement terminal could not be completed by the start of the 2019 cruise ship season. So, a temporary structure is in place while construction continues apace, with an anticipated July completion date. As I stated earlier, the 2014 estimate for these works was \$20 million. But, with savings from the reuse of some of the piles and the use of precast slabs, the revised budget was set at \$15 million, including contingencies.

Mr. Speaker, the best news of this whole exercise is that the project manager was Bermudian civil engineer, Ms. Carmen Trott, a trainee in the Ministry a decade ago, and since January 2018, she has been on secondment to the Ministry from the private sector. She, along with key participants in the project, namely, Permanent Secretary, Mr. Randy Rochester; Chief Engineer, Mr. Yves (Bob) Lortie; WEDCO General Manager, Mr. Andrew Dias; structural engineer, Mr. Austin Kenny; bursary student, Ms. Tabia Butterfield; and contractor, Mr. Charles Crisson, all join us in the Gallery today to witness this historic milestone.

[Desk thumping]

Lt. Col. Hon. David A. Burch: Mr. Speaker, with the exception of the chief engineer, who everyone knows is my favourite foreigner, they are all Bermudian.

Some significant highlights of this project are worth noting. It is the first time that we have used precast for maritime work in Bermuda, and it was done to the highest professional standards. No major injury occurred onsite for the entire construction period. All work was completed with the highest quality control standard at all levels. The expected life of the new

deck is 75 years. Work was completed on time. Work was completed within budget. Construction of the new terminal building is well underway. Precast was made in New Jersey, but all the rest of the wharf was assembled and constructed locally.

Mr. Speaker, Mr. Charles Crisson is a smart businessman with a lot of experience, and he is a very good contractor. He and his workers were simply amazing on this project—welders, crane operators, labourers—all working six to seven days a week since December. Precast System from New Jersey; Ramboll, UK; the main designer, Brunel, a local engineering company hired by Crisson to support the construction on site; Onsite Engineering, another local engineering company, were in charge for all quality control onsite. Overnight Construction, who are building the new building, are in charge of the finishing work on the slabs. All of these craftsmen and craftswomen were proactive and dedicated, took ownership of this project and worked very hard to meet the deadline, and are to be commended.

Mr. Speaker, outstanding cooperation was received from WEDCO. Everything that was asked of them, the reply was simply, *Yes, we will make it work*. The GM [general manager] and his team were totally dedicated and committed to this project. And, of course, Mr. Speaker, I could not be more impressed with Carmen and the Ministry team of Austin [Kenny] and Tabia [Butterfield], based at Dockyard for the past five months. Their professionalism, teamwork, camaraderie and commitment shone through in every aspect of this project.

We received daily reports of progress (or not, as the case may be), as the weather on occasion wreaked havoc with progress. Even when we were three weeks behind, there was no panic whatsoever, at least none I saw. They simply put their heads together to agree a plan to address the challenge of the day. I cannot commend them highly enough, so I will let the Chief Engineer say it. He wrote, "During my 30 years of experience as an engineer, I was privileged to work in different countries like Chile, Canada, France, Algeria, Morocco, Angola, Saudi Arabia, Dubai [United Arab Emirates] and Bermuda. I have been around and I worked with many project managers. After all these years, if anybody in the future asks me who is the best project manager that you worked with in the last 30 years? I will have one answer, just one name—Carmen Trott."

[Desk thumping]

Lt. Col. Hon. David A. Burch: Mr. Speaker, we are all so proud of them, and it really is an honour for me to work with such professionals in the truest sense of the word.

I must emphasise, Mr. Speaker, that this aspect of the rebuild is Phase 1. The next phase, the costing of which has not been finalised, is to provide

for the extension of the dock by 100 feet on either side of the terminal building to accommodate the larger ships with four gangways and provide a better service area for grey water, sewage and garbage disposal. Mr. Speaker, as you will appreciate, not only does an exercise of this magnitude require a host of participants, but it is critical for success that they all work together for the common goal. I can say that this was the case here.

To say this was a phenomenal accomplishment is an understatement. The entire team, led by Carmen, did an outstanding job and have been designated as the new gold standard for the Ministry of Public Works in meeting deadlines on time and on budget. They had several backup plans in order to accomplish this, including a “nuclear option,” if all else failed. They are in this House today, so colleagues may join me in publicly thanking them, on behalf of the people of Bermuda, for setting a standard of excellence that others will follow for years to come.

[Desk thumping]

Lt. Col. Hon. David A. Burch: I am tabling for the information of the House several photographs that catalogue this incredible, almost five-month, journey.

Mr. Speaker, on the morning of April 10th, it was an immensely proud moment for both Permanent Secretary Rochester and me, while standing next to this Bermudian team on the newly built dock, to witness the *Carnival Pride* breaking through the sunrise and safely coming alongside. We were even prouder when the captain gave the thumbs-up for his passengers to disembark.

At the end of day, the work needs to be done by real people. These real people sitting in our Gallery today not only did the work, but they did it with professionalism, integrity, tenacity and flair, and they were simply awesome!

Thank you to them, and thank you, Mr. Speaker.

[Desk thumping]

The Speaker: Now, normally, we would not allow that in the Gallery. But on this occasion, we will allow you to acknowledge the good work of the officers that have been mentioned by the Minister.

Hon. Michael J. Scott: Hear, hear, Mr. Speaker!

The Speaker: It is well deserved, so we will allow that clapping that took place that time.

The next Statement this morning is in the name of the Minister of Transport.

As he rises to his feet, let me acknowledge that there was a technicality that did not get picked up until well after the Order Paper had been printed for the day. But there should be a motion that should

have been down that is going to accompany the Statement that he is giving this morning. And that will be done at the appropriate time. But there was a technicality, and that is why it was left off of the paper. Minister.

2019 TRANSPORT GREEN PAPER

Hon. Zane. J. S. De Silva: Thank you, Mr. Speaker.

Mr. Speaker, in the 2017 Speech from the Throne, the Government undertook to conduct a thorough review of transportation and to produce a Green Paper on the future of transport that will provide various options for modernisation, which also takes into account the needs of the differently abled. Government recognises that technology is modernising transportation globally and that Bermuda must examine those trends when taking into account the future of public and private transportation.

Mr. Speaker, the Ministry of Tourism and Transport is very pleased to lay the [2019 Transport Green Paper](#) before this Honourable House today, and we are ready for a debate in early June on the priorities that emerged from the consultation period.

Mr. Speaker, the Transport Green Paper consultation process was designed to stimulate debate on a range of options for strengthening the transportation sector to better plan for the future. The public was invited to comment and engage in discussion, between November 2017 and December 2018, to identify and modernise transportation efficiencies and policies that are realistic and fiscally prudent, and that enhance transportation safety and experiences for all.

Three overarching themes emerged when we assessed the issues, comments and thoughts of respondents during the extensive consultation period. These themes centred on reliability, safety and the desire for frictionless transport experiences. Specifically, there is a high demand for more reliable public bus transportation; reliable taxi service; sidewalks; traffic enforcement to deter bad driving behaviours; enforcement of heavy trucks on the roads; safe spaces to walk and cycle; motorised wheelchair transport options; smooth road surfaces; regulations to establish, for example, training standards for public service vehicle drivers and higher road traffic fines, et cetera; and funds to modernise transportation infrastructure and services in an energy-efficient and intelligent way.

Mr. Speaker, the Transport Green Paper has caused us in the Ministry of Tourism and Transport to re-evaluate our short- and long-term goals over the next five, ten and twenty years and to focus on the future by making the necessary changes required to modernise our transportation infrastructure. We will be setting new goals and priorities.

Mr. Speaker, we will start by implementing many of the hundreds of recommendations offered by our stakeholders, who included residents, students,

managers within public authorities, business groups and visitors, regarding, for example, the following:

- supporting taxi and minibus solutions relating to rates, central despatching and credit card acceptance;
- issuing 20 new special taxis permits (of the 88 special permits allowed by legislation) for five years to see if this will help alleviate some of the demand problems experienced at peak times and late in the evenings;
- delivering on safety programmes for safer drivers, walkers and pedal cyclists;
- implementing speed camera and spotlight initiatives;
- approving more wheelchair-accessible taxis and minibuses with lifts;
- incentivising community service vehicle transport options for our differently abled residents;
- procuring new energy-efficient public buses and a bow-loading ferry fleet, with digital fare media and GPS tracking applications, for better customer experiences;
- increasing road traffic violation fines to \$300 across the board (except driving without due care and attention, and driving while under the influence, which may incur heavier fines);
- focusing on training and standards programmes for public service vehicle operators;
- monitoring and increasing the number of rental livery minicars to 500;
- revamping and modernising the Project Ride training programme; and
- setting a goal date for Bermuda to go green by eliminating the importation of fossil fuel-reliant vehicles (cars, bikes and trucks), recognising the Government ought to lead by example with respect to its own fleet of vehicles.

There are many more suggestions that will be taken into consideration as we move public policy forward.

Mr. Speaker, in closing, technology is changing very quickly, and we must be able to adjust accordingly and prepare for a future where perhaps Bermuda embraces autonomous vehicles. Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

Now I will call on the Minister of Finance to present his Statement.

EUROPEAN UNION TAX DELISTING

Hon. Curtis L. Dickinson: Thank you, Mr. Speaker.

Mr. Speaker, I addressed this Honourable House at its sitting last week to provide additional background information regarding the actions which Bermuda had taken to address issues related to the

EU's "blacklist." This included the political-level engagement in Europe, undertaken by the Premier and me, toward being removed from the list, as adopted by the EU Finance Ministers (ECOFIN) at their March 12th meeting.

Mr. Speaker, I am now pleased to report to the Members of this Honourable House and the people of Bermuda that, following its meeting in Brussels today, the ECOFIN made a public statement announcing that it has removed Bermuda from the Annex 1 list of non-cooperative jurisdictions in relation to tax matters.

[Desk thumping]

Hon. Curtis L. Dickinson: Mr. Speaker, on March 28th, Premier David Burt and I, along with senior Bermudian officials, met with Commissioner Pierre Moscovici, responsible for economic and financial affairs, as well as taxation and customs. Thereafter, on April 1, I, as well as members of the Bermuda team, met with Mrs. Lyudmila Petkova, Chair of the Code of Conduct Group on Business Taxation. These meetings, together with visits to the German and French Ministries of Finance, were open, constructive and cooperative, and we believe that they played an important role in achieving today's positive outcome.

Mr. Speaker, the Premier and I, on behalf of the people of Bermuda, wish to thank the members of ECOFIN, as well as the EU officials whom we met during those critical late March and early April meetings, for their work in progressing Bermuda's removal from the list at the earliest opportunity. We would further note that we certainly intend to continue our engagement with these and other key persons in the EU to address a wide range of relevant matters that are important to Bermuda's national interest.

Mr. Speaker, consistent with my remarks to the Honourable Members and the people of Bermuda last week, Bermuda has now been placed on the "greylist," meaning being placed in Annex II of the EU list. This reflects the need to further expand our legislative framework in the area, to include the EU's economic substance requirements for collective investment vehicles (CIVs).

Mr. Speaker, the Bermuda Monetary Authority CIVs experts are already engaged in several discussions with the EU Commission on these matters. They will continue to cooperate with the EU with respect to the adoption, by the end of this year, of an economic substance framework for CIVs that is acceptable to the EU.

Mr. Speaker, I must reiterate how extremely pleased and thankful I am that Bermuda has been removed from [the EU's list of non-cooperative tax jurisdictions](#). Mr. Speaker, the support from the people of Bermuda and other stakeholders has been a positive force during this difficult period. I would note that teams within the Ministry of Finance, the Bermuda

Monetary Authority, as well as private sector partners, have worked extremely hard on an ongoing basis to address the various issues related to all of these economic substance requirements. Today's announcement from Brussels is a tribute to the dedication that those men and women have brought to this initiative. We must also recognise the advice and support from the UK government during this extended period. I therefore wish to express my sincere thanks to all persons involved in this work, to other stakeholders who provided assistance, and to the people of Bermuda for their support in these matters.

Mr. Speaker, Bermuda has done considerable work to become a well-regarded and respected jurisdiction. Our reputation and commitment in that regard kept our industry partners and other influential persons in our corner through this challenging process. We were heartened by the recent S&P ratings affirming the sound economic direction of the country. I would also note that in the last several weeks, including at the April RIMS [The Risk Management Society] conference, business confidence has remained high and there have been public demonstrations of that confidence with significant new entrants to the marketplace.

I would further highlight that, earlier this week, I attended the latest Consensus Conference in New York and witnessed continued interest and support for doing business in Bermuda.

Mr. Speaker, in closing, I would note that I recognise that the positive decision by the EU today is by no means the end of the work required to continue addressing and strengthening the framework in this area. We will build on our experiences to date and appropriately take the required steps to ensure that Bermuda remains a jurisdiction of choice for quality and compliant business that positively contributes to the economic and social development of Bermuda.

Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

REPORTS OF COMMITTEES

The Speaker: There are none.

QUESTION PERIOD

The Speaker: The Question Period begins. It is 11:01, so we have an hour for this.

The first are the two [written questions](#) that were submitted, one from the MP Dunkley to the Deputy Premier.

And I believe you have the answers, because they were requested just for written answers.

QUESTIONS: PLANNING APPLICATIONS APPEALS AND ENFORCEMENT

Hon. Michael H. Dunkley: *Would the Honourable Minister please inform this Honourable House what is the mean time taken for the resolution of planning appeals for each year from January 1st 2014 to December 31st 2018?*

Hon. Michael H. Dunkley: *Would the Honourable Minister please inform this Honourable House how many planning applications per month have been handled for each Planning Officer in the Department of Planning from January 1st 2014 to March 31st 2019?*

Hon. Michael H. Dunkley: *Would the Honourable Minister please inform this Honourable House how many enforcement actions have been taken by the Department of Planning on a monthly basis from January 1st 2014 to March 31st 2019?*

The Speaker: And the second was also to the Deputy Premier from MP Richards.

And you likewise have your [written answers](#). Okay, good.

QUESTIONS: PLANNING BOARD APPLICATION APPROVAL TIME

Mr. Sylvan D. Richards, Jr.: *Would the Honourable Minister please inform this Honourable House how many planning applications have been approved on a monthly basis from January 1st 2014 to March 31st 2019?*

Mr. Sylvan D. Richards, Jr.: *Would the Honourable Minister please inform this Honourable House how many building permits have been approved on a monthly basis from January 1st 2014 to March 31st 2019?*

Mr. Sylvan D. Richards, Jr.: *Would the Honourable Minister please inform this Honourable House what is the mean time taken for issuance of planning permission from the initial application to Planning Board approval in each year (by quarter) from January 1st 2014 to March 31st 2019?*

The Speaker: Then [we will] move on to questions from this morning's Statements. And there are some questions this morning.

I am going to start with whom I see from my seat at the moment. And we are going to go to the Minister of National Security.

Minister of National Security, we have a question for you from MP Richards in reference to your Statement on immigration.

QUESTION 1: IMMIGRATION REFORM UPDATE

Mr. Sylvan D. Richards, Jr.: Thank you, Mr. Speaker.

Mr. Speaker, the Minister, the Honourable Minister, stated previously that legislation addressing the status of mixed-status families would be brought to this Honourable House in this parliamentary session.

My question is, Is this still the target?

Hon. Wayne Caines: Yes, Mr. Speaker.

The Speaker: Supplementary? Okay.

Minister Caines, while we are attending to you, you also have a question for your Statement on gang prevention from the MP for constituency 28.

MP Lister, would you like to put your question?

Mr. Dennis Lister III: Good morning, Mr. Speaker.

The Speaker: Good morning.

QUESTION 1: GANG PREVENTION IN PRIMARY SCHOOLS

Mr. Dennis Lister III: Yes. My question is to the Minister of National Security, and it is regarding his Statement on the gang initiative.

My question is, Will this be rolled out in all of the schools, this initiative?

Hon. Wayne Caines: Mr. Speaker, we believe that this is a most powerful initiative.

Yesterday, as the Statement read, Mr. Speaker, we saw 14 young men who some would have deemed to be at-risk. We simply saw it as an opportunity for us to get in at an early stage and give guidance. We believe that yesterday, at the programme, we had the Commissioner for Education, some of the deputy commissioners of education.

And we believe that now, with the school administrators, we can indeed look at having this programme in other of our primary schools, Mr. Speaker.

The Speaker: Thank you.

Mr. Dennis Lister III: Thank you, Mr. Speaker. I have a supplementary.

The Speaker: Ask your supplementary.

SUPPLEMENTARY

Mr. Dennis Lister III: Okay. Supplementary: Is there any way of tracking the progress of the young men as they move through the school system?

Hon. Wayne Caines: Mr. Speaker.

The Speaker: Yes, go ahead.

Hon. Wayne Caines: Mr. Speaker, there is a significant opportunity for programmes like this to be done in the middle schools and at the high schools. This programme is not being done in isolation, Mr. Speaker. As we have highlighted in previous Ministerial Statements, these programmes are being . . . a similar programme is being rolled out in the middle school, and there is a similar programme being rolled out at the CedarBridge. But we believe that this is an opportunity to create a continuum of care for our young students, highlighting the needs and putting together opportunities for them to be guided directly through their matriculation in the public school system, Mr. Speaker.

This is an opportunity, Mr. Speaker, that when we looked yesterday, there were 14 young men who were in the programme. Yesterday, Mr. Speaker, they spoke about some of the challenges that they were having, articulating themselves. They spoke about programmes—challenges that they had with being able to work with others, with listening to authority, having problems controlling their tempers. We had 14 weeks and 14 different modules working with these young men on occasion after occasion, behaviour modification, very subtly, allowing them to understand the roles and their responsibilities.

Mr. Speaker, I actually led a class on trust and discipline and had the opportunity to go down to the school for a day and to work with these young men and to spend time with them. We believe that this is not something that people will get up and they will scream about in the House, as they so often do when they are asking about salaries and when they are asking about what we are doing. But this is a legitimate roll-up-your-sleeves get-to-the-heart-of-the-challenge work that we are doing. We are seeing the green shoots. Fourteen young men successfully completed the pilot programme at the Elliot Primary School for helping them to deal with certain challenges in their lives, Mr. Speaker.

And to the heart of the question, we believe that this is something that could be rolled out in our schools. Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

Mr. Dennis Lister III: Thank you, Mr. Minister.

The Speaker: Any supplementary? No further questions? Okay.

We now move on.

Mr. Premier, [there are] some questions for you in reference to your first Statement on the Cabinet Committee on social issues; the Opposition Whip would like to put a question to you.

QUESTION 1: CABINET COMMITTEE ON SOCIAL ISSUES

Ms. Susan E. Jackson: Thank you, and good morning, Mr. Speaker. Just a quick question.

I am just reading on page 2 that the Ministry of Health is addressing the extension of paid maternity leave in a consultative process. And I am just wondering what is the status of that?

The Speaker: Thank you.
Mr. Premier.

Hon. E. David Burt: The status of that is that the consultative process was undertaken by the Ministry of Labour, Community Affairs and Sports. It is something that touches two ministries.

The fact is that it was a part, as you will know . . . (Sorry.) Maternity leave is inside of the Employment Act, and the Government's intention is to bring amendments to the Employment Act in this sitting prior to Cup Match.

Ms. Susan E. Jackson: Thank you.

The Speaker: Supplementary? No.

Mr. Premier, the next questions for you are from the Opposition Leader in reference to your third Statement, the tabling of the government reform.

Opposition Leader.

QUESTION 1: TABLING OF GOVERNMENT REFORM STRATEGIC PLAN

Hon. L. Craig Cannonier: Yes, thank you, Mr. Speaker.

On the last page, page 4—I might add that I was glad to hear this Statement being made—the Premier makes reference to performance appraisals, reviews. And in the second-to-last sentence there [it says], “A subsequent series of workshops will address the establishment of key performance indicators and/or performance measures.”

I am aware that there are certain departments within government [in which] appraisals, reviews are not required. Is it the intent of this Government, at some point in time, through negotiations with the unions, to establish something like that, which will go a long way in ensuring that we have accountability within many of the departments?

The Speaker: Thank you.
Premier.

Hon. E. David Burt: Thank you very much, Mr. Speaker.

Mr. Speaker, I thank the Honourable Opposition Leader for his question. I do not know specifically if I am able to answer it right now. What I can say is that I would share his view and vision that, in order to have an effective public service, there should be appraisals at all levels for all public officers.

The Speaker: Thank you.
Supplementary?

Hon. L. Craig Cannonier: Yes, supplementary.

The Speaker: Continue.

SUPPLEMENTARY

Hon. L. Craig Cannonier: Can I ask the Premier to take it upon himself to find out what those departments are that do not require this procedure with the unionised agreement? And take it upon himself to have discussions to effectively bring that about?

The Speaker: Okay. Thank you.
Premier.

Hon. E. David Burt: Mr. Speaker, I am happy to give that undertaking to the Honourable Leader of the Opposition. As I said in my previous answer, I support the general premise that all public officers should be subject to appraisal because that is the best way to make sure that you manage and improve performance.

The Speaker: Thank you.

Any further supplementaries? No further questions.

Premier, on the same Statement, you have [a question from the] MP from constituency 19. MP Atherden would like to put a question to you.

QUESTION 1: TABLING OF GOVERNMENT REFORM STRATEGIC PLAN

Hon. Jeanne J. Atherden: Thank you, Mr. Speaker.

Mr. Premier, on the same page, page 4, there is a statement that indicates that this Government has assessed employee readiness for change and identified obstacles such as being an overly bureaucratic environment with a weak execution model, and deliberately put in place the building blocks to enable the service to move towards a shared vision and purpose.

Is it possible that you might, for this House and also for the people in Bermuda, perhaps expand on some of the building blocks that you have put in

place? I did try and look at your February 2019 Government Reform Report, but it is not posted.

The Speaker: Thank you.
Premier.

Hon. E. David Burt: Thank you, Mr. Speaker. I am happy to share on that.

One of the things of which we found, and it was probably a bit of sobering reflection, is that there is a survey done of public officers. And one of the things that had come back in comparison—of the Government of Bermuda in comparison to other governments, both local and national, globally, is that we were judged to be underperforming in just about every particular area. And the thing that was said was that there was an overly bureaucratic environment, difficulty in advancing decision-making effectively, that things have to go all the way up the chain before they can come back down the chain.

And so, what it was looking at is making the civil service nimbler and more flexible, possibly flattening the decision-making process, in order to make sure that things could happen more quickly.

So, when we are talking about delivery and putting in place building blocks to enable us to move toward a shared vision and purpose, that is what this process is about. But I think also, what we are talking about ultimately are some of the work streams—which will see in the document, which are tabled—we are talking about how do we flatten the decision-making process inside of various departments and give line managers the ability to better make decisions as opposed to those things having to go all the way up the chain and back down.

The Speaker: Thank you.
Supplementary or new question?

Hon. Jeanne J. Atherden: Supplementary.

The Speaker: Continue.

SUPPLEMENTARY

Hon. Jeanne J. Atherden: As part of the Statement that I read, and thank you for expanding on the building blocks in terms of execution, in terms of overly bureaucratic, the other side of it was a weak execution model. So, I wondered whether you might want to expand on that? And as I said before, the report is not on www.parliament.bm yet.

The Speaker: Thank you.
Premier.

Hon. E. David Burt: Just so I can help the Honourable Member, the weak execution model and what I just stated about the bureaucratic thing are one and

the same. This prevents the ability to execute quickly because of the fact of the challenges with being able to make decisions, and also to make changes when things are not necessarily working.

The Speaker: Thank you.
Supplementary or new question?

Hon. Jeanne J. Atherden: New question, although related.

The Speaker: Yes.

QUESTION 2: TABLING OF GOVERNMENT REFORM STRATEGIC PLAN

Hon. Jeanne J. Atherden: On page 2, it talks about project teams. And part of the way down, it talks about, “The officers will complete the various tasks associated with delivery of each project.” I guess my question is, too often, we see reference to tasks rather than goals that we hope to achieve. And I wondered whether there is going to be any sort of change in emphasis so that instead of telling everybody about all of the tasks that are going to be done by the project teams, there is some identification of what will be deemed a success? And I just wondered whether we are going to get towards success rather than just work?

The Speaker: Thank you.
Premier.

Hon. E. David Burt: Thank you very much, Mr. Speaker.

Mr. Speaker, that is exactly what was meant in my Statement when we speak about the “current state” and the desired “future state.” That is where the ultimate goal and the vision are. And the tasks are built upon getting to that particular future state that has been defined.

The Speaker: Thank you.
Supplementary or new question?

Hon. Jeanne J. Atherden: Supplementary.

The Speaker: Yes.

SUPPLEMENTARY

Hon. Jeanne J. Atherden: And on that same Statement, it is talking about the comprehensive communication plans as being developed to ensure that all stakeholders are aware of and understand the implementation plans, and regular updates will be issued. I just wondered whether, as a Government, there might be sort of some deliberate plan that says, *Periodic updates will be quarterly, monthly, or something, be-*

cause we always hear about updates. But unless you ask a question, you are really reliant on the individual, the person who is responsible for the project or the plan, the Minister, to decide when it is time to come forward.

But if you had something regularly, then the public, as well as the House, will be anticipating. It will be on a monthly basis, a quarterly basis, and will even prod people to get it on time.

The Speaker: Thank you.
Mr. Premier.

Hon. E. David Burt: Thank you, Mr. Speaker.

At this point in time, I do not want to commit to a specific timeline for the release of updates to this project. What I can tell you is that the work has already started. It was my specific recommendation that there be some form of dedicated team. We do not want this to fall by the ways of previous items of public service reform where persons have shared resources and are not dedicated to this particular matter on a full-time or a close to full-time basis. That is the way we are doing it. The information is being communicated to stakeholders, whether those are our union partners, whether those are the employees, but also to the general public. And when the communications plan is finalised, which was laid out here, I will make sure to . . . I am sure that the public officer is listening, but I will be sure to try to make sure that it includes a schedule for the updates so that people can have that expectation of how often updates will be issued.

Hon. Jeanne J. Atherden: Thank you.

The Speaker: Thank you, Mr. Premier.
Any further questions?
No further questions. That brings us to a close of Question Period for this morning.

CONGRATULATORY AND/OR OBITUARY SPEECHES

The Speaker: Does any Member wish to speak?
I recognise the . . . Premier, are you on your feet?

Hon. E. David Burt: I am.

The Speaker: Okay. Premier, you are going first. Premier, you have the floor.

Hon. E. David Burt: Thank you very much, Mr. Speaker, and good morning again. I thank my Honourable Minister today for yielding.

I want to, of course, start off, and I will associate the entire House, because I am sure that everyone wants to extend congratulations to the graduating class of 2019 of the Bermuda College. I know that there were a number of us who were in attendance

yesterday. And it was moving to see so many students not only graduating, but graduating with merit and distinction. And for some, they were the first in their families to attend college. And for others, and I think [we are] particularly proud for this Government, is that for 32 of those students, a Bermuda College education was made possible due to financial support that was offered by this Government, Mr. Speaker.

One of the first things that we did when we came into office was to make sure that we increased money, financial assistance, to people attending the Bermuda College. And we said that your bank account should not determine your access to higher education. There were many students on dual enrolment, which is a PLP creation, as well as, I would say, mature students who are now going back and taking heed to upgrade their skills. I even found out that a number of persons are current government employees who are also taking the opportunity to make sure that they can upgrade their skills and get certifications behind them.

What I also want to say, Mr. Speaker, is that I want to express my well wishes and pride for 18-year-old national football player, Kane Crichlow, for signing a two-year contract with premiere team Watford FC. We have seen Kane develop to the ranks of Bermuda's national team, as he is captain at both the Under-17 and Under-15 levels, and he is an inspiration for our younger athletes, and to many of us adults, as well, as to what hard work, determination and persistence look like. I want to say congratulations to Kane, his family, his coaches for their role in getting him this far. And we wish him all the best in his future football career.

Mr. Speaker, finally, I wish to extend well wishes, again, to Lornell Taylor, this year's Inspiring Woman in ICT [Information and Communications Technology]. This is an award that is given out every year, and she is leading the way for Bermuda's young girls in technology. And I want to extend congratulations to all of the participants in this year's Girls in ICT competition. Mr. Speaker, it is estimated that over the next 10 years, there will be two million jobs globally that will not be able to be filled due to a lack of resources in IT.

In Bermuda, we see that there are many persons who are coming into the country on work permits due to the lack of talent that we have in ICT. And what we are committed to do is to make sure that we not only promote this as a viable industry for men, who have traditionally been in it, but also young women, as well.

So, I am proud to see so many of our young people interested in careers in IT, and this Government will continue to ensure that these young people have every opportunity to fill the IT jobs on the Island. Thank you, Mr. Speaker.

The Speaker: Thank you, Mr. Premier.

I recognise the Minister of Health.
Minister.

Hon. Kim N. Wilson: Thank you, Mr. Speaker.

Mr. Speaker, I would ask that this House join with me in sending condolences to the family of Frances H. Eve Lister. I would also like to send condolences to both yourself, as well as the Honourable Member from constituency 28, who obviously share the same name and relationship.

The Speaker: Thank you.

Hon. Kim N. Wilson: Ms. Frances Lister, who was the wife of Allan Lister, who predeceased her, who was actually a Chief Inspector of the Police, and actually served as a Black Rod here, for some of the Members who perhaps may have been here at that time, was a long-standing member of Allen Temple AME Church. We referred to her as *Mother Lister*, actually, because of her eloquence, as well as the stature which she commanded at the church.

In addition to that, Ms. Lister was a long-term employee of the Bermuda Post Office here in Hamilton, working within the administration office. She leaves to mourn, Mr. Speaker, her children, Karen, who predeceased her, as well as Allison and Conrad; four grandchildren; and one great-grandchild. And of course, one of the notable grandchildren of hers is Mr. Roy-Allan Burch. I would ask that we send condolences. Our thoughts and our prayers are with the Lister family, as well as yourself, Mr. Speaker, at this time. And I would like to associate my honourable colleague . . . the whole House, Mr. Speaker. Thank you.

The Speaker: Okay. Thank you.

I recognise the Whip—beat you up there, Minister. He got on his feet before you.

Whip, you have the floor.

Mr. W. Lawrence Scott: Thank you, Mr. Speaker.

I rise on my feet on a joyous note, because I think that if it is not a world record, I think it is at least a Bermuda record for the PHC Zebras, who won the Premier League for the 12th time, Mr. Speaker, which is more than any other Premier League team here on Island. And this was the second time in a row that we have won it. But we did not just win the Premier League, we won the Friendship and the Charity Cup, Mr. Speaker. So, I think that this is almost . . . well, I think it is a precursor of what is going to happen with Cup Match, where Somerset is going to win once again.

[Inaudible interjections and laughter]

Mr. W. Lawrence Scott: So, you know, I go to church. They say, *Speak things into existence*.

The Speaker: Yes.

Mr. W. Lawrence Scott: So, Somerset will take the Cup this year. But once again, it was a hard-fought year. It was a hard-fought championship that we did. And we cannot and will never forget Muzzy. We did it for Muzzy. And once again, I would like to associate the whole House with that, for the 12th time. MP Weeks says he does not want to be associated, but that is okay.

[Laughter]

Mr. W. Lawrence Scott: That is okay. I understand. But the thing is that they have done well. They worked hard. They deserve it. And I will be at the games once again in the season to come.

The Speaker: Thank you.

I now recognise the Member from constituency 19.

Member, you have the floor.

But the Minister has got a bad leg, so he is moving a little slowly. I will make sure that I watch him closely the next time.

Hon. Jeanne J. Atherden: Thank you, Mr. Speaker.

I will start off with what I call the congrats. I would like to have congratulations sent to the Kardias Club, who on the weekend had their “Tea with a Twist,” which is a fundraiser, a fashion show. It was well-received by all of the guests. It is one of those [events] where you have lots of hats and finery. But also, the nice part about it is that the beneficiary this year was the Family Centre. And they are one of the organisations that I have a special feeling for. And I want to say congrats to them.

On the sad side, I would like to have condolences sent to the family and friends of the late Philomel Ahern, “Phyllis,” as we all knew her. I got to know her when I was Director of Finance at the hospital. She was one of the supervisors. She was one of those individuals who performed well, and then when she left the hospital, she started to do private work in the community. But she was best known, from my perspective, as being a golfer, a very proficient golfer, and one of those individuals who would always lend assistance to new golfers to try and get them involved. So, she will be sadly missed. But at least she was 89. And I think that, you know, is pretty good. And if condolences could be sent to her family. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Minister. Everybody else decided it is your turn. How is that? No one else jumped to compete with you that time. Go ahead.

Lt. Col. Hon. David A. Burch: Thank you, Mr. Speaker.

I would like to be associated with the congratulations, in the wider context, to those graduates at the Bermuda College yesterday. I particularly, though, want to take note of the nine members of the Ministry who graduated, two of whom I will name, Dean Smith and Danny Paynter, who graduated with distinction, and four others with merit. They were supported in that effort by the Ministry. And so, I am not sure whether those figures were included in the numbers that the Premier mentioned. But the Ministry did support them, and we congratulate them.

Mr. Speaker, I would also like to just record for the record that, I guess, one of the most pleasant tasks of being a Minister is actually going to retirement parties for people who have served not only in government service, but the people of Bermuda. And so, this week, I had the occasion to attend a retirement celebration for Mr. Brexton Outerbridge, who served in the Ministry of Public Works for 40 years. And in my remarks, Mr. Speaker, thinking about this, I asked how many of those people currently at work were born in 1979 when he started? And about half of them put up their hands. So, I encouraged them, if they could serve for half of his time, because we struggle to get people to serve for four years, let alone forty, in this day and age, that they would be able to, you know, have that sort of celebration as well.

But, Mr. Speaker, one of the comments that folk made was that, whilst he was short in stature, he was tall in integrity, and he stood up for his rights as a worker at Public Works. And so, it was quite encouraging and pleasant to see that a lot of the young folks who work at the Marsh Folly Depot with him were not afraid to stand up and say that he had helped them in their journey and employment at Public Works, and not only by his example, but by his willingness to give them advice and to encourage them. So, I extend congratulations to him and wish him a happy retirement for his 40 years of service to the government and people of Bermuda. Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

I now recognise the Honourable Member from constituency 28.

Honourable Member Lister, you have the floor.

Mr. Dennis Lister III: Good morning, Mr. Speaker.

I would like to sadly start off by sending condolences to some of the families of a few of my constituents. Mrs. Marjorie Kathleen Mathews, of 8 Spice Hill Road; Mrs. [Loretta Dennison Viola] Morton, of Stacey Estate Road in Warwick; and Mrs. Smith of Sun Valley in Warwick. I would like to send condolences to their families. Also, condolences to a friend of mine who—unfortunately, I have not been in the House since he passed, young Antoine Seaman, a

teammate of mine of the Somerset Trojans who died recently in a bike accident.

And also, to associate with the comments by Minister Wilson, for my great-aunt, Frances Lister, who passed away last week. Unfortunately, I did not get a chance to see her just before. But I will always remember, growing up, living next door to her. I remember the good times that we had growing up, swimming in her pool. As she mentioned, Roy-Allan Burch who swam and represented Bermuda in the Olympics, we learned to swim together in that pool. I beat him a few times, but he would never admit to that.

[Laughter]

Mr. Dennis Lister III: But, yes, I would like to send condolences to the family.

And on a lighter note, congratulations to (as it has already been mentioned by the Premier) the graduating class of Bermuda College, the Class of 2019. I wish them many successes in their endeavours. Also, to the young Kane Crichlow for signing for Watford in the Premier League. Hopefully, he can go on to have a successful career and represent Bermuda. And also, to the Last Call singing group, Tricray and Adrian. They have, over the past few weeks and months, been the number-one top song on the Billboard 100 gospel list. So, they have represented Bermuda very well in the music industry.

And lastly, next week, Sunday, a constituent of mine, Ms. Maude Gwendolyn Bassett, will be celebrating 100 years. So, I would like to send her birthday congratulations for May 26 when it comes.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

I recognise the Honourable Member from constituency 10.

Honourable Member Dunkley, you have the floor.

Hon. Michael H. Dunkley: Good morning, Mr. Speaker. Good morning, colleagues and the listening audience.

I would like to start out by offering sincere condolences, as my honourable colleague from constituency 19 did, to the family of Phyllis Ahern on her recent passing. I first knew Ms. Ahern when she was actually, I think, the head nurse at the hospital. And then, as I learned golf when I was younger, she was very active, as MP Atherden said, in the golfing circles in the community. So, she will be not only a real loss to family and friends, but to [the] greater good she served. She probably touched as many people in the community as anyone we know through her work at the hospital and golf. So, may she rest in peace.

I would like to ask that this House send condolences to the family of Donald Frederick Stailey, or “Freddy” Stailey, as people called him. I think the Honourable Minister from constituency 6, where Mr. Stailey lived, would like to be associated with this. I have known Freddy for many, many years. Many people probably know that he was one of the truck drivers for the Supermart on Front Street for perhaps 40 years. But [he was] very involved in the farming and animal community in Bermuda. He got involved in a piece of property down there just close to Shelly Bay. And his house was really—I think the tribute given by Thad Hollis said that he had more animals than the ark ever had, down at his property. And that was true. Freddy was always around animals.

What a wonderful human being, a person who could talk to anybody. He was a pleasure to be around because he was always very interesting to talk to. And it was a very heartfelt eulogy [given] by his good friend, Terry Lamb, who was also suffering with a disease in stage 4 brain cancer.

The Speaker: Wow.

Hon. Michael H. Dunkley: To see those two come together and care for each other was a touching tribute to the Stailey family. Condolences on the passing of a good man.

I would like to be associated with the congratulations to all of the students at Bermuda College. And certainly, I think it is appropriate that the House congratulate all of the schools and their passing-out graduation parades this year. It is a tremendous achievement, not only to win awards, but to be able to graduate qualified in your certain area of study. So, congratulations to the young men and women who have done that.

And as colleagues have said, to Kane Crichlow for being signed on at Watford. Many young men and women dream of getting in their passion, and football is one that many young men have in Bermuda. But to see another young Bermudian have a contract with a top-flight team over in the UK is positive, and also to be a role model for young Bermudians who believe that they can get there. And I think that we should send congratulations to all of those individuals who helped Mr. Crichlow and other young people along the way, because it takes a lot to get there. His skills and his stick-to-it-ness have helped, but [also] all those individuals [who helped] along the way.

And, Mr. Speaker, lastly, I would like to send congratulations to the Bermuda Motor Sports Hall of Fame, which launched its hall of fame over this past weekend. I am sure that all Members of the Honourable House would like to be associated with this. I am well aware of the work that they do, but now they recognise each other.

[Timer beeps]

The Speaker: Thank you, Honourable Member.

Hon. Michael H. Dunkley: That is great, Mr. Speaker.

The Speaker: I now recognise the Honourable Member Weeks.

Honourable Member, you have the floor.

Mr. Michael A. Weeks: Thank you, Mr. Speaker. Good morning to you, and good morning to the public.

Mr. Speaker, I would like to start off my remarks by wanting to be associated with the remarks by the Honourable Premier for the recent graduates up at the Bermuda College. Mr. Speaker, in particular, I want to congratulate Ms. Sharmila Harris, one of my constituents. Her family, historically, Mr. Speaker, has really been very much in support of me in my 10 years in this Honourable House. And I have seen Sharmila study, and work and study and go through the hard times. But for her to get her four-year degree yesterday up at the college, I want to congratulate her. And I take my hat off to her, Mr. Speaker.

Mr. Speaker, I also would like to be associated with the remarks from the Honourable Whip. I would be remiss, Mr. Speaker, if I did not rise to my feet asking to be associated. (Especially after his remarks, I would not want to be associated.) But the mighty PHC deserve all of the accolades and congrats regardless of the teams that we others support and represent.

Mr. Speaker, also, before I take my seat, I want to be associated with the remarks for young Kane Crichlow and his signing of a new football contract over in England. That accomplishment goes a long way, Mr. Speaker, in encouraging our other youngsters that dreams, with hard work, can come true. So, I wish him well. And I hope that he can encourage, through his actions, other youngsters who aspire to the same thing. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

I recognise the Honourable Member Simons, from constituency 8.

Mr. N. H. Cole Simons: Thank you, Mr. Speaker.

I rise this morning to send congratulatory remarks to Christian Dunleavy. He recently was appointed CEO of Aspen Bermuda. I would like to associate my colleagues, Ms. Pat Gordon-Pamplin, and Jeanne Atherden. This is a young Bermudian, a very young Bermudian, who started off in reinsurance, very unassuming, did what he had to do. And he is bearing results. And so, I would like to commend him on behalf of the House for his achievements in this field.

I would like to also associate myself with the comments made in regard to Ms. Lister. The last time I had a good conversation with her was at my father-

in-law's viewing. And we chatted and chatted. And then she says, *You know, I am from Devil's Hole. And I knew your mother and your aunts really, really well. We are Devil's Hole girls.*

And even though she lived in Somerset, she believed in her roots. So, it was a very interesting conversation.

The Speaker: She is going to be buried back their too.

Mr. N. H. Cole Simons: I would like to also associate myself with the comments in regard to Freddy Stailey. As you know, I am an equestrian. And his fields were just across the street from where my horse is kept. And many a morning, I would go out, and he would say, *Mr. Simons, you're late today! You're late! Your horse has been waiting for you.* And so, he was really keen on the sport and animals. And the funny thing is that I have been told that when he knew that he could [no longer] take care of his animals he did the humane thing and put them down so that they would not be a burden to anyone and so that he could assure himself that they were taken care of at a standard that he could take care of them.

I would also like to associate myself with the comments made in regard to the graduates of Bermuda College, and I would also say the Mount St. Vincent programme. I think Bermudians should remember that they are able to get a full degree here in Bermuda through the relationship with the Mount St. Vincent programme. So, again, congratulations to the students and also congratulations to the faculty and staff members.

We also should acknowledge the dual enrolment students, because you had students graduating from college before they graduated from high school!

The Speaker: Yes. Yes.

Mr. N. H. Cole Simons: So, again, this is a wonderful achievement. And it speaks well for what is going on in education here in Bermuda.

And then, I would just also like to acknowledge the seniors. There were a number of seniors who graduated yesterday, and they were so proud. They [made] career changes. And I remember one lady who was in the culinary arts. She was so enthused by her success, and she is about to start a new catering business. She was featured a few weeks ago in the newspaper, and that is why I remember her. But she was so thrilled. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

We recognise the Honourable Member from constituency 26. Honourable Member Tyrrell, you have the floor.

Mr. Neville S. Tyrrell: Thank you very much, Mr. Speaker, and good morning, all.

Mr. Speaker, I certainly want to be associated with the congratulations to Kane Crichlow, specifically, because his family have their homestead in my neighbourhood. But the reason why I certainly want to give congratulations is because I know the efforts that his parents put in and the sacrifice that they made to get him to the place he is now. I certainly do wish him well. But I certainly think his parents should take a lot of those congratulations, as well.

Mr. Speaker, last week I had the opportunity to attend the sports day at Lorraine Rest Home. It is about the 10th year in a row that they have had it. It started out with just the Lorraine Rest home.

The Speaker: You were a participant? Did you participate?

Mr. Neville S. Tyrrell: Not this time. I think they have got me down for about another five years, Mr. Speaker.

The Speaker: Okay. Just clarifying that.

Mr. Neville S. Tyrrell: Just making sure. And I will be joined by probably a lot of my colleagues here, as well.

But, Mr. Speaker, let me say that it is a well-run event because what they do is they invite all of the other rest homes of the Island. And the competition here is very stiff. So, I am not looking forward to actually going there myself.

[Laughter]

An Hon. Member: "Hope" is the operative word.

Mr. Neville S. Tyrrell: The operative word. But I would also like congratulations to go the MC for the day, Ms. Linda Mienzer, who keeps it very lively and keeps things on track, as well.

Mr. Speaker, on a sad note, I will ask that condolences be sent to the family of one of my former constituents, Mr. Raymond Lauder. I also know him as "Jack." He is from Kings Land in South Shore. Mr. Lauder was very prominent, and I will associate the Honourable Member Scott, his neighbour, as well. Mr. Lauder was very popular because every time I would go out canvassing in the area, I would always get a two-for-one, because he would always be at one of the neighbour's houses where I was at.

So, I was able to canvass him and the neighbour at the same time. And I think he will be sorely missed by his family and friends.

Thank you very much, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

I recognise the Honourable Opposition Whip. Honourable Member, you have the floor.

Ms. Susan E. Jackson: Thank you, Mr. Speaker.

I just want to rise and send out some congratulatory notes. Last week, Saturday evening, Summerhaven celebrated a casino night at the Bermuda Aquarium. They were generously gifted the location, and they were able to bring together a very healthy and happy group of people, who certainly got a warm-up with Crown and Anchor, so warming up for Cup Match. And it was very well supported. I would like to send congratulations to the Summerhaven team. They did an amazing job with the catering and all of the entertainment. The music was great. And I certainly look forward to future fundraising events that are hosted by Summerhaven.

In addition, I would like to send out congratulatory remarks to a constituent, who is an entrepreneur. His name is Alex Jones, and he began iRepair, which is a store that works with and fixes electronic devices. And he started on Court Street, and he has since moved to the Washington Lane. He employs about 10 young staff. And just recently, he has now expanded to partner with CPR, which is Cell Phone Repair, and they have stores and support throughout the Caribbean. So, just to see a young entrepreneur growing and expanding in Bermuda is just a positive note. And I wish all the best to him and to his team.

Finally, I would like to be associated with the Bermuda College graduation. I had the privilege of sitting on the Bermuda College Board for a little bit. And I certainly appreciate the work that [is done by] the staff and the faculty and the administration who support these young people as they begin and continue on their journey of higher education. I wish all the best to the Bermuda College. I look forward to a full enrolment in the fall, and I support all the students whether they are here in Bermuda, traveling overseas or entering into or continuing at the Bermuda College in the fall. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Now I recognise Minister Caines. Minister, you have the floor.

Hon. Wayne Caines: Mr. Speaker, I would like to send congratulations to the following people: As you know, His Excellency held the Honours and Awards Ceremony at Government House on Wednesday night past. The Queen's Certificates and Badges of Honour were given to Ms. Meredith Ebbin for her literary work in journalism; and Mr. Janeiro Tucker, Somerset's great batsman.

The Speaker: Mr. Cricket!

Hon. Wayne Caines: Also known as Mr. Cup Match.

The Speaker: Yes.

Hon. Wayne Caines: And Mr. Sean Tucker, for his service in radio journalism, as the Voice of Summer, Mr. Speaker.

The Bermuda Police Service Long Service Award recipient of 30 years, Detective Constable Lennox Ince; 25 years of service, incoming Deputy Commissioner Darrin Simons; also for 25 years, Constable Courville Hilton; and Constable Richard Merritt. The award for 15 years of service in the Bermuda Reserve Constabulary was Section Officer, Mr. Karim Huey; 18 years of service to the Bermuda Department of Corrections, 18 years Principal Officer Attiba Tucker; Divisional Officer Luce Tride-Sterling Martinez; Officer Carmel Amory; Officer Rajay Bean; Officer Royden Grant; Officer Gladstone Headlund.

The Royal Bermuda Regiment Longstanding Award recipients, first class of the efficiency medal, Colour Sergeant Shantay Arnold and Sergeant Kenneth Byron. The Commissioner's first class in efficiency medal also went to Captain Alvin Harvey.

Thank you, Mr. Speaker.

The Speaker: Thank you, Minister.

The Member from constituency 2. I believe you have the floor to yourself.

Hon. Hubert (Kim) E. Swan: Yes. Thank you, Mr. Speaker.

Mr. Speaker, I would like to be associated with the condolences that were offered on the passing of Ms. Phyllis Ahern, whom I had known for nearly 50 years through golf. As was mentioned, she was very proficient and loved golf. She hailed from Ireland. And if there was ever a person who came to Bermuda who was an example of how persons should interact and integrate and contribute to better racial relations in Bermuda, I think Ms. Ahern would be right up there amongst them. And I just want to say how much I benefited from knowing her, how positive she was in my development, with encouragement. And I know many of her friends are also my friends who would attest to what I just shared about this very fine lady.

Mr. Speaker, I would like in the celebration of this graduating season to associate myself with all of the congratulations being offered to the graduates of the Bermuda College. But add young Canaan Ming, who was out there in Nebraska, from St. George's, who went to school with my daughter way back when in primary school. And also, Honourable Member, MP Ming, I am sure would want to be associated with this, as her son was part of that group, and his parents Johnny and Carol Ming are very proud, as we are, of their son.

Also, Mr. Speaker, I would like to recognise all of those Belizeans out there, of whom my wife is one, around the world and in Belize, whose government successfully put forward a referendum for a long out-

standing issue that dates back to the 1850s. But there is 90-plus per cent agreement that a long-standing land dispute between two neighbouring countries should be settled by referenda, of which Britain was very much a part. It was finally taken with agreement that it would be taken to an international court. So, congratulations to the people of Belize and the Belize Government for handling this, Mr. Speaker. Thank you.

The Speaker: Thank you, Honourable Member.

I recognise the Honourable Minister. Minister Foggo, you have the floor.

Hon. Lovitta F. Foggo: Thank you, Mr. Speaker.

Mr. Speaker, I rise to join in the chorus regarding the congratulatory remarks for all Bermuda College graduates. And I can say that this Government is showing how much progress we are making in terms of meeting the people's needs. When, one, we look at the dual enrolment programme and we look at many of the seniors, senior persons or senior students in terms of their age in comparison to young people who are taking part of—taking a part in retooling, re-educating themselves. And so, it is important to point that out, Mr. Speaker. And again, this Government put up \$300,000-plus to ensure that we would assist people with their tuition. And so, it is panning out in a positive way.

Mr. Speaker, on a sad note, I would like condolences to go to the Pitcher family with the passing of Mr. Glenn Pitcher. I would like to associate MP Kim Swan, MP Renee Ming and Minister De Silva with these remarks, Mr. Speaker. Glenn was, I guess, very well known when it comes to operating major big vehicles in construction. And I think perhaps he even worked under, or with, Minister De Silva. But in terms of the work that he did throughout this Island, he will always be remembered. And definitely, when it comes to the St. David's community, he will be missed, including the St. George's community, Mr. Speaker, because he is known very dearly to all of us. And I see my colleague coming back. I am sure he is going to add more to what I have had to say.

Thank you, Mr. Speaker. On that note, I will take my seat.

The Speaker: Yes. Thank you, Minister.

I now recognise the Honourable Member from St. George's, MP Ming. MP Ming, you have the floor.

Mrs. Renee Ming: Good morning, Mr. Speaker and listening audience.

The Speaker: Good morning.

Mrs. Renee Ming: I would just like to also be associated with the comments for the graduates of Bermuda College. I think it was phenomenal what we saw this

year with regard to the graduates. And I just want to highlight three who are well-known to me. And they are young women who are well-known to me. And I sort of look forward to whatever their progress is going to be. And that would be Ms. Alnike Looby; Ms. Tamiyah Durrant, who is actually going on to do a two-year internship at Marcus's because she is studying to be a chef; and Ms. Kadijah Burrows, whose mom is so proud of her.

Also, Mr. Speaker, I would like to be associated with the comments for Kane Crichlow. Suzette and Craig Crichlow were both in my year at Berkeley. And so, you can imagine, as ex-Berkeleyites and friends, we, the class of 1988, we are extremely proud of his progression in athletics. I would also like to associate Minister Foggo with that.

And although this has been said, Mr. Speaker, I am associating myself with the comment from last week, and that was for the retirement of Herbie Siggins from the Bermuda Aviation. He spent his last 13 years at JetBlue, but if you have a conversation with him, you will find that he mentored many of our young people who are involved in aviation today. So, we want to wish him well. I still speak to him, and I know that I am sure he has a huge honey-do list at this stage to which he said yes. And I would also like to associate Minister Foggo with those comments. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

I recognise the Honourable Member, MP Famous. Honourable Member, you have the floor.

Mr. Christopher Famous: Good morning, Mr. Speaker.

I am going to start off with condolences for the family of Ms. Mary Boorman. I know her son Paul.

I also want to give birthday greetings to Dr. Ewart Brown and the Mayor of Flatts, who just walked out of the Chamber, Uncle Joe Simons.

[Inaudible interjections]

The Speaker: The Opposition Leader. You can include him in it. There you go.

Mr. Christopher Famous: Oh, oh! And birthday wishes to the Honourable Member from Devonshire, [constituency] 12, Opposition Leader Craig Cannonier.

The Speaker: Yes.

Mr. Christopher Famous: I want to congratulate Mr. Cal Blankendal for taking over the Bermuda Cricket Board. Okay, I associate the whole House.

Also, I want to congratulate the graduates. Forty of the graduates graduated from the Technical Division, which is very good to see. And I am going to call a few people by name: Ms. Chelsea Ray graduat-

ed from the Mount St. Vincent University programme. Cameron Holder, of Devonshire, graduated from the Culinary Arts. Shakur Looby, of Smith's, graduated from the carpentry programme. Ms. Karen Simmons graduated from the Mount St. Vincent programme. And Mrs. Shawnette Perot who graduated from the Mount St. Vincent programme, as well. And what is encouraging, Mr. Speaker, is to see persons my age or older going up there. And it shows that it is never too late to go back to Bermuda College to take advantage of the opportunities. Thank you, Mr. Speaker.

An Hon. Member: That's old.

Mr. Christopher Famous: You will be there soon.

The Speaker: Thank you, Member.

Does any other Member?

We recognise the Honourable Opposition Leader. Honourable Member, you have the floor, and happy birthday to you.

Hon. L. Craig Cannonier: Yes. Thank you very much, Mr. Speaker.

The Speaker: Yes.

Hon. L. Craig Cannonier: Yes. I want to echo the sentiments to the Bermuda College. Every year, we have the opportunity to speak to the success of the college and the success of the leadership there, led by Dr. Greene. I took note of several things that stood out this particular graduation which took place yesterday. Number one was their attention to the environment.

Every year, quite frankly, I was a little disappointed, and I look forward to the fact that you see all of these balloons and horns and all kinds of things going on there. We certainly had horns this year, for sure. But quite festive, the graduation, when you see the extent to which they go with the balloons. However, the school has made a decision that it would not endanger the environment, by not having balloons. And so, I congratulate them on making that move, Mr. Speaker.

The other thing that was very evident from the graduation was the fact that there was a lot of emphasis on the trades. And we have always talked about the fact that it is important that we continue to train our young people in the trades. And quite frankly, anyone, all of us who have had to hire a plumber for our homes, I am not sure why we are not encouraging our young people to get into some of these trades, because I know the money that I pay to a plumber. And I am like, *Well, whoa! There are some serious hourly charges there.*

[Inaudible interjection]

Hon. L. Craig Cannonier: We all need to become plumbers, eh? Or electricians.

[Laughter]

Hon. L. Craig Cannonier: But in particular, electricians and plumbers, I am always amazed that—

[Inaudible interjections and laughter]

Hon. L. Craig Cannonier: Yes. I am always amazed at the living that can be made by such professions. So, it was good to see that young people were graduating in the trades at the college.

And then, I want to go on to congratulate Dimitri Packwood, who spoke on behalf of the graduation class of 2019. She probably has a career in also being a comedian. She started out by saying that her speech was going to cover the basics like a skirt, but be short enough to get your attention. And we all went into a pretty big uproar laughing at that.

The Speaker: Could everybody else check their microphones? Not yours.

Hon. L. Craig Cannonier: Mine is on, but the light is not on.

The Speaker: Yes.

[Crosstalk]

[Pause]

Hon. Zane. J. S. De Silva: The light just came on.

Hon. L. Craig Cannonier: Yes. Okay. Thank you.

In addition, I also would like to congratulate and thank the Worshipful Juan Wolffe for his keynote speech that he gave. And he made some pretty profound short quotes. And one of those was, *Do you . . .* And I appreciated the fact that he was encouraging our young people to be themselves.

[Timer beeps]

Hon. L. Craig Cannonier: That cannot be right.

[Laughter]

Hon. L. Craig Cannonier: Apologies, Mr. Speaker.

The Speaker: Well, you will wrap it up now.

Hon. L. Craig Cannonier: Yes. I will wrap it up.

The Speaker: You wrap it up.

Hon. L. Craig Cannonier: Thank you, Mr. Speaker.

Again, going back to the college and the good work that it does, it is always amazing every year to see the number of Bermudians who are graduating from the college there, but also those from years ago who are senior members within the community, like the Worshipful Juan Wolffe, who had been through the Bermuda College. And so, congratulations again to Dr. Greene on her fine job this year.

The Speaker: Thank you.

Now I recognise the Honourable Member from constituency 36.

Honourable Member.

Hon. Michael J. Scott: Thank you, Mr. Speaker.

Mr. Speaker, I just wish to be associated, even though the House was associated by the Minister of Health, I wish to stand and be personally associated with the condolences to yourself and to the family of Mrs. Frances Lister.

The Speaker: Thank you.

Hon. Michael J. Scott: The Minister of Health commended, with great elegance, the bio and life and times of Mrs. Lister. And I wish to be thoroughly associated with Minister Wilson's remarks for this woman of stature in our community, who carried herself with stature. And I know that the community in Sandys, and certainly the family at Allen Temple, Pastor Howard Dill and Rev. Dr. Emily-Gail Dill and the whole family will wish to be associated with the loss and are mourning the loss of your family member.

And I heard Mr. Famous, the Honourable Member, wish happy birthday to Dr. Ewart Brown, and I wish to be associated with those offers of congratulations on his birthday. Thanks, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Minister De Silva, would you like to add a few remarks this morning?

Hon. Zane J. S. De Silva: Yes, thank you, Mr. Speaker. I appreciate that.

The Speaker: Yes.

Hon. Zane J. S. De Silva: I would certainly like to join colleagues in wishing the best of birthday wishes to both the Honourable Dr. Ewart Brown and also the Opposition Leader, Mr. Craig Cannonier. Long may they both . . . may they see many more, and possibly together. I am not sure which one is older, though, Mr. Speaker.

[Laughter]

Hon. Zane J. S. De Silva: Mr. Speaker, whilst I am on my feet, you know, we always talk about when

someone passes, we celebrate their life. I would like to associate my condolences to the family of Glenn "Cleary" Pitcher, who used to work for Island Construction, Mr. Speaker. Cleary was one of the—and I say it without fear—I think one of the best bulldozer operators the Island has ever produced. There was not anything that he could not do with that machine, Mr. Speaker. And, of course, like many of my employees before I got into politics, I do not do it as much anymore. But we used to spend a lot of time together. And I could tell you many a story about myself and Cleary and some of the things that we did over the years, Mr. Speaker.

[Inaudible interjections and laughter]

Hon. Zane J. S. De Silva: But whilst I am on my . . .

[Inaudible interjection]

Hon. Zane J. S. De Silva: Yes, he was. He was a great Liverpool fan, as am I, Mr. Speaker. And I think you know that.

But one of the things I would like to do whilst I am on my feet is to thank St. David's Cricket Club and all of the executives. Because what Minister Foggo and I were a part of about a year ago is that they decided that they were going to honour some of their former members whilst they were still living. And Cleary was honoured that night. And it was certainly something that will live with me, and I am sure Minister Foggo, forever.

And something that I think, if anyone else in the club life are listening, I think that this would certainly be something that they should all carry. Honour some of their long-standing members not only in the club, but in their communities, whilst they are still alive. So, I take my hat off to St. David's for that initiative, and I certainly encourage others to follow suit. Thank you.

The Speaker: Thank you, Minister.

Does any other Member wish to make comments on the condolences or congratulations? None? We will move on.

MATTERS OF PRIVILEGE

The Speaker: There are none.

PERSONAL EXPLANATIONS

The Speaker: There are none.

NOTICE OF MOTIONS FOR THE ADJOURNMENT OF THE HOUSE ON MATTERS OF URGENT PUBLIC IMPORTANCE

The Speaker: There are none.

INTRODUCTION OF BILLS

GOVERNMENT BILLS

The Speaker: Deputy Premier, are you going to introduce the Bill for the Premier?

Hon. Walter H. Roban: Yes, Mr. Speaker.

The Speaker: Yes. You can do so now.

FIRST READING

PREMIER, MINISTERS AND OPPOSITION LEADER PERSONAL STAFFS ACT 2019

Hon. Walter H. Roban: On behalf of the Premier, I am introducing the following Bill for its first reading so that it may be placed on the Order Paper for the next day of meeting: Premier, Ministers and Opposition Leader Personal Staffs Act 2019.

The Speaker: Thank you.

NOTICE OF MOTION

MOTION TO ACCEPT RECOMMENDATIONS SET OUT IN GREEN PAPER ON TRANSPORT 2019

The Speaker: Minister De Silva.

Hon. Zane. J. S. De Silva: Thank you, Mr. Speaker.

I give notice that I propose to move the following Motion at the next day of meeting:

WHEREAS the Government undertook in the 2017 Speech from the Throne to conduct a thorough review of transportation and to produce a Green Paper on the future of transport in Bermuda that will provide various options for modernisation, which also takes into account the needs of the differently abled;

AND WHEREAS the Government recognises that technology is modernising transportation globally and that Bermuda must examine those trends when taking into account the future of public and private transportation;

BE IT RESOLVED that this Honourable House supports the recommendations and priorities set out in the Green Paper on Transport 2019.

The Speaker: Thank you, Minister.

ORDERS OF THE DAY

The Speaker: Members, that now brings us down to the Orders of the Day. And Order No. 3 is the Order that is going to be taken up this morning. And it is the second reading of the Health Insurance Amendment Act 2019 in the name of the Minister of Health.
Minister.

Hon. Kim N. Wilson: Thank you, Mr. Speaker.

Mr. Speaker, with the Governor's recommendation, I now move that the Bill entitled the Health Insurance Amendment Act 2019 be now read the second time.

The Speaker: Continue.

BILL

SECOND READING

HEALTH INSURANCE AMENDMENT ACT 2019

Hon. Kim N. Wilson: Thank you.

Mr. Speaker, the purpose of this Bill is to streamline the way Bermuda funds its only hospital in order to control health costs and make the necessary amendments to effect this through updates to the Standard Premium Rate and the Mutual Re-insurance Fund. However, Mr. Speaker, before getting into the substance of the Bill, I would like to pause to invite this Honourable House and the public to reflect for a moment.

Mr. Speaker, some members of the public and the Opposition may be asking, *Is access to health care a privilege or a right?* Health care in many countries is considered a basic human right. Article 25, Mr. Speaker, of the United Nations Universal Declaration of Human Rights provides that "everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care . . ." Mr. Speaker, the World Health Organization's Constitution preamble provides that "the enjoyment of the highest attainable standard of health to be one of the fundamental rights of every human being."

Bermuda should join the rest of the developed world and take steps to deliver quality and affordable health care for all. We can no longer accept a system which distributes health care unevenly on factors other than necessity, a community that permits some persons to have greater access to care than others, creates inequality and a two-tier system. In such a system, we will inevitably see persons who fail to receive the care that they desperately need. If persons are unable to access care early, they could end up consuming a larger portion of our health care resources. So, I submit, Mr. Speaker, that health care is

a human right to which all members of our society are entitled to.

Now, Mr. Speaker, some members of the public and the Opposition may be asking, *Why now?* For years, Mr. Speaker, we have had conversations about health care and health costs around dinner tables, at sports clubs and under the tents at Cup Match. We have talked about which family member or which friend had what experience with what doctor or what nurse or what physiotherapist. We have talked about the amounts of the bills and the increases in premiums, the receipts and the co-pays, the stories and the subtleties, the comparisons and the controversies. We have talked about the emergencies and the not-so-emergencies, the urgent care and the nurse whose name we could not remember, but whose kindness we could never forget. We have had this conversation before in this Honourable House, the Senate, in our caucuses and with our Opposition.

And it has all brought us to this moment, Mr. Speaker. Our discussion about health care here in Bermuda, as we have been recently engaged, is not just a conversation about corporate profits and hospital funds. It is, however, about coming to look in the mirror as a country, about who we are. It is coming to grips about where we have fallen short and what we can highlight that we really do well. The truth is that we do a lot in health care extremely well, and we have qualified professionals who are highly skilled and who are passionate about their current patients and those who may one day be. It is in this reflection that I come to address this very important issue, Mr. Speaker.

So, where are we? Our current spending on health care is over \$720 million, but we are not living as long as we should. We are knee-deep in chronic illness and waist-high in health risk. We are eating more than we should and exercising less than we can. We are treating more and not preventing enough. We are spending almost \$2 million per day on trying to keep healthy people in healthy communities. Some of that money is being spent wisely, and some of it could be spent a whole lot better. It is for the latter that we are building our work around health financing reform. *Yes, Mr. Speaker, we are reforming our health system.*

We are changing the way in which those dollars come—from your pay cheques and taxi fares, and construction salaries and corporate offices and hotel rooms—and how they end up being spent on your health in order to make your ability to contribute to Bermuda stronger. We are taking what we have been talking about for decades and putting those energies into real action. We are, in real and significant ways, changing how we do business here in Bermuda, for health.

So, why now, Mr. Speaker? I can go on and list the reasons why a stronger Bermuda in the face of a rapidly changing and technology-driven world, where blockchain and global economies, genetic

breakthroughs and transportation strategies for our international tourism need a much healthier population to drive business. I can talk about how we need to reduce our cost of doing business by lowering the cost of health insurance to attract more international companies to the Island. I can even talk about how we can compete better in sports and education if we do better in health. And while those things are all true, maybe this conversation is more straightforward than that. Maybe the reality, Mr. Speaker, is that this is our moment as a country to seize an opportunity to do something better, not for business reasons, but for people reasons. This is an opportunity to really put Bermuda and its people first.

Mr. Speaker, let me lay out what is happening and what this initiative of reform is all about. We are putting in health care and financing reforms to improve our health system for the sake of our economy and each of our families. We are starting with the way that we pay for the hospital. We are giving our hospital a fair budget so that they can deliver the care they need to the public. As a return for that budget, we are also holding our hospital more accountable for how much care they need to deliver and the quality and patient care they provide.

As a return for that budget, we are asking for better reporting and better negotiation of better costs, better reviews of utilisation and better partnerships with our community doctors and nurses. As a return, Mr. Speaker, we are looking for better efficiencies and better health outcomes. We are demanding the best from our hospital, and they are taking the progressive and responsible steps to achieve under those demands.

The budget is being paid for through a fund that all able-bodied residents already contribute to. Whether you use the health system or not, we are asking for a base level of social responsibility from *all of us* to make sure that our communities, from our seniors to our children, get the basic care that they need at a cost that is affordable. Mr. Speaker, this is our social contract. This type of social contract is exactly the type of deal that describes us as a society, that helps to strengthen our culture, helps to define who we are as persons, public and parties.

This is our time and our way of allowing every member of our society to have the right to health care. This is our opportunity to take leaps towards that universal health coverage goal, towards health for all.

Not every person has the ability to contribute to that goal equally. Some within our midst must bear the cost more than others. Some in their 30s and 40s will have to pay for someone in their 80s and 90s. Some workers will have to help in support of those seeking employment. Some costs will have to shift, and some caps will have to be put in place to control those costs. Some smaller businesses may need more support. Some families will have to sacrifice additional funds to assist those who are in more chal-

lenging circumstances. We will have to share responsibility now so that the future costs of future responsibilities can be less. We will have to share the costs of investing more in prevention now so that we can reduce the shared costs of emergency and acute care in the future.

Mr. Speaker, the conversations we have been having with our Island's health insurers are just about how we make this social contract of shared responsibility a fair proposition. How providers, payers, politicians, regulators, researchers and religious bodies can use their unique skill areas to put forth and implement timely solutions in a proactive and non-reactory way.

As the carefully considered and evidence-based changes are being made, we are at the same time asking our health insurance companies to conduct business differently. We are looking for each of those companies to use more of the money that you are paying into health insurance premiums to pay for your health. At the same time, we are looking for our health professionals to look for cost savings within their businesses and between colleagues so that we can move forward with fairer pricing.

Mr. Speaker, this is a change in how things have always been. This is a change in the status quo, and we understand that these conversations have not always been easy to be involved in. Yes, we are demanding to put the health of people as a higher priority to the health of profits. But this is not the opening and closing of the conversation. Our teams are working on a number of other initiatives in collaboration with the different members in health care. We are working on making the Standard Health Benefits a better set of services for you, we are working on ways to better measure quality in services, and we are working on updating our strategies and innovating our care. We are working on prescription drugs, mental health and maternity care. We are working on educating our youth and putting them in health careers to fill the gaps. And we are working on bringing more care home to Bermuda while preserving smart choice.

Mr. Speaker, we are working on communicating with the public on all the steps we are taking to create a better system for you, their parents and our children. So, again, Mr. Speaker, the question is asked, *Why now?* The answer? This is the moment that we should, and this is the moment when we can. We can rise to the occasion to put partisan arguments to the side and find common understanding of what we need. We can listen to our seniors and give them more financial relief. We can start to stop the abuse within our system. We can buy better, smarter and at lower health prices. We can set an example to the next generation of how better health is a tool for better living. We can empower our communities and ourselves to eat better and laugh harder. We can embrace our challenges of mental health and give those affected their needed treatment.

We can manage diabetes, cancer and heart disease, and find ways to stop the devastating effects of stroke. We can reduce our road traffic accidents, broken bones and traumatic brain injuries. We can make health care more affordable for all and make sure that health is available for all.

As Bermudians, we have always sought to be the best, and we should always want to change and adjust for the better. We can change now, Mr. Speaker. We can, and we will because if not now, Mr. Speaker, then when?

Mr. Speaker, it is in this context that I would like for us to consider the Bill and its aims. The purpose of this Bill is to streamline the way Bermuda funds its only hospital in order to control health costs, and make the necessary amendments to effect this through updates to the Standard Premium Rate and the Mutual Re-insurance Fund. Mr. Speaker, the Standard Premium Rate (or SPR) is the premium for Bermuda's basic, mandated package of insurance, the Standard Health Benefit (or SHB). The premium, Mr. Speaker, is set annually following actuarial reviews facilitated via the Bermuda Health Council.

Mr. Speaker, as this Honourable House is aware, the Standard Health Benefit is the basic insurance package that all employers must provide to their employees and employees' non-employed spouses, and they pay 50 per cent of its premium. By law, Mr. Speaker, all health insurers must include this package in any insurance policy. The package is regulated, as are its fees and the premium. In addition, government subsidises the cost towards the SHB coverage for children, indigent persons and seniors. The premium for this mandated package, Mr. Speaker, is called the Standard Premium Rate (SPR). It comprised of the Standard Health Benefit component and the Mutual Re-insurance Fund (or the MRF) component.

Mr. Speaker, the Standard Health Benefit covers most local hospital-based care (both inpatient and outpatient services), select diagnostic imaging in and out of the hospital (for example, mammograms) and select medical home care benefits (such as IV infusions). The MRF is a pooled fund into which all insurers currently pay a prescribed premium to cover all insured persons' kidney transplants and dialysis, and to provide transfers to specific health programmes.

Mr. Speaker, following actuarial consideration of the volume of services used in the past year, and historically, as well as projections for future use of SHB and MRF benefits, my Ministry learned that an \$84 standard premium increase would be needed to sustain the current level of coverage. This was due to utilisation increases, fee levels and unequal risk pooling. This would have resulted in the standard premium increasing by 23.6 per cent, from \$355.31 a month to \$439.32. Such a change would have been untenable for the public and for the employers, so it was obviously unacceptable to the Government.

Mr. Speaker, everyone paying for health care knows all too well that year-on-year increases cause hardship on individuals, families, businesses and the community. The Government could not sit by and allow this to happen. Actions commensurate to the problem had to be taken, and this Government has acted. It is well known that the primary step taken to prevent the premium increases was to streamline the way we fund BHB [Bermuda Hospitals Board]. While this has not been universally popular, I know it was the only way that the premium escalation could have been averted.

Mr. Speaker, BHB represents over 95 per cent of claims against the standard premium across the system. If we retained the status quo, the claims would have exceeded the premium significantly. So, our choices were to increase the premium, reduce BHB's fees dramatically, or change the way that BHB is funded. And, Mr. Speaker, we chose the latter. The option to reduce BHB's fees was considered seriously. But it is not a viable solution, as it would not solve the larger, systemic problem that fee-for-service makes cost containment impossible. Further, such a change could not be implemented fast enough for the SPR to suffice. Rather, the Government took the decision that to get a different result we have to do things differently, and accepted that a fundamental change to the overall funding of the hospital was necessary and timely.

Mr. Speaker, I want to pause here to remind this Honourable House that this is not the first step in streamlining the hospital's funding with a fixed-budget model. In 2017, when the then-Government decided to reduce the hospital's subsidy budget by \$25 million, it amended the legislation to change subsidy from a fee-for-service model to a block grant. Now, while the \$25 million grant was a one-time reduction and the subsidy budget was restored to \$108 million in 2018, the elimination of fee-for-service created significant efficiencies for both BHB and the Health Insurance Department without hampering utilisation monitoring and collaboration.

So, Mr. Speaker, I want to stress that funding the hospital in more efficient ways is not new and has been used successfully in recent history. We expect a similar outcome from the change proposed now. Ultimately, Mr. Speaker, what we all want is for the hospital to be properly resourced and funded to deliver the quality care that we all want and deserve. And of that I can give complete assurance, Mr. Speaker.

The \$330 million revenue target was derived on the basis of extensive discussions with BHB and a review of their financial needs and position. And the figure was concluded on the basis that it is a realistic funding level that will enable the hospital to operate and deliver quality care.

In addition, Mr. Speaker, I have to remind us all that the very origin and spirit of the Health Insurance Act 1970, which established the structure of our

health financing, is that the standard health premium is community rated. This seems to have been forgotten by some. However, anyone who has sat in the seat of the Minister of Health previously is all too aware of this fact and its fundamental rationale: The point is to distribute risk evenly throughout the community. The change we are making ensures that this happens as was intended.

Mr. Speaker, the Bill brings amendments to effect this important, necessary and beneficial change. In particular, Mr. Speaker, the Bill:

- requires a licensed insurer, or employer who operates an approved scheme, to pay the MRF premium into the MRF within 30 days of the start of the month or week (as the case may be) covered by the payment;
- provides that a prescribed transfer from the MRF to the Bermuda Hospitals Board is to be used to fund all standard health benefit received by insured persons where it is provided by the BHB;
- provides for an insurer, or employer who operates an approved scheme to not be liable to pay SHB claims from BHB if they have paid the MRF premium for an insured person;
- provides for an insurer, or employer who operates an approved scheme, that has not paid the MRF premium for an insured person to be liable for the SHB claims from BHB in respect of the insured person;
- makes all dialysis claims payable by the MRF;
- provides for the hospital to bill for all non-SHB services;
- increases the proportion of the standard premium rate that is ceded as the MRF premium from \$101.97 to \$331.97 and adjusts relevant transfers, including increasing the existing MRF transfer to BHB from \$13.16 to \$231.33 in order to fund hospital care of insured persons;
- updates the definition of "the general hospital" to provide clarification that this means only a hospital facility operated by the Bermuda Hospitals Board; and
- clarifies the definition of inpatient and outpatient hospital services for the purposes of SHB coverage.

Mr. Speaker, to effect these changes, the Bill amends the following: the Health Insurance Act 1970, the Bermuda Hospitals Board Act 1970, the Bermuda Hospitals Board (Hospital Fees) Regulations 2018, the Health Insurance (Standard Health Benefit) Regulations 1971, the Health Insurance (Mutual Re-Insurance Fund) (Prescribed Sum) Order 2014, the Health Insurance (Maternity Benefits) Regulations 1971, and the Health Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973.

Thank you very much, Mr. Speaker.

The Speaker: Thank you, Minister.

I now recognise the Opposition spokesman for Health, the Honourable Gordon-Pamplin.

Honourable Member, you have the floor.

Hon. Patricia J. Gordon-Pamplin: Thank you, Mr. Speaker.

Mr. Speaker, given the time, I would be wondering whether the Minister would be willing to start lunch now.

The Speaker: I was going to make that suggestion, if you like.

Hon. Patricia J. Gordon-Pamplin: As opposed to starting my presentation.

The Speaker: Now, it would be the Speaker's call rather than the Minister's call. So, on that note, I will ask that we now rise and have lunch and come back at two o'clock, with the Opposition Member leading us off.

Is that acceptable for all Members?

Yes. We will rise and have lunch.

[Gavel]

Proceedings suspended at 12:25 pm

Proceedings resumed at 2:03 pm

[Hon. Dennis P. Lister, Jr., Speaker, in the Chair]

The Speaker: Good afternoon, Members. I trust everyone had a good lunch.

[Gavel]

BILL

SECOND READING

HEALTH INSURANCE AMENDMENT ACT 2019

[Debate thereon continuing]

The Speaker: We are resuming the debate on the Health Insurance Amendment Act 2019 and the Opposition spokesman for Health, the Honourable Gordon-Pamplin has the floor.

Honourable Member.

Hon. Patricia J. Gordon-Pamplin: Thank you, Mr. Speaker.

Mr. Speaker, first let me apologise to my colleagues for the weakness of my voice. I have just recently had throat surgery and, unfortunately, I am not as strong as I might otherwise be. However, I will give this presentation my very best because it is our re-

sponsibility, Mr. Speaker, when legislation comes to this Honourable House, we have an obligation to ensure that we give it a good critical analysis and that we have the opportunity to discuss with significant stakeholders the terms and conditions that are likely to be implemented by the legislation that are going to impact the community at large.

Mr. Speaker, to say that this particular legislation, notwithstanding that the Minister has given me a copy of her brief and she has called in that brief for bipartisan cooperation for the betterment of health care in Bermuda, I would be remiss if I did not point out that this legislation was tabled last week, Friday. Prior to that, about a week before that, the Minister asked that we have a consultation so that we—so that I as the Shadow spokesperson—would have the opportunity to discuss the legislation and its intent. As I met with the Minister on Friday—the 2nd or 3rd of May—the Bill was not ready. So I was sitting, listening to a conceptual presentation by the Minister, which had no detail of what it was that we were likely to be discussing.

This is legislation that, to all intents and purposes, Mr. Speaker, will turn the health care system on its head as we know it. And I believe that it deserves more than the short shrift that the Government has afforded it in trying to railroad this legislation through within one week. However, within this past week, after the legislation was tabled last Friday, we, as an Opposition, have done our very best. I did not have the opportunity until Monday (having returned home only on Sunday) to start the consultative process so that we could, at least, get a feel for the significant layers in this debate.

Mr. Speaker, it would be remiss of me if I did not make mention of the conference that was held just prior to this legislation being tabled in which we spoke of strengthening parliamentary oversight.

Now, Mr. Speaker, the very first opportunity that we have to strengthen parliamentary oversight and to allow the Executive to be held to account for their actions, we have failed. We have failed because we have legislation—significant—that has been forced on us within one week with virtually little ability to continue—

Mr. W. Lawrence Scott: Point of order, Mr. Speaker.

Hon. Patricia J. Gordon-Pamplin: —the consultative process.

POINT OF ORDER

[Misleading]

Mr. W. Lawrence Scott: The Honourable Member is misleading the House saying that she . . . that we have failed. We are following Standing Orders. Standing Order 29(1) says that a Bill can be read for its second time within seven days. We have followed

that. So we are following Standing Orders. There is no railroading . . . and everything is being done according to policy.

The Speaker: Thank you, Honourable Member. Member?

Hon. Patricia J. Gordon-Pamplin: Mr. Speaker, I take the point that the Honourable Whip has made. It does not alter the fact that this is being pushed through in very short shrift, irrespective of “seven days.” Very little legislation that we discuss in this Honourable House has the significance of impact of *this* legislation. And a result of that, it deserves more, Mr. Speaker, than for us to have less than five days to have the necessary consultations.

However, with that said, we start with the major players, Mr. Speaker. It is important to us to ensure that we have the opportunity to discuss with the insurers, the insureds, and corporations—the significant people who are going to be impacted by the implementation of this new legislation.

Mr. Speaker, I started with the insureds with whom I was able to get the necessary meetings and the common refrain was that the consultation process implemented by the Government has been woefully inadequate. They were . . . I was told that initially, mid-February, there was a meeting of the insurers who were then told that this new legislation . . . the Government wanted to implement it with effect from April 1. Seemingly, that was far too short a period of time for the insurance companies to even come to grips with the questions that they had and, therefore, one particular company, having made representation, asked for more time and, therefore, it was pushed back, instead of April 1, to June 1.

But what does that do, Mr. Speaker? When there are questions that the insurers have and they do not have satisfaction in terms of how it is likely to be implemented—this new policy—they do not have the answers and we do not have the answers. I cannot tell them because the Government has not told us.

Mr. Speaker, the Minister did a press conference in which, based on the information that insurers had, some of them had gone to their policyholders and effectively said that there were going to be changes, there were likely to be increases in premiums that would be charged to policyholders as a result of the changes that were being made. The Minister, by way of press conference, made mention in a public . . . in a press conference, said that it was unconscionable for insurance companies to dare to raise rates to policyholders, given the fact that there would be no increase in the standard insurance premium (the SPR, the Standard Premium Rate) and there was no increase in the cost of the Standard Health Benefits.

Standard Health Benefits, as the Minister indicated in her presentation this morning, is the basic

level of services that must be offered in every insurance package that is offered by an insurance company—Standard Health Benefits. And those Standard Health Benefits, Mr. Speaker, comprise standard benefits that are available at the hospital and standard benefits that are available outside of the hospital, but they are prescribed and we know what they are.

The Minister said it was “unconscionable” that an insurance company, given that this aspect of the premium and claims were not going to change and benefits were not going to change, that it was unconscionable for there to be a premium increase.

Mr. Speaker, what was missing in that evaluation and interpretation and what caused—not just anxiety in terms of the industry itself, but certainly for people at large—what caused anxiety, Mr. Speaker, was the failure to acknowledge that there has been an increase—even if it were only the . . . sort of the normal inflationary increase—in the health care costs that, of necessity, is going to require or could require that premiums are increased. If there is a basic failure to understand that the Standard Premium is not the only thing that generates health insurance premiums on an overall risk-rated basis, then I think that we have got a fundamental misunderstanding of the insurance system. And I believe that the Government must have better knowledge than that for the Minister to make that kind of statement.

But I have to say that the Minister did [conduct] a town hall meeting last night and I was quite pleased to hear that the insurance companies were not vilified in that meeting that was held last night. Because I think it is important to point out, Mr. Speaker, I do not hold a brief for the insurance companies, but I have . . . and I will declare an interest. My background has been in insurance for a significant number of years. And while health insurance has not been my focal point (my focal point has been property and casualty insurance), certainly the regulatory structure that is required in order to ensure solvency of our insurance companies is a critical and integral part of the stability of our insurance industry.

So when we get an attitude that says that premiums are being put up so that to all intents and purposes those vile and evil and greedy shareholders want to get some profits, when they are required by law and regulation and statutory methodologies, Mr. Speaker, to provide significant capital in order to confirm their solvency . . . so if that money is not there, then a company fails. If a company fails, Mr. Speaker, they are not there to pay the claims that the policyholder is paying for. You are paying a premium to be able to get a claim out the back end.

So while it may be overly simplistic for the Minister to say that the Standard Premium has not changed—the Standard Benefits have not changed—therefore, the premium ought not to change, it just shows a fundamental lack of understanding of how insurance works and the necessity, Mr. Speaker, for

there to be a solvency margin that insurance companies must hold on a regulatory and legislative basis. So that is my presentation in that regard.

Now, Mr. Speaker, we understand what this Insurance amendment is trying to do. And technically what happens at the moment is that there is \$355.31 which is an amount of Standard Premium that is paid by every insured person. That Standard Premium, Mr. Speaker, at the moment, is comprised of an amount of \$101. . . and I can give you the exact change, but just for the purposes of this argument it is \$101.97 that is transferred from that Standard Premium that goes into a Mutual Re-insurance Fund. Historically, the Mutual Re-insurance Fund has been used to fund catastrophic illnesses in respect of dialysis and things that are outside the norm when one would plot on an actuarial basis what the claims experience would be because these are expensive “outside the norm” things, so they were covered by the MRF.

So what the Government has decided to do is instead of having the MRF continue to just deal with that one little portion, the MRF is now going to comprise a larger portion out of the Standard Premium and that money—that larger amount—the premium is \$355, and as I said the Minister has indicated that this is not going to change, that premium amount—that larger amount of \$330 or thereabouts—will now go into the Mutual Re-insurance Fund and that money will go to the hospital as a block grant so that the hospital will have a block grant funding of \$330 million with which to cover the expenses of running the hospital.

Now, Mr. Speaker, that \$330 million . . . what has not been made clear, and the Minister I have no doubt will explain to us when she takes to her feet, is what happens with the existing subsidies that are now offered to the hospital, but out of the Consolidated Fund—not out of the SPR, but out of the Consolidated Fund—for the youth subsidy, the aged subsidy and the indigent subsidy. Is that money in addition to the money that is coming out of the Standard Premium that is going into Mutual Re-insurance [Fund] that is going up to the hospital?

What is also very clear, Mr. Speaker, is that the premium that is going up to the hospital is going to be used to pay . . . sorry, the Mutual Re-insurance Fund, the block grant that is going up to the hospital, is going to be used to pay for services provided by the hospital *in* the hospital—standard benefits.

Now, Mr. Speaker, we know that there are standard benefits . . . there are items included in the standard benefit requirement that are provided outside of the hospital. So of the \$355 of Standard Premium, \$25 (for rounding numbers) is going to be retained for the insurers to pay the claims that relate to all of these other things that are outside of the hospital.

Now, we did not get from the Minister an aggregate. How much did we spend last year in outside the hospital standard benefit payments that would

give us the satisfaction of knowing that the \$25 figure that has been allowed to be set aside is effectively sufficient to cover the claims that are likely to come from the community-offered services? The way the premium was done before, it was certain standard benefits that were provided in the hospital and then there were other benefits that were provided that were hospital and community. But we have not seen the split between what of the hospital and community was hospital and what was community so that we . . . I do not know that this \$25 that is being left over—that little tiny sliver—is sufficient, Mr. Speaker.

Mr. Speaker, the question begs, what exactly are we trying to achieve? The Minister in her presentation said that she wanted to ensure that there was equity in the insurance industry in terms of affordability and costs and that we would have, as a result of whatever we are putting into our health system and the reform of our health system, that we want to make sure that we have more efficiencies and better health outcomes.

So if we are talking about efficiencies, if there are significant services that are offered in the hospital (for which the hospital now is getting all this grant from the Mutual Re-insurance Fund of \$330-odd, leaving the \$25 for the community), why does the hospital not say . . . or why does the Government not say for services that are offered in the hospital that are provided outside of the hospital, let those outside providers send that bill up to the hospital? The hospital has the money. They get the \$330 million from the block grant of the Mutual Re-insurance Fund.

So since they have got the money, why would they not take . . . for the services that are available . . . I want to be clear, not all services, not all ancillary services, but the services that are provided in the community that are available *in the hospital*. Let the community send that bill up to the hospital. That is efficiency. So that those external providers . . . you have compiled in one place the claims experience relating to specific areas.

So, in other words, if the hospital offers an MRI, if the hospital offers an x-ray, if the hospital offers something that is a standard benefit and I go to TB, Cancer & Health to get that service done, let them send the bill . . . so that the bill is all incorporated in one community-rated billing so that we do not have to slice and dice \$0.30 or \$0.50 out of the \$25.00 that is left to go and satisfy that claim. Because notwithstanding the system provides that there is no claims adjudication and with the failure for having claims adjudication we will not know, in the absence of controls . . . and that is just the environment and the space in which I work from an accounting perspective, internal controls and external controls and every other kind of control. But in the absence of controls, Mr. Speaker, you will not know whether you are being billed for an amputation or an aspirin and, presumably, the differential would be significant.

So in the absence of that oversight that we are losing, I think that we need to ensure that, if we are looking for efficiencies, let us be really efficient and do something that is meaningful and put all the similar claims in one bucket, in one place, and then the Government knows exactly what it is that we are dealing with.

The other thing is how do we guarantee better health outcomes with what we have seen today? I do not see that by taking money and sending it up to the hospital . . . says that there is going to be any better outcome. That is what we want. We do not want to say that the hospital has got \$300 million, \$400 million, whatever the millions are, in money, and that you have got a pile of people going down to the hospital who may or may not come out with a better health outcome. So something that we are . . . must be ensured to not miss in the process and in the equation, Mr. Speaker, are the educational aspects that come, at the moment, as part of the service that is provided by some of the insurance companies, in terms of education, telling people how to live, the things to do, getting benefits for . . . discounts if your claims experience is better than it might otherwise have been. How do we get a better outcome?

How do we know, if we are talking about the cost to the health care system, Mr. Speaker, how do we know that in the absence of controlling provider costs that there is going to be any more efficiency, that there are going to be any better outcomes, and that there are going to be any savings? [By] what we are doing today I do not see that there is one dime of savings. The Minister indicated that people who are paying premium . . . you know, you are going to have to pay some more.

Now, Mr. Speaker, we know that through the course of the past two months, subsequent to the Budget Debate, we have heard nothing but, *This price has gone up. The Sugar Tax has caused this to go up. The Land Tax has gone up here, something else has gone up over here.* So every time a consumer looks at his wallet this Government, who promised to reduce the cost of living, has somehow found a way to further exacerbate how the expenditure quotient has deteriorated on behalf of the taxpayers of this country.

Mr. Speaker, when you read that some in their 30s and 40s will have to pay for someone in their 80s and 90s, you know, that is the way it works and we are fine if we transport ourselves to Havana or Moscow, but we do not live in Havana and we do not live in Moscow. We do not have that type of national system or a tax support base to bolster it if anything goes wrong, Mr. Speaker.

So my question to the Minister is this: What happens when the \$330 million runs out? Because it will. And I know, actuarially, it is stated that the \$330 million is adequate, it will be sufficient, that the Minister and the Health Council are satisfied that the actuarial extrapolations are appropriately applied, but Mr.

Speaker, when you look at the Standard Premium which the Minister said in her presentation this morning, that the recommendation was that this premium could have been as much as \$84 different than the \$355 but for the fact that the population would not stand for it—you put a hold on that—that is like putting a lid on a pressure cooker. At some point in time it is going to blow, Mr. Speaker. You can only hold down costs to the extent that you put in other things that help to support efficiencies and savings. And one of the first things that we have to do is to start to look at the extent to which we are able to control what costs are going into the system.

Now the Minister mentioned in the opening part of her presentation this morning that we all have stories about comparisons and controversies, the bills and the increases and the negative outcomes and all those kinds of things that happen. And it is fine to say *let the hospital survive* because the hospital, notwithstanding the money that it requires to run its day-to-day operations, it also is required to pay their \$25 million per year on that 30-year loan that they have to Paget Health Group, which, part of that was a \$2.5 million per month, that is \$25 million per year . . . I am sorry, \$30 million per year—\$30 million per year—\$2.5 million per month, which is \$30 million per year for 30 years. That is the \$900 million that had to be repaid. But that gives . . . that is \$30 million just for the amortisation of that principal amount that has to be paid out by the Hospitals Board. So that is part of the \$330 million, so \$30 [million] is off the table because they have got to pay that, we know that, which effectively says that \$300 million has got to be left.

The question also begs: Is the Government required, through its GEHI contributions . . . are all of the Government plans, FutureCare, HIP, as well as GEHI . . . are those contributions going to be made to the Mutual Re-insurance Fund as well in the same amount that we are expecting from the private sector members or anybody else in the same amount of the \$330 going into the Mutual Re-insurance Fund?

Mr. Speaker, it is important to understand why. The Minister did mention in her presentation that the questions are being asked: Why is this being done and why now? And it would seem to me that we are almost getting the cart before the horse. The hospital has to survive. And what happens when the \$330 million runs out? Clearly, the Government will have to be the backstop.

The Government cannot allow the hospital to fail. When the \$330 [million] runs out, that money is going to have to come out of the Consolidated Fund. And so it is important that the public is put on guard and on notice to understand that this money will come from them—out of their pockets, again—somewhere down the road. You will not see it this year and you may not see it next [year], but you will see it the following year. And, of course, we have got to have a

year to make the determination as to how adequate \$330 million is as a number.

But the one thing that we do not have control over, Mr. Speaker, is the utilisation, even at the hospital, because the hospital can say that we have the capacity to do things, but they cannot say that they are going to provide the services because the services are predicated on peoples' necessity to use those services. So, even though the hospital can say they have got 100 beds, Mr. Speaker, 100 beds can only be occupied if 100 people show up. But if only 80 people show up, there are 20 beds that are there that are not generating revenue for the hospital.

By the same token, if 150 people show up, you then end up with lines at the hospital where then people will decide, *As opposed to utilising what I am paying for already as a Standard Health Benefit, I will go outside*, and then that starts to put pressure on the outside agencies to provide and pick up the slack to the extent that the hospital may not be able to cope.

So, Mr. Speaker, if we are not holding the costs down, if we are not centralising similar claims experiences and similar claims categories and having those as being one part of the insurance equation, how are we effecting any kind of efficiencies or savings in the health system?

Mr. Speaker, the hospital at the moment is using a fee-for-service [system]. And that fee-for-service concept will go away. But when that fee-for-service concept goes away, Mr. Speaker, how will the statistical development be communicated to the insurers who still have to rate their premiums for their clients? In addition to standard benefits they have to figure out what the claims experiences are and what premium is an adequate amount of premium.

So these are things that have to be considered [about], Mr. Speaker, that we do not have the answers for.

Now, if the Minister . . .

[Pause]

Hon. Patricia J. Gordon-Pamplin: I am giving it my best, Mr. Speaker.

Okay, so, what we have noticed, Mr. Speaker, is that with this new block grant going into effect on June 1—which is what the Government wants to do—the people who have been wait-listed for various services at the hospital, who have not been able to be fitted in . . . now, for whatever reason, the hospital is a beehive of activity so that people can get these services done. The hospital can . . . not so much to get the services done, but be able for the hospital to get the services provided so that they can get the revenue while they can still bill for it on a fee-for-service basis. Is that the intent? Or is that an unintended consequence?

Will we see in the month of May a significant spike in utilisation and costs that have been utilised by

the hospital in order to ensure that . . . by the hospital to make sure that they . . . in the \$300 million that they will be getting as a block grant . . . as I said, the number was \$330 [million], but \$30 million has already gone out the door to pay for the amortisation of their mortgage, but . . . Actuarial statistics are done effectively on the smoothing curves and based on an extrapolation of experiences. And when you get spikes and peaks, then you just have to make significant adjustments and amendments for them. So, it is important to know the impact that will happen with the revenue drivers from now until the end . . . in the next two weeks. It will be interesting to see the significance of the additional charges that have come through the Hospitals Board.

Now, Mr. Speaker, I am curious to know who is being left out as we speak. When I say “who is being left out” in terms of the provision of services that we cannot put into place the checks and balances and the procedures that ensure that there is some kind of cost control in the provider sector. So who will be left out if we did not do this tomorrow? Because we are basically talking about . . . not tomorrow, but two weeks' time. So who will get left out? You will get people who are uninsured who will not be able to buy an insurance premium, an insurance policy. But those people are covered by the indigent subsidy that presently exists. The aged are covered by the aged subsidy and the youth are covered by the youth subsidy.

So, if we took the time to make sure that this works, that we put the checks and balances in place where the checks and balances are needed, so that we are not driving up the cost of health care without any sort of . . . like a runaway train, Mr. Speaker. If we take the time to do that and to do it properly and effectively, who will lose out? I would submit that nobody will, because, at the moment, over the course of the next month or two months or whatever time it might take . . . let us say we bring this new system into effect on September 1, which gives everybody the opportunity to understand how it is going to work.

I have been made to understand very recently that implementation, which is scheduled to be June 1, [and this] short time that we have had to be able to go and look at this Bill, Mr. Speaker, has not given me the opportunity to consult as I would like with the hospital who is an integral player in this. But as readiness is scheduled for June 1 . . . as recently as 10 days ago I did not have the opportunity, but one of my colleagues had the opportunity to speak with the hospital. [They] were not even aware that as of June 1 they were not going to be submitting any bills to the insurance company for payment of claims. They did not realise it. So there is something missing in the information flow, where the integral and key people do not know what they are doing, do not know what to expect, and do not know how the new policy and plan is likely to impact them. Is that what we want, Mr. Speaker?

When we know that your standard premium rate should have gone up, but for the fact . . . and let me just say, I have been in the seat of the Minister. I had situations in which we had a Morneau Shepell report which made recommendations as to what the premium should be, and made the recommendation to choose a point that made sense in terms of what the economy could sustain. But when you have a differential from \$355 to \$433, Mr. Speaker, that is [more of] a difference than saying, *We're not going to go up an extra \$10 here.* We are talking about \$84. And if we cannot acknowledge and accept the fact that \$84 on standard premium is a significant impact that has been actuarially calculated because the statistics that have gone into the equation have dictated that this is the output . . . so, Mr. Speaker, if that is the output and we know that we are already deficient by at least \$84, but for the fact that the economy cannot sustain it, that is the only reason we cannot implement it at that stage.

We need to know that if we are making such significant changes, maybe it is time to bite the bullet; maybe it is time to be realistic about what the costs are. Maybe it is not the time to vilify the providers of services. Maybe it is not the time to turn the system on its head. Maybe it is not the time to stand and hope that what we are putting into place is going to be adequate. Maybe we need to pause, Mr. Speaker.

I am not suggesting for a second that we do not want to see equity when it comes to insurance claims, but there are always going to be those, Mr. Speaker, who are going to be able to afford to pay whatever their premiums are and they will get whatever standard of treatment they choose to get and they will hop on a plane and they will go to wherever they choose to go. And, Mr. Speaker, what will happen is that those others who are not in that happy position will end up having to settle for what it is that they get. Nothing from what we have seen here has said to me, Mr. Speaker, that there is something that is going to impact the adequacy of the outcome of what it is that they are trying to achieve—nothing.

People are going to pay more because health insurance . . . sorry, health costs have gone up. Health inflation is real, and you cannot make it . . . you cannot wish it away by failing to acknowledge that there are extenuating circumstances that would exacerbate what premium rates are being charged for standard premium, for standard benefits.

Let us start with putting in place . . . Now, I think part of the presentation last night indicated that because 47 per cent of the health spend goes into the hospital, then, therefore, that is the big ticket item and we, therefore, want to attack that first. And I understand, perhaps, in a way, that level of thinking. But that level of thinking can only work effectively when there is an active intent to look at the contributing factors. And I believe, in this instance, the contributing

factors are the ones that are causing the problems that we have.

So until we start looking at putting controls on the contributing factors, you know, we are talking about pharmaceuticals, we are talking about things like we heard last night in the town hall meeting, self-referrals; we are talking about overutilisation; we are talking about inappropriate procedures, or procedures that might otherwise . . . when there are options. You know, I do not question a doctor for making the determination as to what treatment is good for his patient. However, when it comes to overutilisation, the trends are there. It is very obvious. And there are times that we, even as consumers, Mr. Speaker, decide that we want to go and look for a second opinion or a third opinion or a fourth opinion until we hear what we want to hear. And every one of those costs helps to generate additional costs to the system.

We do not have an electronic medical records system. That is what we should be looking at. How can we ensure that an electronic medical records system will stop me from going to my doctor here, my going to my doctor there, and going to my doctor there and getting different treatments for a similar complaint because I am not satisfied with the prognosis that came out from doctor number one? And these are things that happen. How can we put those checks and balances in place?

And I would submit that this is part and parcel of the entire system, Mr. Speaker, in order to make the system work. We have to utilise those checks and balances first and then start to look at where we are in terms of overall funding. Because you can be assured, Mr. Speaker, I will bet you dollars to donuts, that \$330 million that goes up to the hospital is not going to come down when the other checks and balances go into place. That money is not going to . . . the standard premium, the cost of the standard benefits is not going to decrease. Once it is up there, it is going to be up there.

So there is nothing to say that there are going to be any efficiencies that will be gained if we do not start looking at the little things. It is the little things that make the big things, and right now we are overlooking the little things, Mr. Speaker.

Mr. Speaker, I do not want anybody's mom or grandmother to have to do without health care. But we take care of that. If they have to go to the hospital, we take care of that, in respect of their subsidies.

Where people are concerned, Mr. Speaker, is that they go to a dental office or a medical office or whatever and their co-pay has reached the stage now where they cannot afford to go to the doctor. So what happens is that people then become chronically ill and wait until they cannot . . . because they do not have the co-pay money.

So you present at KEMH because you need the medical care, but you do not have the money to pay the doctor. That is where we need to be looking,

Mr. Speaker. And that is what is impacting our population every day in their pockets, Mr. Speaker. Whether the hospital gets \$330 million, \$350 million, ten-hundred million [dollars], it does not matter. That is of no consequence to the man on the street who has to stand on the street corner, or to the lady on the street, who has to stand on the street corner and decide, *Can I go into Dr. Joe's office because I don't feel well? Or will I stay here until I drop on my feet and then present at KEMH because I don't have a co-pay?*

That is where we need to be looking. And we need to be looking at it urgently, Mr. Speaker, not as an afterthought, not decide how much money the hospital should or should not have. The hospital is not going away. The hospital is not going to fail. The hospital is going to survive. The hospital has sufficient . . . in terms of its revenues, in terms of how they now bill on a fee-for-service. It is not the most efficient way of billing, [with] that I agree.

However, Mr. Speaker, that is not where the issue is. The average man on the street does not know what we are doing here today, and whether what we are doing here today is going to impact whether the hospital doors . . . the hospital doors are going to be open. The Government cannot let the hospital fail. And if it means somewhere down the road that there is going to be some injection of additional cash, it is what it is.

But where the average person in the street is concerned with, Mr. Speaker, is what has to come out of his pocket today. And what the Minister has presented in front of us here, Mr. Speaker, does not make any impact on how the person in the street is going to feel about what it is that is happening today.

As I said, Mr. Speaker, having socialised medicine, which is obviously the path down which we are going . . . that is what it looks like to me. As I said, it is fine if we lived in Moscow or Havana; but we do not. So we have the wherewithal, we have an insurance centre second to none with insurance minds—both in terms of the private industry, in terms of what we have at the Health Council, and what we have in the Ministry—and I refuse to believe, Mr. Speaker, that we cannot put our heads together and find the solutions that are necessary.

Now I do know that based on . . . and this is not something that is just new. But perennial challenges in which there are under- or uninsured people in our community . . . and I think, Mr. Speaker, that we have three major insurance companies. And those three major insurance companies, between them, should be able to come up with a methodology by which they are required—through Government, through legislation—to absorb those under-insured or uninsured people in their book and make that determination, Mr. Speaker.

If we really, honestly, want to look at how we can resolve the challenges that we have with our health care system, let us look at all of the component

parts, let us look at not leaving somebody behind, not because the hospital has money, has more money with which to operate, but because the people who now feel as though they cannot go and get these extra services are being covered by an insurance system that requires—that forces—them to absorb those people who do not otherwise have those privileges.

And so it would make sure that nobody . . . nobody is actually turned away when it comes to the hospital, Mr. Speaker. We know that if you are sick, you go to the hospital. It is what it is. And I did hear some people challenge and question what happens, because I did ask the Minister the question, as to, with this new system, how will somebody who presents at the hospital now be billed? You know, if you show up . . . how? You know, if there is no claims adjudication, no nothing and you show up at the hospital, what says that you will not go and ask for services if you have not paid your premium? Well, the legislation is clear that this is not . . . this will not happen. So if you present at the hospital and your premium is not paid, you will be billed. However, Mr. Speaker, it does not answer the question: To whom will the bill go?

Now I know that in certain instances if you go to the hospital and if you have, let's say a visitor who shows up with a cycle accident, they have to show proof of [insurance] and have to leave their credit card to say *here's the payment for my treatment*. But if it is Mr. Smith from down the street who does not have insurance coverage who goes to the hospital, who does not have an insurance premium that backs him up for his service, to whom is the bill going to go? And how is it going to be settled?

How is the billing system going to work if it is no longer a fee-for-service? How will we know what will whittle away at the \$330 million in the aggregate for our claims? How will we know when that \$330 [million] runs out? How will we know, Mr. Speaker, that we are serving our people?

And what we are seeing today [is] nothing more than simply make sure that the hospital has money to run. The hospital is always going to have money to run. The Hospitals Board had . . . we heard last night that there was \$65 million extra—I would not say “extra,” but there were \$65 million in kind of reserves in the hospital's books in case there was any drain on the \$330 million, that this \$65 million will help to kick in. Short of a pandemic or something in which all hell breaks loose in terms of demand and raid on the hospital's services, then very clearly, Mr. Speaker, that demand on the hospital's services will have to be supplemented and backstopped by the Government, which is understood.

But we do not . . . it is not reasonable to assume pandemic circumstances. When the hospital stresses its capital, when the hospital stresses its ability to remain a viable concern, they have to put in ridiculous stresses . . . what happens if a plane crashes at the same time as there is a mumps outbreak at the

same time that a ship goes down and all these kinds of things? These are the kinds of scenarios that go into stress testing for capital to ensure that an organisation is still solvent. The stress tests that are required, that are prescribed by the regulators, will never, hopefully, ever come to fruition at the same time.

So we can rest almost assured that as we look at the system we are not forced . . . we are not a house on fire where we have to grab the buckets or grab our robes and run out the door. We are not at that degree of critical that we have to do whatever they are trying to do immediately without making sure that Mr. Smith and Mrs. Smith can go up to their doctor on the corner and make sure that they have the money for the co-pay, or that the co-pay goes away, because through the Health Council and the Ministry they have looked at bringing checks and balances on the service providers so that those service providers are kept honest.

Mr. Speaker, as we go through the actual Bill itself there are, obviously, some concerns that will come up. And I think I have asked the major questions. But when the Minister mentioned in her brief this morning that we want to make sure that people get the basic care that they need at a cost that is affordable, the one thing she did not say is that it should be in and out of the hospital. It is not just the hospital. What we are doing now is singularly focused on the hospital, its solvency, its ability to cope, its ability to be funded effectively.

But even with what we are trying to do with giving them a block grant and taking away the necessity for them to generate all these bills and send them up to the insurance company and get paid for it and whatever, Mr. Speaker, it still does not account for the fact that in all this equation as well there is also a human factor. There is a human factor of staffing. And we cannot say, Mr. Speaker, albeit the Standard Health Benefit, the Standard Health claims are mechanised, they all are computerised, they may go from point A to point B, there still has to be somebody who is going to look at the level of accountability to make sure that the charges are appropriate. As I said, we do not want to be paying for an amputation when we should be paying for an aspirin.

Mr. Speaker, the only thing that I can say is that when we present ourselves as legislators to the electorate, to the public, it is important that they know that we have their best concerns at the heart of our intentions. And in so doing, Mr. Speaker, we have to make sure that Mr. and Mrs. Bermuda are treated and considered first and not as the afterthought, not as . . . we are going to make sure the hospital is fine this year, and next year maybe we will look at pharmaceuticals, and maybe the year after that we will look at provision of services and maybe after that we will do something else.

We also have to look at how it is that we cannot consider the fact that somebody may be employed

today who, through this system, ends up losing their job, because we do not have a whole lot of jobs that have been going . . . now we did hear a focus on ICT this morning in a Ministerial Statement. But what I can say is that to the extent that those jobs are not yet on the table, we do not have that flexibility to say to somebody who is now working in an IT department at the hospital, at an insurance company, wherever, to say, *Oh, well, not much I can do about it; it's just the nature of the business.* And it is okay to stand on the outside and to say to private enterprise, *You need to keep these people on staff. It's not fair for you to let them go; you have to keep them employed.* You can say to the hospital, *You have to keep people employed,* but if their services are no longer required for the jobs that they need to do, where are the efficiencies, Mr. Speaker?

I do not want to see anybody losing their job. But we want to make sure that the people who are employed are employed in a circumstance in which they are effectively being used and that their jobs are critical to what they are providing.

Mr. Speaker, we heard from the Minister this morning that the revenue target of \$330 million for the hospital was derived on the basis of extensive discussions with BHB, and based on their financial needs and positions. I understand that. I understand that fully as an accountant. I believe that anybody who operates in my space would get an understanding of that. But that is not my concern for today. My concern for today is Mr. and Mrs. Smith who may or may not have the co-pay.

Mr. Speaker, there seems to be a thought process that the only people who can be concerned about Mr. and Mrs. Public reside on the other side of the aisle. I say, not so. I say *not so.* So notwithstanding what protestations we might have coming from across the aisle in that respect, Mr. Speaker, we—every single one of us, all of us—in this House have an obligation to look out for the man and the woman in the street.

The one thing I learned, as I said, I thought that perhaps in retrospect, given the pressures of this legislation and in such a short period of time with such significance was probably a slap in the face to the conference that was held. But the one thing we learned, if we learned nothing else, from that conference, Mr. Speaker, is that there must be a distinct difference between being a politician and being a parliamentarian. I say today, Mr. Speaker, our responsibility in this place, to this Bill, to those people in our community, is for us to be parliamentarians. Let us look as to how we can effectively make changes to our system that work for everybody in a parliamentary and respectful and bipartisan way so that we know how we can act . . . how we can go forward with the best interests of the community at heart.

As it stands there are going to be challenges. If we do not have any changes to what we are seeing, we will challenge it, because that is our responsibility.

But, Mr. Speaker, none of us has any more concern than the others of us that what is required in our community for good and effective health care is not going to be achieved by what we are seeing here today. We are seeing, or we will see, that there will be more expense in terms of premiums outside of the Standard Health Benefit, there will be no guarantees of efficiencies and there will be no guarantees of positive health outcomes.

Thank you, Mr. Speaker.

[Desk thumping]

The Speaker: Thank you, Honourable Member.

I now recognise the Honourable Member from constituency 6.

Honourable Member Furbert, you have the floor.

Hon. Wayne L. Furbert: Thank you, Mr. Speaker.

Mr. Speaker, we have been listening to the Honourable Member for the last hour (or 58 minutes probably), and I have not really heard—

The Speaker: Everyone else has half an hour from here on in.

Hon. Wayne L. Furbert: Yes, yes, I respect that.

I have not heard any strong arguments about why the Government should not move ahead with this legislation today. To me, the arguments coming from the Opposition were weak and fighting on behalf of organisations that have been making millions over the years.

Mr. Speaker, the Honourable Member speaks about social medicine, or social insurance, or whatever you want to call it—social medicine, in particular—and Moscow, and she referred to Moscow and Cuba. She left out countries like—

Hon. L. Craig Cannonier: Point of order, Mr. Speaker.

The Speaker: I will take your point of order.

Minister . . . Minister.

POINT OF ORDER

[Misleading]

Hon. L. Craig Cannonier: I believe the Honourable Member is, unfortunately, misleading the House. Thus far, our [Member] has not mentioned that she was against this Bill in any kind of way at all, but was simply seeking clarification.

And the way that he stated it was as if we were not in favour of the direction that they were looking to go.

Hon. Wayne L. Furbert: Mr. Speaker, if the Honourable Member would at least give me back my 30 minutes, I never said the Honourable Member did not support this Bill. But the way she spoke, if anyone was listening, it gave the impression that she did not support the Bill.

And what I am saying to you, Mr. Speaker, is that they never gave any strong arguments on why we should even delay debating this Bill today. That is what you are saying. There is no real reason.

The Honourable Member spoke about, as I said, Cuba. But she left out countries such as Canada and Switzerland and other countries that do have—

Hon. Patricia J. Gordon-Pamplin: Point of order, Mr. Speaker.

The Speaker: Yes, I will take your point of order.

POINT OF ORDER

Hon. Patricia J. Gordon-Pamplin: Yes, the Honourable Member must take account of the fact that places like Canada and Switzerland have a significant tax base that we do not have.

[Crosstalk]

Hon. Patricia J. Gordon-Pamplin: I made mention of that in my presentation. There is a taxation system—

[Gavel]

Hon. Patricia J. Gordon-Pamplin: —which helps to support—

Hon. Wayne L. Furbert: Mr. Speaker, that is not a point of order.

The Speaker: Ah, ah, ah, ah—I am taking it.

Hon. Patricia J. Gordon-Pamplin: —the cost that goes into their health care and, therefore, is able to ameliorate the cost of their health experiences.

The Speaker: Thank you.

Minister, continue on.

Hon. Wayne L. Furbert: Yes, Mr. Speaker, the Honourable Member said that there are certain things the Government should have done first. And it is not like we just woke up. They were five years in Government and the changes that they should have made, they did not make. The cost of—

POINT OF ORDER

Hon. Patricia J. Gordon-Pamplin: Point of order, Mr. Speaker.

Mathematically, Mr. Speaker—I am an accountant, as is the Member—but 14 years trumps 5 years any day, any time.

The Speaker: All right, that is—

Hon. Wayne L. Furbert: I do not know what the Honourable Member is . . . I do not know what the Honourable Member—

[Inaudible interjections]

The Speaker: Members, Members, let us just try and stick to the matter that is before us, please.

Hon. Wayne L. Furbert: Yes, Mr. Speaker, she spoke about being parliamentarians; she definitely is not right now talking about parliamentarians.

Mr. Speaker—

The Speaker: Stay with . . . stay, stay, stay on the matter before us, please.

Hon. Wayne L. Furbert: Yes, I am going to stay right on line, Mr. Speaker.

But the Honourable Member herself was a former Minister of Health. And if you can think of any substantial legislation the Honourable Member brought to this House to reduce health care costs . . . I cannot recall.

Hon. Patricia J. Gordon-Pamplin: Yes, we did.

Hon. Wayne L. Furbert: And if she could stand up and tell me which major . . . that reduced costs, because the costs still went up. And there are two Members on that side, as a matter of fact Ministers of Health, that were changing the Bill, like, left, right, and centre. If Honourable Members can tell us what they did, I would be glad to listen.

But, Mr. Speaker, we are at a point in time . . . and sometimes you have to do something out of the extraordinary. What do I mean by that, Mr. Speaker? When we look at the statistics in Bermuda and see the increase—

[Inaudible interjections]

Hon. Patricia J. Gordon-Pamplin: Out of the extraordinary?

Hon. Wayne L. Furbert: —out of the ordinary, out of the ordinary—

[Gavel]

Hon. Wayne L. Furbert: But, Mr. Speaker, when we look at what we have, the increase in costs of health care in Bermuda, we all know it. There is one thing that we all [agree on]—health care costs in Bermuda have become extremely high.

Mr. Speaker, I remember being on the Hospitals Board, at 23 years [of age]. As a matter of fact, I was Chairman of the Finance Committee for 12 years. And at that time the Government was giving a . . . there was not a fee-for-service. As a matter of fact, the Honourable Member, Jeanne Atherden, was the Controller at the time. So, we go back there. But there was no fee-for-service at the time. The Government just gave a fixed amount. As a matter of fact, I remember David Saul coming to us after the Hospitals Board was making some good money in those days. We were—

Hon. Jeanne J. Atherden: Point of order, Mr. Speaker.

The Speaker: Yes, what is your point of order?

POINT OF ORDER

[Misleading]

Hon. Jeanne J. Atherden: The Honourable Member is misleading the House. The Board still had to submit claims to the Government and that is not a block [grant]; that is a fee.

The Speaker: Thank you.

Hon. Wayne L. Furbert: I am talking about . . . the hospital never charged for an aspirin or charged for a room. We know that. So if the Honourable Member . . . all three of us are accountants, so we understand that. So we are referring to the charge for certain services. The Government used to give an amount, whether they put claims out or not, there was an amount. And we had to get an amount because the Government had to budget for that amount for the year.

And in 2000 . . . 19 . . . I cannot remember the exact time. As a matter of fact, by that time the Honourable Member had left the board. But David Saul found out the way we were calculating our total . . . the amount the hospital should collect . . . and he . . . if you go back, you will find that there was a time when the hospital was in a deficit because the Honourable Member David Saul cut the budget significantly for the hospital.

But going back to [my] point, Mr. Speaker, the cost for hospital, the cost for everything, has just skyrocketed. This Government made a commitment to the people of Bermuda that we would bring down health care costs. We made a commitment. Now, is this the final stage? No. It is part of the beginning of

where we are headed. And so we have to move in a direction that people understand.

Now, Mr. Speaker, if we look at the . . . first of all, let me make it very clear. It was the actuaries that told us that costs . . . or the premiums should not go up, based on the model that the Government was moving into. That is the first premise I am trying to get to yourselves—it was them. And so if you look at the Standard Health Benefit, and we look at it as a circle, one big circle, take the diameter being 100 and go around, in there was the MRF. What the Government has just done is increase the MRF. The circle has not changed. So I am totally amazed at how, at the end of the day, certain premiums will go up unless, Mr. Speaker, unless the insurance company does not want to lose their \$100 million a year in profit. That is the only reason why, because the total picture, Mr. Speaker, has not changed by the Government's calculation on that circle. Or, if you look at the Bermuda Health Council's website, which is very explanatory, there is a house and at the bottom there is this rectangle. And the rectangle size did not change, it shifted from MRF to the Standard Health Benefit, but the whole thing did not change, the top part did not change.

So what we are paying for, the Government said, based on this, we are going to allow the Standard Health Benefit . . . let me just get the picture out here for you. The Mutual Re-insurance Fund was paying for kidney treatment, hospital care, chronic disease, and so on and so on. What they have done is just increase that piece of the pie. But the whole circle did not change. The supplementary premiums that were paid in addition . . . the bigger circle . . . and the reason why [is] because they . . . if you look at the Standard Health Benefit Regulations in 1971, it said that these Standard Health Benefits should go towards certain things. And these things were accommodation and meals at the standard or public ward; full nursing services; use of radiotherapy; treatment for alcoholism; the use of bone . . . et cetera. I do not see in there, Mr. Speaker, where it said that that money should go towards profit and dividends.

We have had it wrong all this time. Never at the time when these Regulations were put in place . . . it talked about hearing screenings for newborns. And I am looking in the Act, Mr. Speaker, and I do not see where it says that "X" amount of dollars should go towards shareholders.

An Hon. Member: Hear, hear!

Hon. Wayne L. Furbert: I do not see it. We should go back and get that money from 1971, actually backdate it and give it back to the people of this country. And accountants understand that. And we as parliamentarians understand the laws that we passed in this country where money should be allocated. We passed the law where that Standard Health Benefit should go to-

wards. But they have been taking some of the money and paying out to their shareholders.

[Inaudible interjection]

Hon. Wayne L. Furbert: Yes, they have. The supplemental was supposed to be on top of that for whatever was additional. They could have done that.

Hon. Patricia J. Gordon-Pamplin: Point of order, Mr. Speaker.

The Speaker: I will take your point of order.

POINT OF ORDER

Hon. Patricia J. Gordon-Pamplin: As I said, I do not hold a brief for the insurance company, but I cannot stand and allow misinformation. From the information and the consultations that I have had, there is no standard premium that has been utilised to generate a profit margin. There has been an administration fee, but not a profit margin for any of the insurers with whom I have spoken.

Hon. Wayne L. Furbert: Mr. Speaker—

The Speaker: Minister?

Hon. Wayne L. Furbert: I know the Honourable Member stepped out of the room for a while, so maybe she did not understand, or did not hear, but if the loss ratio is 80 per cent, where do you think the 20 per cent went?

[Inaudible interjection]

Hon. Wayne L. Furbert: They are accountants. Where do you think the 20 per cent went, Mr. Speaker? I am not asking you, Mr. Speaker, but the Honourable Member should tell this House where she thinks the 20 per cent went.

[Inaudible interjection]

Hon. Wayne L. Furbert: Other programmes.

[Inaudible interjections]

Hon. Wayne L. Furbert: Mr. Speaker, our challenge is great. We know that this party had set some goals as far as bringing down health care costs, food costs, and a whole bunch of things. And the beginning . . . this is our second year, we are ending our second year.

[Inaudible interjection]

Hon. Wayne L. Furbert: The Honourable Member said, *It hasn't been working*. For five years, I did not see anything working, that is why they are not on this side again.

But, Mr. Speaker, the Honourable Premier and the Members of the Progressive Labour Party have made a commitment to bring down the cost. You will judge us in another five years whether we have brought down those costs—two years, three years—you will judge us then. As long as the Honourable Member keeps on increasing [the price for] his eggs, I will be all right. No, I am just joking. I am not talking about him in particular.

But, Mr. Speaker, when you consider where we fit in the whole structure of where other countries stand as far as health care, we are . . . I know we like to be in first place. But, man [as a percentage of] GDP, health care costs consumed 11.5 per cent. And the only two countries [which are close to that]—based on this diagram—are Switzerland and the United States. Indonesia is 2.8 [per cent], Turkey is 4.3 [per cent], India . . . why can we not get our costs down? And so the things that the Honourable Member mentioned, as far as what the Government should be doing, the Honourable Minister will be doing those things. The Honourable Minister will be doing those things!

Hon. Patricia J. Gordon-Pamplin: Do it now.

Hon. Wayne L. Furbert: The Honourable Member said, *Do it now*. If the graph . . . and the Honourable Member was there last night at the forum, she saw that particular graph where . . . as far as the hospital . . . the hospital was out of control. I wish I could show those on . . . through the [microphone], Mr. Speaker. But if you see the graph of the Bermuda Hospitals Board, look where it has gone. So that is why 43 per cent—

[Inaudible interjection]

Hon. Wayne L. Furbert: [It's] 46 per cent. That is why the Minister dealt with that first. Because who held some control over that but the Minister? So those things are what the Minister felt . . . Mr. Speaker, the Honourable Member keeps on saying that the Minister . . . they should have done something themselves, but they did not.

The Speaker: Just talk about what you are going to do and you will be all right.

Hon. Wayne L. Furbert: I am, Mr. Speaker.

The Speaker: Talk about what you are going to do.

Hon. Wayne L. Furbert: They should have done something themselves, but they did not. This Gov-

ernment under the Minister of Health, Kim Wilson, is making a big effort. Now there is never any [gain without any pain] also, I must say that.

Hon. Patricia J. Gordon-Pamplin: Point of order, Mr. Speaker.

The Speaker: Take your seat, Minister.
Yes, Member?

POINT OF ORDER

Hon. Patricia J. Gordon-Pamplin: Yes, the Honourable Member indicated that we should have done something. What we did in trying to bring down the cost of health care, Mr. Speaker, the premiums, we looked at the reimbursement of diagnostic imaging. The minute these guys got into power they put it back up and they donated an extra couple million dollars to the hospital and to another private entity in terms of equalising diagnostic imaging. We tried to do things to help decrease the cost of health care.

The Speaker: Thank you. Thank you.
Minister, continue.

Hon. Wayne L. Furbert: Mr. Speaker, they went after one person; that is all they went after.

The Speaker: Continue, Minister.

Hon. Wayne L. Furbert: Their focus was on an individual. We are focused on the whole, which are some of their friends, who they do not want us to touch.

The Speaker: Now, just, just—

Hon. Wayne L. Furbert: That is the difference.

The Speaker: —just, just, just, just stay on your line and length. Do not get distracted.

Hon. Wayne L. Furbert: Their focus was on one person, Mr. Speaker, and the country knows that.

The Speaker: Do not get distracted.

Hon. Wayne L. Furbert: We know what they were going after.

The Speaker: Do not get distracted.

Hon. Wayne L. Furbert: But when some of their other friends speak, they do not want us to touch them.

So it is not fair, Mr. Speaker, attacking one individual. What if you attack one of your children and not the rest of them? And said, *I am going to make some cuts on* . . . you have got five people in your family and you are only going to cut one child. What

[about] the other four? No, it is supposed to be comprehensive amongst the whole family. This is a unified approach on how we approach health care costs.

And so the Honourable Member says that as far as our seniors . . . our seniors, because they are getting old, they should pay . . . I was not sure what the Honourable Member was saying. I will be honest with you. But what she implied was that because you are older you should pay more, and if you are younger you should pay less. I could be wrong.

An Hon. Member: You are wrong.

Hon. Patricia J. Gordon-Pamplin: I will just say he is wrong, Mr. Speaker, he probably just needs to check that, it is all right.

The Speaker: That is all right.

Hon. Patricia J. Gordon-Pamplin: I do not want to take his time, but he is wrong.

The Speaker: Let him just follow his point.

Hon. Wayne L. Furbert: So what is wrong with putting everyone in the same pool and finding a balance between some that are sick and some who are not? And we . . . and the whole view of those who . . . as a matter of fact, the Bible says that we could bear the infirmities of the weak.

Some Hon. Members: Whoa!

Hon. Wayne L. Furbert: So when you bear the infirmities of those who are weak you have got to take care of those who are weak.

So you put the weak on the side and take the strong and put them on the other side—that is not balanced, Mr. Speaker. Pooling us all together so we could get our health care costs down overall could be the answer. And so the Minister is working towards a resolution, something that this country can be proud of. And there is nothing wrong in having social benefits and medicine and any other things we do. What is wrong [with that]?

The Congress in the United States is debating on, or they were (as much of the debate as I heard on the radio and television this afternoon), about prescription drugs, bringing down the cost of prescription drugs. There is nothing wrong with that, Mr. Speaker, and there is nothing wrong with people making money either. There is nothing wrong with that. But we have got to find a balance for those who cannot afford it. There are people out there who cannot afford it and you talk about co-pay. Yes, we can deal with that too. We can deal with those things. But this is the first step . . . two years . . . June, July 17th . . . it was a bad day. I am sure you do not remember that date.

But, Mr. Speaker, this Government will stay the course and we have got some more time to put more legislation in place to bring down what we promised this country. We promised that we would bring down the cost of health care, and that is the direction this Government is heading [in].

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak? No other Honourable Member?

Okay, Deputy Speaker.

Hon. Derrick V. Burgess, Sr.: Mr. Speaker—

The Speaker: Yes.

Hon. Derrick V. Burgess, Sr.: The Throne Speech of 2018 addressed the cost of the health care in Bermuda, and it is the objective of this Government to make it more affordable, make health care more affordable, by expanding access to coverage at better rates.

Mr. Speaker, we spend over \$11,000 a year in health care costs for each person. This we cannot continue in that fashion. This Government is addressing it, maybe not to the satisfaction of some, and we understand that. But change can be hard and painful sometimes. But after you go through that pain it is almost like you are training for a marathon. If you have never run before and you run outside of your lane, you will get tired, sometimes you may even faint. But as you get stronger, you can last longer, Mr. Speaker.

[Laughter]

Hon. Derrick V. Burgess, Sr.: Oh yes, you can, Mr. Speaker.

Mr. Speaker, you know, in the 1970s, the early 1970s, when health care insurance was put in place, it was enacted in this Parliament. And I think the Minister at the time was Quinton Edness. He was the Minister of Health. Mr. Speaker, legislation was put in place that employer and employee [each] paid 50 per cent for health care.

Mr. Speaker, I will venture to say for the next 10 years after that was enacted, insurance companies made millions of dollars in profits. Do you know why, Mr. Speaker? Because blacks and poor whites did not go to the doctor every year for annual check-ups, things that were covered under the insurance plan. It took many years for that to get into our DNA, or into our culture, like we do today. We go to the doctor every year for a physical. We go to the dental hygienist twice a year. All those things we did not take advantage of regularly, because we were not used to it. We suffered through our pain. We just worked . . . we went to work in pain. And a lot of older folks today, they still do that, they do not run to the doctor.

But things have changed and, unfortunately, insurance companies are there to make a profit. And each year they want to increase that profit. And really it does not matter who pays, as long as they make the profit. And two of the most expensive places in the world for insurance coverage are the United States and little Bermuda. Even though both [countries] spend the most in health care costs, we do not live as long as those that spend much less than us. We live less. We do not live as long as they live, Mr. Speaker. So really, spending a whole lot of money on health care costs does not necessarily mean that you are going to live longer.

This Government is trying to educate our people to get some good habits because, Mr. Speaker, we spend over 10 per cent of our health care cost on diabetes and kidney disease—two diseases that we can, if we ate and changed our way of living, change our way of how we consume our food, we can—

Hon. Derrick V. Burgess, Sr.: —we can save a substantial—

The Speaker: I am sitting up here in all this—

Hon. Derrick V. Burgess, Sr.: —amount in dollars if we were able to change our lifestyle in terms of our diet.

Mr. Speaker, it was Dr. Brown who said in this Parliament, *If we cut all health care costs by 10 per cent today, we will save over \$70 million a year.*

Mr. Speaker, we have not asked the doctors to cut their rates, even though the workers of this country are working at the 2013 rate of pay. Because, remember, wages were frozen. They had a furlough day. And when they did get an increase under our Government it was only for two years. So they are still working about five, six years behind that rate. But health care costs continued to increase. In fact, under the previous Government, health care costs increased by at least 38 per cent. That is a substantial amount.

Mr. Speaker, in 1974, under the household expenditure, when you compared it to gross wages, we paid (in 1974) \$12.92 for health insurance. And in 2013, that is up \$197.87. Mr. Speaker, today in 2019, I am sure it is much more. We all know that it is because the costs have increased substantially.

Mr. Speaker, we got an actuarial report. And if we continue, as the report says (in my words), if we continue on the path where we are going, we would have to increase the insurance payments by \$84. And this Government said we are not going to do that. We have got to change the way that we pay for health care. And by doing what the Minister and her staff have come up with, we do not have . . . we are not going to take that up to that rate.

Mr. Speaker, in fact, right now up until when this Bill will be passed tonight, right now the . . . when

we . . . it is \$355.31 (the Standard Health premiums) Two hundred and two dollars and sixty seven cents goes to the hospital and others; \$50.67 goes to administration and profit; and \$101.97 goes to the MRF.

Mr. Speaker, what we are doing . . . out of that \$355.31, \$331.97 is going to the Mutual Re-insurance Fund. No dollars are going to administration and profit. In fact, out of the \$331.00, \$1.51 goes to administration and oversight, and \$23.34 is going to the SHB health care, Mr. Speaker.

So Mr. Speaker, there are other things that, as a group, we should be attacking, because when we look at drugs . . . generic drugs are put there to help decrease the cost of health care. But I do not know if you all saw *60 Minutes* on television Sunday night. There is a case before the Supreme Court of the United States because these generic drug companies are making a mint. In fact, one of the leading lawyers that is leading this case, was paying \$20 for a drug because of a skin condition. That drug went up to \$1,800—over 8,000 per cent! Then there is another drug for asthma treatment, very common to some of our people in Bermuda. It went from \$11 a bottle to \$434. And these are generic drugs! And then one for cholesterol went from \$27 to \$196 per bottle.

Mr. Speaker, the report says that in the United States, 90 per cent of all prescription drugs are filled with generic drugs. This is supposedly making health care cheaper. We do not produce any drugs in Bermuda and so we have got to bring in these generic drugs. Nobody is attacking that. They are saying the Governments are responsible. You think the PLP Government is responsible for things for which we have no control over. That is what we are facing. And I just hope that this case in the United States is very successful because that certainly would affect us. And maybe we have to look at different places to bring in drugs from, provided that they conform to the standards that are set out by the World Health Organization, Mr. Speaker.

Mr. Speaker, in fact, I . . . you know, I have said to my colleagues that maybe we should be looking at other places to get health care when we have to go overseas. I know most people who require treatment go to the United States. But I would think . . . now I have not done the research, but I would think Canada is much more reasonable, and certainly the UK is much more reasonable. And I think we have to start sending people to the UK because, for example, if someone has a conviction for a *seed* from 30 years ago, and they need to go overseas for treatment, they have to get a waiver. And the way things are in another country, it is not so easy.

So when people call me I say, *Well, you need to tell your doctor to refer you to the UK, because you can go home and get treatment*—we are British, whether we like it or not. So they cannot . . . they do not stop you from going home. So we need to look at, particularly for that particular purpose, because the

UK has got some fine health institutions in existence and we should use them, Mr. Speaker.

So, Mr. Speaker, I certainly support the Minister, my Government, for taking a stance and, certainly the staff of the Health Ministry, for trying to find ways to decrease the cost of health care in this country. Yes, it is going to be painful. But insurance companies, as you can see, Mr. Speaker . . . I have heard from some people that have gotten notices from insurance companies where the insurance has gone up over 20 per cent.

And people—some people—are blaming the Government because they do not know better, instead of trying to find the facts. We are trying to contain the costs. And why would the insurance companies increase their rates? For more profit. You see, I think I heard it on TV the other night. Some companies have become too big to care. And so, really, they really do not care about . . . they will probably write in the paper the way they love to write me up. And I will get a rebuttal that, *Yes, we care*. Care about what? Profits! Yes.

They have got to stop thinking that every year they have got to make a bigger profit on health care. Health care is a human right, something we should have, and it should not be made for profit. Our people deserve that health care. It is not a privilege; it is a right we should have—all. And you should get that health care service, and that is our objective, regardless of your financial position. Our folks should have treatment afforded to them whether they are rich, whether they are middle class, or whether they are poor or homeless.

And that is the objective of this Government, to make sure that people are serviced, whether they have got insurance or not. We cannot have our people going to the hospital and because they are not insured they are not going to get service. That is not the case. And we do not want to make that the case because some people are homeless because of the circumstance of this country, some people are poor because of the circumstance of this country, and we cannot let them suffer because of some of the circumstances [are the result] of some of the history in this country.

Mr. Speaker, health care to working men is young in Bermuda—when I say “young” [I mean] enacted in the 1970s. A lot of other folks had that before we even got that, like pensions. And it has gotten out of hand because, just like in the United States, when the private sector is involved your health insurance will be as expensive as it is.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member . . . we recognise the Honourable Member from constituency 10. Honourable Member Dunkley, you have the floor.

Hon. Michael H. Dunkley: Thank you, Mr. Speaker, and good afternoon.

The Speaker: Good afternoon.

Hon. Michael H. Dunkley: Mr. Speaker, I start out by asking the question, How does this Bill decrease the cost of health care? Because that is where the Honourable Member from constituency 6 started. And he went on in his presentation with some emotion and he talked about this Government’s commitment to bringing the cost of health care down. And so far in this debate, which started about twelve o’clock, I have not heard any fundamental understanding of this Bill on how it will bring the cost of health care down.

I have heard a lot of conversation so far (and I am sure this debate is going to go on for some time). I have heard a lot of conversation up to this point in time about many different things that are not included in this Bill, but I have heard nothing, if very little, to show me how this Bill is going to bring the cost of health care down. And that is the underlying problem that my colleagues and I have with this Bill. And it is the reason why there is a lack of support for this Bill.

Mr. Speaker, my honourable colleague who speaks for Health made a very commendable presentation this afternoon, just coming back from a procedure herself. I know how she is committed to it. I know she is committed to this House and the people she serves. And she came back and did a wonderful presentation after listening to people, consulting with people, and bringing information to this House.

And I am going to start where my honourable colleague started out because, Mr. Speaker, there has been a lack of consultation; there has been a lack of input. People involved in the industry have just been advised of what Government is going to do. And this Government hangs their hat on consultation, listening to people, moving forward together. But we have seen the track record over the almost two years, Mr. Speaker. The track record has been veiled in consultation, but it is, *We are going to tell you what to do and we will move forward from there*.

This important Bill, as my honourable colleague said—and it bears repeating over and over again, Mr. Speaker—this important Bill has been rushed to the floor of Parliament because time is not on the Government’s side. They gave a commitment to June 1st and they have to make that commitment to June 1st. Hence, here we are today with the Rules of the House being pushed to a seldom-used Rule to allow it to be debated without the two required sittings here. And perhaps some of that, Mr. Speaker, is because it is 25/11. That is not good for democracy in any way because this, Mr. Speaker, is a significant piece of legislation.

The Speaker: Speak to the Bill, speak to the Bill.

Hon. Michael H. Dunkley: Everyone in Bermuda is concerned about their health. Everyone in Bermuda is concerned about their cost of health care. But what is happening today is not informing, it is not listening, it is telling, just telling people, Mr. Speaker. And what I find most amazing about it is . . . because I would say a couple of weeks ago this started to really ferment behind the scenes and then bubble out into the public and information has slowly come out.

First, the Minister made some comments. Then some of the insurers made some comments. Then the Minister went back and then we get into, what I would call the straw man about who is guilty about this—the insurance companies making too much money. We go back and forth. And all through this, up until today bits and pieces of information have leaked out. And I was quite surprised, Mr. Speaker, to see and to hear last night in the public meeting we learned about a \$65 million, what I would call slush reserve that is there just in case.

So, through this period information has just trickled out. And I say that because this is a significant change, and I do not think that the people of Bermuda really understand what is going to take place—and I will come to that in a minute.

The PLP needs to own this change. They own it today because it seems that their benches in unison support the change. But they need to own the change; they need to manage the change, Mr. Speaker. And this is very key because this is a fundamental change to the way that health care has been managed. And I have not heard yet, Mr. Speaker (and I will get to that more) how this change will be managed effectively.

The PLP also as the Government need to understand what the impact of the change is going to be. And I have not heard that up until this point in the debate as well, Mr. Speaker.

Now, Mr. Speaker, let me address for just a few minutes the cost of health care. And I will admit that generally our health care in Bermuda is quite good. We know we have one of the highest costs of health care in the world, but generally the care we get is good. We have got some excellent professionals at the hospital and out in the community taking care of Mr. and Mrs. Bermuda who we all care so much about.

And you know, Mr. Speaker, one of the interesting things—and it causes me to just smile quietly for a moment about these types of debates—is how everyone says what the other guys have not done and what they have done and vice versa. Well, Mr. Speaker, when you point a finger at someone else, four fingers always point back. But here is what I can say; health care costs in Bermuda are expensive. That is a fact. We all agree on that.

Health insurance premiums in Bermuda . . . and the Honourable Member from constituency 5 who just sat down talked about health insurance premiums back in the 1970s and how much they have changed.

Mr. Speaker, I just look back over the past 10 or 20 years. Health insurance premiums have doubled in the last 10 years—10 years. Now reflect on that impact. And we will say it off the cuff in the debate but, Mr. Speaker, it is important that we reflect on that impact, reflect on the impact to the people we serve, those people paying those insurance premiums. There is no way that their cost-of-living increases or the increases they would get because a business is doing well or they have done well or they have been promoted . . . there is no way that those cost-of-living increases, or whatever raise they earn, will keep up with the increasing cost of health care.

Mr. Speaker, in my company . . . and I have no interest in health care, so I speak without any conflict in any way about that. In my company, Mr. Speaker, I have watched the rise in what we pay for health care by law. And we have always paid a slight bit more than the 50 per cent that we have to pay—that is something that my grandfather started back in the 1970s. And, of course, when you give people something which they deserve, you do not roll it back. But, Mr. Speaker, in the company that I have worked in for 40 years now, we pay \$1 million a year for health care—a million dollars!

When I started out in 1980, I could never imagine I would be standing here in the House of Assembly in 2019 stating that figure, Mr. Speaker. It is unsustainable. And so we support every initiative to bring down the cost of health care. But, unfortunately, myself and many Members of this House—probably on both sides—will question the success of the direction we [are going] because we have not seen it yet. But we point fingers.

Now, Mr. Speaker, the worker cannot afford it. The employer cannot afford it. I have already heard over the past couple of weeks and months as these changes have been muted coming out in the community, how some employers are looking at ways to stay in business because of the rising cost of taxation (which they have to pay) and they are reducing benefits to their employees. Clearly, that is not what we want. Clearly, that is not acceptable.

And you know what is amazing about it is that over the last couple of days I have talked to people in the street. I have talked to people that I work with at Dunkley's about health care. And very few of them know how much they have actually paid. Very few of them have calculated the changes over time, Mr. Speaker. And I do not care if you can afford to pay it or if you cannot afford to pay it, it is shocking and eventually it knocks on your door where enough is enough. It is unsustainable for Bermudians, Mr. Speaker. It is unsustainable for the man in the street who is struggling to get ahead. This is sugar tax number two.

And why do I say that, Mr. Speaker? Because sugar tax number one was well-intended. Sugar tax number one was done without adequate consulta-

tion—no listening, just advising. This is sugar tax number two. It is unsustainable for a successful Bermuda going forward because of the pillar of our community which brings in the revenue, which props up our GDP, which really is a miracle GDP, but some people would classify it as a false GDP, Mr. Speaker—international business. If we did not have international business here, Bermuda would just be paradise. It would not be a successful paradise; it would be paradise struggling to get ahead.

So, Mr. Speaker, health insurance costs with international business—who can move anywhere they want in this world, who do not have to be anywhere to do business . . . they need certain things, yes. They need quick access to the markets, quick access to get regulation, they need a lack of bureaucracy going forward, they need to be able to have good service—Internet and things like that. They need to be able to travel and stuff like that. But the cost of health care to an industry that is a pillar of Bermuda not only impacts the people of Bermuda, it has international business questioning, *Well, wait a second, is this the right way?*

Now, Mr. Speaker, I have questions for the Honourable Minister and the civil servants who work so hard. And we do not always agree with the policy. I would like answers. How do the ABICs and the ABIRs feel about this policy? What has been the communication with them? How does the hospital feel about the implementation of this policy? What has been the pushback from within the various sectors of the community?

Let us face it, Mr. Speaker, if we could get something for nothing, we are all going to want that nothing from us to get that something. But, Mr. Speaker, at the end of the day somebody has got to pay. And what we are doing here is . . . I see Government rushing into something without any measure of success being able to be seen by us on the Opposition benches, and they are just fighting to say that, *We're going to move forward. We're going to reduce the cost of health care.* And I am concerned, Mr. Speaker. I am concerned because I do not see how this is going to be successful.

Now, look, the cost of health care, general health care inflation . . . from my research it shows that it is 6.5 per cent this year. So, if the Government believes that the cost of health care should not go up, what do we do about that 6.5 per cent increase generally in health care inflation? And if the Minister can correct those numbers or prove that number correct when the time comes, I would like to hear it. But if it is 6.5 per cent, who is paying for that 6.5 per cent? Is the hospital paying for it? Are we going to pay for it down the road somewhere else? Is it coming from that slush reserve that I referred to, Mr. Speaker?

Last year we know the Government took a lot of stick for increasing the Standard Premium Rate by 6.4 per cent—6.4 per cent. They took a lot of flak about that. So when the actuarial came back this year

and said that we would need to increase the rate by \$84—\$84—I am not surprised that the Government balked and said, *That is not the way that we are going to go.* And that is acceptable. But when you are listening to the rationale for going in the direction we are going, it does not make any sense to me.

So they devised this block funding. And I have sat here since twelve o'clock (with the lunch break) and I am still looking to see how this is going to work, and I am still waiting. The Minister's brief did not include it.

So I want to know, Mr. Speaker, \$330 million is given to the hospital—a significant amount of money. What is in place to make sure that it works effectively? Mr. Speaker, what is in place to make sure that it is efficiently used? What changes are put in place to make sure that this money is spent in the appropriate way, that there is no waste, there is no overutilisation, and there is control over it? I am still waiting.

But what do I hear, Mr. Speaker, on the eve of this important debate? I hear there is a slush reserve. Now, Mr. Speaker, \$65 million . . . that is a lot of money. Even when you talk about Government budgets and all, \$65 million—a slush reserve, we heard last night—is not mentioned in the brief. *The slush reserve, we hope we do not have to use it, but it is there if we need it.* That is more than \$1,000 that every Bermudian has put aside to pay for something if it does not work. Can you imagine those Bermudians in need, what they could do with that money? How they—the man in the street that we all love and we talk about—could reduce the cost of their groceries if that money was actually put aside for healthy living? Not in some slush reserve where we just heard about it, but now it is available and now, if we have to use it, we will use it.

Mr. Speaker, when I heard that [last night] all the support that I thought about giving to the Bill went out the window in that nice heavenly breeze we had last night. It was gone, and it is not coming back. It is not coming back, Mr. Speaker. One thousand dollars—more than \$1,000—per person is put aside.

Now, Mr. Speaker, we hear Honourable Members on the Government benches talk about how they want to reduce the cost of health care. But when [the OBA] Government came forward with real change to help by capping costs for services given out there, as soon as the PLP became the Government they were pushed into a corner and they paid out millions of dollars to people who threatened them.

Mr. Speaker, they were threatened, they blinked, and they paid. No, no, Mr. Speaker, let me correct that—

The Speaker: Well, well, let us not—

Hon. Michael J. Scott: Mr. Speaker—

The Speaker: Ah, ah, ah, ah, I got it.

Let us not make accusations that you cannot support. So, if you cannot support that there was a threat, do not put it out there. You were on a good line and length until then. You were on a good line and length. So stay on the line and length that you were on.

Hon. Michael H. Dunkley: Yes, Mr. Speaker, I will support that there was a legal suit, so Government paid out to settle the suit. That is what I was referring to, Mr. Speaker.

The Speaker: Okay. Move on.

Hon. Michael H. Dunkley: Yes, I will move on, Mr. Speaker.

And, Mr. Speaker, to change the direction of trying to deal with one of the challenges . . . and Members on both sides of the House have talked about utilisation of services. The Honourable Member who spoke just before me talked about utilisation of services. But what happened? So what did we see at the Bermuda Health Council? The CEO is removed so they can go in another direction, Mr. Speaker.

Well, Mr. Speaker, this is the start of a change to a single payer system.

POINT OF ORDER

[Imputing improper motives]

Hon. Michael J. Scott: Mr. Speaker, point of order.

Mr. Dunkley must stop imputing improper motives gamely and continuously, please.

The Speaker: Ah—

Hon. Michael H. Dunkley: Mr. Speaker, if what I said was incorrect, the Honourable Member can correct me. But I don't think that was the case.

The Speaker: Well, well, wait, wait, everybody take your seat.

So far this day has been on track. Do not get yourselves sidetracked on something that you should not be walking on. Stay on point where you are. And I do not think it is clear yet why certain individuals may or may not be where they were beforehand. It is not for us to sit in this room and make that judgment. So until it is made open and clear, I would ask us to stay away from that.

You have the floor.

Hon. Michael H. Dunkley: Mr. Speaker, I am not going to comment on that matter because it is for the courts.

The Speaker: Yes.

Hon. Michael H. Dunkley: I made the single comment about that to talk about the direction that we are taking.

And so here we are, Mr. Speaker. Today it is a start of a single-payer system. Money that is going directly to Government we will send to the hospital.

An Hon. Member: Amen.

Hon. Michael H. Dunkley: Now, Mr. Speaker, I hear the Honourable Member say on that side, *Amen*. And while I have confidence in the Government to provide many services, one area of confidence that is lacking is to provide the oversight of a block grant going to the hospital without any background shown today of how it is going to be managed, controlled, and where the efficiencies are going to come from.

Mr. Speaker, we would have to be foolish to stand here today and voice support for this Bill without fundamental questions being answered. We cannot just blindly follow behind a 25/11 Government and expect, *Okay, \$330 [million] goes to the hospital and they will manage it in the most appropriate way*. What systems have changed down there? Who is responsible for that management? How is it going to be controlled?

You know, one of the things that I have not heard discussed in this debate as of yet, Mr. Speaker, is the fact that we have seen over recent years the use of the hospital increase drastically. And I think everyone [can state] their view of why that has happened, but one of the reasons why I have seen it happen, Mr. Speaker, certainly in my company, is the fact that doctors charge a co-pay for a doctor's visit. So a lot of people say, *Well, you know what? I am not worried about going to my doctor. I need to get an appointment. I have got to wait in the doctor's room, and then I have got to pay money out of my pocket, and it changes for every doctor. I am just going to go to the hospital*. So we have seen services at the hospital be called on with more and more demand.

And now, with this change to a single-payer system where a block grant is going to go to the hospital with its already increased usage, how is it going to be managed? That is a real concern.

So in doing this, Mr. Speaker, the Government, in my belief, is quietly and conveniently putting an increased burden on the private sector. Government is taking the burden that they should [accept]—[this is] why people pay taxes for the indigent, for those who need help, for young people, for older people. They are shifting [this burden] onto the private sector and they are saying it is okay to do because the insurance companies are making too much profit.

Now, Mr. Speaker, if the insurance companies were making too much profit, where are the discussions that they have had with the insurance companies to discuss this? I have not heard about it. The Minister was very strong, very strong, in her com-

ments about the insurance companies. But at the same time, if you are going to be very strong in those comments, I want to know what discussions you had with them to show your discontent and to show how they would work together. I have not heard it, Mr. Speaker. That is a straw man in my view.

This Bill does nothing to address the fundamental costs of health care in Bermuda. We have not seen it yet. In fact, and I am going on record today, because Hansard is a beautiful thing, Mr. Speaker. It is a beautiful thing. I will go on record today that this will be a backward step and it will lead to more increases in health care.

This Bill, Mr. Speaker, further enables health care providers to overutilise with little oversight—few checks and balances. If we want to deal with the challenges facing health care today, we should start with overutilisation. We have great discussions about health care in this Honourable Chamber and in our caucuses, and I am sure you do in the PLP as well. The factors that contribute to the cost of health care . . . overutilisation is one of them. Medical technology and innovation is expensive, and we are paying for it; spending on drugs (the Honourable Member from constituency 5 talked about spending on drugs). But you know what? There are many generic drugs that, if Government mandated the use of those, we could save money.

Another reason why we see a real increase in health care is that there is very intensive diagnostic testing that is done. And quite often, Mr. Speaker, in my view it gets a bit defensive, because it is done over and over and over again trying to look for a reason behind it, but that is unsustainable.

Of course, we know our demographics are impacting us in a real way. Now we have the baby boomers starting to age a bit. Our senior population is growing, and their health care costs are quite a bit more, much more, than the younger people. And the younger people are the group that is going to pay more disproportionately for this than older people. And younger people do not use health care as much as older people because they do not need to. Plus, when you are younger you feel that you are invincible—*I have a little ache and a pain, I'm not going anywhere.*

Mr. Speaker, we also know that our lifestyles and other high-risk behaviours are a drastic drag on the cost of health care, whether it is obesity, our physical inactivity, whether it is our diet, and then there is the general inflation that I referred to.

So, Mr. Speaker, if we had a Bill that came today which addressed those fundamentals—even if it was just two, three or four of them—rather than a block grant to a hospital like, *We'll give the money to them, they are the experts, they'll deal with it, and we feel comfortable*, I think you would see more support, Mr. Speaker.

Now Mr. Speaker, during their election campaign the Government was very vocal in talking about

Two Bermudas. Well, Mr. Speaker, I believe this will help create more of Two Bermudas in our community. Do you know why, Mr. Speaker? Because you are shifting the cost to the working class to make them pay the bill. Included in the Government taxes that continue to go up there is a lack of check and balance and, at the end of the day, the working-class people are going to pay the bill with no guarantee that they are even getting value for money.

Now, Mr. Speaker, it is time that we stopped the talk of the straw man and blaming somebody else. We have to have real talk, because in a year's time we will be back here again. A budget will be passed, health care will be a hot topic again, and we will know what has happened in the months to come with that \$330 million block grant. And I would love to see my suspicion and my research proven wrong, Mr. Speaker. I would love to see that it is successful. But I just cannot see it, Mr. Speaker. I see a hospital that is going to be overwhelmed by people going down there. I see hospital staff that are going to be overwhelmed by what they have to do. I see a lack of control for money that needs to be put in certain areas. And I see Mr. and Mrs. Bermuda, who we all care so much about, paying for something that we cannot afford anymore, Mr. Speaker.

This is a step in the wrong direction, and we need to think more clearly about it. And before the Government even asks us to support this Bill, they need to explain how this is going to be productive and get some buy-in—not only from us, but from the people they serve who are really starting to raise questions. Because they are tired . . . people are tired of being taken for granted, Mr. Speaker. They know the health premium is going to go up again. And we can blame the insurance companies when 15 per cent is passed on, or 20 per cent is passed on, Mr. Speaker. But that does not change the fact that more money is coming out of Mr. and Mrs. Bermuda's pay cheque. They are not going to get a raise to cover that in most cases, Mr. Speaker, and ends are going to get tougher to meet.

More people will leave the country. When the PLP was in the Opposition, they talked about people leaving the Island and going to the UK wherever they can go. People will be leaving the country. And we have a responsibility not just to pass something that sounds good, but to show how it is going to work well.

And I will take my seat now and wait for that rationale, for that reason, for that understanding to come. And if it is not heard, Mr. Speaker, this Bill cannot be supported.

The Speaker: Thank you, Member.

Does another Member wish to speak?

We recognise the Honourable Member from constituency 4. Honourable Member Furbert, you have the floor.

[Crosstalk]

The Speaker: Members.

Mrs. Tinee Furbert: Thank you, Mr. Speaker.

Mr. Speaker, I wore my green master jacket today, [for] anybody who understands golf, "Tiger" is very strategic—

The Speaker: Yes.

Mrs. Tinee Furbert: —and logical in his approach. This Bill also makes logical and strategic sense, Mr. Speaker in its changes.

While it may not be favourable for the insurance industry, it does, however, Mr. Speaker, make sense. And I do not envy the Minister of Health for the decisions she has had to make. But I do know that we have a very excellent actuarial team. And the Opposition should know that as well, because I am sure they have worked very closely with them as well. And so they would have studied this and made decisions in regard to how this would impact our health care system.

Our current health care system, Mr. Speaker, is unsustainable. With 75 per cent of our people being overweight and obese, and a 35 per cent rate of chronic disease, Mr. Speaker, it is costing us way too much.

I did attend the town hall meeting last evening as well, Mr. Speaker, and many of the questions that were raised today were actually answered in the town hall meeting last evening. Last evening the presentation was very detailed and many people were there and they had the opportunity to ask questions. I think they did a phenomenal job in their presentation because we thought that the questions would be at a much higher volume. We know that all insurers, Mr. Speaker, have to pay into the MRF [Mutual Reinsurance Fund], and that includes [GEHI], that includes Argus, BF&M, Colonial—all of them. They will have to pay into the MRF.

Mr. Speaker, we currently have a "sick care" system, and not a health care system. Quite frankly, Mr. Speaker, I work in the health care field and I am run off my feet every day having to deal with health issues. We talk about "utilisation." Mr. Speaker, we all have a responsibility in utilisation. I have an uncle who is homeless. Prior, he was living in a home and the home burnt down. He had to get help because he had nowhere to stay, and he did not really take advantage of the health care system because he had no insurance.

Once he was able to get help through FA [Financial Assistance], and he got insurance, he then had the opportunity to be part of our health care system. And he had not been in our health care system since he was a child.

When he was young he had an injury which impacted his vision, his eye, and so now that he had insurance he was able to get follow-up treatments and follow up in regard to his vision. He was stabilised, you know, he had cataract surgery, he was stabilised, and he is doing well. However, I noticed that they kept making appointments for him every two to three months and his vision was stabilised. And I said, *Why do you have to keep going to this doctor every two to three months when your vision is stabilised? You tell me that you are seeing better than you ever saw before.*

He said, *Because they kept telling me to come back. They kept making appointments for me.*

So I called and asked, *Why are we making appointments for him? He does not need to come.*

And so, you know, in all of this we all have responsibility for utilisation. If that means advocating on behalf of other people, advocating for ourselves, we must do that. We cannot continue to do things the same way, or just continue to kick the can down the road. We cannot continue to fund an open cheque. We have to be more efficient in hopes of making health care more affordable for Mr. and Mrs. Bermuda.

Care will still be available outside of the hospital. There is a misconception that care is not going to be available outside of the hospital with this change that we are going to make. Care will still be available. Currently, Bermuda's funding mechanism for health care is extremely complicated. We saw this chart last night. It is extremely complicated and it is . . . we understand why . . . how things could go missing and things [could be] misunderstood.

For a country of our size, this could be much more simplified, and this is what we have attempted to do, Mr. Speaker. So taking a block payment of \$330 million is making the process simplified. It does not mean claims are not going to happen! Claims are still going to happen.

If this system was easy, it would have been fixed by now, Mr. Speaker. Would we rather have an \$84 increase in our premium? Because that is what actuaries were proposing to maintain a status quo. Honourable Dunkley's insurance . . . he would have had to pay more, it would have gone up. But we as a Government are keeping our commitment of what we can control to keep health care costs down for our people by maintaining the current extended premium rates. The money that we are spending for the people of Bermuda is going toward your health care. No where else! Our health care system has to start cooperating to make health care more affordable. The insurance companies should be a part of this cooperation.

The change of a block payment will hopefully encourage the hospital to put in place controls and to also make our system a little bit more efficient. And because we have control of this, we know that the

majority of our health care costs, 46 per cent, goes toward the hospital care. So we are going to use this as an opportunity, and also an incentive, to keep people in Bermuda healthy.

The hospital has all sorts of expertise. They sat around the table, I am sure, and the insurance [people] have sat around the table, I am sure, looking at how we could make our health care system more affordable. They continue to do this, I am sure, within the health care reform meetings.

Insurance companies will now have to get a little bit more creative, and they cannot expect to do the same things the same way and get a different outcome. So why address the hospital? I am quite sure, actually, like I explained before, that we have more controls over the hospital, Mr. Speaker, and if we can work with the hospital so that they can create programmes within the hospital to try to get health care costs down . . . we actually have a very effective programme right now, which is the Enhanced Pilot Care Programme, and I am hoping that the hospital with all their expertise will come up with some more programmes to also help to actually deal with health a little bit better and to make people more healthy rather than us becoming more sick.

So we are trying to address this issue. We want to be able to preserve health care for the future. There are two questions. Should Government be in the business of subsidising administration costs and profit? How are we going to change the behaviours of our people and of our system, [which is] causing their health care costs to be so high? How are we going to do this? We have allowed health care to become a business of profit. And if you follow health care all over the world, particularly in the United States, health care is a big profit business. And so we have to try and figure out how we are going to pull in the reins now. If we don't, we are going to be in big trouble, Bermuda.

To the people of Bermuda [I say], shop around. Shop around for your health care needs. You know, a lot of times we get on social media and we will complain about things but we do not really go to the source to try to get health care costs down. Okay? And even if we shopped around, we might even find that some of the cost savings are not a big, significant difference, but that should still not stop us from shopping around.

It is not an option to do nothing, Mr. Speaker. It is not an option. We have to continue to protect the citizens of our country. We have to continue to make our citizens responsible. And practicing healthy behaviours we should be incentivising. We will stay the course because our ultimate goal is to provide national health care. As you will see in this Bill, there are many other changes as well which—I mean, actually, great changes.

So we have to continue to run the course and believe that we are making the right decisions. You

know, sometimes we will speak as though not much time, not much effort, not much thought has gone into a particular Bill, but it has, Mr. Speaker. It has. And we will see, just like how the Progressive Labour Party, so many years ago, enacted pensions for our people, we will see in the years to come, how this will be helpful to us as a country. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak? We recognise the Honourable Member from constituency 19. Honourable Atherden, you have the floor.

Hon. Jeanne J. Atherden: Thank you, Mr. Speaker.

Mr. Speaker, I think I am glad I am starting where the Member left off, because I think this whole question of the Bill and where we are going, to me, gets right down to what is the intent. And when I look at the information that was put out by the Minister, it seems to me that it is all centring on universal health care for all. And when you look at it and look at the information that has been put out in her brief, et cetera, it is the social contract, et cetera, and I just think that the people of Bermuda need to understand what this means, because I have always maintained that everybody in Bermuda should have access to health care.

And I have always maintained that we should be looking at ways in which we make sure they have access. And I know that when I used to be the Minister, we used to talk about the potential 6,000 individuals who were out there who were uninsured or underinsured, and I used to say to myself, *Okay, we have indigent subsidy. We have age subsidy. We have youth subsidy. There has got to be a way that we can turn around and deal with these 6,000 people.*

And I always used to say, *If we could somehow give an insurance card to these 6,000 people to say, 'Here you are. This is your card. When you are ill, go to your doctor and have whatever illness taken care of. Do not go to the hospital where you are going end up being charged \$2,000 for a doctor's visit that you could pay \$200 for. And I thought, Why can't we do that? When I heard that this current Government was working on something that we had hoped to work on, which was the unique patient identifier, I thought, Great! That might be the beginning of trying to figure out how to have universal health for everyone.*

But, now that I see what is being introduced, my concern is, I believe that we are putting the cart before the horse. I believe that we are coming up with something that says that you are going to have universal health [coverage], but I still cannot see with all the stuff that is in here, how it is going to get down for the people who we need to get to. I cannot see how the person who is underinsured, or the person who does not have insurance because he is not working, I can't see how he is going to be better served.

So, for me, I am saying, *Mr. and Mrs. Bermuda, look carefully at what is going to happen because there are some unintended consequences.* And when I get to talk about some of the other things that are happening, they will see. On the one hand, there has always been two issues that we have had to wrestle with. I acknowledge, we all acknowledge, \$770 million (or whatever, those huge numbers), we do not want to be at that level because I know this is the type of thing—you do not mind having your . . . the cost of . . . the amount of money that [Bermudians earn] high because then you can say you have got the richest people in the world. But you do not want your health insurance to be high because then you are saying, *Hey, we are too expensive.*

But what we have to look at, Mr. Speaker, is the fact that if we are going to bend this curve, you have to bend the curve one of two ways. You have to bend the curve in utilisation, or you have to bend the curve in terms of the cost that you charge for that. So when I look at the things that are here, I am really concerned, because I see lots of things that talk about putting money in this pocket and putting it there and whatever else, and I do not see anything that talks about bringing the cost of health care down, so I am going to go through, Mr. Speaker, and I am going to pick out a number of things in here that I believe Mr. and Mrs. Bermuda need to understand and what this says.

I have no problem with saying health care in many countries is considered to be a basic human right. Understood. I do believe that in Bermuda we should try and make sure that everybody has access to health care. And that is why I am reminded, and I had forgotten all about this, when you used to have . . . down at the hospital, you used to have a clinic that people who did not have insurance could go to, they could go down there and they could be seen by staff that cared about them and whatever, and all of a sudden someone made it like a dirty word as if to say, *You can't go down there.* And so I am saying, Mr. Speaker, we have to make sure that when we do things we do not have unintended consequences that were unforeseen. Or, if someone had a plan, then you need to understand what their unintended consequences were and make sure that you are not hoodwinked.

Now, Mr. Speaker, there was an indication that we do not want to have persons who fail to receive the care that they desperately need. That is what I said. That, to me, was why you had the subsidies. You had age subsidies [and] indigent subsidies, and that is why I always felt that they were put together to try and make sure that these people were covered. But maybe they were not achieving as much as we wanted. So, when you start talking about current health care spending, over \$720 million—which it is rather unfortunate, but [that is what] it is—and when you have it being stated that how we reduce the cost

of doing business is by lowering the cost of health insurance, I totally agree with that. But I do not believe that you are going to say that this is going to attract more international business to Bermuda. What it is going to do is make sure that everybody that is on the Island can then pay for their health insurance and make sure that, generally, Bermuda becomes less expensive.

And I totally agree with the Minister indicating that it is time for us to do this because we want to make health financing reform to improve our health system for the sake of our economy and for our families. I buy into that. I think all of my party buys into that. We are aligned as it relates to that. But where we get into this issue is how do we make sure that the cost of health care is improved.

I have a real concern when I see it stated that holding our hospital more accountable for how much care they need to deliver, and the quality of health care they provide . . . I support that. I think we all support that. But I think we are also forgetting part of this. The hospital is a provider and, in some respects, the hospital is subject to the demands that other people put on them. A doctor has to send you down to go to the hospital, to say that you are ill, and to ask you to be admitted. When the hospital does lab tests, any of the lab tests that are done for the hospital inpatient, are not charged outside. The only services that are charged are the ones that outside physicians order.

So, in some respects, we have to understand that they are not like some providers where they can generate, by and large, their revenues, where they have control of their revenues. And so, to suggest they are responsible for how much care they need to deliver, I think sometimes it is not having us look very clearly at the way they operate.

From the perspective of better reporting and better negotiation of cost, I think we all buy into that. I think we all agree. And I just cannot see how changing this money from one pocket to the other is going to prevent the Government from saying that right from the get-go. Because I remember when we were the Government, we had discussions with the hospital about doing that. They had a study done, I think it was by KPMG, where they went through, they looked at all the costs, they brought down a number of their fees, they looked at ways to better utilise the service, so this is not something that does not happen. And for this current Government to do that, I glory in that, because the better that they can be in what they do, the better we can make sure that the costs that we have to pay for these services [can be reduced]. So, better utilisation and better partnerships, I think we are all into that.

But, as I say, the hospital did that before. But what I am concerned about is the suggestion that looking for the hospital to be better, and then to turn around and not talk about the other providers, that worries me. Because if you turn around and you look

at the amount of money that is being spent, if there is \$700 million that is being spent outside, in total, and if we are saying that the hospital is \$330 million, then there is still money which is almost more than that money which is being spent. And I know some of this is being spent overseas, and we cannot always control what is happening overseas. So when you start to look at the suggestion of doing these changes, getting the basic care at a cost that is affordable, I do not think that anybody on this side of the House disputes that. But you have to start looking at what is affordable.

And when I look at what the Minister said, I looked at three things. She said that we are asking for a base level of social responsibility for all. And I do not know whether the definition of “social responsibility” has ever been put out there so that all of Bermuda understands. When you say “social responsibility,” I believe that this Government needs to come and make clear what they mean by social responsibility for all.

And when you start to talk about the basic care, it is important for us to have clarity on how is basic care defined because depending on what you put in there determines how much you have to spend and also how much is going to be available. And then we are talking about the cost that is affordable. When we started to try and look at the cost that some services should be, we changed it. Then all of a sudden, the next thing happened. The current Government came in and increased it. So I am saying to myself, *If we brought it down to something that is affordable, what was the basis on which it went up?* And if your premise is to make it affordable, and you come up with something that made it affordable, then why would you backtrack?

But, Mr. Speaker, in terms of the Minister indicating that . . . in terms of it is the time to allow every member of society to have the right for health care, I do not think that anybody disagrees. Where we get into this disagreement is the way it is being done. Because if you are not clear on why you are taking all this money from the standard premium . . . the Standard Health Benefit [SHB], and moving it over, and saying only \$25.00 of the amount is going to be transferred over the hospital, it leads one to require some clarity on, *How was this identified?* I have not heard anyone indicate the basis on which this amount was created.

I have looked and I know that I have seen the BHB [Bermuda Hospitals Board] accounts which indicate that even . . . and I mean, the last lot of accounts of 2014 that indicate for the whole BHB that it was \$305 million. And I am saying that the Minister is saying that it is going to be capped at \$330 million, and I still cannot figure out how you get from \$305 [million] to \$330 [million]. But then actually when I go and I have the actuarial report, the actuarial report shows that when you are looking at BHB it is sort of like \$163

million, and I presume that is without looking at things like for the renal dialysis. But I think it is important for the Minister to clarify the basis on which this amount of money was moved out.

The reason I say that is because if you do that, if you make it clear how the \$330 [million] was allocated, then I think you can get into a better understanding of how much was put for the hospital-based expenditures, and how much was left for the rest. Because nobody has made it clear to Mr. and Mrs. Bermuda that all those other things that are not at the hospital, they are still going to use those services. They are still going to have to pay for those things, or have those things paid for out of their insurance. And if the insurance does not have the money there, the insurance companies are then going to turn around and say, *Hey, we have to decide to charge you more.*

And we need to make sure that there are some actuarial basis for splitting \$330 [million] and taking \$25[.00] and all the rest going out. And I have not heard anybody . . . and I hope the Minister will explain that because without that, you have what I feel like is a money grab. A money grab that says, *We can take all this money and we can put it over there and we have it available to do things—*

[Inaudible interjections]

Hon. Jeanne J. Atherden: —*and we have it available there to do other things.*

And the reason I have this concern is because everybody forgets that the Government is also one of the payers. Okay? The Government is a payer because the Government pays for indigent, aged and youth [subsidies], which means that they are also persons who [get sick] and have claims that need to be paid. So let's not forget that. Okay? And that is why it is important to have some clarity on how this works because we will have a better understanding of the splitting of the money.

Now, Mr. Speaker, when I look at the suggestions that the costs will have to shift, and some caps will have [to be] put in place to control costs, I buy that. But I do not see enough indication about how that is going to work, because that is where Mr. and Mrs. Bermuda is going to get the bang for their buck. They are going to get their bang for the buck by hearing how these costs are going to be controlled. They are going to be getting the bang for their bucks by hearing the caps that have been put in place because we know . . . and I can say that because I actually read the last actuarial report, if you can allow me for one second, Mr. Speaker.

The last actuarial report indicated that there was this utilisation and they said, “The utilization represents the overall expected change” and “It may arise due to numerous factors such as ageing of the population, the introduction of new medical technolo-

gies, a shifting in the case mix” and the “increase in the disease burden.”

So if we are not addressing the issue of utilisation, then this cost, which we are trying to control, is never going to change. All we are doing is just changing the pocket in which the funds are going to be paid out of.

And I worry that the Bill, per se . . . I do not believe that it actually goes anywhere in terms of saying, increase the costs. And I know that the Government had always had its strategy in terms of the National Health Plan, and it always had a strategy of Universal Health Coverage. And I see that as something that is being put through. But I do not see enough in this plan to indicate how you are going to make sure that Mr. and Mrs. Uninsured/Underinsured Bermuda are going to get the benefit of that.

So, Mr. Speaker, I just have a concern that there is not enough and maybe when we start to get into the debate itself I will raise some more questions because I think the people of Bermuda need to know what is the social contract [and] they need to know what their Government is trying to do with respect to creating fairer pricing. The Minister said that she wanted to move forward with fairer pricing. As I say, we reduced the cost of MRIs and they went back up.

So in terms of the change of the status quo, [this is] very important. But if you are going to put the health of people as a higher priority than profits—I just found that this was rather interesting because, I mean, if I read that statement again, “we are demanding to put the health of people as a higher priority to the health of profits.” And I think of the MRIs, the increases that we went down, and I just think, *Okay, how does this, if you will, . . . how does this tie into the actual reality?*

I think the current Government did not support our efforts to get fairer pricing, so now it is going to be important for them to demonstrate to the people of Bermuda that they are behind this and everybody is going to be looking to see what they are going to do. They have to walk the walk and not talk the talk. So, Mr. Speaker, I will just say that I look forward to some more discussion when we have the individual . . .

An Hon. Member: Committee?

The Speaker: Committee? In Committee?

Hon. Jeanne J. Atherden: Committee. I look forward to when we have the Committee, but I just think that there is a real concern because the Minister talked about providing a prescribed transfer from the MRF to the Hospitals Board, and then about an employer who operates an improved scheme, not be liable to pay [SHB] claims, that seems to imply that claims will still have to be moved from BHB to the insurer. And yet somewhere else there was an indication that was not going to occur. So there are some specific things in

there that I think need to be flushed out because sometimes when you get out and ask questions, afterwards what you say in one place doesn't tie in to the other.

And then this whole thing about dialysis claims being payable under the MRF, the devil is in the details, Mr. Speaker. And I just have a worry that other than moving toward the concept of universal health for all, I do not think that there is sufficient to make Mr. and Mrs. Underinsured Bermuda feel that it is going to happen. But I do think the other people who are insured need to worry, because what is going to end up happening is that with the amount of money that is going out for BHB, the insurers are going to have some real challenges as to how much money is going to be left over.

And I carry no brief for any insurance company. But I do think that until the people see what is going to be covered, they are not going to have any clarity on why that split took place and whether it was a reasonable split. And I have not seen anywhere, anything that said from the MRF or from the actuaries, et cetera, how it was going to happen.

And I do not want to get into this whole thing about profit because there are still going to be claims, there are still going to be reconciliations, there are still going to be issues that take place. And we know . . . and I know before, because I have to acknowledge that the former Government . . . we were going to put all the money into a pot to be used for everybody. So that is not unheard of. But this is different. This is putting all the money into the pot and now starting to say that you are going to make the decision on how the pot is being used. And I am just . . . I find it . . . I find it strange. And I am waiting to see, because, as I say, it really worries me that you end up having what I call a cash grab.

But, Mr. Speaker, I think I . . . how much time do I have left?

The Speaker: You have got a few minutes left.

Hon. Jeanne J. Atherden: Okay, well, then if I have a few minutes, let me finish off.

If you start to look. . . and I hope the Minister will explain how we came up with \$330 million, especially because after that there was an indication that you might have \$65 million also there, just in case. Because if the hospital itself . . . and as I say, I know these accounts are old. But if the hospital itself was not operating at that level, then I will be curious as to where it is coming from. But I also will be curious as to how it works, because I happen to have the report of the Auditor General which was talking about concerns about reconciliation of accounts of knowing claims and how things were actually paid for. And if now you are going to have all of this money going over there, you are going to have even more responsibility to make sure that the funds are properly accounted for.

And if we are going to bend this curve, you have to know what people are having the services for. And the previous speaker talked about the Enhanced Care Pilot down at the hospital. Well, that reminds me of the programme that we instituted in terms of the Mutual Re-insurance Fund, which I have not heard anybody talk about recently. If we do not institute some of these programmes and tell us how we are doing, then there is nothing that you could do, if all the money gets there, but you do not look at the results that are being created.

Mr. Speaker, more importantly I feel that the Minister, the Ministry, and the Government have to look really closely at value for money, look really closely at overutilisation, and look really closely at things like interest—conflicts of interest. Because whether we like it or not, it has been well established that if you have the ability to be able to generate the utilisation of your service, many times (and I am saying in the health industry) it results in overutilisation. And it already has been established. It has been established [by] the auditors. It has been established about overutilisation. So I just think that we have to be aware. And all of our colleagues have to ask the question, we have to make sure: Is this the right thing?

I know we cannot change it because they have the numbers, but that does not stop Mr. and Mrs. Bermuda from making sure that the right amount of money gets left with their private insurers. Government has a plan, private insurers were there, we need to make sure that the right amount of money gets left—

An Hon. Member: You said that already.

Hon. Jeanne J. Atherden: —because it is very important that there is a rationale for this.

Mr. Speaker, I will look forward to hearing the Minister at some point in time tell us more about how the uninsured and underinsured people will get to have universal access. I will be really pleased to hear the Minister tell us about how she is going to make sure that the cost of health goes down, and make sure that the professional that she has mentioned in this report starts to make their contribution to reducing the cost of health. And I would like to think that we will be able to get some of the other questions answered. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak?

We recognise the Government Whip, the Honourable Member Scott, from constituency 24.

Mr. W. Lawrence Scott: Thank you, Mr. Speaker.

Mr. Speaker, it is very interesting that we have had Members on the other side stand up, give speeches, say that the Minister did not give them an-

swers, and that they were hoping that somebody else on this side would help provide them with those answers. But then they get up and leave the Chamber. So how genuine are they about really wanting answers, Mr. Speaker?

The Speaker: Well, Member, you know people do not sit in that chair the whole time. They can get listen . . . you know people can listen outside of this Chamber.

Mr. W. Lawrence Scott: Well, I am just . . . it is a question. I am asking a question. How genuine?

The Speaker: They do not have to sit in their seat to hear it.

Mr. W. Lawrence Scott: Okay, Mr. Speaker, the thing is, one thing we know about . . . and I want to put this in ways . . . because the Minister has actually answered all the questions that the Opposition asked. But it must seem as though they must not be able to understand what the Minister is saying. So let me try to put this in a way, shape, form that they can actually understand it, and makes it a little bit easier to understand.

So instead of talking about it from the technical point, . . . few things are more important to our personal health than our heart health, our cardiovascular system. And this is why you will have public service announcements saying, *Always get your blood pressure checked. Get your heart checked*, because your blood pressure allows physicians, health care professionals to get a snapshot of what is going on with you. Right? If something is out of balance, or if it is not.

So, the thing is that your blood pressure is made up of two numbers: systolic pressure and diastolic pressure. All right? This is 120/70. Now, the systolic pressure, Mr. Speaker, is when the heart contracts and pushes blood throughout your arteries, the pressure that is created from that action, that is your systolic pressure. That is that 120. And then the diastolic is when the heart relaxes, or the cardiovascular muscle. Mr. Speaker, I need to put a disclaimer that I did do St. Johns for a few years and I am now dating a nurse, so I do know what I am talking about.

[Inaudible interjections]

An Hon. Member: Come on, man.

The Speaker: Stick to the point. Stick to the point.

Mr. W. Lawrence Scott: Sorry. Sorry. Sorry. I will get back—

[Inaudible interjections and laughter]

Mr. W. Lawrence Scott: So, Mr. Speaker, but when the heart muscle relaxes and fills with blood, that is where the diastolic pressure comes from. And together you get that 120/70. All right?

So, now, Mr. Speaker, let's just say . . . and I will put some things in perspective. Right? [At] 120/70, or 120 and below, is your normal blood pressure. Anything around 130 to 139, that is your Stage 1 high blood pressure; 140 or more is Stage 2, hypertension; and 180 would be basically hypertensive crises. So now, with that, let's just say that the health care industry in Bermuda was a person. And this person has now gone to get their blood pressure taken. If the blood pressure of this person (of the health care industry) was taken right now, it would be 140/80. So now, as I said before, that would be Stage 2 hypertension.

Now, let me break down that 140/80 for you. All right? That 140 means that for every dollar, for every premium that is paid, the Government has to pay \$1.40 for health care costs. Now, on the other end, for every dollar, for every premium that is paid, the private sector has to pay \$0.80. So now what we are seeing is that the private sector somehow is generating \$0.20 worth of profit for every dollar that they get, and the Government has to spend \$0.40 on top of every dollar that they get.

So now, what does this look like, Mr. Speaker? This looks like the private insurers are now generating somewhere in the area of around \$80 million per year in revenue. And if we were to take those numbers, if all things remain equal, that would mean that the Government is spending \$160 million on health care costs.

Now, how does this happen, Mr. Speaker? How does this happen? Because nobody on the other side seemingly understands this point that I am making, because the thing is that private insurers can pick, choose, and refuse who they want to provide health care to. So all the healthy, young individuals, or all the healthy individuals in society, in the community, all the people who play football for PHC, all those members who do martial arts with the Harto School on Cobbs Hill, those members will probably get health insurance in the private sector, no problem. But once members in society start getting to a point where they start to infringe on that 20 per cent profit, when they start costing more than \$0.80 on every dollar, whether it is because of existing conditions, whether they get into an accident or they get too sick, or because they fall on hard times, what ends up happening, Mr. Speaker, is . . . if the private insurance companies cannot increase your premium to cover that, to keep that 20 per cent profit, they drop you.

Hon. Jeanne J. Atherden: Point of order, Mr. Speaker.

The Speaker: Yes.

POINT OF ORDER

[Misleading]

Hon. Jeanne J. Atherden: I believe he is misleading the House, because I am certain that that was one of the things that was mandated. That if you were there and you had insurance, and [they] were not able to just turn people out just because [they] got ill.

The Speaker: Okay. Take note of that, Member.

Mr. W. Lawrence Scott: I will take note of that but—

The Speaker: Thank you.

Mr. W. Lawrence Scott: —I will keep going, Mr. Speaker.

The Speaker: Take note.

Mr. W. Lawrence Scott: But that does not mean that the private insurers do not have the better pick of the members of society, Mr. Speaker. That . . . so . . . all right.

Hon. Jeanne J. Atherden: Point of order, Mr. Speaker.

The Speaker: I will take your point of order.

POINT OF ORDER

[Misleading]

Hon. Jeanne J. Atherden: The Member is misleading the House. These are businesses. They have ranges of people who are a part of the business. Nobody goes there and says, *Okay, I am going to only have those six people. And you are covering the others.* They are businesses! And what you see is what you get.

The Speaker: Thank you.

Member, be mindful. Be mindful of those points.

Mr. W. Lawrence Scott: I am being mindful, Mr. Speaker.

So, Mr. Speaker, I am going to keep going on the track. Right? So, what ends up happening, Mr. Speaker, is that you then end up having premiums raised. Regardless of what the Honourable Member said, those premiums continue to rise.

Now, the thing is that there are members in society who can afford to pay these increases in premiums. And if they can't afford the increases in premiums, they have one of two choices. They can either go without health insurance, or they can look to more affordable health insurance, which is your public health insurance product. All right? Because, remem-

ber, the members who are part of the government health insurance, sometimes, more times than not, are unable to pay for or afford the increasing premiums.

So now what ends up happening, Mr. Speaker, and this is where we come over to the government, because most persons on government insurance are 65 and older. All right? So that means that they would most likely be on a fixed income and so on and so forth. But now, what I am trying to do is this, Mr. Speaker. And this is where I am going to get to where this \$330 million comes in. [The] \$330 million is to help stabilise that “blood pressure.” Meaning, we are putting something in place which should stop the increase in premiums. Now, once you have stopped the increase in premiums, and it stabilises, then after it is stabilised we can go to the next steps to try to help reduce those premiums. All right?

Now, I understand that the Opposition is finding it hard to follow what I am saying because they were in Government and they did nothing about it. All right? They were in Government and they targeted individuals. They were in Government and all they wanted to do was talk about, *Oh, it was the PLP’s fault. It was the PLP’s fault.* Mr. Speaker, one thing this administration can do right now is just deal with the situation. This administration is saying that we can no longer sit by and do nothing. We must do something. We have sat there and we are going to put in place transformative policies, transformative legislation, that makes sure that we have members of this society that have a better quality of life, all right? That we have a better quality of life.

And so what happens is this, Mr. Speaker. Now that we are putting this policy in place, we are going to pass this Bill, put it through. The role of this is to stop the increase of premiums. Now, there have been insurers that have done the supplemental premium increases, but your primary premiums, this is what should happen, and it is my understanding that this will put a cap or moratorium on the premiums. But now, there are supplemental policies that can be increased, and that is what is going on. That is what insurance companies are going through and where members are getting letters saying that, *Oh, a 20 per cent increase in this, and a 20 per cent increase in that.* That is my understanding.

So, Mr. Speaker, the one thing . . . and the thing is this. And this is what I find very interesting. We have all agreed . . . and I am repeating this to prove a point. We have all agreed in this House that health care costs are too high. And now that the Government is doing something to address that situation—

Some Hon. Members: But they are not.

Mr. W. Lawrence Scott: —to do something to address that situation. All right?

An Hon. Member: But they are not addressing it.

[Inaudible interjections]

Mr. W. Lawrence Scott: There are Members on the other side who are unhappy.

[Inaudible interjections]

Mr. W. Lawrence Scott: There are Members on the other side who would like to see us allow insurance companies to continue to make \$80 million a year.

[Inaudible interjections]

An Hon. Member: It is not their money.

Mr. W. Lawrence Scott: And, Mr. Speaker, I am disappointed in the Honourable Member that just took her seat, trying to [impute] improper motives and saying something about a “cash grab.” And I am hoping that it is because of a misunderstanding, or not fully understanding the concept in what we are doing here today, the concept in capping the premiums, the standard premiums. And then what I found disheartening is that the Opposition is now talking about the hospital is unable to manage funds. So now, all of a sudden, they now have no trust—

Hon. Jeanne J. Atherden: Point of order, Mr. Speaker.

An Hon. Member: That is what you said.

POINT OF ORDER

Hon. Jeanne J. Atherden: I did not say that the hospital could not manage funds. I quoted a report from the Auditor which talked about reconciliations, et cetera, of funds. And I quoted from the Auditor. Thank you.

The Speaker: Thank you.

She cited her source.

Mr. W. Lawrence Scott: No problem. Well, I will put [it that] Members on the other side have implied that there is a lack of trust in the management of funds, if and when they go to the hospital. All right?

[Inaudible interjections]

The Speaker: That was the Auditor. That was not the Member on that side, that was the Auditor’s comment that she put.

Hon. Michael J. Scott: Point of order.

The Speaker: So it was Auditor’s perspective.

Hon. Michael J. Scott: Sorry, Mr. Speaker. Point of clarification.

POINT OF CLARIFICATION

Hon. Michael J. Scott: I took an express note of the Honourable former Leader of the Opposition, Mr. Dunkley, make that very point. It made me make a note: What is the reason for this lack of confidence, suddenly, by the usual supporters of the hospital, having no confidence in their management style? It was Mr. Dunkley.

The Speaker: He clarified the last one. Go ahead.

Mr. W. Lawrence Scott: Thank you.

But, Mr. Speaker, the other thing that leaves pause is that, very much like the insurance companies here in the Island, which contradict each other over this situation, Members on the other side have contradicted themselves.

An Hon. Member: Yes, they have.

Mr. W. Lawrence Scott: You had the Leader get up and say that he supports this.

[Inaudible interjections]

Mr. W. Lawrence Scott: Then there have been the other Members who say they do not support it. Other Members who say, *I sorta, kinda, might want to support it*. So, Mr. Speaker, the one thing I do agree with that the other side said is that we have a united front on this side as the Government.

An Hon. Member: Hear, hear!

Mr. W. Lawrence Scott: This Government is firing on all cylinders, Mr. Speaker. This Government is focused on improving the quality of life for individuals in this country.

Mr. Speaker, we have a majority—25 seats—here. Not because we provide lip service, but because we listen, we understand, and we act. While there is a lot of noise coming from the other side, while there is a lot of you should've, could've, would've, we are actually doing, Mr. Speaker.

So, Mr. Speaker, I commend the Minister for bringing this, for taking this bold step, for taking this necessary step, and it is a first step to reducing the cost of health care in this country. This is not something that can be done overnight. This is not something that can be done with one Bill. It is going to take multiple steps. It is going to go through multiple phases, Mr. Speaker. This is not like the airport where they can sole-source it, Mr. Speaker, without any real research.

Some Hon. Members: Ooh!

Mr. W. Lawrence Scott: Right? And I wish an Opposition Member would challenge me on the airport.

[Inaudible interjections]

The Speaker: The airport is not up for debate in this Bill. Let's stick to what is up for debate.

Mr. W. Lawrence Scott: I understand that, Mr. Speaker. I understood.

[Inaudible interjections]

The Speaker: That is the motion to adjourn. That is the motion to adjourn.

[Inaudible interjections]

Mr. W. Lawrence Scott: So, Mr. Speaker, one thing is for certain. There are Members who talk about Mr. and Mrs. Bermuda, and then there are Members who are in this Chamber who are actually doing things for Mr. and Mrs. Bermuda. There are Members who like to talk about that the sky is falling, and then there are Members who are showing them that it is just smoke and mirrors on that side. Talk is cheap, Mr. Speaker, and we are actually doing things. And, Mr. Speaker, one thing I know about—

The Speaker: Stay on point. Stay on point.

Mr. W. Lawrence Scott: One thing I know about Bermudians is that we do not necessarily like change. But we always want things *to* change. So, Mr. Speaker, this might not be . . . and change is difficult for many people. Change is not the easy decision to make, Mr. Speaker. The easy decision is to continue to go with the status quo and just complain in our living rooms.

[Inaudible interjections]

Mr. W. Lawrence Scott: The easy way to go is to just allow the oligarchs to continue to make the money that they have always made and then make excuses why others cannot have, Mr. Speaker.

An Hon. Member: You sound like daddy.

Mr. W. Lawrence Scott: One of the more esteemed Members in this Chamber has said that I sound like my father.

And one thing that my father has said, Mr. Speaker, time and time again, and it has been quoted by the Members in the Opposition, is that with this PLP Government one thing I want to make abundantly

clear, is that the haves can continue to have, but the have-nots need to have more.

[Desk thumping]

Mr. W. Lawrence Scott: And that is why we are starting with health care.

The Speaker: Thank you.

Does any other Member wish to speak?

No other Member?

I recognise the Honourable Member from constituency 9, Honourable Member Moniz.

Hon. Trevor G. Moniz: Thank you. Thank you, Mr. Speaker.

Perhaps something upon which we all agree is that the health system is a complicated beast. We see an attempt today, and I am not quite sure what it is, one of the things I am trying to find out is whether the Minister has tabled the most recent report from the actuaries, Morneau Shepell.

Can she answer that?

Has the Minister tabled that most recent support? Is that publicly available? Mr. Speaker?

She is not answering, so I assume the answer is no. Perhaps I will answer for her. I see there is a report from last July, but not any recent support. So, of course, on this side we like to look at the analysis of policy changes, particularly strategic health policy changes to see why you are doing this.

Now, we see, you know, some sort of warm and fuzzy stuff in the Minister's brief where she talks about social contracts and everybody would like to have better health care, everybody would like to have better access. And we all agree on that. I do not think there is anyone who would not agree on that. But of course, the question is: What are you going to do to get that? I think one of the things that we agree on is that we need some serious health reform. And the Minister in her brief said that we were going to have some proposals coming forward for actual health reform.

But what we on this side see today, I think, (and maybe I will just speak for myself) . . . we see it as a bit of a shell game. We are moving things from one pot to another pot, and somehow the Government is trying to present this as solving a problem. We do not, on this side, see that the problem is being solved. Somehow, we feel that it is going to be the average working person who is going to pay a higher tax for their health. Their health premiums are going to go up.

Now, on the other side, they are saying *No, no, no. That is not going to happen. The health insurance companies will pay all of this.* And somehow when they look at it, on the Government's side, when they look at the health system, they see the hospital and they see the insurance companies. They do not

see any other providers. They seem to be totally blind to the people who are providing the services.

And one of the things that concerns me . . . you will remember under the previous administration of the PLP we had a new hospital built, and then [with] a cost, ultimately, of upwards of three quarters of a billion dollars. And now we know that that hospital was too small. So parts of the old hospital that we were going to get rid of, we now keep. And there are still logistical problems at the hospital. We constantly see complaints, letters to the editor, and complaints that people are in beds in the hallways and they are having to wait for long periods of time before they can be put in a room because all the rooms are single rooms so they can accommodate much fewer people than the old hospital could.

So these are some of the challenges that we face. And the Government just does not have a good track record. We know that the Government made a payment to the hospital and they made a payment to Doctor Ewart Brown's company. I think Dr. Brown was getting \$1.2 million. And, Mr. Speaker, we were told that that payment was made. It was in the public domain from the Minister, I believe, that it was paid because he sent a letter before action. That was what the Minister, I believe, said, the Government said. It was in the paper. He sent a letter before action, so we agreed to pay him off and they hoped he would keep his clinic open and he then said, *No, I am not going to keep it open. I am going to close it.* It may not have made economic sense to have that clinic open in any case, but I cannot speak for him.

But you can understand if we on this side, and the public in Bermuda, do not have a great deal of confidence in how the Government operates. We have heard recent reports that the Premier himself was intervening on behalf of Dr. Brown. The Premier has—

Hon. Wayne Caines: Mr. Speaker—

The Speaker: Well, ah! Ah! Ah! Ah! Ah! Sit down, sit down, sit down, sit down, sit down, sit down, sit down, sit down, sit down!

Member, I have been careful to make sure people stick to what is factual and not bring stuff in this debate that are innuendos or hearsay. I am going to remind you to do the same. Because everybody has been pretty good on staying on point to this debate, and this debate has the potential of going off course. And I am not going to let it go off course.

The Speaker: And I am not going to let it go off course.

Hon. Trevor G. Moniz: I am obliged, Mr. Speaker.

The Speaker: So, stay on track, please.

Hon. Trevor G. Moniz: And the Premier will have his chance to say his piece on it. Thank you. I will not take that any further.

But we have a lot of difficulties here. We have no idea what analysis was put into this. What we have been told, essentially, is that the Government were told in a Morneau Shepell report that the SPR, the standard premium rate, was going to have to go up by a substantial sum of money. And it already went up by a substantial sum last year. And Government were not willing to do that. So, they are saying, *Well, how can we get out of making this increase that Morneau Shepell tell us that we are going to have to make?*

And so, they came up with this, in their view, clever gimmick of moving money from one pot to the other and presenting it as a health reform. We on this side do not see it as a health reform; we see it as something that is going to cause more problems than it solves. It is being presented as a package. And, as I said, the Minister said in her brief, in very vague and warm and fuzzy terms, that all of these wonderful reforms are going to follow.

We on this side have not seen any sense of that. The only thing that the Government had was a health report from 2012. The 2012 report was very similar, in my view (and this is my opinion), to the Minister's brief today. It had a number of statistics in there and numbers comparing, trying to compare the expenditure that we in Bermuda have to other countries, and again saying there should be universal health care, which is an extraordinarily expensive thing. As we all know, particularly when we are living out here in the ocean, there are a lot of treatments that you can only get overseas, whether it be open-heart surgery, whether it is dealing with premature babies. There are certain treatments that you just cannot get here and we have to get them abroad, you know. So, there are certain costs that we face that they may not face in other onshore centres, particularly ones the size of Bermuda.

We on this side just do not see [it]. Now, they come along and they say, *All right. We are going to give a block grant to the hospital*, as if somehow that is a health reform, as if somehow that is going to produce an efficiency from the SAGE Commission or something like that. You know, some sort of efficiency is going to come out of it. And we do not understand how it is going to produce any efficiency. All you are doing is saying instead of you billing and us having oversight of those bills through the Health Insurance Commission or the Health Insurance Board, now we are just going to give you a block grant.

It looks like there is going to be, on the face of it, less oversight. That is not a question of trust. Everybody sits at home and checks their bills. I am sure that Member who accuses us of having a lack of trust checks his bills when he gets them at home and sees, *Well, is this the right amount that I am paying?* Everyone does that. So, it looks to us on this side like there

is going to tend to be less oversight of the amounts that are being charged.

Now, you know, I am sure the Government will say, *Well, there isn't. We're going to have this system. The Health Council is going to get more people.* We just do not know how it is going to happen. And I am afraid the Government have given no adequate explanation of any way in which this is going to improve the efficiency of the health system.

Now, we have had a number of people on the other side say a number of things, which are similar, but not quite the same. Particularly I get concerned when people who are not Cabinet Members purport to speak for the Government and say, *This is what we're doing.* And you would say, *Well, you know, I really look to the Minister to see what the Government is doing.* The Minister speaks for the Government on Health. And that is the person I want to answer on it. Because other people may say a similar thing; it may have a slightly different spin on it.

[Inaudible interjections]

Hon. Trevor G. Moniz: So, we really need to know where we are going on this. There needs to be a substantially better explanation of where we are going. There is not a good track record in this Government with managing the health care system. As you know, we were not happy with the sugar tax. And again, you know, a tax is going to be passed on. The taxes are passed on. The way I see this particular switch, it is a tax. Because what is happening now is that the average working person is paying a greater proportion of his income into the MRF. And I do not see how that can be anything other than, ultimately, a tax on that particular individual.

Now, at the same time, what I do not see in the Government, is it saying, well, how are you . . . If you make the system more efficient, Mr. Speaker, it just seems to make sense to me that you are going to want to make the whole system more efficient. The hospital represents less than 50 per cent of the health costs in Bermuda. And presumably, you would want to address the whole system. You would have to have some sort of agenda if you said, *Well, we're only going to look at part of the system. We're not going to look at the majority of it. We're just going to look at a minority.* That would not make any sense to me at all.

And, you know, they like to have these political targets, spin, *Oh, we're going after the insurance companies. We're going after the insurance companies' profits.* Well, I do not think that is what you are doing. I do not think that the man in the street or the woman in the street is going to be fooled [by] that. I think that they will see that you are not really addressing what is at issue here at all. And what we are seeing out there . . . and this is the interesting thing. Different Members have been saying, to me, what seem to be opposite things. You know, some people are

saying, *Oh, well, on this side we're trying to figure it out because the Minister clearly has not explained what the programme is, going forward, except in very broad-brush terms.* So, we have a hospital that is too small. We know that already. But on the other hand, we have people on the outside who are providing services, like diagnostic imaging services and now dialysis services, which we have being provided outside of the hospital.

So, the point here is, does Bermuda require more services than the hospital can provide in those areas? Is the hospital's CAT scan, the hospital's MRI not sufficient for Bermuda's population? Do we need more services than that? I suspect that the answer to those questions, from my short time as Minister of Health, is no. We do not require any more than that. But people see those as being an opportunity to make money. And those are people in the private sector. Those are doctors (in some cases, non-doctors) who are going to open their own, what they call, hospital. They are going to open their own hospital. They are going to have their own diagnostic imaging.

Why are they doing it? Well, they are entrepreneurs. They are doing it to make money, put money in their pocket. Whether it is Dr. Brown, whether it is Mr. Thomas, any of those people, they are all doing it because they see an entrepreneurial opportunity to make money.

Now, the problem is this. You have to size it right for the hospital. You have to have the hospital operating as near to full capacity as you can without it being over capacity. You have to have it at its optimum utility. You have two things that could happen that are bad things. You can have overutilisation of the hospital, where they have got people sitting in hallways and they cannot find rooms for them, and people in the Emergency [Department] there waiting hours to get any sort of service. You constantly hear these sorts of complaints.

On the other hand, you can have people going out to private services, going to Dr. Brown's MRI or CAT scans or Mr. Thomas's hospital or somebody else's scan. You can have them going out to these other people. And this is what was extremely confusing, because recently the Health Council said . . . all of a sudden, they said, *Well, we're putting a moratorium. We're not going to allow any more services.*

And it just came out of the blue, and everybody said, *What?*

And everybody said, *Well, for how long? How long is that going to be?*

And they said, *Well, until further notice.*

What? Until further notice when? When is that further notice going to come?

I mean, it is the most ridiculous thing I have ever seen, just announcing out of the blue . . . again, what tends to happen with this Government is that you get these sudden pronouncements that seem to come out of nowhere. It is the same as this Bill we are see-

ing today. We are constantly on the Opposition side getting complaints from the public, from insurance companies, et cetera, that there was not proper consultation. And we say, *Well, surely, Government did all sorts of analysis.* They have actuarial reports. They have got all sorts of analysis to show this is the way to go and to bring in the stakeholders, whether they be the public, the doctors, health care providers, whether they be the insurance companies. They have consultation. They have got reports to back up what they are doing.

But none of that looks to have happened! It looks like they are just panicking. And so, they are pulling some sort of sleight of hand.

It is very similar to the thing, in my view (and these are my thoughts), that we saw during the budget. You know, the Government did not know how to balance a budget, so they said, *Well, we're not going to pay any more money into the Sinking Fund.* Which may or may not make sense, but it looks like a knee-jerk reaction to cover up a situation you found yourself in. You are figuring, *Well, I don't know how to get out. Let's do a Hail Mary here.*

The Speaker: Now, stick back to this matter here. You had a little drift for a while. Now come back on point.

Hon. Trevor G. Moniz: Well, that is what we see here. We do not see the underlying analysis of why it is done.

The Government is saying, *Oh, well, we're the good guys. You're the bad guys. We're doing this because we want to reform the system. We want universal health care. We hate the insurance companies, and we figure we'll get them this way.* But overall, it just does not seem to have been a decision that was arrived at in a rational fashion. And it looks like it is a lot of political spin, unfortunately, and could have negative results for the average person in the street in terms of their insurance premiums and the type of insurance available to them.

And the Government does not seem to be aware of that. Of course, if the Government has a problem going forward, they again are going to try and spin it, saying, *Oh, it's the terrible insurance companies causing the problem. It's that awful Opposition.* I mean, you do not accept sometimes you have managed something very poorly and you have done it in a knee-jerk fashion.

And we may all regret the hasty action of the Government in this regard, when we think that proper analysis and study has not been done. And the Minister certainly has not tabled in this House anything that would show that this course of action was recommended by the experts upon whom the Government should be relying. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak?

I recognise the Honourable Member from constituency 26. Honourable Member Tyrrell, you have the floor.

Mr. Neville S. Tyrrell: Thank you, Mr. Speaker.

Mr. Speaker, we seem to have reached that stage of the debate where, you know, we seem to be repeating ourselves.

The Speaker: Well, do not continue that. How is that?

Mr. Neville S. Tyrrell: No. I certainly do not want to go there.

The Speaker: Thank you.

Mr. Neville S. Tyrrell: I certainly will not. In fact, I am going to be as brief as possible.

The Speaker: Whip, thanks for saving your Member that time.

[Laughter]

Mr. Neville S. Tyrrell: But I certainly felt it necessary, Mr. Speaker, to get on my feet and support the Minister for bringing this Bill forward. It is well overdue. Let me say that health insurance is a right and not a privilege. So, it is something that this Government has taken on.

But, Mr. Speaker, before I probably go any further, let me make a sort of a declaration. And I am sure you have heard the statement, *Don't bite the hand that feeds you*. I am going to now say today, *Don't eat the hand that fed you*. I have for 16 years worked for a company that one line of their business was health insurance. So, I want to be very clear that I am not trying to bite the hand that fed me.

Mr. Speaker—

An Hon. Member: However.

Mr. Neville S. Tyrrell: However, Mr. Speaker, the Honourable Member from constituency 23 in her earlier remarks made a statement that we did not appear to understand health insurance. I do not know why she would have said that because we are getting advice from the experts, really. So, we are just putting it into play. And I hope that is what she understood, as well.

I think it is a shared responsibility, health insurance. It is a shared responsibility. And we are looking for really fairer pricing, as well. So, I think it all goes hand in hand.

As I said, I am not the technical person on health insurance. But I did have to do some homework, obviously, to get on my feet and speak on this.

And one of the things that I came across in my research was another line of business that companies, [similar to] what we are talking about, are going to. And it is the motor insurance fund. Now, the reason . . . I am bringing it up for a reason. I am making a point on that, which is that sometime in the early 1990s the big four, as I call them—Colonial, Argus, BF&M, Freisenbruch-Meyer—obviously felt that they were losing money by having to make pay-outs to people who were uninsured in accidents. So, they came up with this fund, jointly. And sometime around 2007, I believe, they made a Memorandum of Understanding for the then-Government, which would have been led by a friend of ours, of course, whose name I will not call at this time.

But the amount of money that can be paid out started at about \$250,000 and went up to about \$750,000. So, you would ask, Well, why am I bringing up the motor insurance fund at this time? Well, what I am saying is that the “big four” were not even forced into doing that. They were not forced to do that. That is something that they came up with. Why have they not, at this point in time, thought about health insurance and doing something jointly to bring down the cost of health insurance?

Let me also say, Mr. Speaker, as I said, the health insurers did have an opportunity to come up with a plan that will cover everyone, regardless of the ability of that person to pay. One of the things that we know, and it was sort of disputed over on the other side, is that the health insurers can pick, choose and refuse. You can say what you like; they can, and we know it. We have heard of cases where people have not been able to get insurance because either they have had prior medical conditions that the insurers do not want to take on . . . so, let us not be blind to it and think that they do not have that opportunity to do that.

So, where do those people who do not have the proper insurance go? To Government. It is us. It is definitely going to fall on Government. So, we felt at this time that there needs to be some reform in health insurance. And this is a first step that the Minister is taking. It is not the be-all and end-all. It is, to me, I would use the term “work in progress.”

Let me really get to the end of where I want to go, Mr. Speaker, which is that I want to let Mr. and Mrs. Bermuda know, because I am sure they must be a little confused out there hearing some of the debate that has, you know, gone back and forth today, that they are entitled to health insurance. It is a right. And what I am afraid of is that the health insurers—I am not picking on them, they are profit-makers. They make profit. That is what they are in business to do. But at the same time (I hear some chattering over there)—

The Speaker: No. Speak to the Chair. You will be all right. Just speak to the Chair.

Mr. Neville S. Tyrrell: At the same time, they have to be conscious, because it is something that, consciously, they should do, Mr. Speaker.

Mr. Speaker, let me go towards the end and just say that I believe that reform and streamlining of the Health Bill is necessary. The Minister is doing the right thing. And in the end, our families are definitely going to benefit. But I want to basically end by saying that I am confused by the message that is coming from the other side. At one time, I hear them saying that they have some support for the Bill. Then there are others who got up and said they cannot support it. So, obviously, they have a—

[Inaudible interjection]

Mr. Neville S. Tyrrell: No problem. No problem. Now I hear they have no issue.

But, Mr. Speaker, let me end with this. I thought the Minister succinctly spread out, laid out her cards early. And I want to speak to one paragraph that she had in her brief. If you will allow me to speak to it, Mr. Speaker.

The Speaker: A quote? Yes.

Mr. Neville S. Tyrrell: It says, “the conversations we have been having with our Island’s health insurers are just about how we make this social contract of shared responsibility a fair proposition. How providers, payers, politicians, regulators, researchers and religious bodies can use their unique skill areas to put forth and implement timely solutions in a proactive and non-reactionary way.” Mr. Speaker, thank you.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak?

I recognise the Honourable Member from constituency [8]. Honourable Member Simons.

Mr. N. H. Cole Simons: Thank you, Mr. Speaker.

The Speaker: You have the floor.

Mr. N. H. Cole Simons: Mr. Speaker, this has been an interesting debate. Mr. Speaker, a lot of things that have been said and presented by the Minister of Health make sense. She spoke about equity. She spoke about efficiency. She spoke about streamlining the process. She spoke about universal health care for all. She spoke about lowering the costs. And she wants a better outcome. Mr. Speaker, who can argue with those principles? Not many people can argue with those principles.

Mr. Speaker, universal health insurance. As my colleague, the Shadow Minister of Health, said, who is not getting covered now? Who is not getting covered now? Because we have grants for the sen-

iors, the youth and the indigent. All others are covered through their health insurance. But, Mr. Speaker, as I said, in principle the issues that are being raised today are normal issues that impact the health industry.

When I was sitting here, I wrote down how many times Members have said, *This is the first step*. I heard the Minister Wayne Furbert say this is the first step. I heard the Whip say this is the first step. I heard the Minister herself say it is the first step. But my question, Mr. Speaker, is, The first step of what? Mr. Speaker, what is the vision? What is the vision? Mr. Speaker, what type of health care is this Government going to present?

Now, Mr. Speaker, we know that in Canada they have Medicare, and their system is a government-funded system. And they have universal health care, and everybody knows that they can go to any hospital facility and get free health care because it is paid out of the Consolidated Fund. Mr. Speaker, in the UK, there is a two-tier system. There is National Health Service, and then, if you want, you can supplement that and go to the Harley Street doctors, the private sector. Again, everybody is clear on the type and model of health care that that country has. In the US, you have similar. You have private insurance and Medicaid, and again, everybody knows what they are up against.

But I would have liked to have heard the Minister and her communications team say, *Okay. We are doing a revamp of the health care system in Bermuda. And this revamp, in the end, will look like this. Bermuda’s health care system will be a two-tier system. Or, Bermuda’s health care will be a socialised health service system*. But I have not had that clarity.

And I invite the Minister to basically speak to that issue so that everybody would know what we are doing. I know that they are making changes to the legislation. We are talking about the premium. We are shifting the premium from the carriers to the hospital. That is fine. But what does that lead up to? What is the strategic plan for the delivery of the vision of health care in this country? What is the vision of health care in this country, going forward?

We have not heard it. And to me, we are just moving around in circles and circles and circles. Because there is confusion as to where we are going, what we are going to do, and what is the big picture that the country has bought into. So, I invite the Minister to, when she gives her response, to basically give us an overview of her vision and say whether we will have a two-tiered system whereby there will be public health care and private health care. Or we are going to have all socialised medicine. Or we just have what we have now. Or we are going to have all private medicine. Just give this community clarity as to what we will have, going forward, and the benchmarks and the timelines that will be in place so that we can deliver on the vision and the overall long-term objectives for the delivery of health care in this country that will

improve the health outcomes of those who use our health care system.

[Inaudible interjections and laughter]

Mr. N. H. Cole Simons: Are you trying to get rid of me, Mr. Speaker?

Mr. Speaker, the other issue that I would like to speak to is the issue of . . . (Let's see here. I have her brief; sorry.) You know, I said everyone was to reduce the health care cost and the middleman. But the question becomes, when we move the servicing of the reinsurance fund to the hospital, I would like to have heard the Minister speak more to the adjudication process. Who is going to review the claims and services and service for value and ensure that the money is well spent and that quality service is provided and that there is no excess usage?

Mr. Speaker, the other issue is that come June 1 . . . June 1 is the date. And on the financing side, my question is, you know, there will be \$330 million allotted as a grant to the hospital for the standard health premium and the reinsurance premium. Well, what happens, Mr. Speaker, to the liability that the carriers have at June 1st? Does the hospital assume the liability, the outstanding liability for the standard health care policies that are out there at June 1st? Things have been quiet on that front, and just from an operational point of view, I would like to know how we will address the lost reserves that are outstanding at June 1st. And the same applies to the unearned premium for June 1st. Will they get additional money as of June 1st for the unearned premium that is in place that straddles the old system and the new system?

Mr. Speaker, a lot has been said about profits and that the 20 per cent that has been allotted to the insurance carriers will be used to cover their profits. I did some research on this, Mr. Speaker, and I would like to share this with you. I got this from a reliable source. And they spoke about how each dollar is broken down in regard to premium dollars and costed health care. If you allow me?

The Speaker: Yes. Go ahead.

Mr. N. H. Cole Simons: Eighty per cent of every dollar goes to claims cost. Claims costs include hospitals, inpatient care, surgery, anaesthetists, hospital outpatient, lab and diagnostics, doctors' visits, preventative care, prescriptions and others. That is 80 per cent of every premium dollar. Fifteen per cent of every premium dollar goes to administrative costs and reinsurance. This 15 per cent includes consumer service, marketing, compliance . . . Compliance, compliance, compliance.

An Hon. Member: Hmm. We know about that.

Mr. N. H. Cole Simons: Oh, Lord, that is a world unto itself.

And claims processing and other administrative costs. So, that is 95 per cent to administration, compliance, marketing and claims costs. There is 5 per cent left, Mr. Speaker. And 5 per cent is attributed to risk charge and profit. So, what do I mean by "risk charge and profit"? There are risk-based capital needs that these insurance companies have to have for their solvency requirements and BMA requirements. They also need to support investment in their systems to get the work done. And then, they have to provide a reasonable return on the investors' investments in capital.

So, again, we talk about the 20 per cent as though the 20 per cent is going to the shareholders. But that is inaccurate. I think that we are just being mischievous, Mr. Speaker, or we do not know what we are talking about. I will let the public be the judge of that, Mr. Speaker.

So, I would keep away from saying that 20 per cent of every premium dollar goes to the profits of the insurance companies, because that is not true and it just shows our lack of knowledge, or the Government's lack of knowledge, of what is going on in the industry.

And, Mr. Speaker, I will make it clear. I am not working for an insurance company. I have no interest in insurance companies. But I have responsibility to make sure that the facts are presented to this House in a reasonable manner and to make sure that the community is educated as to what is going on in this country, Mr. Speaker.

Mr. Speaker, the other issue that I wanted to speak to is the comprehensive coverage. I want the community to know that some of these smaller businesses will now ask to have the standard health premium coverage only. And what does that mean, Mr. Speaker? That means some of the coverage that they are currently getting they will not get. And I am talking about after school coverage, dental coverage, and some overseas medical treatment and care because they are not in the hospital, Mr. Speaker.

And so, these Bermudians, these residents will have to dig in their pockets because of the limited coverages that they have from the smaller businesses, and the coverage being the standard health premium coverage, which will basically cause those who least can afford it to have more challenges from a financial point of view in securing health care in this country. Because there are a number of services that are excluded from the standard health benefits programme that people of this country need today.

The other issue that I would like to speak to is the issue of the doctors. Mr. Speaker, as we all know, we have an army of doctors and specialists out in Bermuda who have private practices. Based on what I am learning here, the Government will be encouraging people to use the hospital facilities more because it

will be economically more efficient, because it gets rid of the middleman and because it will be cost-effective. For those who go to doctors, the question of co-pays, you have to pay a co-pay to go to a doctor. And then if you go to the hospital, there is no co-pay. And so, there will be an incentive for most people to go to the hospital.

But, as was said earlier, Mr. Speaker, the hospital is having problems keeping up with the demand in services now. Many people who go to the hospital have waited hours and hours and hours outside on a bed in emergency. Just last week Friday, a colleague of mine said, *Cole, you wouldn't guess what happened to me last night. My father-in-law fell down at four o'clock in the morning, and I think he broke his hip. So, my husband took him to the hospital. And at five o'clock that evening, I said, Hey, Ann, how is your father-in-law doing?* He said he was still in the hospital out in the waiting room in the emergency! They said, well, they cannot take him in because they cannot find a bed. That is over 13 hours out in the hallway.

So, with the additional demand for the hospital based on this model that the Minister has been proposing, I have grave concerns that the hospital does not have the infrastructure or the resources to service this increased demand. And the consequence at some point, we may have to depend on these private service providers if the hospital cannot get it done. You might have to give them a nod to say, *Listen. Things are dire down here. And we're going to need your services just to supplement.*

Mr. Speaker, in smaller jurisdictions like the Caymans or the Bahamas or Barbados, they have health centres around their islands. Cayman is the same size as us. They have health centres.

[Inaudible interjections]

Mr. N. H. Cole Simons: That is fine.

They have health centres, five or six, around the country that can take some of the load of a hospital. But those health centres have to be sanctioned and supported by the government. And that way, we can relieve some of the demands and tensions that we currently see at the hospital. Because we have one major hospital. Even as we send more traffic down to St. George's . . . what is the name of St. George's facility?

An Hon. Member: Lamb Foggo.

Mr. N. H. Cole Simons: Lamb Foggo Clinic. Again, that can be used to take some of the weight off of the demand of the hospital.

[Inaudible interjections]

Mr. N. H. Cole Simons: So, Mr. Speaker, I would suggest that the Government come up with a plan to

demonstrate to the people of this country how they are going to relieve some of the demands and the challenges that we face in servicing the numbers that currently exist in the hospital. I mean, currently, like I said, we are embarking upon a new plan that will place more demands on the hospital, and the hospital cannot service what they have on a timely basis. So again, I would like for the Minister to just tell us what plans they have in place to help the hospital manage the additional demand that will be placed upon them.

The other issue that I had, and it was touched upon earlier, is conflict of interest. Mr. Speaker, we have doctors out here who own labs and pharmacies, or, labs or pharmacies. I have a very good friend in South Africa. I was there in February. And she has a thriving practice. And so, I was telling her about that. She said, *Cole, that's unheard of! In South Africa, we would not be allowed to own a pharmacy or a lab if we had a licence.* Because that, in essence, encourages malfeasance, overutilisation.

[Inaudible interjections]

Mr. N. H. Cole Simons: And there is a potential, as my colleague has said. And so, I think we might need to look at that because it causes . . . it is a fertile ground for overusage.

But the interesting thing about this is that somebody said to me, *But what's the doctors' position on this change? Because it impacts them most.* And, Mr. Speaker, the interesting thing about these doctors around this country is that they do not say a word about any of these issues. They make all this noise amongst themselves. But you never hear them come out and say, *This has [an] impact on private practice.* You never know. And so, it is amazing. It is amazing. Either they are too comfortable, or, *This does not apply to me.* And so, it is interesting. And everyone keeps [talking] about health care, and I can say without a doubt that no doctor has lobbied me or even my colleague, Ms. Gordon-Pamplin, about health care.

You get the insurance companies. You get the service providers. But the doctors continuously remain quiet, and you do not know where they are at. But you know they talk, because when you go to their office as a patient, they wring your ears off! But to come out publicly to say something . . . it is very interesting. It is very, very interesting, Mr. Speaker.

So, the conflict of interest with doctors owning labs and pharmacies, I think that is [an] issue that we need to look at.

The Minister indicated that basically she wants to get rid of the two-tiered system whereby the haves and the have-nots . . . I think right now, as I said earlier, we are just reinforcing the two-tiered system. Because the working class, the middle class and the elite, they have the resources to get supplemental coverage, comprehensive coverage. And they can afford to have the best health care with bells and

whistles, whereas, the small businesses cannot afford to provide their employees with comprehensive coverage. There are one or two shops, businesses, that will provide the standard health benefits, and there is limited coverage there. And so, you have a large section of the community that has limited coverage with the standard health benefit, and you have the working class and the middle class and the executive class having all the bells and whistles, and the blue collars, and blue civil service . . . civil . . .

An Hon. Member: Blue ribbon.

Mr. N. H. Cole Simons: *Blue ribbon* service (thank you) that they can have and enjoy. And what is the end product? The end product is a two-tiered system, just what we are trying to get away from. So, what is being proposed does not provide equity, as the Minister would like. And I would like to see equity. But it is just not happening under this structure. And so, this is why it is important for the Minister to come out and say, *This is the model that is best for Bermuda. It has been proven in other jurisdictions. We have taken the best from Canada, the best from Cayman.*

Cayman has an authority, a medical authority that manages the hospital and health care system. And they manage various clinics and centres around Cayman and the few hospitals. So, you are clear as to what model is used. But, in Bermuda, we still have yet to define that with clarity, the model that we are going to use.

So again, Mr. Speaker, I think we have to address the underlying causes of these health care challenges. And we have to manage the ageing population, because our seniors are getting older and older. The baby boomers are up there. And that is putting additional pressure on the health care system. You have the health care inflation, as was spoken about earlier. And then, you have the challenges with the infrastructure.

So, Mr. Speaker, I would like for the Minister to pause. I am not saying stop completely. I am saying just pause, take more advice. Speak to the stakeholders. Examine other options. Come up with the model and vision that she can share with the community and [which] the community can buy into. Listen to the stakeholders. And before we roll out our plan, make sure that we have a plan in place to reinforce the infrastructure that will service the health care service in this country. And then, we have to also decide whether we are going to be a for-profit hospital or a community hospital or just a state-run hospital that will be breaking even and that is it.

Again, Mr. Speaker, those are my limited contributions. And I will take my seat at this point. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak?

I recognise the Honourable Member from constituency 36. Honourable Member Scott, you have the floor.

Hon. Michael J. Scott: Good afternoon, Mr. Speaker.

Mr. Speaker, of course, it is not always possible to respond to all of the Opposition OBA presentations in the House either by spin or, like the last speaker who just took his seat, who is inviting the Minister to pronounce a grand vision, state the underlying philosophy of health care in this country, whilst at the same time and in the same breath, he is asking her to pause and consult. So, the Minister of Health, the Honourable Kim Wilson, is many things. But she is just not an acrobat who can do all of these things.

[It is] better for us to pitch a policy that is addressing health care cost of living in our country. You know, the Minister of Health, we were very busy in the Progressive Labour Party last night. The Minister of Health last night, while she was in the East with her town hall on health, in the West there was a town hall going on on the liveable wage discussion. And beyond no doubt, the Premier announced even in his excellent Ministerial Statement this morning, we are about reform in this Island. And we are all concerned about the cost of living. Health care cost is one of the greatest offenders of cost in our country.

So, I do not wish to try and respond to all of the OBA spin that we have heard. But there are perhaps one or two spokespersons on the other side who deserve some attention. One of the Members of the Opposition, in their early speeches this afternoon, has laboured and been concerned about identifying where the cost savings will be made. And he indicated, that Honourable Member indicated that he did not see it in all of the speeches that he had heard up to the point that he took to his feet.

Can I suggest that the answer to finding and identifying where the cost savings will be made by this Bill is in the simple formula that 0.0 per cent of regulation, Mr. Speaker, 0.0 per cent of regulation of the health care funding in this country is better than . . . I beg your pardon—1.0 per cent regulation—of the health care funding package of money in this country is better than 0.0 per cent, which obtains now. Because the money is in the hands of the private sector insurance companies. And they do zero regulation. Rather, as was confessed to by the very Shadow Minister herself, when she expressed their concern that this initiative is going to deplete and rob the insurance companies of their capital reserve. I mean, it was a remarkable confession to make. And therefore, expose the insurance industry to risk. And by doing that, by that confession, she was actually confirming one of the core arguments of the Minister of Health, which is that heretofore, for the last many years, as the Minister for the Cabinet Office has pointed out, that has

been taking place since he was the chairman of one of the committees at the hospital's board many years ago.

So, private sectors have been benefiting from the use of taxpayer dollars. It is an old, old story of the UBP/OBA. We have seen it most recently with the America's Cup, the transfer of public funds into the private sector, wholesale, and used by them. And what this Bill seeks to do is to stop that, to put a stop to it. We are going to follow the money as the first step in this health care reform. Follow the money. It is the policy that will give the most anxiety to the private sector health care insurance sector. It will cause them to squeal with the greatest degree of squealing. But it is not just causing the funding of health insurance in this company. That is not the end of this picture, as the Health Minister has made very clear in her statement, and that we have been hearing repeated by other Members taking to their feet, that this is just a step. We begin with following the money and regulating it better.

And it will propagate, Mr. Speaker. I dare say it will propagate cost savings and efficiencies. It is bound to. It is bound to. So, to the Honourable former Leader of the OBA, that is where I invite you to look when you look for where there may be cost savings that you say that you have not heard in the debate to date.

On the page of the Minister's brief, it would be useful to turn directly to it, where she states—with your permission, Mr. Speaker?

The Speaker: Go ahead.

Hon. Michael J. Scott: This is the starting point. “We are starting with the way that we pay for the hospital. We are giving our hospital a fair budget so that they can deliver the care they need to the public. As a return for that budget,” says the Minister, “we are also holding our hospital more accountable for how much care they need to deliver and the quality and patient care they provide.

“As a return for that budget, we are asking for better reporting” That is one important outcome. Better reporting will lead to better data understanding. “[We will seek] better negotiation of better costs,” yet another opportunity to see an exchange for these millions that are going to be in the MRF to be managed. And for those who say that you fear that the management of all of these funds will be bleak or weak, I dare say that with these kinds of approaches, negotiating a better course, [with] “better reviews of utilisation” of these funds is a methodology. It is a best-practice methodology for good management. And it will throw up new models for identifying cost savings.

And again, this is just but the initial step. It is not the end of things; it is the beginning of things. It is not the end of things, I repeat, Mr. Speaker; it is the

beginning of things. And finally, in return for this budget being deployed, where it is to be deployed in the MRF, the Minister will expect, and this Government will expect “better partnerships with our community doctors and nurses,” and may I add, without the permission of the Minister, better partnerships with the citizens of this country, the persons who most use the health care system. I know that this kind of approach is going to result in the propagation of new ideas for cost savings in the health care industry.

The Member who just took his seat was asking from us this rather grand vision and said that there is no equity here. But there is great equity in this approach, I would like to suggest to him. His trope is that this policy, this important policy is going to drive persons away, citizens away from the private sector and drive more into the arms of Point Finger Road. I think that is a scary and unrealistic calculation and bears no resemblance to the reality. We know that we will not be adopting policies that are designed or, by accident, to drive more business or more feet into the hospital doors. There is quite enough utilisation at the hospital right now.

And to the degree that the Government can ensure with its partnering initiatives that we scope out opportunities to achieve what we have been trying to achieve since 2009, with the Johns Hopkins Report, which is less utilisation of the hospital, not more, no one can accuse the Government, the PLP, of pursuing policies that are going to be driving more utilisation of the hospital. Just the reverse is required. This affords an opportunity for attempting to have less utilisation of the emergency room at the hospital. And these opportunities will come.

I am not quite sure what happened in the days when there was not fee-for-service. But something happened to ensure that there was this transfer of public taxpayer money into the private sector. Somebody worked it out. And it started happening.

[Inaudible interjections]

Hon. Michael J. Scott: And when the Honourable former Leader of the OBA barracks us for not having made or identified how cost savings are going to take place and seeks in this House to punish this plan as being inadequate, how he can do that without examining the status quo that currently obtains and making an analysis of it and coming to the conclusion that surely the transfer of public taxpayer monies gamely into the private sector is a better model than clawing it back and deploying it with government regulation and control . . . it was the Honourable Member, Ms. Furbert, who began to advise this House with her speech that control is better. And I commend her for pointing out and helping me to support my statements here this afternoon, Mr. Speaker, that this is the *raison d'être* for this Bill in its native and nascent stages of reform and regulation of health care—control. Be-

cause so far it is just a cowboy situation of no control. And we know that it is driving up health care costs.

I heard the Deputy Speaker speak to the generic cost issue, where Attorney General William Tong, in Connecticut, has identified this remarkable scam of price-fixing by health care providers—well, generic drug providers in the United States. I commend Attorney General Tong for taking this matter on.

But even as we examine this story in the health care platforms, insurance companies have a poor record and a role to play even in that kind of situation. I do not say that this is happening here. But when generic drugs are being moved from \$80 to \$1,000, then that makes insurance companies raise their premiums in the United States because they are having to meet these higher costs of persons visiting surgeries or visiting drugstores and collecting drugs, and paying for health care, at these increased costs. All it does is cause insurance companies to raise their premiums. So, they are willing participants and collaborators in these kinds of awful schemes in health care.

And this is a mark. It is laying down a marker that we have to be aware of and that we have to signal to insurance providers that they are being watched even on this front.

[Inaudible interjection]

Hon. Michael J. Scott: Absolutely.

So, reform is the new norm, Mr. Speaker, in case anyone is—

[Inaudible interjections and laughter]

Hon. Michael J. Scott: In case anyone is wondering about the speech, in case anyone is wondering about the commitment of this Government as articulated in the Cabinet Committee Social Issues Ministerial Statement today. Just read it, and you will see that this is the commitment of this Government, to bring life in this country to more reasonable proportions—education, health care, energy and certainly in our crime and conflict, crime/gang conflict that is driven by these kinds of pressures on our society. These are where we intend to commit our resources, energy and time in the Government.

Mr. Speaker, the Honourable Member, Mr. Moniz, called for and sought to use the report that spoke to this \$84 as being necessary, based on actuarial analyses as resulting in, as the Minister of Health pointed out as unacceptable, a further \$84 being added on. Surely, Members of the Opposition have not been asking us to really seriously contemplate choosing that option. But that is what seems to have been the suggestion, that we are ignoring the pronouncements in that report. So, the Minister of Health, with her Cabinet colleagues, saw that result and has adjusted her tack, and certainly has rejected even con-

templating taking up the actuarial's recommendations. And I commend the Minister for it and the executive for doing this. It is a true expression of, we are in the game of fighting for the citizens of this country, particularly in the context of everything being so awfully expensive in this country so that people cannot really function.

It is the primary reason and basis for health depletion in our midst. The stressors of living in this country, at the cost of living, is driving us to emigrate to England. It is causing us to have hypertension issues, cancer, and strokes. Statistics in the country are some of the highest that we have ever seen in our history. And so, we cannot afford not to do what we are doing. We cannot afford not to respond to calls for or tropes being thrown out that, *Oh, this is going to result in loss of jobs in the insurance industry, or, This isn't well-thought-out.* And we have stood, as the Shadow spokesman for health said, *stood health care on its head. And I have not had enough time to examine this because it is a significant debate.*

Well, you are right. You are darned tooting it is a significant debate. It is an overdue debate, and it is important that we have it within the seven-day period after it was tabled in this House, particularly after we have foreshadowed, both in Budget Statements and in Throne Speech Statements and in the actual consultation of this Minister, going out to the world here in this country called Bermuda, and letting the people of this country know and the industry know that this is what is coming. It is more than enough time. Life does not rotate around the specialised requirements and needs of the Shadow spokesman for Health having just a little more time to work up arguments against reform. That is the new norm.

So, the Member, Mr. Moniz, has described this as being a case of, and tried to attack it as being a part of, the PLP's poor track record of not managing health care in our country. And that was just typical of Mr. Moniz. It has no bearing on really grappling with the issues of this policy as stated in this amendment Bill. He omitted to indicate that there was a reason for the steps that were taken in relation to the matter of where he accuses us of reversing legislation in this House.

Mr. Moniz is blind, and has been blind to the fact that the explanation to which I have referred you, Mr. Speaker, yourself and this House, that is contained in the brief of the Health Minister, that is where the explanation is for how cost savings will be effected in this matter, the starting point. And the demands that will be placed on the institution that is responsible for 45 per cent, as the Minister has advised me, of our health care costs, what is a better place to start?

That is a significant percentage metric of health care costs in this country which requires and demands that any good Minister, any reasonable Minister, begin to shine the spotlight on it. And the Honourable Minister has done well to start there and tell

the House and tell the people of this country that it will lead to other outcomes, based on better reporting and better negotiation of better costs and better reviews of utilisation and better partnerships with the community doctors, nurses and the people of this country.

And so, Mr. Speaker, I commend the Government for adding to the platform of reforms in this country's health care reform, this Bill. It will go a long way to meeting the *cri de cœur* that we hear from our citizens, and have been hearing from our citizens over the years that we are fighting for you. And I look forward to June 1st and beginning on an important initiative dealing with the reducing of the cost of living in this country. The Minister has begun a good thing and has shown that she and her colleagues within the executive are fighting for the citizens of this country.

The Speaker: Thank you, Member.

I now recognise the Honourable Member from constituency 7. Honourable Member Richards, you have the floor.

Mr. Sylvan D. Richards, Jr.: Thank you, Mr. Speaker.

Mr. Speaker, the Honourable Member who just took his seat, who also happens to be my cousin . . . oftentimes we do not agree on things that we do up in this place. But I have to comment on his last statement, meaning that he is fighting for the people in this country. I must say, Mr. Speaker, that when I look at the track record of this current Government since they have been leading this country, we have gone backwards in terms of the cost of living, the expenses that Bermudians are paying to live on this Island. And they are fighting for the average Bermudian? Do not fight for me. Because when I walk the streets of this country, all I am hearing is people moaning and complaining about how the cost of everything has gone up. I am struggling to think of anything that has gone down since the PLP took over the Government of this country.

Sugar tax has done nothing but drive up the cost of food. I am hearing it, and I know they are hearing it. They walk the streets of this country. I know they are not hearing people saying, *Thanks for making my grocery bill more expensive!* Our land tax is getting ready to go up. Wait until the people of this country start getting those bills. Oh, your phones are going to be ringing off the hook.

Bermuda is the most expensive jurisdiction in the world, and once this Bill passes, and it will pass today, it is going to be even more expensive, more difficult for the average Bermudian to live in this country. Now, I have reviewed this Bill. I have listened to the Government Members vouch for this Bill and how it is going to be so awesome and so great, and how it is the first step in bringing down the cost of health care in this country. And I call things as I see them, Mr. Speaker. And I just do not see, no way, no how,

how shifting around the chairs on the deck of the *Titanic* is going to make things more affordable in terms of health care. I just do not see it.

And I will declare my interest. I am an insurance underwriter. It is what I do for a living. And I have looked at this thing every which way that I can.

[Inaudible interjection]

Mr. Sylvan D. Richards, Jr.: The Premier just asked, *Do I have an alternative?* If he would have asked before this, if he would have consulted with us before this, he may have gotten an alternative from us. That is what I am so frustrated about. There are alternatives to what we are trying to achieve. There are alternatives. But those alternatives are not being explored, because there is a rush to get this legislation passed in this place.

I thought it was kind of funny when the Member from constituency 26, MP Tyrrell, was on his feet. He said, *The actuaries are advising us. We are getting our advice from the actuaries.* Well, I will share a little secret with you, MP Tyrrell. When I am in my office underwriting an account and I see an actuary come through my door, I want to run the other way.

[Laughter]

Mr. Sylvan D. Richards, Jr.: I want to run in the other way! You know why? Because actuaries are very smart. Sometimes, they are too smart. Right? An actuary comes into my office and says, *Sylvan, the premium you are charging for this policy is too low. It should be at least three times loss payback,* and he is spouting off all this stuff. *Your premium is too low.*

And you know what I tell the actuary? *If I did what you said to do, I would have no clients. The company would have no business.*

You see, there is advice, and then there is operating in the real world. And I am going to tell you what is going to happen in the real world when this Bill is passed.

Everybody's insurance premium is going to go up. I want that in the Hansard. Insurance, health care insurance premiums, the Bermuda Health Council figures show that because of a shift in Bermuda's population demographics over the next seven years, there will be a dramatic impact on the cost of health care in Bermuda, which is already at 11.53 per cent of Bermuda's GDP. For example, health care costs are projected to grow to 20 per cent of GDP in the next 10 years. But those figures do not factor in what Government is proposing to do today. So, we can fully expect those percentages to go higher.

Now, we all know that here in Bermuda we have a problem with the overall health of our population. We rank number one on all of the charts that we should not be number one on. Seventy-five per cent of our people are overweight or obese. Physical inactivi-

ty is leading to chronic diseases, heart disease, hypertension, increasing rates of cancer. And then, on the flip side, you have improving medical technology, coupled with an increase in defensive medicine, which means that more and more people are living longer, which impacts health insurance costs.

So, there is a perfect storm going on in Bermuda with our health care crisis. You have got more unhealthy people living longer, putting a strain on health care.

So, I understand the Government's motivations to try and do something about it. But I have looked at this legislation. And the Government can say . . . the Minister has said, you know, *So many terms—and the standard premium rate is going to stay the same—and you cannot blame us if your insurance premiums are going to go up.* They know they are going to go up. They were going to go up before they did this, because insurance premiums do not go down. They go up. So, the only thing that I can see is that a bad situation has been made worse. A bad situation has been made worse.

So, we have had a very informative debate today. But when I get to my feet in this place, I am speaking to the people out there listening on the radio and to the people who tomorrow will go on *Bernews* and listen to the audiotapes of what we say up here. And I speak plainly. Because a lot of people do not understand this stuff. Insurance is an intangible. It can be complex. You are talking about ratios. It is not an easy thing to grasp.

But what I do know is that in the upcoming year, people are going to be crying about the cost of their health insurance. And the Government talks about Two Bermudas and the inequities and this, that and the other. This legislation is going to make it worse for people in this country who cannot afford health insurance.

So, I am just putting down the marker. And history . . . I hope I am wrong. I hope I am wrong. Everything that this Government has done, I am hoping that I am wrong, but I have not been proved wrong yet. I do not know what you are thinking of. But you are not helping the people of this country to survive in this country. It is getting more expensive and more difficult for too many people.

In my view, the Ministry of Health is expanding services while paying little attention to the economics of this change. I will repeat that. The Ministry of Health is expanding services while paying little attention to the economics of this change! Everything that we do in this place, the first thing in our mind should be, *Am I making it better or worse? Am I making it easier or harder for the average person to survive in this country?* It is my view that we are not making it easier for people to survive in Bermuda.

The end result of this change will be that health insurance premiums will continue to rise at a faster pace. Those customers who can afford the

health care increases will buy top-up insurance. Those who cannot afford to will not. And once again, this will widen a divide between those who can afford health care, health insurance, and those who cannot.

And then, there is the effect on the cost of doing business in Bermuda for employers. Now, some Members mentioned that they do not really give much thrift to the fact that next week there will be meetings held by the international business companies that are the main drivers of economic activity in this country. And they will tell their employees, *Your deductions are going to go up because health insurance costs and premiums are going up.* It is going to catch a lot of people by surprise, because a lot of people do not pay attention to what we do up in this place until it is too late.

Those seeking to look to Bermuda to set up operations here, this is not going to help them to make the decisions that we want them to make in terms of coming here. Because we are a very expensive jurisdiction, and we keep getting more expensive. We should be trying to find ways to lower the cost of doing business in Bermuda.

An Hon. Member: We are.

Mr. Sylvan D. Richards, Jr.: You are not! You are in denial. And that is not a river in Egypt.

[Laughter]

Mr. Sylvan D. Richards, Jr.: So, you do not listen to me, but that is okay. You do not have to listen to me. Because I am in the Opposition. And you have got the majority up here. You can do whatever you like. But when you walk the streets of this country, you will hear from the people of Bermuda. You are hearing from them now. If I am hearing from them, I *know* you are hearing from them.

So, I wish you well. But so far, your rhetoric, your words are not matching up with your actions. And the people will hold you accountable.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

I now recognise the Honourable Member from constituency 21.

Honourable Member Commissiong.

Mr. Rolfe Commissiong: Mr. Speaker, thank you for affording me a few minutes to join what I think is a very important—

The Speaker: A few minutes? I like that. Just a few.

Mr. Rolfe Commissiong: Thank you.

And consequential debate. I guess the heading thus far would be *The Tale of Two Leaders.*

[Laughter]

Mr. Rolfe Commissiong: We had the Leader of the Opposition, the Honourable Craig Cannonier, state that, I guess, the devil is in the details. But his party, the Opposition, is not opposed to the legislation.

[Inaudible interjections]

Mr. Rolfe Commissiong: That is what we heard. And I took that as a very positive step.

There have been a number of major initiatives [on which] the Opposition, to their credit, has decided not to take an obstructionist stance, but, for the good of the country, has joined us in advancing these very important sets of agendas that are unavoidable. Because I think the realisation is happening there, along with many throughout the country, that the current status quo is no longer tenable.

However . . . however, only minutes later, we had the once and perhaps future leader, for the third time, perhaps, take a view that was contrary to the positive view that came from the Opposition Leader. And it was all doom and gloom, and the sky is going to fall. Mr. Speaker, I will say this here. I know this much: This Bill is just the opening phase of a multi-phased approach to substantively reducing the cost of health care in Bermuda. So, stay tuned! Because relief is on the way.

But, see, what the Opposition failed to do, because they are too beholden to the current status quo, is make the sort of transformative changes that were necessary, because those persons who have been drinking quite easily out of that trough are steadfastly opposed to making any changes that are going to leave them to get a little less water and to provide more for everybody else. But, you see, we are at a point now in Bermuda that you cannot have your cake and eat it, too. It just cannot be done anymore.

Mr. Speaker.

The Speaker: Yes.

Mr. Rolfe Commissiong: We know that the insurers have had a fantastic ride. The Minister was not off base in pointing out that their motive for opposition was solely profit-driven. A large part of those extraordinary profits that we see them bragging and boasting about over the last few years can be directly traced to that model that was perhaps set up here maybe 50 years ago that essentially is a fee-for-service model, with insurers at the centre of that model.

The fee-for-service model or a variation of it is what has brought us to this juncture, as it has in the US. As you know, as the election is getting ready to wind up again in the US, health care is front and centre. Firstly, in the recent congressional elections, where the Democrats were able to take a significant number of seats, health care was the seminal issue.

And it will be so again in the presidential election. No less for us! I mean, look at those figures that everybody has been talking about. The amount of money that we spend on health care is extraordinary! Over \$700-odd million per year!

Mr. Speaker, we know that . . . and the reference, of course, the Minister, the Honourable Kim Wilson, looked at me and I looked at her. And we heard references where a Member there, one of the Shadow Ministers was evoking 1980's Russia. Now, she dropped Cuba in there. Everybody knows that Cuba's health system has been touted by everybody for generations as being very good in the delivery of services there. Top-notch. But the Russia reference was just extraordinary; it really was.

Of course, they conveniently forget that, throughout Western Europe, Scandinavia, Canada, France, they have very good health care systems that offer some variation of what we call a single-payer system. These are not socialist countries. These are not communist countries. They have certain features within their public policy that one could view as being socialistic, I guess you could say. But they have free market economies because they recognise that health care is not a privilege; it has to be a right in a modern society, especially one as wealthy as most Western countries are, and increasingly around the world who are also adopting some variation of single-payer systems. This is the way forward for us in Bermuda. It has to be.

Mr. Speaker, I went to my chiropractor just recently. As a matter of fact, it was just this week. And he had a document that, in support, I would like to add, of the sugar tax. He is a professional who is in support of it. And if I may, Mr. Speaker.

The Speaker: Go ahead.

Mr. Rolfe Commissiong: I am just going to . . . this just illustrates where we are at here. It is on the written page here. He says, "By any country's standards, they are shocking figures." He is referring to the amount of diabetes that Bermuda suffers from, the Bermudians, I should say. "More than a third of Bermuda's adults have diabetes, and around three-quarters of men and women are obese or overweight. As a result, the costs are extraordinary. Last year alone, spending on people with diabetes amounted to \$77.8 million, or 10 per cent of that \$700-odd million of Bermuda's total health spending."

Extraordinary. And it is only going to get worse.

Gentlemen, we can differ on some of the policy prescriptions. But we all have to come down and be realistic here that it is not going to get better in and of itself, that the status quo is not sustainable. We know [about] this ageing population. We are going to have to make hard choices here. This Government is determined to make those hard choices! We have to. I

think we are going to reach a milestone by 2020, which is going to see our aged population . . . if anybody here can give me the correct figures, I think we are going to be at 20 per cent by 2020 of our population being either 66 or 65 and above. And with the baby boomers, particularly my generation, hurtling towards, you know, their mid-60s and above, we are facing a tsunami, demographically.

[Inaudible interjection]

Mr. Rolfe Commissiong: That has got to be part of the mix, too, raising the retirement age. And this Government is dealing with that.

So, Mr. Speaker, I applaud what the Government is doing. There is going to be some short-term dislocation. There is going to be some short-term pain for some. But I want people to understand that there is going to be long-term sustainable gain for Bermuda.

And you know, I have been involved in a few of the town halls that we had on the living wage. And I am not going into any specifics around that, Mr. Speaker. But I will say this here. As I mentioned earlier, Bermudians are understanding that the status quo is not working for us. And what is gratifying, Bermudians are also more open to dealing with the complexity around these issues. They know there are no easy fixes. Bermudians know that.

So, Mr. Speaker, we see what we have done with the hospital there is long overdue. The block grant for the hospital has to have occurred. It should have happened some years ago. But again, Bermuda, if you are listening out there, that is only phase one. And, believe me, you will get the contours of the phase two plan very soon. Because this part is just—this is just one aspect of it. We are going to move towards having a single-payer [system] or some variation thereof, maybe one, maybe two pools. When the Minister is ready, when we have all of the numbers together, when we have the whole framework established, that will be made public and there will be debates around that.

But that is the way we have to go. And by doing so, it will be no different than what many of our peers, in terms of countries large and small, have done. And you will also note that it is what they are increasingly looking to adopt in the US, as well. Because they know that they have reached a dead end with that system. And they know that it has not helped health outcomes. And we, tracking or actually adopting many of the American prescriptions for health care coming out of that World War II era, went the same direction. Look where it has got us.

The other thing is we went in the same direction in terms of adoption of what I call that Western, but particularly American, diet. Look where it has got us. So, it is not just a fix in terms of how we pay for health care. It is also about the whole wellness package and diet. It has got to be all a part of it. I remem-

ber my godmother, Hyacinth Jones, God bless her, from out in Spanish Point, the back of West Pembroke School out there. And I remember one of the last conversations I had over to the house we were visiting. And everybody started reminiscing about Bermudians and how Bermudians were such a handsome people. And they then talked about, *Why?* Because they were not eating a lot of processed food. You know, a higher percentage of fresh fish and vegetables. Everybody had a garden, you know. And some of the better-off families would have had maybe a goat tethered in the yard, right?

But they also walked and, in particular, rode what we used to call in the vernacular, *pushbikes*, back in the 1920s and 1930s and 1940s and 1950s. They were all slim and handsome people. That is the way Bermudians used to look. But you look now, and, ah, man, I tell you.

[Laughter]

Mr. Rolfe Commissiong: But anyway, I mean, let us create a better model that is going to serve Bermuda and its people, a healthier Bermuda. It can bring about such significant benefits, not only for the individual, but for our economy. Let us not lose sight of this. This also brings about economic benefits for our country by having a healthier population. By decreasing the debt load [we have] incurred by having a sort of fee-for-service winner-take-all, wild, wild West system around health care, which is going to lead us to bankruptcy. And I know we all want to avoid that.

And if it means that everyone has to sacrifice and that those who have been doing well with this current system have to sacrifice a little more than others, then so be it. But we are no longer going to put the burden for the downside of this system firmly on the backs of low income and the working poor in Bermuda. Thank you, Mr. Deputy Speaker.

[Hon. Derrick V. Burgess, Sr., Deputy Speaker, in the Chair]

The Deputy Speaker: Thank you.

The Chair recognises the Honourable Mr. Pearman. You have the floor, Mr. Pearman.

Mr. Scott Pearman: Thank you, Mr. Deputy Speaker.

My interests are declared under the parliamentary website.

I believe in investing in Bermudian companies and Bermudians. And that includes investing in certain of the health insurance companies on this Island.

There is a quote often attributed to Winston Churchill, which is that “Democracy is the [single] worst form of government, except for all the others.” And that is an apt quote today, Mr. Deputy Speaker. It is an apt quote in the context of our health care conversation because Bermuda’s health care system is

the single worst health care system in the whole world, except for all the others.

Generally, our health care system works. It has significant problems, and they need to be fixed. But it works. It is costly. But it works. There is overutilisation, but it works. Our population is ageing and generally unhealthy. But the health care provision that they gain and that we gain on this Island works, generally. The provision of urgent and emergency care is there. If you are Bermudian and you need urgent emergency care you are going to get air-vac'd out of here to Lahey or wherever it is, this happens. This happens today. And it happens whether you have a job or you do not. It happens whether you are white or you are black, whether you are rich or you are poor. That is the health care system that we have today, and it is the health care system about which we Bermudians should be proud.

Is it perfect? No, it is not perfect. It is costly. There is overutilisation. And we as a people are generally unhealthy and getting older.

Mr. Deputy Speaker, moving to the legislation itself, I have attended numerous discussions with people in the health care industry about this Bill. I have read the Bill. I have discussed the Bill at length with my parliamentary colleagues. And we must say on this side of the aisle, despite our vigorous efforts, we are none the wiser. It is hard to see. It has been touted as a reform Bill. It is hard to see what it intends to reform. I mean, if these are the Commissioning reforms for our health care system, where are they taking us, and what do they mean? Because those questions need to be answered, and they have not been.

Now, we all know that this Bill will pass because the Government has the votes. But it is the Government that will be held accountable to explain to Bermudians what these changes mean. And I hope they can do so.

What I think they mean, Mr. Deputy Speaker, is that money is being moved from one pocket to another, from the private sector insurance pocket, where we have health care claims that are managed to try to keep costs down, to a government pocket, where we *may* have managed claims to try to keep costs down or we may not. What has not happened is any identification of cost savings by borrowing from Peter to pay Paul. And, as we understand it, and no doubt we can be corrected with facts and figures, but at the moment, this first step in this journey does not show any cost savings at all.

And so, to link it to the Throne Speech promise by the current Government that they were here and elected to reduce the cost of living, it is a disconnect. This is not going to reduce the cost of living, and no one has said how it will reduce the cost of living. Indeed, I would suggest that it is far more likely that this change will increase the cost of living for Bermudians.

Now, why do I say that? If you obtain health care from a Bermudian health care provider, know this: Your premiums will go up. And I will repeat that. If you obtain your health insurance from a Bermudian health care provider—Colonial, BF&M, Argus—your health insurance premiums will go up as part of this journey. Maybe not with the first step, but as part of this journey, the cost of health care for the vast majority of Bermudians is going to get more expensive. So, we should at least be honest about that. Your premiums will go up.

Why? Why? The only answer at the moment is the desire expressed by the Premier in the motion to adjourn last week that his goal, which we take to be a collective PLP goal, is to dismantle the system, tear it down. Burn down the house. Because things need to be changed. The Commissioning reforms are needed. We need to have a new landscape.

The problem with burning the house down is that if you want to be a radical bomb-thrower and you want to light things on fire, be careful who gets burnt. Because the evil pantomime villains in this picture, the health insurance companies, the *bad guys*, they are Bermudian companies. They are owned by Bermudian shareholders. They are public companies. They have a diversity of Bermudian shareholders. Not every shareholder at BF&M and Argus looks like me.

And more importantly, what do they do? They employ Bermudians. They have some of the highest percentage employment rates on the Island compared to other sectors of Bermudians. These are Bermudians, Mr. Deputy Speaker, who will lose their jobs when this money is shifted away and into the government sector. There will be job losses. Premiums will go up, and there will be job losses.

So, if you are going to start a fire, take a moment to stop and think about who is going to get burnt.

But let us say this Government is successful in burning the building down. Well, what next? We still need the building. Someone is going to have to build it again. Who is that going to be? Well, we heard last week, *We need more competitors in this space*. Great! Where are they coming from? Overseas. So, we are going to get some foreigners to come in and build the buildings, the Bermudian buildings, that we just burned down with job losses. So, that is a solution.

And maybe that is not what will happen. Maybe we will not have foreigners come in and build new businesses to the loss of Bermudians and Bermudian employees. Maybe the Government will take over the whole system.

Now, I ask, Mr. Deputy Speaker, is that a good idea? Look around at any country in the world and identify a circumstance where the government is better at running things than the private sector. They are pretty hard to find. This Government is not in the business of providing health insurance for all Bermudians, nor should it be, because it will not be very good at it. And the fact that it is not good at it is why

we are struggling currently to deal with the circa 6,000 high-risk Bermudians who do need better health insurance and provision of care. And the Government has not been very good at that thus far, and that is why we face some of the problems we are facing with escalating costs. That, and obviously, utilisation and an ageing environment and an unhealthy environment.

But we are told that this is just the starting point. *This Bill is just the first step on the journey*, was a quote from earlier. Well, Mr. Deputy Speaker, watch out, Bermuda, because this road is likely to lead to job losses.

Let us look beyond this Bill. Let us look at the next steps. Because we have been told that there are next steps, that this is the first step in a journey. Well, how is this all going to work? We know now that King Edward is going to get a lump-sum grant. Well, how are they going to manage this change? How are they going to cope when the lump sum grant runs short? We have heard, parenthetically, that dialysis treatment now is going to be capped. Okay. So, how does that work come July or August, where someone needs dialysis treatment? Money is not there. Today we heard that we had an emergency \$65 million medical fund. Okay. But still, maybe it is not July. Maybe it is September. Dialysis treatment is still needed, but the money is not there. How is it going to work?

You can look to other jurisdictions that have (quote/unquote) “socialised medicine.” And what you tend to see there are two things. One, you see delays in the provision of services. You see waiting lists. The words “waiting list” were on the front page of the UK papers any time they talked about hospitals, the delay in getting service. Something, I would point out, that under the current system is not a problem. If you are a very sick Bermudian, you see the doctor you want to see. You get the emergency treatment you need. You get good health care.

So, here we are, Mr. Deputy Speaker. There is going to be a block grant. Maybe it is not July. Maybe it is September. So, what happens when the money runs out? Will there be a reduction in services? Will there be waiting lists? Will we go a step further? Will we go on to the next step, where Bermudians who want to be able to decide their own health care choices are told, *No. It's not your decision anymore. This is a government health care system. We're going to tell you which doctor you go to.* And that is how it works in the UK. You go to the doctor who is in your post code. You do not say, *Oh, I'd like to go see Dr. Jackson, because she's a great doctor and I'd like to go see her.* Oh, no, no, no, no. You will go see the one two streets away from you, because that is how it works. So, they start choosing your doctors for you.

And the second point, and it is a point that my honourable friend, Sylvan Richards, already raised—you will start to have a two-tiered system. There will be more of Two Bermudas in the health care system.

Because those who can will go off and buy private high-end premium health insurance to make sure that if things start to go badly at the hospital or wherever, they are still covered. So, that is the problem that will be faced.

And so, respectfully, if this is the start of a journey, we must be very careful about where this journey will take us. We do not want the clunking fist of the state telling people how they must manage their health care. This is a matter for personal choice for all Bermudians. And this is a first step down the treacherous path. And we will wait. We will see what happens. And the Bill will pass because the Government has the votes. But my prediction is that costs will not go down, and premiums will go up. And Bermudians will be less better served by their health care system in five years' time than they are today, notwithstanding the problems that exist in our system. Thank you, Mr. Deputy Speaker.

The Deputy Speaker: Any further speakers?

The Chair recognises the Honourable Member Jamahl Simmons. Mr. Simmons, you have the floor.

Hon. Jamahl S. Simmons: Thank you, Deputy Speaker, and good evening.

Mr. Deputy Speaker, I waited with bated breath for that Honourable Member who just took his seat to declare his interests.

An Hon. Member: Yes. Yes.

Hon. Jamahl S. Simmons: I waited for him to follow the traditions and the protocols of this House that, when you have an interest, you at least let people know from whence the knife is falling.

Mr. Scott Pearman: Point of order, Mr. Deputy Speaker.

The Deputy Speaker: What is your point of order?

POINT OF ORDER

Mr. Scott Pearman: I realise the speaker has only [just] wandered into the Chamber, but you were here, Mr. Deputy Speaker. And right at the beginning I declared my interest.

[Inaudible interjections]

Hon. Jamahl S. Simmons: Mr. Deputy Speaker, in this Chamber, we are all honourable men. I will take the Honourable Member at his word. The Hansard will speak for itself.

Mr. Scott Pearman: The Hansard will show.

The Deputy Speaker: I really did not hear it. But if you did—

Mr. Scott Pearman: You may not . . . I did, and the Hansard will show it. Thank you.

The Deputy Speaker: Yes.

Hon. Jamahl S. Simmons: But, Mr. Deputy Speaker, I think that the theme of the previous speaker's speech was that, if I cannot convince you, I will scare you. If I cannot sway you with facts, I will frighten you. Mr. Deputy Speaker, I will say this. And I will quote my colleague, my neighbour in Parliament, and my Sandys PLP representative neighbour, Mr. Michael Scott. *Greed, not government, will lead to an increase in health care if it comes. Greed, not government, will lead to an increase in health care costs, if it comes.*

Mr. Deputy Speaker, I have listened to the One Bermuda Alliance defend the status quo. I have listened, with apologies to my good friend, the Honourable Member from constituency 21, the One Bermuda Alliance tap dance on behalf of seemingly certain interests. And, Mr. Deputy Speaker, I think that we recognise that, when it comes to the One Bermuda Alliance, the degrees and the education, the experience that we possess will never be enough. We recognise and understand that the degrees and expertise and experience and knowledge within the government and the civil service that helped to advise us to shape the policy we developed will never be good enough.

So, I am less concerned about their attempts to frighten rather than convince, but more concerned about the people whom they profess to care about. Because, Mr. Deputy Speaker, you will not hear me talk about Mr. and Mrs. Bermuda, because I like to be specific. I talk about Bermudians, Bermudians. And so, Mr. Deputy Speaker, when people talk about the cost of health care, when people *talk* about the cost of health care, I have lived it first-hand.

Mr. Deputy Speaker, from 2012 when I was made redundant to the day I was elected, I did not have health insurance. I did not have health insurance, Mr. Deputy Speaker, because I could not afford it. I did not have health insurance to be put on my wife's insurance because it would have taken her take-home pay so low it would have made no sense for her to go to work. So, for two years, I hoped and prayed that nothing happened. All right? And there are many Bermudians in that position. There are many Bermudians in that position. And, Mr. Deputy Speaker, those who profess to care about Mr. and Mrs. Bermuda were among the people who mocked people like me when they did not have insurance, when they could not find work, when they took work that some viewed was beneath them.

So, one thing I can say about this Progressive Labour Party, and the Opposition may never accept this, our hearts are with the people who, at the end of

the month, their dollar does not go far enough. Our hearts are with the people who cannot afford health insurance or whose health insurance bills are wiping out their salaries every month. And so, Mr. Deputy Speaker, the status quo will not do. We had a choice, Mr. Deputy Speaker, and when we came to the Cabinet table, I cannot disclose the Cabinet discussions. But we were told we are going to put a higher bill on our people, Bermudians. And as a collective and as a party, we said no. We must find another way.

So, we had a choice. Raise the costs on our people. Do not raise the cost and hope for the best and pray that it worked out. Or find a new path. And one thing, Mr. Deputy Speaker, I can say about this party is the status quo will not do. We believe in blazing new trails. And, Mr. Deputy Speaker, when I think about some of the remarks I have heard, and some of the remarks I have heard over the years, I am reminded (and with your indulgence, Mr. Deputy Speaker), I am reminded of a quote from a book, *Dante's Inferno [sic]*. Before Lucifer was thrown into the pit, he said to God, *Better to reign in hell, than serve in heaven.*

Now, Mr. Deputy Speaker, the devil could not and no longer envisioned heaven, because heaven was denied him permanently. So, a devil will put an air-conditioner in, trying to make hell a little cooler. The devil will try and make a backyard barbecue a little bit more festive, because they are not getting to heaven. We have to envision not to make hell, which [is what it] has been for many of our people for the past several hundred years on this side of the world, better, slightly better, a little bit less painful. We must work step by step towards creating, as best we can, a more heavenly life for our people on this Island.

And, Mr. Deputy Speaker, when we stand up here and we bring things for that, we recognise that we speak not for corporate interests. We speak not from fear that our friends will make less money this year at the end of their bottom line. We speak for the people who wonder how they are going to pay their bills. Not Mr. and Mrs. Bermuda, but Bermudians, Mr. Deputy Speaker, and unafraid to say it—unafraid to say it.

So, when I stand to my feet in this Chamber, I do not speak for any insurance company, although we must ensure that we have an environment that is prosperous for business. But I do not speak for them. I do not speak for them. They do not own me. I do not take a dollar from them. Lord knows they have taken enough dollars from me.

But, Mr. Deputy Speaker, when we, as we seek to go forward on the first step of this journey, I am excited because I was not put here to make the backyard barbecue more festive, nor hell a little bit cooler. I was put here to transform and tear down the status quo. And when I stand alongside of my colleagues, we know the status quo will not do. It will not do for our seniors. It will not do for our children. It will

not do for any generations. The clock has run out. The day is over. The time has come to move forward in a way that benefits all, not just the few.

And so, Mr. Deputy Speaker, I commend the Health Minister because she could have taken the tack and said, *You know what? Let's burn Bermudians one more time. You know? Let's listen to the bean counters and burn Bermudians one more time.* And we said no. We have to find a new path. And so, when you hear companies that declare millions and millions of dollars of profits, and then saying, *Guess what? We need more.* When you hear companies outside of that industry declare profits and say, *You know what? We need more.* And people are out on the street. Mr. Deputy Speaker, that is not the Bermuda we are fighting for.

Our Bermuda is about making sure that that little guy, who works hard, works hard, has a few dollars to scratch together at the end of the month. That if he gets hurt, he does not have to worry about whether he is going to pay for medical bills. That is what we are here for, not tap-dancing for insurers and for shareholders. No, sir. No, sir.

So, while I appreciate the support that was given by the Leader of the Opposition, and I recognise the agenda of the man who would be king, the former Premier, but we have a job to do. We have a job to do. And it is no clearer the division between these two parties than on the issue of Bermudians and ensuring that we level the playing field. This is the first step on a journey. We have laid out our rationale and our reasons for taking the first step on this journey.

And, Mr. Deputy Speaker, I look forward to the conclusion of this journey because we will once again prove that those who fight for the status quo, that not only is their day over, but they were wrong.

Thank you, Mr. Deputy Speaker.

The Deputy Speaker: Any further speakers?

The Chair recognises the Honourable Member Susan Jackson. Ms. Jackson, you have the floor.

Ms. Susan E. Jackson: Thank you, Mr. Deputy Speaker.

I have been listening to this debate. And for all of the speakers, I still have yet to hear exactly what this means for the person who is employed and insured. And I find that this legislation and the changes that are about to take place around the payment of the insurance premiums to be quite confusing. And we have gone through this process in a very short period of time. So, I would like to just take a few minutes and see whether I can understand this for the person who is actually the one who is employed and is going to be paying this premium.

So, if a person is working in the private sector and they are paying their premiums to date, the insurance company is paying a couple of hundred dollars out of your insurance payment to go to the Bermuda

Hospital for the Standard Hospital Benefits. And the insurance companies, because they are right now receiving, if you go to the hospital for services, they, the insurance company, will receive a bill from the hospital, and then the insurance company will pay the hospital. And the insurance company is keeping a record of all of this activity.

So, if you are healthy and you do not use the hospital facilities, then there is an opportunity for your premium to be reduced, because you are healthy and you are doing a good job, no claims. You are being rewarded.

In the new framework, more than \$300, a [full] \$335 is now going to go into a fund, which will pay for any hospital visits that you, the employee, the worker, are going to have, any services that you need at the hospital. So, it has gone from about \$100 that you used to put into this fund, now it is going to be about \$335 that you are going to pay into this fund for any hospital treatments that you may need.

And the insurance company is no longer going to know what services you may or may not have at the hospital. So, it is going to be virtually impossible for the insurance company now to reward the people who are healthy with a lower premium, because they have no record of the services that may or may not have been provided at the hospital. And so, they just do not know.

So, in summary, you (being the worker) are going to pay \$335 out of your insurance premium to the hospital, and it goes. Whether you use the hospital or not, it is gone; it is being spent there, and that is it.

The remainder of that standard health premium, or Standard Health Benefit premium that you pay toward the hospital, there is this little bit, there is about \$25 that is left over. And there are certain services that you can get that are not provided at the hospital. And that \$25 goes into a pot to help pay for those services that are not provided at the hospital.

And if you can imagine, let us say, I do not know, I just had a running accident. I needed some services that are covered by the Standard Health Benefit. And I am not sure that the \$25, the pot that I am putting that \$25 into, is actually going to be overall covering the costs of whatever services that I might need outside of that hospital \$335 that you have to put in whether you use the hospital or not. So, there is this risk that the insurance companies may say, *Well, you know what? That \$25 that you're contributing toward any of the services outside of the hospital that still fall within the Standard Health Benefit, which is basically services that are provided to insured people in Bermuda, [for] those services you may now have to pay a little bit more.* So, your premium may be adjusted upward in order to cover those costs.

Now, in addition to all of this money that you are paying toward the hospital and any of the other standard health benefits outside of the hospital, these things I do not have a list, but dieticians, it may in-

clude some physio, things like that, sort of these services that go, sort of complement things that you may need outside of the hospital. So, [these things are in] that pot.

Then, we pay a whole bunch of other money for major medical. So, if we work in the private sector at the banks, the insurance companies, we do get major medical. And that is when the doctor may say, *You know what? There is not any service at the hospital that can help you with this particular illness. We're going to have to fly you overseas.* Or maybe you go to your general practitioner, and he says, *Oh. This needs a specialist.* So, you are going to go and see a specialist. All of those extra special services are also a part of this premium that you pay. And that is what it is, and those premiums adjust according to how healthy we are or how sick we are.

So, all in all, I guess what I am saying is that if we are working in the private sector, yes, you will still get your coverage, be able to fly overseas, go and see a specialist, and the insurance company will pay for that. But I guess the most important part is that we are paying this large amount of money into a fund that is going to go to the hospital, and basically it is going to get paid whether we use the hospital or not.

Now, one might say, *Okay, well, that's wonderful because there are people who use the hospital in emergency circumstances, and, you know, as a responsible citizen, I make my contribution.* Well, those that are seniors, those that are indigent and do not have any money to pay for any hospital or medical care, and then children, they all receive medical care at the hospital free of charge anyway. So I am going to leave it to the listening audience to figure out where that extra money is going to be spent. I do not know whether it is going to be spent to care for people who are underinsured or whether it is going to pay to help with the services that are provided at the hospital, but that money will all go into a pot and it is going to the hospital, and no one is really going to know other than probably the Hospitals Board and the Bermuda Health Council where and how that money is going to be spent.

So, the other side of this coin is that if we were to decide as workers who are paying this large amount of money that, *All right, well, since I am paying all this money toward the hospital then maybe I am going to use the hospital services a little bit more.* So, *if I get hurt rather than waiting and having to go to my private doctor and he is going to charge a co-pay, I might as well just go to the hospital and get those services.* Well, the risk there is that the hospital, as we know, struggles with the amount of people that go into the hospital now and it is often overcrowded. And we have heard stories today of people having to wait in hallways in the emergency room or sit and wait for services for, you know, 20 hours before anyone can see them. So, there is this risk that if we were to say because we are spending all of this money and it is all

going toward the hospital, then we might as well go to the hospital.

And if that happens, then we are getting to this point where the hospital just does not have the capacity . . . they just do not have the space, they do not have the medical staff to care for all of us who are going there. So, it puts us as the workers who are paying these premiums and paying this lump sum into this fund that is going directly to the hospital in kind of an awkward situation, because it makes it very difficult for us to get value for money.

I am now going to sort of shift a little bit around that value for money. The insurance companies, when they had a little more oversight of the services that were provided at the hospital, and we were not paying as much money (we were paying about \$100 toward the hospital, whereas now we are paying over \$300 a month for the hospital), the insurance companies, if we were healthy or if our . . . if, you know, part of what that extra expense or the extra money that was left from the premiums that we all paid, the insurance companies, I believe, have done a very good job with education. So, they have introduced many different programmes around healthy eating, healthy lifestyles. There are some private companies that have very complex and sophisticated health monitoring, computerised programmes and websites where people can monitor and track their healthy lifestyles and be rewarded for that. So, whether it is an extra reward that you get in the form of gift cards, or whatever it is, oftentimes you will get a reduction in your premium when the annual calculations are made. It is going to be very difficult for the health insurance companies to really gauge and have the extra resources to provide that kind of service.

So, as difficult as this entire process and this change is to understand, the bottom line is that we as the workers who are paying the premiums into this Mutual Re-insurance Fund, the MRF, really are not going to necessarily know what benefits we are going to get from it or what the actual use of our funds is going to be going toward. And I do not know in the government system where you have GEHI, so if you are working as a civil servant, I am not sure whether GEHI is also contributing to this Mutual Re-insurance Fund or not. And that is a question that I would like answered by the Minister if that is possible tonight, because I guess that would put the civil service in a similar situation as the private sector, or maybe not. I am not sure. You may not have to pay as much money toward the Bermuda Hospitals Board as the private sector.

So, I guess one of my other concerns is that the insurance companies, not receiving any of the data, [will not] know who is having services down at the hospital, what services they are getting or how much those services are costing. It concerns me because I do not see that anyone is having any real oversight, or anyone is sort of policing the services that are going

to be provided out of the money that we are paying through our premiums. Now, I understand that the Bermuda Health Council will receive the data on the use and the services at the hospital, and I am not sure whether that data will be made available to the public or not so that we have some idea of whether the hospital is being overutilised or whether the hospital is finding cost savings and efficiencies. And, of course, if the data is not released at least to the insurance companies, then there is no one who can really calculate and see whether we are being healthy enough and whether it is possible for our premiums to be adjusted downward if we are in good health.

So, I do not know who is going to administer that and I do not even know what is going to happen to some of the staff who in the past have been the ones at the hospital who have been processing the services and sending the claims to the insurance companies for payment. So, it may be, not only the insurance side, but as well as the hospital, where staff could be impacted, because if there is not that exchange of, sort of, invoices and payments, then there may not be need for some of the staff that have been providing those services in the past.

I guess my only other issue or fear is that if we do find that there are a number of people who are deciding to go into the hospital and the hospital is being used at, you know, 100 per cent or more and full to capacity, whether ultimately the hospital is going to have to cut their services—whether they are going to have to look to see what [rationing] they can [institute] because they are unable to provide all of the services because maybe they do not have the staff or maybe there is just not enough equipment to serve everybody. And so that, from a country-wide perspective, could be a real miss.

And it is unfortunate because a lot of what I am saying is . . . you know, I am asking a lot of questions. I am feeling a little uncertain because no one has had that conversation in the public domain. Everybody has been so concerned about who is going to get the big pot of money, and no one is really telling the working population what exactly is going to happen and how their money is being used. So, I do not believe there has been much or any real conversation publicly amongst people who are insured about these changes. Some people . . . I do not . . . some people may even get offended by that, because if we are living healthy lifestyles, if we are certainly noticing our health premiums because they are the largest deduction from our salaries, if we are not feeling as though we are getting value for service all around, then there is going to be greater concern and, in particular, as [has] been mentioned by colleagues here in the Chamber this afternoon, international business whether they are here and existing now or whether they are thinking about coming to Bermuda, they are going to look at the costs of living here and if our insurance package does not look attractive, then many

potential and prospective companies that may want to come to Bermuda may start to look at other jurisdictions because it is not in their best interest to have unattractive and costly health payments for their staff, especially if they are trying very hard to keep a healthy and young population of employees who will feel as though there is a large amount of their pay that is going to go toward a service that they are not going to be using.

Finally, the small businesses, charities . . . I spend an awful amount of time looking at the expenses at Summerhaven. Clearly, our health insurance is the largest payment that we have. And I know that there are many small businesses out there who also struggle with health insurance for their staff members. I guess the fear is that the expense of it in general, because with this amount of money going into the hospital, eventually we are all going to have to pay a little bit more for those services outside the hospital. And that is going to make it more difficult to keep up with our health insurance premiums. And if we have not paid for our health insurance premiums, then we are not going to be able to use the hospital services either without a costly bill.

So, in that situation where it is a small business and the charities, I just . . . I just cannot imagine what the cost of that is going to be, and the impact on small businesses in Bermuda, the impact on charities and how that is going to be handled by the employer. It certainly is a stress now and I do not see it getting any better.

I am going to end by . . . and I have no need to defend an insurance company. I have no interest to declare. But it seems to me that an awful lot is being placed on, you know, sort of let us get this large pot of money away from the insurance companies and, you know, possibly we will be able to split this pie up and weaken the structure a little bit. But, I guess, we cannot lose sight of the fact that we do live in a capitalist environment, and everybody who has a business is doing their best to make a profit.

Insurance companies make their money in lots of different ways. And, you know, I happened to go on a random local insurance company site and they have every kind of insurance you can imagine. They have got travel insurance, home insurance, boat insurance, they have car insurance, they have pensions, they have all kinds of products that are out there, and the health products are toward the bottom of the pile. So, I am saying all of this to say that insurance companies are making their money in lots of different ways. And if we are doing this simply to break the back of an insurance company, or insurance companies in general, or to knock it down a size, I think we are really hard pressed and may be surprised that these are astute business people and they are going to continue to make money.

So, you know, I just would hate to see the Bermuda Government cut off its nose to spite its face

and we find ourselves in a situation where we are giving an awful lot of money to the hospital and we have not really thought through how this is going to work, how the money is going to be spent and where we can find cost efficiencies. I just do not know how much has been really thought through. I have not seen any plan. I have not seen any semblance of proof or discussion around how this is actually going to manifest itself and bring about a positive change for Bermuda.

So, with that, I take my seat and it is with concern. I really, really hope that the Government plans this out well, because it is the people who are working really, really hard in this country who are trying to find the funds to stay afloat will end up being hurt in the end.

Thank you.

The Deputy Speaker: Thank you. Any further speakers?

The Chair recognises the Honourable Member Kim Swan. Mr. Swan, you have the floor.

Mr. Hubert (Kim) E. Swan: Thank you, Mr. Deputy Speaker.

Mr. Deputy Speaker, I have listened today intently. And if ever there was a philosophical difference that separated the Progressive Labour Party from the philosophy of the One Bermuda Alliance, it is certainly manifesting itself today. I have listened with particular interest to the amount of times that “Mr. and Mrs. Bermuda” has been used in sentences. And I would venture to say from my historical knowledge that some political advice has been given to say, *Listen, it is important that you refer to Mr. and Mrs. Bermuda as often as possible to give the appearance that you could very well be interested holistically in what matters to them.* But, Mr. Acting Speaker, Mr. Deputy Speaker, I am minded when I make that comment of a very poignant quote from *Star Trek* “the needs of the many outweigh the needs of the few.”

The Deputy Speaker: Member, Honourable Member, just letting you know, you only have 20 minutes—

Mr. Hubert (Kim) E. Swan: Yes, sir. I am aware. Thank you.

“The needs of the many outweigh the needs of the few.” And nowhere has this been practiced more than the economic construct of Bermuda.

The Honourable Member from Sandys, Mr. Jamahl Simmons, spoke in what I would term *he who feels it, knows it.* Well, I would have to agree with him, having lived four and a half years without health insurance myself. And I have said it on this floor of the House, there is no better assurance than blessed assurance because—

[Laughter]

Mr. Hubert (Kim) E. Swan: —between 2012 and 2017, Mr. Deputy Speaker, I prayed, *Dear God, keep me healthy enough.*

And, Mr. Deputy Speaker, when people are going through that it is people like you, Mr. Deputy Speaker, who would show a little compassion when somebody tells you, *You know, that boy is up there teaching barefooted because he cannot put on his shoes, but he has still got to work.* In Bermuda? The land of plenty? The land where the same person would go away and promote this country as one of the top richest countries in the world and a person like you, Mr. Deputy Speaker, would make a call and say, *Listen, I will pay just to have that person go and get themselves checked out.* I am not making it up. I am saying thank you, Mr. Deputy Speaker, because that is a true story—in this country of milk and honey!

[Inaudible interjections]

Mr. Hubert (Kim) E. Swan: It is a true story! He who feels it, knows it. And the persons who espouse in one breath, *Mr. and Mrs. Smith,* need to take a walk around and get to know some of the plight of Mr. and Mrs. Smith.

[Inaudible interjections]

Mr. Hubert (Kim) E. Swan: Mr. and Mrs. Smith in this country for many years during their tenure who could not afford to pay had to make the choice between health care and the like. And that is a reality. So, the philosophy that has been spoke about when you discuss the principle of this Bill is what separates them from us.

Ms. Susan E. Jackson: Point of order, Deputy Speaker.

The Deputy Speaker: What is your point of order, Member?

Ms. Susan E. Jackson: My point of order is that if you do not have insurance, with this Bill you are still going to—

Mr. Hubert (Kim) E. Swan: That is not a point of order—

The Deputy Speaker: That is—

Mr. Hubert (Kim) E. Swan: I am not misleading the House.

The Deputy Speaker: Take your seat, Member. Take your seat. That is not a point of order.

Ms. Susan E. Jackson: He is misleading the House.

The Deputy Speaker: That is not a point of order.
Continue, Mr. Swan.

Mr. Hubert (Kim) E. Swan: The reality is that in this country persons use capitalism as the reason and profits and the maintenance of that to gloss over the fact that there are many countries who temper capitalism with significant social policies that benefit their countries. I just happen to know through my trade some of the wealthiest people who have walked this earth. Some of them have actually lived in this country. Some have been my friends.

And I remember this, Mr. [Deputy] Speaker. I remember one of my dear friends, an oil man out of the Canadian region, who had a home in Bermuda not too far from where I plied my trade in Tucker's Town. And I remember, Mr. Deputy Speaker, that person bought one of the largest houses in that region, conveniently sold [his house] and moved to Mexico. When it came nearer to the time when they had to retire, they ventured back closer to the Canadian border to the point that when they needed health care, they were not in Bermuda, they were not in Mexico, they were not in America—they were back in Canada. Why? Because the structure provided for them to receive the coverage that their country had invested in.

And when you look at quality of life in countries that are doing both a capitalistic model and providing for the people, those countries are unshamed at providing that. But in this House, Mr. [Deputy] Speaker, you have had Members who have had substantial economic interests—

[Inaudible interjections]

Mr. Hubert (Kim) E. Swan: —and you have a political party, an Opposition party, who speaks for that substantial interest, whether they want to admit it or not. Whether they want to masquerade as being for Mr. and Mrs. Smith, they really are the party for big business in this country. And when the Progressive Labour Party, through the Health Minister, starts venturing into a sphere that makes that reality uncomfortable, you are going to hear the howls, you are going to hear the fearmongering, you are going to say watch out for that. You are going to say the sky is falling, long before—

An Hon. Member: Tale of two cities.

Mr. Hubert (Kim) E. Swan: —and that is the tale of Two Bermudas in real terms. Let me tell you this—

An Hon. Member: Tell us.

Mr. Hubert (Kim) E. Swan: The Health Minister . . . I have been listening. She has been doing other things that need to change the dynamic in Bermuda. When speaking to—not only speaking to, putting into

place—initiatives that will encourage a generation of Bermudians to change their habits when it comes to a healthier lifestyle. Fortunately, they did not get through to the Whip so we can get some nice salad tonight, we have a little fried . . .

An Hon Member: Well?

Mr. Hubert (Kim) E. Swan: Well, we will get past that—

An Hon Member: Yes, we will.

Mr. Hubert (Kim) E. Swan: But that is just an aside, Mr. Deputy Speaker.

It is going to take a ways to turn around the country that caters for the few in great abundance. And I hear people talking about diversity. Diversity is practiced least in the boardrooms of this country and the sharing of the economic wealth of this country, and when this country went through its worst economic downturn since the war times—and quite possibly during the 1990s, early 1990s recession. Our people had to flee and we did not see the empathy that I hear about Mr. and Mrs. Bermuda from those same folks. I have to say that. We did not see it.

So, whilst persons hear those talking points, while they try to pour cold water on the initiatives of the Progressive Labour Party, in particular in this instance as it relates to trying to turn things around, make Bermuda more fair and equitable, bringing about a transformation. What does a transformation mean? A transformation means moving from one set of circumstances that benefit the few to make it possible for greater sharing of the economics of this country. That is what it really means.

So, in order to do that, you have to go where persons have not prepared to go before in this country, because all before the scaremongering was enough to chase people away from addressing what needed to be addressed in this country. And, so within my 20 minutes . . . Oh, Mr. Speaker—

[Hon. Dennis P. Lister, Jr., Speaker, in the Chair]

Mr. Hubert (Kim) E. Swan: Within my 20 minutes, let me say this: Two Bermudas is real; not a fantasy. The economic disparity that exists in this country is real. The plight that impacts people who cannot afford health care in this country, who are making the choice between health care and other bills is real. The fact that the Government is taking steps to address this is real also, and do not be fooled. Do not be fooled.

Thank you, Mr. Speaker.

The Speaker: Mr. Swan, thank you very much.

Now, Mr. Famous, would you like to add a few comments?

Mr. Christopher Famous: Mr. Speaker, I am going to say something I normally do not say. I was not planning on speaking.

The Speaker: Well, you do not have to!

[Laughter]

Mr. Christopher Famous: But, somebody else spoke and they . . . I am going to take a different tack today, Mr. Speaker. I am going to ask some questions.

Mr. Speaker, a good politician listens to their voters. And over the last few weeks, people have been posting on social media, *Oh, my insurance is going up. Oh, I just got a letter from BF&M.* (Anybody know about BF&M?) *Oh, I just got a letter from this other insurance company, my insurance is going up.*

So, I am saying, *Wow, why are the insurance companies like going up so much?*

And then it says, *Oh, because the Government is putting in this policy.*

So, I am like, okay . . . I do not really understand it. I work at BELCO, so I do not know all about this insurance thing. So, I sent a text to the Honourable Minister, I said, *Minister, I need a couple hours of your time for you to break this down for me.* And, the gracious Minister said, *Come to my office.* And for two hours, I sat in her room, got some coffee, no sugar in it—

[Laughter]

Mr. Christopher Famous: And she went through chart by chart—

The Speaker: She does not keep sugar in her office no more.

Mr. Christopher Famous: Well, I will not say anything.

She went chart by chart explaining meticulously what we have been going through as a country, where we are now, where we need to be, and how we need to get there. So, again, you know, she kept on saying to me, and I quote, “Chris, your eyes look glazed. Are you understanding?”

I said, “Wheel that back. Explain this graph for me again.” And she carefully explained it.

And, so I said, “Okay, I am starting to get it. I am starting to get it.”

Mr. Speaker, I am going to take liberty and read from my pay cheque, which I get every week—

[Inaudible interjections]

Mr. Christopher Famous: I am not going to tell you everything.

[Laughter]

Mr. Christopher Famous: Let me go to the medical part—\$230.28. That is every week. So, if I round that off, that is \$1,000 per month, \$12,000 per year. I have been there for 26 years, so I am kind of figuring I am paying out a lot of money to insurance companies. I have probably only been sick in the hospital, accumulatively, maybe two weeks. So, of the hundreds of thousands that I have paid out, I have got very little back. Very little.

[Laughter]

Mr. Christopher Famous: So, I ask myself, *Self, should I keep going down this road, or is there an alternative?*

And self said to me, *Hey, you probably got another 10 years around here, 10 years times \$12,000 a year—that is another \$120,000 that you ain't never going to see.*

So, I said, *Self, my wife has a business . . . as a matter of fact, quite a number of people in my family have businesses.* So, I asked them, *Hey, give or take, what are you paying out in insurance?*

And they said different figures.

I said, *How often do your employees get sick?*

They said, *Very rarely, very rarely. Maybe the day after Cup Match if they are for, say, Somerset. But, very rarely.*

So, I am calculating what I am paying out. I am calculating what they are paying out. And it is in the millions of dollars going to certain insurance companies. I am saying, *Okay.* I am saying to myself (because I think a lot), *Self, I wonder if during the regular AGMs, if any of those shareholders say to themselves: 'Hey, self, we are collecting millions of dollars, why don't we just not take so much; why don't we make it easier for the working-class people?'*

[Inaudible interjection]

Mr. Christopher Famous: No, I would not even say that.

So, I am wondering if anyone who is a shareholder within my hearing range is saying to themselves, *Maybe, just maybe, we should not have raised those rates every year. Maybe.*

So, I listened to the OBA and—okay, I heard the OBA, and I listened and I saw that, you know, there are some valid points being made here and there. Some valid questions are being asked. But the only thing I did not hear from the OBA was, *Hey, you guys have Plan A; we have Plan B.* I sat here and I listened. I said, they are asking, *So, what is the way to contain costs?* But they are not coming up with any [suggestions]. I am telling women . . . Mr. Speaker, a couple years ago they tried to tell women to only have mammograms once every two years. That was not acceptable. Anyway, let us move on, Mr. Speaker. Let us move on.

So, I am saying to myself . . . I am not going to get up here and argue and say, *Well, these guys are just representing the rich people*. I really want to hear from them, or anybody, what is the alternative to what we are offering here. Because my friend here, to my left, the Honourable Member Kim Swan, for years I heard him say, *Hey Famous, bye, I hope I do not get into an accident by here. I do not have insurance*.

I was like saying, *Well, how can we help those that do not have insurance?*

So, again, back to what the Minister explained to me. She explained, *Now, your wife has a business. This other person has a small business. In the long run, a pool will be created where different businesses can amalgamate (for lack of a better term) what they are paying out in their insurance premiums. That would help to mitigate the rise of insurance rates. That would possibly help those who find themselves in situations where they have no insurance. That is what we call . . . in Canada, what is it called?*

An Hon. Member: Compassion.

Mr. Christopher Famous: No, no. Universal health care?

Anyway, my point, again to the OBA . . . and I am hoping that the Opposition Leader gets up and is inspired to tell us what is Plan B.

An Hon. Member: He does not have a plan.

Mr. Christopher Famous: No, no, let—

[Inaudible interjection]

Mr. Christopher Famous: Mr. Speaker—

[Inaudible interjection]

Mr. Christopher Famous: Mr. Speaker—order! Order! Order!

[Laughter]

The Speaker: Talk to me and you will be all right.

Mr. Christopher Famous: Mr. Speaker—

The Speaker: Just speak to me.

[Laughter]

Mr. Christopher Famous: I am hoping, in the spirit of altruism, that when the Opposition Leader gets up he tells us what is Plan B, because clearly, clearly, me paying \$250 a week—

An Hon. Member: That is not going to change.

Mr. Christopher Famous: Just hear me out, Mr. Speaker. Clearly, me paying \$250 a week for the next 10 years, if not more . . . it is not viable for me. Clearly, different business owners, small business owners paying out their rates, [which] keep going up, it is not viable for them. So, what is the Plan B? According to what I have listened to from the Minister, there is a plan.

[Inaudible interjections]

Mr. Christopher Famous: Did I not—

[Inaudible interjections]

Mr. Christopher Famous: Mr. Speaker, I shall not be distracted.

The Speaker: Do not be.

Mr. Christopher Famous: I am looking right at you.

The Speaker: Stay focused and you will be all right.

Mr. Christopher Famous: And conveniently, you're facing the west . . . well, actually, you are facing the east.

[Laughter]

The Speaker: Well, you see the west. You look this way, you will see west and you will be all right.

Mr. Christopher Famous: Mr. Speaker—

The Speaker: Just see that red and blue behind me and you are okay.

Mr. Christopher Famous: Mr. Speaker, when you are building a house, what is the first thing you do (besides get the money)?

The Speaker: Good foundation.

Mr. Christopher Famous: You have a foundation. Then you pour your deck. Then you pour your walls. Then you build your walls. Then, if you are going two stories, you pour another deck. Then you build up your walls. Then you put on your belt, then you put up a roof, right? So, without a foundation, that roof would not work. Right? All else is failed without a foundation.

If this is the foundation towards something better for this country, then we have to explore it, because the alternative, Mr. Speaker, is to constantly every year . . . shareholders, major shareholders, sit in a room and say how much more we are going to rake—R-A-K-E—people at BELCO, rake the people at HSBC, rake all the small business owners. Because, Mr. Speaker, I said it last week, we have a national

saying in this country. It is not *quo fata ferunt*. It is *greed is good*.

I looked online today, a quarter watermelon for \$12.

Mr. Speaker, let me stay focused, because I am about to wrap up. Again, I would love to hear an alternative. I would really love to because I am saying to myself the same people who are coming down here from the [reinsurance] companies that Honourable Member from constituency 20 spoke about—some of them are coming from the UK. Some of them are coming from Canada. And they are coming from a system where they have universal health care in different variations. So, I do not see how they are going to come here and say, *Oh, no, no. This cannot work for me*. I do not see that.

So, Mr. Speaker, let me end here. Let me thank the staff at the Ministry of Health, the staff at the Health Council, the Minister for taking her time to explain because Bermudians are generally slow to change, slow to understand. And I want to thank my party, our party, for being bold enough to take the criticism from those who do not quite understand yet, to take the criticism from those who are fighting for other reasons because we have no choice but to stand up for the working man that opens his cheque every week and sees \$250 gone.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member. No other speakers?

I recognise the Leader of the Opposition, Member from constituency 12, you have the floor.

Hon. L. Craig Cannonier: Thank you. Thank you, Mr. Speaker.

Let me say that I do not envy the position that the Health Minister is in as we move through this whole process of trying to find more affordable insurance in Bermuda—and, more importantly, the technical staff and the difficulties of attempting to bring that reality home is not easy.

The Speaker: Mm-hmm.

Hon. L. Craig Cannonier: And I think as we have listened and discussed . . . and because it is my birthday, I am going to behave.

[Inaudible interjection]

Hon. L. Craig Cannonier: Yes, I am going to behave, Yes, I am going to behave, I am going to behave.

The Speaker: All right.

[Laughter]

The Speaker: We will hold you to that.

Hon. L. Craig Cannonier: It is not an easy task that the Government is taking on. We certainly know that when we were Government it was a major concern—the cost of health insurance in Bermuda as we watched it continue to escalate.

There is no easy answer to this here. And I think that is part of the challenge today as we have gone back and forth with the discussions about what is it that we actually do and what is it that we are doing. I think there are more questions than answers thus far. And I take to light the fact that we, you know, we have only had a couple of days to go through the Bill to try and understand a little more about the implications of this.

What we do know is that this is a valiant effort to seek out what the Government is saying, that it wants to reduce cost. But, as they say, the devil is always in the details in trying to understand how this is actually going to come about. And we have heard a lot of talk about the foundations being laid. We have heard a lot of talk about, you know, keeping the elitists wealthy and that the OBA, perception-wise, is defending the elitists.

You know, quite frankly, Mr. Speaker, some of these guys need to stop the rhetoric. Just stop it. Times have changed and the political parties are changing and for them to continue on . . . it is fine if you want to single out certain people. But, as a party, do not dare get up and say that we do not get it or that we do not understand it or that we do not feel it.

We are coming from the same neighbourhoods that you come from. It just so happens that there may be some others that come from different neighbourhoods within the ranks of the OBA. But I can tell you what, it gives us greater opportunity to be able to ask some serious questions as to how do we get to where we are and why is it that the middle class continues to fall to the low class and the elites continue to gain more. And in the environment that we are in and [we are] trying to lower the cost of health insurance so it is fair and equitable for all, we understand the legacy and the history that Bermuda has had.

But I recall my grandmother. She was a wise woman. She bought shares in Stevedoring Services, a company that we would have said, well, you know, they are kind of elitist boys who started it. But she was wise enough to go and buy some of that stock. And some of these insurance companies, certainly, whether you are black, white, blue, green or yellow, Somerset, Dockyard, St. David's, St. George's, you can buy shares in these places and gain in some of the opportunities. But what we are after right now is understanding if this is the foundation, then how do we explain to Bermudians—since we do not like Mr. and Mrs. Bermuda—how do we explain to Bermudians how they are going to be affected by this and how this benefits them?

And, so what we are trying to understand, thus far what I have heard, is that the only benefit

from this here is that we are going to put a cap on the claims here. This dollar amount that is going to the hospital, we are going to put a cap on it. But then we hear after the fact that we are putting this cap in place to control costs. There is only one person that said that on that side. Only one. But then they said, *Oh well, you know, we are going to put in place, or there will be monies available if we blow through that money.* Well, that is kind of defeating the purpose.

And, so I think what we are looking for is to understand a little more about what regulations, what parameters we are going to put in place that ensure that the cap stays as it is. Quite frankly, what we have right now is that we now know that our insurance is certainly not going down. And I thought that the purpose, as I went through . . . and I enjoyed the reading of the [National Health Plan](#). It basically says here in context, on page 5, "The need for this initiative," talking about the National Health Plan, "arose from ongoing, long-term concerns about health care costs." And, so I am trying to understand where are we addressing the health care cost with this particular Bill? We have not heard that.

And so, when we are asking questions we simply just want to understand where are we going with this here? How is it going to take place? And the Honourable Member is saying, *Okay, OBA, what is the plan?* When we were Government, we told you what the plan was. Utilisation is through the roof and we need to control utilisation! And the fees! That is not being addressed with this Bill. It is not being addressed. So, we are just simply saying that if the mandate is to bring down health care costs, what we want to hear is how is this Bill leading us to bringing down health care cost?

We are not here to listen to the rhetoric about he who feels it knows it! We certainly do know about that. We know about that. So, reminding us of that is not bringing down health care cost. Reminding us of the elites in Bermuda is not answering the question of the main concern of this National Health Plan to bring down and to lower the cost of health insurance.

Now, one of their approaches could have been, as you were asking, as the Honourable Member asked, one of the approaches I think could be we have got 6,000 individuals, Bermudians, who are at risk, no insurance and the likes. We have got three major health insurance companies. Go to those three and say, *Listen to them. You are going to take 2,000, you are taking 2,000, and you are taking 2,000 and you are going to spread that cost and you are going to take care of this, since you have profited over the many years, that is what you are going to do. Yes, you are going to do it.* Sit down and say you are going to do it.

And then we can start looking at utilisation fees and the likes simultaneously because we still have not heard that, as we move with this Bill, simultaneously, we are going to bring down the cost of utili-

sation—because it is through the roof and we know that. We are going to after the fees. But what we are seeing from this Ministry is that we have not gotten to that point yet, but yet we are doing other things.

And so I appreciate the fact that the Health Minister is looking for ways and looking for a pathway to get to this point. But we have not heard from this Bill how it is exactly going to do this. And then when we started asking questions, because we had a very short period of time to try and understand exactly where we are, we are getting more questions from the industry and still trying to understand how the hospital is going to manage through this here, and understand how government also is going to manage through this whole thing, understanding that they need to manage through this Government and understanding also, declaring my interest as I was a general manager of a pharmacy and I have got a wife who is a pharmacist and the likes, sometimes some of the institutions that are out there that are providing health care services, they are waiting six to seven months for government to pay them!

And those companies hire Bermudians—and many of them 100 per cent Bermudians. So, we have to ensure that we are maintaining what we have and at the same the cost not being a loss of jobs, the cost not being, for instance, going into . . . we are talking about small- to medium-sized businesses and understanding . . . right now for my company, I have very [few] claims. And because of that, my insurance is lower than the other company next to me whose claims are through the roof. So, what does that mean for the company who has low claims, who is getting a better rate? How is this Bill going to address a black Bermudian who hires 100 per cent . . . well, sorry, 98 per cent blacks in Bermuda? How am I going to ensure that my people stay employed, that my cost is managed?

I mean, certainly, you know, as we have progressed, many of us as blacks, myself and others like Donna Pearman and them, you know, we have gotten to a point where we are trying to manage our costs and the likes. And all of a sudden the Government says, *Well, there is . . . you know, we are going to tax you on your dividends.* Well, we have not caught up with the white man who has not had tax on his dividends for the last 100 years! So, we are trying to get to that point.

And so what I am trying to understand is how is this all connected to helping small- to medium-sized businesses maintain their costs, because now, for the small- to medium-sized businessman who has got his business is going to have to cover the claims across the board. That company . . . the claims now are not just with his business. His claims now are across the board of Bermuda. So, does that mean . . . I do not know, does that mean that my cost for insurance is going to go down? Or does it mean that it is going to

go up? And so we are trying to understand the nuances as to how this is exactly going to work.

Defending the elitists, certainly, is not on the agenda of . . . quite frankly, I do not know anyone in here who is trying to defend the elitists. But what I am trying to do and what many of us are trying to do is seek clarification. And I am hoping the Premier who is looking at me will give some clarification to what we are doing here. Give us some answers. We have been asking the questions.

Step one (or Step A, whatever you want to call it), *Okay, well we are going to push through this Bill. We are going to send the money over to the hospital and we are going to take care of the claims.* But, guess what? My insurance cost has not gone down.

It has not gone down.

So, if that is the case, then just tell Bermuda, *Listen, at this point in time, listen, understand Bermuda, your health insurance is not going to go down right now as we build on this thing.* I have not heard anyone say that.

An Hon. Member: Why is that?

Hon. L. Craig Cannonier: I have not heard that said.

An Hon. Member: Why don't you answer it?

Hon. L. Craig Cannonier: Okay, so here comes Mr. Chirper into the room, always got something to say.

The Speaker: Speak to me, speak to me, speak to me.

Hon. L. Craig Cannonier: And I said I would behave, but I certainly am not going to put up with that.

The Speaker: Speak to me.

Hon. L. Craig Cannonier: All right? We are still trying to figure out . . . we do not want this to be a situation where we put a schedule in place and we have to kill it after a month. We do not want that.

[Inaudible interjection]

Hon. L. Craig Cannonier: Oh, I did not say that.

[Inaudible interjection]

Hon. L. Craig Cannonier: I just said schedule.

[Inaudible interjections]

Hon. L. Craig Cannonier: So, if we are going to, if we are going to do something—

The Speaker: Just talk to the Chair—

Hon. L. Craig Cannonier: —we want to make sure that it is all covered.

The Speaker: —and you will be all right.

Hon. L. Craig Cannonier: We just want to make sure that it is all covered, and that we are looking at all of the different nuances which affect business in Bermuda, which affect average Joe Blow in Bermuda and that we truly are going to go get to what the mandate says here, and that is to lower the cost of health care.

That is all we are after. We want to hear that. We want to hear how that is going to happen. And certainly, there is enough to go around in this room of throwing mud back on this person and that person and, you know, this elitist and that elitist and all that comes up, and why is that and why is this. Well, I want to understand exactly what it is that we are doing.

Now, there was a scenario, I think, given earlier about \$1.00. And it was talking about with that \$1.00, \$.80 goes to the insurance companies . . . \$.80 goes towards covering claims and \$.15 goes towards administration, and then there was a 5 per cent that covered risk as well as profits . . . that covered risk as well as profits. And, so I guess what I am trying to understand here, what I am trying to understand at the end of the day then is if, in fact, that is true, and if, in fact, we are going after the profits that so-called elitists have been making and we are taking this money and we are moving it over to the insurance companies . . . not so-called; we know that they have been making money. But moving it over to the hospital . . . so with that amount, whatever that percentage is, because within that 5 per cent it is kind of . . . none of us are sure exactly how much actually goes to profit of that 5 per cent. If that is the case and we move this money, then why did our insurance not go down? Why is it not going down? If part of that building there is profit, then we should be able to give that back to the Bermudian. We should be able to do that.

And, so what . . . this is what we are looking at on paper, this is what we have been listening to as far as consultation is concerned and so we are looking for answers. We are looking to figure out how does this work. No one is sitting here trying to defend any large corporate business at all. At all.

[Inaudible interjections]

Hon. L. Craig Cannonier: At all!

So, then I said, *Okay, well, look. Let me just look at some more statistics,* Mr. Speaker. And then I looked at the standard premium rate history that in 2017 the Health Council actuarial report put out. And, so, I am looking for clarification as well. The ratio is a loss ratio. So, the health insurance companies, Government, the likes, for the last decade—

[Inaudible interjection]

Hon. L. Craig Cannonier: The loss ratio is 106 per cent, they got here. Okay? So, so, so—

[Inaudible interjection]

Hon. L. Craig Cannonier: This is across the board. This is across the board. Okay? This is across the board.

An Hon. Member: Ah!

Hon. L. Craig Cannonier: Regardless, it is across the board. Okay? So, this is across the board. So—

An Hon. Member: What part of that don't you understand?

Hon. L. Craig Cannonier: What part of that do I not understand? What I would like to understand is this: So, for every dollar . . . we know that in claims \$1.06 is being paid out. Maybe that is registering. So, I know that, you know, the insurance companies had been making money. But what we are wrongly doing—

[Inaudible interjection]

Hon. L. Craig Cannonier: What we are wrongly doing is casting these aspersions that, *Oh, well, you know* . . . yes, in some of the cases they may have been raping and pillaging. But what this is suggesting is that the insurance companies are not making all the money off of health insurance, they are making it off of other things. What we now need to figure out—

[Inaudible interjections]

Hon. L. Craig Cannonier: What we now need to figure out . . . yes, point of order me. Tell me—

Hon. Kim N. Wilson: Point of order, Mr. Speaker.

The Speaker: We will take your point of order, Minister.

POINT OF ORDER

[Misleading]

Hon. Kim N. Wilson: Thank you, Mr. Speaker, and I actually have been trying to hold my tongue, because I was going to try to address all of the questions at once, but unfortunately, this Honourable Member is misleading the House. In 2017, Mr. Speaker, yes, the overall loss ratio was 106 per cent. However, what he failed to do was to segregate it so that the public could—

[Inaudible interjection]

Hon. Kim N. Wilson: I am reading what you are reading.

[Laughter and inaudible interjections]

Hon. Kim N. Wilson: The public can see—

[Desk thumping]

Hon. Kim N. Wilson: —the private . . . this is from the [Bermuda's Health Council's Actuarial Report](#) which was published. The private health insurance loss ratio in 2017 was 89 per cent. So, in other words, for every dollar collected, they spent \$0.89. On the other hand, for Government, the public insurers HIP and FutureCare, the loss ratio was \$143.00 *[sic]* which means for every dollar that was collected in premiums by the Government, they spent out \$143.00—

[Inaudible interjections]

Hon. Kim N. Wilson: Sorry . . . \$1.43. So, collectively, the loss ratio is 106 [per cent], but it is totally disingenuous and misleading this Honourable House and the public to combine the two. You need to segregate them.

[Inaudible interjections]

The Speaker: Thank you.

[Inaudible interjections and laughter]

Hon. L. Craig Cannonier: Thank you, Mr. Speaker—

The Speaker: Continue to speak to me.

Hon. L. Craig Cannonier: I certainly . . . as I was reading through, I am not looking at the breakdown of that. I am looking at this spreadsheet here. And if the Honourable Member had listened, I did say that what I was trying to understand is, okay, what are the insurance companies really making with this loss ratio? So, I am looking for clarification. And I am glad she clarified that it is \$0.89 and not \$0.80, which is what we thought it was. It is \$0.89. At the end of the day, Mr. Speaker, we still have not answered the question, How are we lowering the insurance cost for Bermudians with this Bill?

Now, we understand that there is a loss ratio and it is higher than what we actually thought. Higher than what we thought! We also know that with government, because we were Government we know that generics are not completely covered—they are not covered 100 per cent—that will go towards lowering costs right there. Make it 100 per cent like the private insurance companies. Maybe there is a reason for that. I do not know. But we have not heard that.

We also know that the co-pay for government insurance is much higher than the private sector. So,

when you go and you have to pay a co-pay, it is higher if you have government insurance than not. So, why is that? How do we now start looking at efficiencies—and we certainly should be looking at efficiencies within this House as we start to go looking outside to the private sector as well in trying to understand exactly what it is that we need to be doing to lower the cost of health insurance.

And in all the rhetoric that we keep hearing, we still have not been told how health insurance is going to go down. We do know this: utilisation is through the roof, and fees, and those are the two major contributors to why our insurance continues to escalate. Why are we not going after that with fervour? Why are we not going after that with tenacity, and how is this Bill leading us to that point? Because right now, where are the controls in place? We do not understand how the Government is going to control things with the hospital and these claims—we have not heard it.

So, we are hoping to hear how they are going to control. If they say they are putting a cap in place, but yet they are still making sure that there is a \$60-something million [reserve], if in fact the hospital does go through it . . . and I can understand that there are certain ways that this could happen. And one of those here is through the Mutual Re-insurance Fund. And for the general public, so that they understand what that is, it was established by Government, the MRF (Mutual Re-insurance Fund), to cover newly introduced benefits for which a claims experience history was unavailable, or for which premium forecasting would be difficult.

[Inaudible interjections]

Hon. L. Craig Cannonier: It does not matter where it came from, that is a fact!

[Laughter]

Hon. L. Craig Cannonier: The point is—

[Laughter]

Hon. L. Craig Cannonier: Here we go again, Mr. Speaker.

The Speaker: Just talk to me and you will be all right.

Hon. L. Craig Cannonier: You know, rather than dealing with the facts, we got to get personal.

The Speaker: Do not get side-tracked.

Hon. L. Craig Cannonier: I could care less where it came from. It does not matter where it came from. That is what the—

[Inaudible interjections]

The Speaker: Do not let them side-track you.

[Inaudible interjections]

Hon. L. Craig Cannonier: —Mutual Re-insurance Fund is. And so we understand at the end of the day . . . And you can make all the noise you want, Premier—you have not brought insurance down. And that is what you said you would do. You have not brought down the cost of living in this Island and it has not happened, and we are still waiting for it to happen.

[Inaudible interjections]

Hon. L. Craig Cannonier: Still waiting for it to happen.

[Inaudible interjections]

Hon. L. Craig Cannonier: Yes, we are still waiting for it to happen.

And so I understand the complexity here with health costs in many instances, defending no one, because, quite frankly, with the Mutual Re-insurance Fund there is no way to forecast some of these things that are covered because they are new things. So, how is the Government then going to bring that under wraps? How are they going to put controls in place to ensure that our insurance [premiums] go down? There are no indicators; there is nothing to say that this is going to happen.

And so I appreciate all of what has been said thus far. I entered into this debate seeking out answers. I will hold my tongue as far as the foolish rhetoric that I hear in this House all the time, but we want answers. Bermuda wants answers. Bermudians do not understand. They do not understand this here. They are all asking, *How does this work? I just need to understand how this works.* And, so we just want to make sure that they are getting the facts and that they understand the nuances to this here.

Listen, a National Health Plan is a beautiful thing. It is a beautiful thing if we do what we say we are going to do. And that is, as it says, to bring down the cost of health insurance, and to ensure that the 6,000 who are vulnerable are well taken care of. I have not heard the answer to that yet, so I am hoping that the Honourable Minister will bring about some more clarity and answers to this here.

I also want to say this here, Mr. Speaker. Based on this very short period of time trying to understand what is going on . . . my goodness, many of the government officials over there do not understand it. We have heard that because we have heard what was said today. They do not understand it. And so we just want clarity. Some answers to the questions that

are out there—and even some answers to questions that probably have not even been asked yet.

I know that the technical team is working over-time, but based on what I see coming down the line, it is getting more and more costly to live in Bermuda. And with that cost comes the dire need to be able to take care of everyone.

How are we going to do that? I am praying that there are some answers to this so that we can see the influx of new money coming into the economy so that we can afford to do the right thing and lower the cost of our health insurance.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member. Does any other member wish to speak? Premier?

Hon. E. David Burt: Mr. Speaker—

The Speaker: Yes.

Hon. E. David Burt: I am sure you did not intend on being here this late.

The Speaker: You do not want me to answer that.

[Laughter]

Hon. E. David Burt: But, Mr. Speaker, health insurance is a very, very important issue. I do not know if the Minister of Health said it inside of her opening remarks, but she may say it in her closing remarks, but when she speaks at her various town halls around the country and other places, she says that she has a goal. And that goal is health care for all. That is the goal. All—A-L-L—everyone; universal, all around. Because, again, this is a question of philosophy. Philosophy. A question as to whether or not you believe health care should be something for profit, or whether or not you think health care should be something that a country should have.

So, let me say this, Mr. Speaker, this is the first step. It is a monumental step. It is likely a step that was recommended to the One Bermuda Alliance Government during their time in office.

An Hon. Member: But what happened?

Hon. E. David Burt: And they said, *Nah, we're probably not going to touch the insurers*, likely because some of the people sitting in the room on Tuesday were insurers.

Hon. L. Craig Cannonier: Now you are making an assumption—casting aspersions.

[Inaudible interjections]

Hon. E. David Burt: The Opposition Leader is saying that I am casting aspersions.

The Speaker: Just speak to the Chair, you will be all right.

Hon. E. David Burt: Oh, it is all right, Mr. Speaker.

The Speaker: Speak to the Chair. No. No.

Hon. E. David Burt: Because I think the people of this country need to know and understand—

The Speaker: Do not get distracted. Just speak here.

Hon. E. David Burt: Because it is important, Mr. Speaker, you cannot bring—

Hon. L. Craig Cannonier: Point of order, Mr. Speaker. Point of order, Mr. Speaker.

The Speaker: Yes.

POINT OF ORDER

[Misleading]

Hon. L. Craig Cannonier: The Honourable Member is misleading the House. His words were that it was likely because there were members within the OBA that were insurance shareholders, or the likes. That is not the case at all!

[Inaudible interjection]

Hon. E. David Burt: Mr. Speaker, I am just going to go on because every single person in the country knows—

[Inaudible interjections and laughter]

Hon. E. David Burt: —that the Honourable Opposition Leader has a problem with the facts. So, let us just continue, Mr. Speaker.

The Speaker: Just speak to—

Hon. L. Craig Cannonier: Point of order, Mr. Speaker.

The Speaker: Speak to the Speaker.

Hon. L. Craig Cannonier: Point of order, Mr. Speaker!

The Speaker: No, wait, wait, wait, wait.

Premier, Premier, I have been pretty good all day with trying to get folks to just stay on track and not get caught up in the innuendos. So, you just speak to

me and you will not have to worry about getting caught up in those types of situations.

Hon. E. David Burt: Mr. Speaker—

The Speaker: Thank you.

[Inaudible interjection]

Hon. E. David Burt: Oh, did I ever—

The Speaker: No, no. Speak this way.

Hon. E. David Burt: So, I commend the Minister of Health—

The Speaker: Thank you.

Hon. E. David Burt: —for having the courage.

And I remember, I sent a message to the Minister of Health last evening because I know that when the insurers are coming after you and everyone is coming after you, you need a little bit of encouragement. And I think that she has heard encouragement here today. I even think she has heard encouragement on that side from members of the Opposition.

An Hon. Member: Absolutely.

Hon. E. David Burt: Because I do not know if they are actually in opposition to it. I am happy to yield . . . the Honourable Leader of the Opposition keeps trying to get up.

I am happy to yield, Mr. Speaker, to the Honourable Opposition Leader because I do not believe the country—

The Speaker: No, no, no, no. Just use your—

Hon. E. David Burt: —knows whether or not he supports this Bill.

[Inaudible interjections]

Hon. E. David Burt: And I think that is the real question to ask.

The Speaker: Use your time and speak to me. Speak to me.

[Inaudible interjections]

Hon. E. David Burt: I will yield.

The Speaker: No, no. Use your time and speak to me.

[Inaudible interjections]

The Speaker: Come on. Use your time. Use your time. Use your time—speak to me.

Hon. E. David Burt: Mr. Speaker—

The Speaker: The Opposition Leader—Opposition Leader, you had your chance.

Hon. E. David Burt: Mr. Speaker—

The Speaker: Premier, it is your turn.

Hon. E. David Burt: Mr. Speaker, I am happy to yield.

The Speaker: No, no, no. Do not yield. Just talk to me.

[Laughter]

Hon. E. David Burt: I am happy to yield, Mr. Speaker.

The Speaker: No, no.

Hon. E. David Burt: But allow me to say this, Mr. Speaker—

The Speaker: Yes?

Hon. E. David Burt: Transformational change is what this Government was elected to bring, and that, Mr. Speaker, is what we will bring to Bermuda because . . . let me give a little bit of history. Mr. Speaker, very often when I stand up here inside of this Chamber, I am reading things that were written before I was born.

The Speaker: You are a young fellow.

Hon. E. David Burt: Pardon me?

The Speaker: You are a young fellow.

Hon. E. David Burt: Thank you, Mr. Speaker.

The Speaker: Go ahead.

Hon. E. David Burt: I am going to read you something that was written before I was born. And it is from what was then called the [Hospital Insurance Act 1970](#).

The Speaker: Oh, that was not that long ago.

Hon. E. David Burt: And, in section 20 of the Hospital Insurance Act, it reads and I quote . . . well, there have probably been a few changes to it, but I am going to give you the broad outlines.

It is titled “Compulsory health insurance,” and it goes on to say, “Subject to this section, section 26 and regulations under section 40(1)[(d)], every employer shall effect and continue in force a contract of

health insurance with a licensed [health] insurer providing not less than standard health benefit in respect of himself, every employee and the non-employed spouse of every employee.”

Now, Mr. Speaker, understand, compulsory health insurance provided by licensed insurers in 1970—let us be clear.

An Hon. Member: Let us think about that for a moment.

Hon. E. David Burt: Let us be clear.

Now, Mr. Speaker, that was 49 years ago.

So, we heard the figures going back and forth from the Honourable Opposition Leader talking about, *You know, I keep hearing this 80 per cent.* It is convenient that the Honourable Opposition Leader picked the one year in the last few years that the combined loss ratio, you know, was over 100 per cent. Just the one year!

You have to understand because there are a lot of other years where it was not over 100 per cent, you understand. But he picked the one year where it was over 100 per cent.

Hon. L. Craig Cannonier: Point of order, Mr. Speaker.

The Speaker: We will take your point of order.

POINT OF ORDER

Hon. L. Craig Cannonier: I did say, if he was listening, the Premier, over the last decade.

The Speaker: The 80 per cent over the last decade?

[Inaudible interjections]

Hon. E. David Burt: Mr. Speaker—

The Speaker: Okay.

Hon. E. David Burt: Allow me—

Hon. L. Craig Cannonier: Mr. Speaker, just . . . I mentioned 2017 because that was when the report came out. That is what I was saying. The report came out in 2017.

The Speaker: All right.

Hon. E. David Burt: So, Mr. Speaker, in 2017, the overall loss ratio was 106 per cent, and the health insurers loss ratio, the private health insurers loss ratio was 89 per cent, as the Honourable Minister of Health said. But in 2018, which was last year, that commercial loss ratio was 80 per cent, Mr. Speaker. And so, Mr. Speaker, the estimated excess amount of money

that was collected by health insurers that did not go to pay for health, health care, was \$20 million last year. That is where the 80 per cent came from, Mr. Speaker.

[Inaudible interjections]

Hon. E. David Burt: And that is why I am happy to answer your question, because you asked me to answer it, and I am answering it. So listen a little bit, Opposition Leader, you may learn something.

Because the fact is, Mr. Speaker, that you can transform or you can manage the status quo. And we have had the status quo, Mr. Speaker, for 49 years. Forty-nine years of compulsory health insurance being paid to licensed insurers that are going ahead and extracting profits and not giving money to health care.

Now, Mr. Speaker, this is important because you heard earlier what the status quo means. You heard, because what normally happens is the actuaries come up with the figure, and every Health Minister will come up here to this House and say the actuaries say that we have to raise the Standard Health Benefit by this much. And, guess what? We are going to raise the Standard Health Benefit by this much. That is what happens. It happens every year.

Now, Mr. Speaker, guess what happened this year? When the actuaries came with the figure and said you are going to have to raise it \$84, this Government said no; find a different way. Find a better way. And to the credit of the Minister of Health, the team of the Ministry of Health, and the Health Council, they found a different way, Mr. Speaker. But, Mr. Speaker, this is why it is important. And I often say it when I get up here, there is the past versus the future.

Now, you heard the past from a former Attorney General and a former Minister of Health. He got up and spoke for that side of the House. And you know what he said, Mr. Speaker? He said, you should have just raised the rate on everyone by \$84. Past versus the future, Mr. Speaker, because what he said is Granny on FutureCare, pay some more money. Disabled persons on HIP, pay some more money. That is what he said! Understand.

So, this is why it makes a difference, because the health insurers, while collecting the \$20 million of profits off of Government mandated care, Mr. Speaker, in statute and law for 49 years, while they are making the profit, that side of the House says let us raise the price of health insurance on Granny, so the health insurers can continue to collect their profits. Guess what, Mr. Speaker? No. Not under this Government, Mr. Speaker, because it is very simple.

[Inaudible interjections]

Hon. E. David Burt: Now, Mr. Speaker, we hear the noise, and there was this question about why are we not seeing a reduction in rates. Mr. Speaker, here is

what I can tell you. If the One Bermuda Alliance was in office right now, Mr. Speaker, we would be debating an \$84 increase to the standard premium rate.

[Inaudible interjections]

Hon. E. David Burt: That is what we would have been debating. But, Mr. Speaker, we are debating no increase to the standard premium rate. That is what is happening, Mr. Speaker.

[Inaudible interjections]

Hon. E. David Burt: Now, Mr. Speaker, let me go ahead and continue, because I think that it is really important to recognise that through all of the speeches that we have had from the Opposition, not one of them gave an alternative. Well, actually, they did.

[Inaudible interjections]

Hon. E. David Burt: They did give an alternative.

[Inaudible interjections]

Hon. Jeanne J. Atherden: Point of order.

Hon. E. David Burt: Pay \$84.

Hon. Jeanne J. Atherden: Point, point of order.

The Speaker: We will take your point of order, yes.

POINT OF ORDER

Hon. Jeanne J. Atherden: I did give an alternative. I said that you did not need to change the rate. I said you need to turn around and give cards to the people who are uninsured, because that is the thing that you have not done yet. You have not done anything yet to make those uninsured people get coverage.

The Speaker: Thank you.
Premier?

Hon. E. David Burt: Mr. Speaker, I was getting to that.

The Speaker: Yes.

Hon. E. David Burt: Because the other alternative that we heard from the Opposition Leader was the 6,000 uninsured people, tell the health insurers to give them free insurance.

Hon. L. Craig Cannonier: That is not what was said.

Hon. E. David Burt: Now, Mr. Speaker, I will just say something quick . . . and I am trying my best not to be too funny because this is a serious matter.

When the Honourable Opposition Leader gives 6,000 people free gas, then he can turn around and tell health insurers to give people free health insurance, Mr. Speaker.

An Hon. Member: Oh! Oh! My dear! Oh!

[Inaudible interjections]

Hon. E. David Burt: Understand, Mr. Speaker, let us deal in the space of reality for a second.

[Inaudible interjections]

Hon. E. David Burt: Let us deal in the space of reality, Mr. Speaker, because the space of reality is that you are constrained in what you can do.

So, here there were the two choices: raise rates or find places to extract savings. Now, just to be clear, Mr. Speaker, we could have come up here and done like they did in 2017 right before an election and said, *Hey, we are going to lower the standard premium rate by \$1.* We could have done it. You understand what I am saying? But let us just be clear, Mr. Speaker, we are dealing in the space of reality. It is not realistic to say that you are going to ask the health insurers to cover everyone who is uninsured for free. It is just not realistic.

But here is the thing, Mr. Speaker—

[Inaudible interjections]

The Speaker: Members! Members! We want to hear the Premier. We want to hear the Premier.

[Gavel]

Hon. E. David Burt: Because I think it is important, Mr. Speaker. I think it is very important, because the same people that the Honourable Opposition Leader thinks are going to give 6,000 uninsured people in this country free health insurance said this when the Honourable Minister of Health announced the changes to health insurance, and I quote, “¹The new system will inevitably slash this margin,” that is the 80 per cent margin I was talking about earlier, Mr. Speaker, “one source said, meaning health insurers would have to either increase premiums or exit the healthcare business, as continuing to underwrite unprofitable lines of business is not in the interests of shareholders.”

So, now let me be clear, Mr. Speaker, they will exit the industry if they are underwriting unprofitable lines. But the Honourable Opposition Leader

¹ [Royal Gazette](#), 28 March 2019

thinks they are just going to provide the health care for free.

[Inaudible interjections]

Hon. E. David Burt: Understand, Mr. Speaker, reality must set in. But I think it is important, because there was this question. There was this question about what is the next step. Because, as we saw and that quote which I just said, Mr. Speaker, what did the health insurers do? They raised their rates. Absolutely. And may I be clear, Mr. Speaker, because I know there are some people out there that do not think I walk around now inside the community. Well, I feel it. Oh, I hear it just like I said last week. Oh, I feel it and I hear it. But let me tell you something, if there is one way to get people angry at the Government . . . start jacking up prices. Start. But here is the thing, Mr. Speaker, here is the thing, greedy killed puppy.

[Laughter]

Hon. E. David Burt: That is my . . . yes, greedy killed puppy.

Because here is the thing, Mr. Speaker. The thing, Mr. Speaker, is that when you start hurting the people of the country, you have to find a way to help. And when we say this is step one, Mr. Speaker, this is step one. Because you either want a country that has a health insurance system that is built on a health insurance system for profit, or you have a country where you have a health insurance system that is there to provide for all persons and to make sure that people can access the health care which they need.

This, Mr. Speaker, as I said, is the first step. The question, Mr. Speaker . . . the question, Mr. Speaker, is: How do we take care of everyone? The Honourable Minister of Health said, and has indicated in the town halls which she has had across the country . . . it was said inside of our Throne Speech, and Honourable Members have indicated that we are waiting for the actuarial numbers to come back for the two options which were laid out in the National Health Plan. One was a dual option, and one was a single option. And we are going to make sure that we examine them very carefully to figure out which one is the best one for Bermuda.

But here is the thing. What I can tell you, Mr. Speaker, is that if the health insurers of this country want to react like this to this change, then they are signalling what they will do when we try to provide a system of universal health care. They, in their reaction to this, have indicated and shown what they are willing to do. And it is a lesson to myself as the leader of this country, and it is a lesson to all persons on this side of the aisle, Mr. Speaker, of exactly who it is that we are dealing with. And those will factor into the choices that we make, Mr. Speaker, because what we have to make sure we do is take care of the people first. The

people first, Mr. Speaker, those persons who want and need access to health care.

So, yes, we will make sure that we spend money to have a healthier population, make those investments like we have [done]—fitness equipment in public parks and doing all the fitness stuff which we are doing inside of Government and otherwise, but also, Mr. Speaker, we have to make sure that we take care of everyone.

Here, Mr. Speaker, is where I will end my contribution today.

[Inaudible interjections]

Hon. E. David Burt: Here is where I will end my speech today.

Mr. Speaker, I was at the Bermuda College yesterday. And the graduation speaker, Ms. Demetria Packwood, said something in her closing remarks in her speech to the graduates. She said, and I quote, "Change will not happen overnight."

Mr. Speaker, change will not happen overnight. But this is the first step to providing a health care system that puts the people's interest over the interests of people's profits.

Thank you, Mr. Speaker.

[Desk thumping]

The Speaker: Thank you. Thank you, Mr. Premier.

No further speakers? We will call on the Minister.

Minister?

Hon. Kim N. Wilson: Thank you. Thank you, Mr. Speaker.

I would certainly like to thank the Honourable Members of this House for their contributions in what has been about a—

The Speaker: A long day.

Hon. Kim N. Wilson: Yes, a very long day.

[Laughter]

Hon. Kim N. Wilson: Obviously, it shows the compassion of Members, and that this is a very, very important topic, health care, that is deep to everyone's heart. And, Mr. Speaker, as the Honourable Premier just said before he took his seat, I have indicated and this Government has indicated on many, many occasions, that this is a progression. I like to compare it to a train. The destination is universal health care. The destination is ensuring that we have cost containment, we improve affordability, we have access for everyone. The destination is improved patient outcomes. That is the destination, Mr. Speaker.

So, the train has left the station. In fact, it left the station last November when we implemented RVUs, which had been proposed and suggested by people from the Oughton Report, Arthur Anderson, PwC, a host of other independent companies suggested that RVUs, Relative Value Unit, should be implemented with respect to the services that are rendered, and this Government took steps to do that as of last November.

We are looking at this block grant funding that we just spoke about. And as the Premier just indicated the final destination, which will include . . . and I cannot wait to be able to inform Honourable Members of the decision that the Government will take as it relates to how we will reform the financing of health care. We have heard a lot of discussion this afternoon about why have you not looked at this area, that area, et cetera. But we cannot talk about those areas in proper fullness until we address how we are going to pay for those.

And when we start discussing health care financing reform, and when the Government is able, in a very short time, to articulate to the community what that option will look at, we will then also be able to speak about a benefit packet, Mr. Speaker, that will allow for more preventative measures, more primary care measures, more drug benefits, and the like. And I am very, very excited—excuse me—and I am very, very—

The Speaker: Yes, you have a clearer view of me, yes, that is right.

Hon. Kim N. Wilson: Thank you very much. And I am going to be excited because we are going to be able to roll that out and inform members of the public in very short order. That is our destination.

Now, Mr. Speaker, there were only actually a couple of questions that were asked. And most of those came, I think, probably shortly before lunch. So, I am going to try to address them, not necessarily in the order in which they were [asked], however, what I will do is I kind of grouped them together because there was quite a theme that was going on and I am trying to answer them in unison.

Mr. Speaker, with respect to the subsidy, there was a question concerning the \$330 million block grant and the subsidy that Government pays now, which is about \$145 million, will go towards that \$330 million. And in 2018 . . . we have heard a lot, Mr. Speaker, about actuarial reports and obviously they are the ones that compile a lot of the data that we are being able to rely on heretofore. And based on the reports as well as the actuarial reports concerning the utilisation as it relates to the SPR, that does not apply to the hospital.

Like I said, the standard premium rate, 95 per cent of that actually goes to the hospital. But the one that goes to some of the community services

such as imaging and the home medical benefits . . . in 2018, Mr. Speaker, the sum was \$12.5 million. And this year, as of June 1st, that carveout that will go to the insurance companies as it relates to the SPR outside of the hospital . . . and I think the Honourable Member from constituency . . . the Honourable Member Jackson raised this question. That total that will go to the insurers will be \$13.7 million. So, from an actuarial point of view . . . and they are not anticipating that the utilisation will increase. Last year it was \$12.5 million, and this year they will be getting \$13.7 million. So, there will be sufficient funds for them to make the payments with respect to those outside services.

Mr. Speaker, with respect, there was a lot of discussion that came out as it relates to the adjudication of the hospital claims. In fact, I think almost every Member to a song raised that insofar as how are adjudications going to take place, whether the insurance companies will get this information, et cetera. When we sat down and spoke with the insurance companies . . . and I might add that the discussions concerning the SHP started actually in December of last year. And during those conversations, it was emphasised with the insurance companies, that the issue concerning the claims information, that information will be provided to them.

In fact, the first meeting that we had, one of the insurance companies said, *Well, if we are not going to be having to assist in providing that type of information, then we do not even want to be a part of this conversation.* Fast forward a couple of weeks later when we continued the conversation, the dialogue, and Health Council assured them that the information in the claims would be presented. Then they sang a different song. However, the adjudication of the hospital claims will be done by the HID department with the oversight, Mr. Speaker, of the Health Council. And each insurer will receive their respective data.

So, for example, Mr. Speaker, the data that relates to each service that the hospital provides for that individual patient will be assessable to the respective health insurer. This data, Mr. Speaker, will include the policyholder's identifying information, the dates of the services, the codes related to the diagnosis and the associated treatments. And the data will be provided to the insurers on a regular basis to help to support efforts for case management and utilisation trending for more robust accounting of the patient participation in the care continuum.

Now, we have also heard some discussion this afternoon and this evening concerning what will that do with respect to the block grant as it relates to employment. Well, Mr. Speaker, I can tell you over 90 per cent of the claims adjudication is done by computer. It is all computerised. So the hope is that those persons, the few people that would have been assisting with the claims adjudication that are not computers, will assist with case management, so that they

can help better assess and manage their own clients as it relates to the insurance.

In addition to that, Mr. Speaker, there was some information . . . and I am a little bit disappointed because last evening at the town hall meeting, which I think was quite successful, we saw a lot of people answering questions and getting information that they were seeking. However, regrettably, this morning in the *Royal Gazette* the heading inappropriately indicated that this reserve of \$65 million . . . and I think that there were Honourable Members on the opposite side who referred to this as a slush fund. And the regrettable aspect of this, Mr. Speaker, is that the *Royal Gazette* unfortunately erroneously reported the issue concerning the \$65 million.

The Opposition will know that the Bermuda Hospitals Board had reserves in 2017 of \$100 million. In fact, part of those reserves you will see that in 2017 the hospital received a budget cut in the subsidy in the sum of \$25 million at that time. So, the OBA Government at the time realised that the hospital had those reserves, and then they did remove \$25 million for that . . . sorry \$25 million of that was taken away in 2017. And I cannot remember what the \$25 million was for . . . oh, the World Cup . . . the America's Cup. I am sorry, it was for the America's Cup. But needless to say, following the election—

An Hon. Member: That is not true.

Hon. Kim N. Wilson: Well, that is what it said in your book. We have already qualified that. It said that in your Budget Book. But in any event—

[Inaudible interjections]

Hon. Kim N. Wilson: So, now the reserve is \$65 million—

The Speaker: Speak here.

Hon. Kim N. Wilson: Thank you, Mr. Speaker.

The reserve is now \$65 million. It is not a slush fund. That represents the reserve from the \$100 million that I spoke about in 2017 to support hospital development. So, the Members opposite kept referring to the \$65 [million] because they were referring to an erroneous headline in the newspaper following yesterday's town hall meeting.

Questions, again, Mr. Speaker, arose concerning the management of the \$330 million. The Health Council will be working with the hospital using international standards for developing and refining metrics to hold the hospital accountable for the spend. And we will be using the data to track the trends and utilisation, Mr. Speaker, the complexity of the services used, the types of diagnoses seen, and the clinical pathways being used. [These] are just some examples of the tracking of this data and the matrixes. And

these reports will be made public for the public to also have a transparent view of how the money is being spent and utilised.

Mr. Speaker, there were some other questions concerning the actuarial modelling. And I can say, Mr. Speaker, as I indicated previously, \$84 . . . the independent actuarial modelling determined that an \$84 per month premium increase would be needed to cover the projected fee-for-service claims. The change in funding model, namely from fee-for-service, Mr. Speaker, to the block grant at the hospital, this change in funding model has reduced the revenue that BHB would have obtained from \$350 million with the fee-for-service to \$330 million for the fixed block grant. This funding change, Mr. Speaker, prevented a \$20 million added spend in the health system.

The actuarial modelling was completed on the status quo method of funding the health system. And based on multi-year trends of utilisation, Mr. Speaker, the innate initiatives within the fee-for-service and from infrastructure and the disproportionate risk being born by public providers, it was determined that an \$84 month increase in the standard premium rate would be required. This is what the actuaries have presented. This \$84 increase to each policy equated to an estimated increase of \$49.42 million in additional system funding. Under the current fee-for-service model, the hospital would have generated additional revenue amounting to \$350 million for the fiscal year.

And through extensive collaboration—and I must emphasise this, extensive collaboration—and a review of the current hospital expenses, it was determined that there was a feasible pathway to a revenue target of \$330 million with incorporation of a more aggressive plan including implementation of an efficiency improvement programme for BHB. And, again, this collaboration between the Health Council, the Ministry of Health and the hospital, BHB aggressively saw a \$20 million reduction in the anticipated revenue for the hospital. And, as such, Mr. Speaker, in addition, the quality of care at the hospital will remain the same.

That is BHB's primary priority. And the funding change allows development of initiatives to ensure that the right care is delivered and developed efficiently. So the hospital has been the most important partner, Mr. Speaker, in this decision to streamline its funding mechanisms by utilising the block grant as opposed to the fee-for-service, because they recognise that this will truly be transformational and beneficial to the community.

We had in-depth discussions that have taken place to agree this \$330 million revenue target and this is based on, Mr. Speaker, BHB's financial analysis as a realistic goal that would not disrupt operations or the quality of care this fiscal year. The quality of care is cost-effective, because it means patients receive the right care at the right time in the right place. And, Mr. Speaker, in addition, the new funding model will incentivise BHB over time to develop innovative

partnerships with the community to help to deliver the right care at the right time, in the right setting.

Mr. Speaker, just for the edification of Members of the Honourable House, I did speak about this in the brief. But I think people need to understand that the standard health premium, the one that we have been speaking about, is what we refer to as community rated. It is not risk rated; it is community rated. And what that means is that this premium is averaged across the whole insured population—all 47,000 insured population persons—and it spreads the risk out equally to make it fairer, because it provides financial risk protection in the event of a catastrophic health event, which could happen to any one of us.

For this reason, the SPR has to be at a level that can support the whole population claims and this is the structure and the spirit of the Act that the Honourable Premier referred to previously, the Health Insurance Act 1970.

And we have heard a lot, as well, this afternoon about this two-tiered health system, and that this streamlining of BHB's funding by giving them a block grant would actually create a two-tiered system. However, Mr. Speaker, we already have a two-tiered system. The change in BHB funding will help to alleviate this. There is currently a tier for the healthy and a tier for the poor. A tier for the old and the sick. The lack of controls in the Health Insurance Act prevents individuals from securing basic cover of any insurer and there is no obligation to offer coverage. What does that mean, Mr. Speaker? If you are a senior or you have a pre-existing condition and you are seeking an individual policy with a private insurer, they will reject you and they will send you, if you are senior, to FutureCare, and if you are [younger than] a senior with a pre-existing condition, to HIP. The government plans.

An Hon. Member: He says that they are going to give it to them for free, though.

Hon. Kim N. Wilson: Oh, yes . . . 6,000, right? Yes, let them spread around, see how that . . . they are fighting us? Imagine if that happens.

The Speaker: Have that conversation this way.

Hon. Kim N. Wilson: I am sorry, Mr. Speaker.

The Speaker: Thank you.

Hon. Kim N. Wilson: I am so sorry.

[Laughter]

Hon. Kim N. Wilson: But, Mr. Speaker, and this pushes persons who have a bad risk, like I said, a pre-existing condition, Mr. Speaker, to the public plans, which do not currently offer higher levels of coverage.

That is what is creating a two-tiered system. And the public plans currently receive \$50.35 per month subsidy from all insurance premiums via the Mutual Re-insurance Fund. However, with the BHB block funding to come into place, the subsidy will reduce to \$35.89, because the cost of operating the country's only hospital will be spread more equally across the community.

The Honourable Member, the Opposition Leader, also made a comment about what if you are a small businessperson and you cannot afford the increased premiums from the supplementals. What could you do? Well, that person's insured employees could actually join the HIP programme because, as we have indicated with this legislation, HIP will remain the same. We will not increase HIP, nor will we increase FutureCare. So those public benefits will . . . sorry, those public insurance policies will remain the same. They will not be increased.

My last comment, Mr. Speaker, before I take my seat: It is important to note that if we are going to improve health outcomes, access, and lower the cost, we have to change the way that we pay for health care. It has already been stated that three of Bermuda's main health problems are the high rates of chronic disease, ageing, and high health care cost. And to address all three, the way we pay for health care has to change.

This is health financing reform, and we need services and coverage so everyone can stay healthy and restore health when things go wrong. We need the 50 per cent of the population with risk factors for chronic disease to have access to the necessary care to control their conditions and prevent costly escalations. We need seniors and other vulnerable groups to be able to afford health coverage that will protect them. We need health services to be better aligned and properly integrated to deliver the right care at the right time in the right place, and none of this, Mr. Speaker, is doable without changing the way that we pay for health care to incentivise and cover the right care. And that is why health financing reform is needed and that will help us get to our final destination of universal health care.

With that, Mr. Speaker, I would like to move that the Bill be committed.

[Desk thumping]

The Speaker: Thank you, Minister.
Deputy?

House in Committee at 8:40 pm

[Hon. Derrick V. Burgess, Sr., Chairman]

COMMITTEE ON BILL

HEALTH INSURANCE AMENDMENT ACT 2019

The Chairman: Honourable Members, we are now in Committee of the whole [House] for further consideration of the Bill entitled [Health Insurance Amendment Act 2019](#).

Minister Wilson, you have the floor.

Hon. Kim N. Wilson: Thank you and good evening, Mr. Chairman.

Mr. Chairman, I would like to move clauses 1 through 17.

The Chairman: Continue.

Hon. Kim N. Wilson: Mr. Chairman, the Explanatory Memorandum and clause by clause.

Clause 1 is self-explanatory.

Clause 2 amends section 1(1) of the principal Act (a) by making the definition of “the general hospital” reflect the definition given in the Bermuda Hospitals Board Act 1970 (see clause 10), (b) by adding definitions for “hospital fees” (which is given the meaning it has in the Bermuda Hospitals Board Act 1970), “insured person” (which clarifies that the insured person is an individual rather than a legal person), “Mutual Re-insurance Fund” and “Mutual Re-insurance Fund premium” (which is the prescribed portion of the standard premium that must be paid into the Mutual Re-insurance Fund each month in respect of each insured person), and (c) by amending the definition of “standard premium” to clarify that it is the premium payable in respect of standard health benefit and the Mutual Re-insurance Fund.

Mr. Chairman, clause 3 amends section 2(1). The effect of the amendments is that the use of dialysis facilities for those who qualify for subsidy will no longer be covered by subsidy, but dialysis for those persons will instead be covered under section 3A by the Mutual Re-insurance Fund.

Clause 4 amends section 3A in subsection (1) by redefining the “prescribed amount” as the “Mutual Re-insurance Fund premium” and clarifying that it is part of the standard premium. It inserts subsection (1A), which provides that the Mutual Re-insurance Fund premium must be paid to the Mutual Re-insurance Fund no later than 30 days after the start of the week or month (as the case may be) covered by the payment. And it also inserts subsection (2AA), which provides that the sums received by the Board from the Mutual Re-insurance Fund (increased by clause 13(c) from the current \$13.16, Mr. Chairman, per insured person per month to \$231.33 per insured person per month) shall be applied by the Board towards the cost of its provision of standard health benefit to insured persons. Subsections (2E) and (2F) and (2G) are amended to move cover for dialysis for persons who qualify for subsidy to the Mutual Re-insurance Fund.

Clause 5 inserts section 3B, which provides that where a licensed insurer, or an employer who

operates an approved scheme, pays (as required by section 3A(1A)) the Mutual Re-insurance Fund premium into the Mutual Re-insurance Fund in respect of an insured person, the insured person shall receive hospital treatment in respect of standard health benefit provided by the Board without charge, and the insurer or employer (as the case may be) shall not be liable to indemnify the insured person for any hospital fee in respect of standard health benefit provided by the Board to the insured person. Any licensed insurer, or any employer who operates an approved scheme, that does not pay the Mutual Re-insurance Fund premium into the Mutual Re-insurance Fund as required by section 3A(1A) in respect of an insured person shall, during any period that the Mutual Re-insurance Fund premium remains unpaid, be liable to indemnify the insured person for any hospital fees in respect of hospital treatment in respect of standard health benefit received by the insured.

Clause 6 amends section 13D to provide that nothing done by or on behalf of the Committee in carrying out its functions in respect of the Mutual Re-insurance Fund shall be construed as contravening [sub]section (1), which prohibits the Committee from offering to the public any contract or plan of insurance other than the health insurance plan or the FutureCare plan.

Clause 7 amends section 31 to clarify that a licensed insurer is not liable to indemnify an insured person in respect of hospital treatment in respect of standard health benefit under subsections (1) and (2) if the insured person is at the time he receives the treatment entitled to hospital treatment in respect of standard health benefit provided by the Board without charge under section 3B.

Clause 8 amends section 32 to enable the Bermuda Hospitals Board to recover the expenses incurred for hospital treatment provided by the Board where (a) an insured person receives, for injuries in an accident involving a motor vehicle, hospital treatment in respect of standard health benefit provided by the Board without charge pursuant to section 3B, and (b) a person who is insured under a policy of insurance issued to him pursuant to the Motor Car Insurance (Third-Party Risks) Act [1943] either admits liability for the injuries or is adjudged by a court to so be liable.

Clause 9 amends section 40. The amendment to subsection (1) clarifies that the standard premium is payable in respect of standard health benefit and the Mutual Re-insurance Fund. In subsection (1A), paragraph (b) is repealed because overseas treatment is an additional benefit of the health insurance plan and the FutureCare plan, and is provided for in Orders made under sections 13(2)(b) and 13B(2)(b), respectively. The reference to section 3(3) in paragraph (c) is deleted because there is currently no such section.

Clause 10 makes consequential amendments to the Bermuda Hospitals Board Act 1970. It defines

“hospital fees” and redefines “the general hospital” as being the KEMH and any other facility operated by the Board. It also inserts section 13AA, which sets out the circumstances in which hospital fees are chargeable. All hospital fees that are not standard health benefit are chargeable. Hospital fees are also chargeable in respect of a person who is not insured and does not qualify for fully subsidized treatment under section 2 of the Health Insurance Act 1970. No hospital fees are chargeable in respect of a person who is insured or a person who qualifies for fully subsidized treatment. If a person is not insured and qualifies for partially subsidized treatment, the portion of the hospital fees that is not covered by the subsidy shall be chargeable for the treatment. Section 13AA is however subject to section 3B of the Health Insurance Act 1970 (in particular, clause 5).

Clause 11 makes a consequential amendment to the Bermuda Hospitals Board (Hospital Fees) Regulations 2018 to clarify that hospital fees under these Regulations are only payable if they are chargeable under section 13AA of the Bermuda Hospitals Board Act 1970.

Clause 12 makes consequential amendments to the Health Insurance (Standard Health Benefit) Regulations 1971. Regulation 2 is amended to clarify that, to be standard health benefit, inpatient services must be provided by the Board. Regulation 3 is amended to clarify that, to be standard health benefit, outpatient services must be provided by the Board or, as the case may be, must be approved as such by the Bermuda Health Council. The standard premium under regulation 9 remains the same (\$355.31 a month) but the Mutual Re-insurance Fund premium portion of the standard premium increases from \$101.97 to \$331.97. The standard premium under regulation 10 (for persons over 65 who do not qualify for subsidized hospital treatment) also remains the same (\$1,227.53 a month) but the Mutual Re-insurance Fund premium portion of the standard premium increases from \$214.17 to \$1,025.96.

Clause 13, Mr. Chairman, makes consequential amendments to the Health Insurance (Mutual Re-insurance Fund) (Prescribed Sum) Order 2014. It changes the amounts paid from the Mutual Re-insurance Fund per month per insured person as follows: (a) to the Health Insurance Fund, \$50.35 decreases to \$35.89; (b) to the Bermuda Health Council, \$0.55 increases to \$1.00; and (c) to the Bermuda Hospitals Board, \$13.16 increases to [\$231.33].

Clause [14], Mr. Chairman, makes a consequential amendment to the Health Insurance (Maternity Benefit) Regulations 1971 to clarify that, to qualify for standard health benefit under these Regulations, “maternity treatment” must be provided in the general hospital.

Clause 15 makes a consequential amendment to the Health Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973 to make it clear

that to qualify for standard health benefit under these Regulations, the treatment must be provided in the hospital.

Clause 16, Mr. Chairman, provides that the Minister may make regulations and such transitional or operational arrangements as she considers necessary in consequence of the amendments made by this Act. The regulations would be subject to the negative resolution procedure and can be deemed to have effect from the commencement of this Act (namely, 1 June 2019).

Clause 17, Mr. Chairman, is self-explanatory.

The Chairman: Any further speakers? The Chair recognises the Honourable Member Pat Gordon-Pamplin. Mrs. Gordon-Pamplin, you have the floor.

Hon. Patricia J. Gordon-Pamplin: Thank you, Mr. Chairman.

Mr. Chairman, in clause 3, which amends section 2 (this is page 2 of the Bill), where we are deleting “and the use of dialysis facilities,” the Minister indicated that these are no longer covered by subsidy, but they will be covered by the . . . under section 3A of the Mutual Re-insurance Fund.

The question that I have for clarity is, are these dialysis treatments, whether in or out of the hospital, going to be covered by that MRF irrespective of where the service is provided? And that is not deemed to be part of the SHB. I just wanted to clarify that. I think I understand that; I just wanted to clarify that.

The other question that I have is the amendment to the health insurance standard health benefit regulation . . . if I can just find out where this is—

The Chairman: While you are looking for it, let me ask the Minister, can you answer the first question?

Hon. Kim N. Wilson: Sure, Mr. Chairman.

Mr. Chairman, all of the dialysis services are covered by the standard health benefit, and the transfer . . . the payments now, as opposed to coming from subsidy, will all come from the Mutual Re-insurance Fund, for dialysis that are all covered by SHB.

The Chairman: Honourable Member Gordon-Pamplin.

Hon. Patricia J. Gordon-Pamplin: Sorry, just for clarity, I wanted to make sure, because they are SHB.

Is that saying that no part of that dialysis will enure back to the reinsurer for reimbursement as other community SHBs are? So, in other words, if we have some community SHBs comes out of that \$25 sliver that is left out of the standard premium, I just wanted to make sure that there is no dialysis portion of that that concluded there.

The Chairman: Can you clear that up?

Hon. Kim N. Wilson: Thank you, Mr. Chairman. As I indicated in the brief, the Mutual Re-insurance . . . excuse me, Mr. Chairman.

The Chairman: Take your time.

Hon. Kim N. Wilson: Thank you.

Sorry, Mr. Chairman, dialysis is not SHB. However, the payments of dialysis will continue to be paid by the Mutual Re-insurance Fund.

Hon. Patricia J. Gordon-Pamplin: Okay, that is fine.

The Chairman: Any further questions, Mrs. Gordon-Pamplin?

Hon. Patricia J. Gordon-Pamplin: No, that clears it because the Minister had indicated that dialysis was SHB, which created confusion. So I appreciate the clarity.

The other question that I have is with respect to the health insurance standard health benefit regulations, and this is clause . . . I have to look and see which clause it is . . . we have a gazillion different clauses . . . 14, subsection (2), regulation 2, here we are, here.

Clause 12, and this is subsection . . . I am sorry, in the Insurance (Standard Health Benefit) Regulations, the inpatient services under [regulation] 2, which has been amended here under clause 14. It says "in subparagraph (xiv), by deleting 'or in an establishment approved by the Council.'" That clause, as we speak, in the substantive Health Insurance (Standard Health Benefit) Regulations reads (this is [regulation 2] (xiv), "hospice care" (this is standard health benefit) shall include the following inpatient services provided by the Board. And (xiv) says "hospice care in an establishment under the charge and management of the Board or in an establishment approved by the Council;"

So, that "in an establishment approved by the Council" has now been deleted. So I am just asking if the Minister can just clarify whether this is effectively saying that the only hospice care is going to be provided in a facility that is under the charge and management of the Hospitals Board. So if there is some outside hospice that it is not going to be covered and if it is not going to be covered under the health insurance standard health benefit regulations, how or will it be covered at all? I just need to have clarity for that.

The Chairman: Minister?

Hon. Kim N. Wilson: Mr. Chairman, yes, the hospice is obviously run by the hospital. And what we are going to be doing, when we see the next phase—Mr. Chairman, of the health reform financing, there is go-

ing to be quite a lot of repeal and replacement of these pieces of legislation. So, part of the clean-up exercise as proposed by Chambers was to remove the provision "as approved by the Council," because at this point the only hospice is through the Bermuda Hospitals Board. And, again, this Act is just being cleaned up, because it is going to be repealed when we move towards health financing reform.

The Chairman: Any further speakers?
Mrs. Gordon-Pamplin.

Hon. Patricia J. Gordon-Pamplin: Let me just . . . yes, Mr. Chairman. I just wanted to speak to, on page 5, clause 10, consequential amendments to the [Bermuda] Hospitals Board Act [1970], and this is in section 13AA(1)(c). It effectively says that to the extent that an insured—

An Hon. Member: Where are you?

Hon. Patricia J. Gordon-Pamplin: This is on page 5 and this is clause 10, 13AA, "Hospital fees in respect of standard health benefit chargeable in certain circumstances."

When it says that if an individual is not insured . . . this is subsection (c). If an individual "is not insured and qualifies for partially subsidized treatment, the portion of the [hospital] fees that is not covered by the subsidy shall be chargeable for the treatment."

The question is, when we have indigent people, to whom is this bill going to be delivered if they are either not eligible for that subsidy or . . . sorry, partially eligible for the subsidy? To whom will that bill be sent, if we already know that they do not have the ability to pay in that instance?

Let me just—

The Chairman: Okay. Minister, do you want to respond to that?

Hon. Kim N. Wilson: Thank you, Mr. Chairman.

Mr. Chairman, if the individual is an indigent individual, then they would be subsidized by the government. So, there would be no bill, because the government would actually pay that bill. That is what we pay for, the subsidy, that is part of the \$146 million that we pay for subsidy that will go to the \$336 . . . \$330, excuse me.

Hon. Patricia J. Gordon-Pamplin: Okay, okay.

The Chairman: Mrs. Gordon-Pamplin?

Hon. Patricia J. Gordon-Pamplin: Yes, just one other question, and I do not know that I can necessarily pinpoint which clause, but I guess I can go back to 10 in terms of the hospital fees.

I just want to know that if somebody presents at the hospital for services, and this would be in 13AA . . . I guess if you present and you are fully subsidised, there is no fee that is going to be chargeable. If you are not insured and you do not qualify for subsidised, the full amount of the fee shall be chargeable for the treatment (this is in (b)).

So the question that I have is, just for clarity, I believe I understand it, but for clarity in the community, I wanted to make sure how the hospital will be kept apprised of eligibility when somebody shows up to present for services if they are not insured, do not qualify for fully subsidised treatments, how will the admissions clerk at the hospital be made aware that this individual is or is not, or somebody showing up, is eligible?

So, in other words, if somebody does not have any coverage, they clearly have to pay the bill. But if somebody does show up, is there some listing, register, report in which the admissions clerks at the hospital will be apprised of who is and is not covered on a current basis by having already paid the standard premium?

The Chairman: Minister.

Hon. Kim N. Wilson: Thank you, Mr. Chairman. In fact, this was a question that was raised last evening at the town hall in which the Honourable Member was present.

The eligibility files will be sent to the hospital on a daily basis. So those files, as they are currently done, will indicate to the hospital who is insured and who is not insured. And those who are defined as insured will have the MRF premiums required to be paid for them by the insurer as a result of the law that we will be passing.

The Chairman: Any further speakers?

The Chair recognises the Honourable Member, Mrs. Atherden.

Hon. Jeanne J. Atherden: Thank you, Mr. Chairman.

In terms of clause 5, which is talking about the licensed insurer or the employer, and I think it tied back into just what the Minister said, the clause indicates that it is important that the funds be remitted within 30 days. And I guess, bearing in mind the history of people not paying their premiums on time, and then the Health Council sort of having to get a list of who has not paid, and sometimes it is a month afterwards, I just find that it is concerning as to whether the Minister thinks if—under the current system, sometimes people are a month or two behind—we are now saying that if it is not there by 30 days you are going to go on a list that basically says that you are not covered and, therefore, the individual is going to have to pay for the service themselves.

I am just worried about people having to pay or not pay, and then you have the whole reconciliation problem that has occurred in the past. And I thought that part of this system was designed to stop reconciliations to make sure that people understood whether they were eligible or not.

And I have another question with respect to people who are . . . this whole thing about if you get into an accident and if afterwards you are deemed to be liable. And therefore, people having to chase behind other people for the fees for the services that they rendered. And I just wondered, has the Ministry progressed far enough to have sorted out those sorts of questions, or at least in principle, in terms of how it will work?

The Chairman: Minister.

Hon. Kim N. Wilson: Thank you, Mr. Chairman.

Mr. Chairman, the MRF payments will have to be done and completed in a more efficient manner. And some insurers manage to do this now. In fact, there are a quite a number that do. However, there are some who are not as efficient, and we are just working with them to ensure so that levels of efficiency will improve so that the payments are made on a timely basis.

The Chairman: The Chair recognises Mr. Pearman.

Mr. Scott Pearman: Thank you, Mr. Chairman.

Just one question for the Honourable and Learned Minister. It is page 8 of the Bill, clause 14. And the heading is Consequential amendment to Health Insurance [(Maternity Benefit)] Regulations 1971. And it says, “Regulation 1 of the Health Insurance [(Maternity Benefit)] Regulations 1971 is amended in the definition of ‘maternity treatment’ by deleting ‘a hospital’ and substituting ‘the general hospital.’”

The general hospital is defined earlier in the Bill at clause 10. It is now being redefined. It is clause 10(a)(ii). And the general hospitals are being redefined to mean “any other facility operated by the Board,” which I understand to mean must be a facility here in Bermuda. If my understanding is correct, then it would seem that clause 14 is narrowing the scope of coverage.

If one looks at the regulations that are being amended, the definition for maternity treatment there, which appears in clause 1, the interpretation, says, “‘maternity treatment’ means treatment in a hospital arising out of pregnancy.”

So, on the face of it, clause 14 would appear to be narrowing coverage only to treatment for maternities in this hospital here in Bermuda. And that would exclude, one would surmise, emergency maternity procedures that might require a mother and child to be flown overseas.

If that is right, is that what was anticipated, to restrict that coverage and deny overseas treatment in maternity cases of emergency?

The Chairman: Minister.

Hon. Kim N. Wilson: Thank you, Mr. Chairman.

The SHB, Mr. Chairman, the subject matter . . . and I thank my honourable and learned friend for this question, but this particular provision relates, as all of these Acts do, to the SHB. And SHB does not cover overseas treatment.

Mr. Scott Pearman: Grateful. Thank you.

The Chairman: Any further speakers?

Hon. Kim N. Wilson: Mr. Chairman, can I just answer the other? There was another question that the Honourable Member had also put forward. And that is with respect to the recouping of funds following a traffic accident. I am happy to advise this Honourable House and the Honourable Member that asked that question that the provisions to recoup fees, and the processes are now in place, and that the GEHI, HIPP and FutureCare . . . I am sorry. . . . but the provisions to recoup those fees are currently in place now.

The Chairman: Any further speakers?
Ms. Atherden?

Hon. Jeanne J. Atherden: Is it possible to tell us what the provisions are?

The Chairman: Minister.

Hon. Kim N. Wilson: Yes, if that Honourable Member will just give me a minute to get that information, I will provide that to this House. Thank you, Mr. Chairman.

The Chairman: Any further speakers?

Hon. Kim N. Wilson: Mr. Chairman, I can undertake to provide that information to the Honourable Member.

The Chairman: Yes.
Any further speakers?
There appear to be none.
Ms. Gordon-Pamplin.

Hon. Patricia J. Gordon-Pamplin: Thank you.

I am just making reference to the question that my honourable colleague had on page 8 and clause 14 with respect to maternity benefits, but this is relating to other benefits. The Minister clarified that overseas care is not covered by standard hospital benefit, so the premium does not cover that. But the question is, Is there any intention to enable a portability aspect so that if we do have emergency situations,

you are paying your premium, you get up to King Edward and you have a situation that causes you to be flown out, for the premium that you have already paid, yes, there are differentials. But is there any intent to include a portability factor?

We used to have portability. It was removed probably five years ago, six, eight years ago, whatever. But my question is, with this block grant situation and the money that the hospitals likely will have as a result of the transfer of the MRF, is there any intention to include a portability aspect?

The Chairman: Minister.

Hon. Kim N. Wilson: Thank you, Mr. Chairman.

If I can just answer the Honourable Member, Ms. Atherden's, question, and then I will come back to the Honourable Shadow.

The Chairman: Please do.

Hon. Kim N. Wilson: With respect to the processes, Mr. Chairman, following an accident and then having to recoup if the individual was uninsured, the recouping of the current process is being conducted by the Health Insurance Department. However, the Bermuda Hospitals Board, moving forward, will have to develop their own process insofar as recouping those funds following an accident.

And, Mr. Chairman, with respect to the question concerning portability, as I have indicated, the SHB does not include overseas care. In 2014, it was actually the OBA Government that removed that aspect of portability for the purposes of reducing the budget by \$9 million.

Some Hon. Members: Ah! Oh!

The Chairman: Any further?
Ms. Gordon-Pamplin.

Hon. Patricia J. Gordon-Pamplin: My question was, with the revamping of the care system, is there any intent to re-include portability—understanding why it was eliminated before—with this new system? Is it appropriate to consider a re-introduction of the portability aspect? That was my question.

The Chairman: Minister.

Hon. Kim N. Wilson: Mr. Chairman, that will be a conversation that I will have with the Minister and the Cabinet.

The Chairman: Any further speakers?
Minister, do you want to move these clauses?

Hon. Kim N. Wilson: Oh, yes, indeed.

Mr. Chairman, I would like to move that clauses 1 through 17 be approved and stand and form part of the Bill.

The Chairman: It has been moved that clauses 1 through 17 be approved.

Are there any objections to that?

There appear to be none.

[Motion carried: Clauses 1 through 17 passed.]

Hon. Kim N. Wilson: Mr. Chairman, I move that the preamble be approved.

The Chairman: It has been moved that the preamble be approved?

Are there any objections to that?

There appear to be none.

Hon. Kim N. Wilson: Mr. Chairman, I move that the Bill be reported to the House as printed.

The Chairman: It has been moved that the Bill be reported to the House as printed.

Are there any objections to that?

There appear to be none.

An Hon. Member: Unanimous.

Hon. Kim N. Wilson: Unanimous.

The Chairman: The Bill will be reported to the House.

[Motion carried: The Health Insurance Amendment Act 2019 was considered by a Committee of the whole House and passed without amendment.]

House resumed at 9:10 pm

[Hon. Dennis P. Lister, Jr., Speaker, in the Chair]

REPORT OF COMMITTEE

HEALTH INSURANCE AMENDMENT ACT 2019

The Speaker: Good evening, Members.

Members, are there any objections to the Health Insurance Amendment Act 2019 being reported to the House as printed?

An Hon. Member: Yes.

The Speaker: Just one dissent? That sounds like it has been approved by the majority. So, it has been reported, approved.

[Inaudible interjections]

The Speaker: Agreed. So moved.

That now brings us to the . . . well, the next item, that motion, is going to be carried over. So, it brings us to a close of the items on the Order Paper for today.

Would you like to do your third reading?

SUSPENSION OF STANDING ORDER 21

Hon. Kim N. Wilson: Thank you, Mr. Speaker.

I move that Standing Order 21 be suspended to enable me to move that the Bill entitled Health Insurance Amendment Act 2019 be now read the third time by its title only.

The Speaker: Continue on.

[Motion carried: Standing Order 21 suspended.]

BILL

THIRD READING

HEALTH INSURANCE AMENDMENT ACT 2019

Hon. Kim N. Wilson: Mr. Speaker, I am moving that the Bill be now passed.

The Speaker: Are there any objections?

No objections.

So moved.

Hon. Kim N. Wilson: Thank you.

[Motion carried: The Health Insurance Amendment Act 2019 was read a third time and passed.]

[Desk thumping]

An Hon. Member: Well done.

[Inaudible interjections]

The Speaker: Deputy, understand?

ADJOURNMENT

Hon. Walter H. Roban: Yes, Mr. Speaker, with all of the hoorah in the background, I care to move that the House adjourn until the 31st of May, Friday.

The Speaker: Thank you, Deputy.

No one wishes to speak?

[Inaudible interjections and laughter]

The Speaker: You all could not keep him in the kitchen a little longer?

[Laughter and inaudible interjections]

The Speaker: Mr. Famous, are you trying to get my attention?

Mr. Christopher Famous: Well, being as I have got to face the west, yes.

The Speaker: Mr. Famous, do you have a few things that you would like to say this evening?

Mr. Christopher Famous: Very few, Mr. Speaker.

The Speaker: Very brief, right?

Mr. Christopher Famous: Very, extremely brief, but very pertinent.

The Speaker: Mr. Famous, you have the floor.

UK GOVERNMENT'S ATTEMPTED INTERVENTION INTO BERMUDA'S DOMESTIC AFFAIRS

Mr. Christopher Famous: Mr. Speaker, good evening to you. Good evening, colleagues, and good evening to Mr. and Mrs. Bermuda.

Mr. Speaker, the war that we are in right now is not political. It is economical. Our people, as duly noted by the Opposition Leader and his cohorts, our people, our people—Bermudians—are upset because—

The Speaker: His colleagues. His colleagues.

Mr. Christopher Famous: Our colleagues.

The Speaker: His colleagues, yes, our colleagues, yes.

Mr. Christopher Famous: Are upset because of rising prices. Whether it be food prices, electricity prices, health prices, they are upset.

So, let us go back a little way, Mr. Speaker, to 30 years ago. Bermudians were being extorted. I use that word liberally—extorted—for long-distance rates. You want to call America? Two dollars a minute. You want to call England? Three dollars a minute. You want to call the West Indies? Hand over your spleen. The then-PLP Government, under the leadership of Minister Renee Webb, said, *You know what? This has got to stop. We're going to break up this monopoly between the telephone company and Cable and Wireless (the interconnect fee, whatever) technicality.*

And they introduced the liberalisation of the telecoms industry. From there, the prices went down, down, down, down, down. Now people could call China for free on WhatsApp . . . well, free-ish, because you are paying for Wi-Fi somewhere along the line.

[Inaudible interjections]

Mr. Christopher Famous: *Free-ish.* It is cheaper than it was before.

Anyway, Mr. Speaker, long-distance rates really are not our challenge right now. But we are being extorted once again for mobile data rates.

Mr. Speaker, I have been a customer of Digicel ever since it came here. And every year, I see myself paying more and more and more. And I said to myself, *Let me do a little study of what Digicel rates are around the region.* And would you know, in St. Lucia they pay \$2 per gigabyte. In Antigua they pay \$6 per gigabyte. In Bonaire they pay \$5 a gigabyte. Grenada \$5 a gigabyte. In Bermuda we are paying \$12 a gigabyte. In the Cayman Islands, our favourite island, \$16 a gigabyte. All of these are US dollars, so I do not want anybody saying, *Oh, this is a different exchange rate.*

My point is that in the Western Hemisphere, Bermudians are paying some of the highest data rates. So, once again, the Progressive Labour Party has to say, no, this is going to come to an end. And how is it going to do that? The Regulatory Authority of Bermuda, with the assistance and the approval of the respective Minister, has lifted the moratorium on data providers. And I am hoping and I am praying that somebody comes in here and offers better rates. Because one of the things we know is that our people are upset about the cost of living. We are trying to address it in many different ways. This is one way.

So, I want to thank the Regulatory Authority for taking that step. But you know what, Mr. Speaker? The prices we pay for insurance, the prices we pay for gas—all of that is based on our having a stable economy. What is our economy based on, Mr. Speaker? International business. So, what we are paying on mobile data, complaining about that is irrelevant if that international business is threatened.

We were recently removed from the blacklist, which I am thankful for—all of us are thankful for. But we have another grey . . . no, dark, cloud over our head. It is called potential action by the UK Government. Mr. Speaker, if you allow me, I will read something briefly from the *Royal Gazette*.

The Speaker: As long as it is brief.

Mr. Christopher Famous: May 13th, by Fiona McWhirter, Move to give Britons vote in Bermuda rejected.

Let me quote, Mr. Speaker: "The British Government has rejected a parliamentary committee proposal to come up with a timetable for talks that would give British residents in Bermuda the right to vote.

"It said the Foreign Office did not plan to publish any such schedule but recognised the importance of a 'reasonable qualifying process' to allow expatriates a place at the ballot box in overseas territories."

Let me go on, Mr. Speaker.

The Speaker: Yes.

Mr. Christopher Famous: “[The response added:] ‘In the spirit of a relationship based upon partnership, we will continue to support and encourage consistent and open political engagement on belongingship and its territory-specific equivalents, while respecting the fact that immigration decisions are primarily a matter for OT governments.’”

Essentially, what they are saying is that for now they are backing down. I want to thank the Honourable Premier for moving that motion that we all spoke about. I think we were the only country in the Overseas Territories who spoke about it.

But let me move on to what the threat is. “In its reply, the British Government said it would prepare an Order in Council, which is effectively a decree from the UK, by the end of 2020”—that is less than 18 months from now—“with overseas territories ‘expected to have fully functioning publicly accessible registers as soon as possible, and no later than the end of 2023.’”

Key words—and *no later than*. It does not say *by*.

My point, Mr. Speaker, is that we sit here every week. We have differences of opinion. But again, the can has been kicked down the road by the British Government. Eventually, they are going to come after us. And all this squabbling about data rates, insurance rates—all of that is going to seem pale by comparison. Because unless we protect our international business, right, we are not going to be in Parliament. So, I say to my colleagues on both sides of the table, Thank you for the spirited debate today. But let us remember, the British are coming! The British are coming!

[Laughter]

Mr. Christopher Famous: Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member. I think you set a fire and others want to follow now, Mr. Famous. That was Honourable Member Famous, from constituency 11. It looks like your neighbour in number 10 wants to say a few words, as well.

An Hon. Member: It’s a Devonshire thing.

The Speaker: It is a Devonshire thing, eh? Well, we are trying to get Somerset.

Hon. Michael H. Dunkley: Mr. Speaker, it is a Devonshire thing. We might disagree on a lot of issues, but we work hard for the people.

The Speaker: Hmm.

CREDIT CARD SERVICES FEE—INCORRECT INFORMATION RELEASED

Hon. Michael H. Dunkley: Mr. Speaker, just two things that I would like to speak to tonight, and I will keep my comments very succinct. The first point that I would like to address, Mr. Speaker, and I am surprised we have not heard more from the Honourable Government in this House, is what I would consider the embarrassment of the handling of the incorrect release of the credit card information a couple of weeks ago.

Mr. Speaker, I think honourable colleagues are well aware that in the Budget Statement on February 22nd, on page 29, the Honourable Minister of Finance talked about tax collection and accounts receivable. And on page 30, Mr. Speaker, if you would allow me to just read for a second.

The Speaker: Briefly.

Hon. Michael H. Dunkley: “Mr. Speaker, over the years the government has been incurring millions of dollars in credit card charges due to taxpayers using their credit cards to pay their taxes. Effective from April 2019, government will start to recover these fees by way of a recharge fee for this convenience.”

So, we go on, Mr. Speaker, to May 2nd, when a press release came out. And I will just read some of the pertinent highlights from that press release. It says, May 2nd, 2019, the Government is reminding people that, effective May 6th, 2019, they will implement a 1.45 per cent service fee for all payments made by debit, credit card at TCD [Transport Control Department] DPT [Department of Public Transportation], Accountant General Cashiers, Registry General, Health [Maternal, Environment, Dental, Child], Public Works and Parks.

The Government is reminding the public that people who use their credit cards to pay these taxes will incur a service fee to do so. It goes on to say, “As announced in the 2019/2020 budget . . .” blah-blah-blah-blah. Effective May 6th, 2019, the Government will recover some fees.

“The Office of the Tax Commissioner,” it goes on, “the Department of Planning, the Department of Customs, and Magistrates and Supreme Courts will be implementing the new service fee in the coming months, after required system upgrades.”

Well, very shortly after that, Mr. Speaker, I think just later, much later in the same day, and certainly the next day, on May 3rd, there was another release from Government, Mr. Speaker. And if you will allow me to quote: Government has released incorrect credit card information. And the Minister of Finance, using very strong language, Mr. Speaker, says, “‘An inexcusable error,’ says Minister of Finance, Curtis Dickinson . . .”, adding that he learned of the Govern-

ment's release regarding credit card charges for payments from the media.

The Minister goes on, "Contrary to established protocols, the release was issued without my approval and without that of the Minister responsible for Communications. This is compounded by the fact that the release provides incorrect information to the public"

It goes on to say that, "In the 2019/20 Budget Statement I referred to the fees incurred by the Government through the payment of taxes with credit cards. Payroll Tax payments are the issue and my intention and the Government's policy is to recover these fees by way of a recharge fee for this convenience."

Now, Mr. Speaker, I clearly read, it does not refer specifically to the Payroll Tax in the budget. That is one issue I have with this. It says in the Budget [Statement], for taxes that Government is charged. And I read those pertinent sections, and I will not read them again. So, that is one issue. The Minister now appears to be changing his tune.

I go on to quote the last part. It says, "The extension of this policy to other areas where members of the public pay for permits and other government services was not authorised by me or at all."

Now, this leads me to the second concern I have. The Government seems to have changed their position from the budget, which is very clear in the budget. And so, many questions have to be raised, Mr. Speaker. The Honourable Minister talks about protocols. Well, I would like to know who breached the established protocols? How were these protocols breached? If, in the Minister's words, there is an inexcusable error, what is or what has been done, Mr. Speaker, to make sure that this never happens again? Because I consider it to be somewhat of an embarrassment for the Government and for the Minister for one day [there is] a very clear and concise release by Government, and the next day, or later that day, [this needs] to be corrected by the Minister.

Now, we have to remember, Mr. Speaker, that we have a Minister of Finance who has a press officer. We also have a Minister without Portfolio, who is now, we understand, called the Minister of Communications, who has a paid consultant and a press officer. So, more questions, Mr. Speaker. How did a release as embarrassing as this for the Government slip through the cracks? Who drafted the release? It appears quite comprehensive, and it appears very clear. Who vetted the release, Mr. Speaker? Because we know that anybody who has been involved with government releases knows that it gets vetted by a number of different people.

Now, Mr. Speaker, it was pulled back very quickly. So, I have to assume that an error was discovered or the Government took so much flak by a policy that was announced in the budget that they decided to pull it back. Mr. Speaker, I am also aware that

there have been meetings between Government officials and the union about this challenge. Now, Mr. Speaker, in my time as a Minister and as a Premier, I would imagine that hundreds of press releases have gone out. And I cannot recall at any time any government release going out in an area that I had some responsibility or oversight for without myself or an acting Minister seeing it in advance. It would be quite strange.

I know civil servants sometimes, to a T, will go the extra mile to make sure another set of eyes have seen it, not only to cover the language to make it appropriate, but also to make sure that it covers all of the bases.

So, Mr. Speaker, if that is being the case, what has changed in two years' time? What has changed that a press release as important as that is has gone out? Why at this time, Mr. Speaker? There are more consultants available—all earning good money. There should be no excuse. And I believe the Government has been somewhat embarrassed. And I believe that the people of Bermuda are owed an explanation of how it took place, why it took place, and to ensure that it never takes place again, because it does not look good at this point in time, and it does not look good that, potentially, civil servants are being pushed under the bus.

Now, Mr. Speaker, well, *pushed* under the bus. They have not been thrown under the bus, as one Member says, they have been pushed under the bus, because this was like a slow-motion train wreck that happened. There was a release one day, and it was pulled back. The Minister was very upset about it, quite rightly so. And we have heard nothing since.

So, Mr. Speaker, I think the Honourable Minister should come forward to the people of Bermuda, because, remember, we are talking about taxation. The people in Bermuda are very concerned about the level of taxation, the increased costs in the community. And the Minister of Finance has an onerous responsibility to make sure that the government coffers have the sufficient revenue to do the job that is available.

If situations like this happen, and it happened, people lose confidence in the Ministry and information that comes from the Ministry. And at no time, Mr. Speaker, would any of us want this to be the case.

So, for the civil service, for the Government of Bermuda, Mr. Speaker, I think it is critically important for the people of Bermuda to have some questions answered.

DISRESPECTFUL COMMENTS ABOUT SIR JOHN SWAN

Hon. Michael H. Dunkley: The final subject that I would like to speak to briefly tonight, Mr. Speaker, is in regard to a comment that the Honourable Member from constituency 21 made on the floor of the House

of Assembly last week. And I am glad that the Honourable Member is in the Chamber to hear about it. I had already spoken on the motion to adjourn, so I could not speak any more.

And before I get into the context of the comment, Mr. Speaker, let me very clearly state that I think any Honourable Member is entitled to come to the floor of the House and express their view to show support or to show disagreement on any issue they want. However, Mr. Speaker, when I heard the comment last week by the Honourable Member referring to Sir John Swan . . . *You're 83 years old, but still doing the tap dance for the most reactionary, racist elements in Bermuda society.* I was aghast—for a number of reasons, Mr. Speaker.

As leaders in our community, I think we need to do better when we are talking about touching or pressing issues. And the Honourable Member spoke passionately about this issue.

[Inaudible interjection]

Hon. Michael H. Dunkley: But, Mr. Speaker, and I will get back to the Honourable Member of constituency [21] [who is] interpolating. He will have a chance to speak.

The Speaker: Let the Member speak to the Chair. Let him speak. Let him speak.

Hon. Michael H. Dunkley: He says, “But in what way?” Well, here is the way, Mr. Speaker. Sir John Swan is the longest serving Premier in the history of Bermuda. Sir John Swan is a National Hero, our only living National Hero. Sir John Swan has worked very hard for this community for many, many, many years, Mr. Speaker. At the very least—

An Hon. Member: He is not immune

[Inaudible interjections]

The Speaker: Members! Members!

Hon. Michael H. Dunkley: And I hear the Honourable Members who will have their opportunity to speak.

The Speaker: Members! Members!

Hon. Michael H. Dunkley: *He is not immune.* Of course he is not immune, Mr. Speaker! No one is immune from criticism. But the way we criticise, the way we make a point, does not have to be outright blatantly disrespectful, Mr. Speaker! Anyone is owed that level of respect—certainly, our only living National Hero, Mr. Speaker. Because if we do not, we make a mockery of everything we stand for up here, Mr. Speaker.

Now, Mr. Speaker, I have had my disagreements with Sir John. I respect him. I consider him a mentor. I go to him for advice. But when I have my disagreements, I do not attack him personally.

Now, Mr. Speaker, just break down the comments a little bit. Forget about who said it about whom. But the first thing that struck me, *You are 83 years old.* That is a slap in a face to seniors. I thought about my own mother, who still deeply cares about Bermuda.

[Inaudible interjection]

Hon. Michael H. Dunkley: I hear a little cry from the other side like, you know, *So what?* Wait a second.

The Speaker: Just talk to the Chair.

Hon. Michael H. Dunkley: If we are going to disrespect our seniors in our community, we have got a real issue, because next week we will be up here trying to fight for them, Mr. Speaker. We are trying to fight for them, Mr. Speaker. So, do not disrespect our seniors. And do not disrespect seniors who still want to be involved, because they have something to offer. They have experience; they have hands-on experience. They still have callouses on their hands from what they have gone through, Mr. Speaker.

Secondly, Mr. Speaker. He went on to say, “But he is still doing the tap dance for the most reactionary, racist elements in Bermuda society.”

Mr. Speaker, the Sir John Swan whom I know will not tap dance for anybody.

The Speaker: Mm-hmm.

Hon. Michael H. Dunkley: And you know, he can dance. Trust me; Sir John Swan can move. But he will not tap dance for anyone. He has spoken about the issues, whether you agree or disagree with him, for decades. He has spoken about the issues. He is not going to tap dance for anyone, Mr. Speaker.

So, while I am happy to have a conversation about anything we want, if we want to move this country forward we should do so with the modicum of respect that allows the people who listen to this debate and allows you, Mr. Speaker, to have the guidelines and the decorum in this House where we can have those tough conversations, but come out of it and not think about personal attacks, Mr. Speaker.

So, I am not standing here defending Sir John Swan; he can do it himself. I am standing here to say that I appreciate the Honourable Member who likes to speak to these issues. But let us remember, take out the personal attacks. Let us show some respect. And we will solve our issues together—with disagreement, if we have to. Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Honourable Member Commissiong.

Mr. Rolfe Commissiong: Mr. Speaker, thank you.

I will only say this, and I will repeat what I said, that Sir John Swan tap danced for the most reactionary and racist elements in this society—

DISRESPECTFUL COMMENTS ABOUT SIR JOHN SWAN

The Speaker: Ah! Ah! Take your seat. Take your seat a minute. Take your seat a minute. Take your seat a minute. Take your seat a minute!

You know what? Maybe I was wrong last week for letting you go as far as you did go. Maybe I was wrong. So, I am going to state that here, and state it publicly. But let us not go down there again. Taking out somebody who has given a lot for this country. Whether we agree with his politics or not, that is not for us to take on at this time. One day, hopefully, we are going to be that 83-year-old guy who has given a lot of time to this country. And we would like to know that we set an example of how we want people to respect us after we have served our time.

You can have the floor.

[Desk thumping]

Mr. Rolfe Commissiong: Mr. Speaker, Sir John Swan did not give any respect to black Bermudians in his comments on two occasions. And I am sorry. My mother and father did not feel that Sir John Swan showed any respect to them.

Bob Marley had an expression, *Who knows it feels it*. And he has always played that role in Bermuda.

Now, I make no apologies for that. When you have a man such as Sir John Swan get on TV and say, *Well, the white people in Bermuda weren't that bad. They never lynched us*.

Do you agree with that, Member from [constituency] 10?

And what about when he says—

The Speaker: Well, well, well, well—

Hon. Michael H. Dunkley: Point of clarification.

The Speaker: No, no. No, no. No, no. No, no. No, no. No, no. We are not going to have this back-and-forth over a personal—

Mr. Rolfe Commissiong: No, not personal.

The Speaker: Wait, wait, wait! Remain in your seat! Remain in your seat! Remain in your seat! Remain in your seat!

I am trying to give you some latitude, but I already set a guideline before I let you get back on your

feet. I am asking you to respect the guideline without me having to get involved again. Okay?

CABINET COMMITTEE ON SOCIAL ISSUES

Mr. Rolfe Commissiong: Thank you, Mr. Speaker. I think I have made *my* point.

Mr. Speaker, I was getting up this evening because I am very pleased with the Premier's Statement this morning, the formation of the Cabinet Committee on Social Issues, particularly the following that he related to the House and the country at large. He said, "Public meetings on the living wage have now been completed and legislation will soon follow . . ." I am very happy about that, Mr. Speaker. We have had this final round of consultation.

As you know, the living wage issue proved to be a bipartisan one. The outlines of what the Government will do may differ a little bit from what may have occurred with the Opposition. But it was bipartisan at heart. We had both the Opposition and Government Members on that committee, as you know.

And for the benefit of Bermudians out there, we promised that relief was on the way, particularly for hard-working Bermudians, the working poor. And it is. The Government is committed to the establishment of a Wage Commission that will be legislated. It will be an independent body. That Wage Commission will determine and implement a statutory minimum wage. That minimum wage is likely to be one that will be a sectoral one that would be probably reserved for those owning gratuities and commissions, et cetera. The same Wage Commission will also determine and implement a living wage by 2021, which is not that long away.

You will see the establishment of a regulatory regime that will deal with compliance to ensure that employers are complying with what will be law as Bermuda takes its place amongst over 100 countries with statutory wages. There will be further recommendations that will be implemented, such as amendments to the Employment Act around overtime pay; amendments to the Occupational Pensions Act with respect to the disparity between persons on work permits and Bermudians, compelling them to have to pay into the Occupational Pensions, and thus for our Bermudian and other employers to also pay into it—the persons who hire persons on work permits. That created a major disparity between black . . . I mean, between Bermudians and foreign workers.

So, again, I am happy to say that relief is on the way. But it is not the only piece of the public policy response that is needed. In a country that has one of the highest levels of income inequality in the world, Mr. Speaker, this alone is not going to do enough to turn that ship around. But this Government in its wisdom is also committed to reducing the cost of health care, reducing the cost of energy, to embark on a process of progressive tax reform. We could not do much

of it at all this year, but next year we will. That is the commitment I have.

All of these things together, in terms of public policy, are designed to make lives materially better for Bermudians. And so, as I take my seat, Mr. Speaker, I want the people out there to have patience. Some of these measures are going to challenge very entrenched interests in the country. Persons and groups and entities that will want to maintain the status quo, they will tell you that the sky is going to fall every time we begin to address these matters. But you will wake up the next morning and see that, actually, a better day has arrived.

And so, I would ask again for you to stand with us here, Mr. and Mrs. Public of Bermuda as we try to move this country into the 21st century. The Premier has stated earlier, they are the past; we are the future.

Thank you, Mr. Speaker.

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member?

I recognise the Opposition Leader. Honourable Member, you have the floor.

DEPARTMENT OF CHILD AND FAMILY SERVICES

Hon. L. Craig Cannonier: Thank you. Thank you, Mr. Speaker. I will say I will not be long. This is a matter that has been concerning to me for some time. The House has heard me speak to it. I have spoken in the newspaper about it, as well. And that is our young people.

As I looked at the newspaper article published on May 10th, we had a judge who made the statement, "the court is aware that this is not the first instance of the police acting beyond their powers at the request of the DCFS [Department of Child and Family Services]." This in relation to a young 15-year-old who was to be sent away, and he simply wanted to go pick up a few personal items. And because of that, he was incarcerated. And then, the judge making the statement that he just made, that this is not the first time that DCFS has used the police in like manner, and now a minor has been . . . his rights have been infringed upon.

And then, when I looked at the newspaper on May 15th, the title, Civil servant accused of assault, this is in relation to a 17-year-old young lady who also was to be sent away. And apparently, there now has been an altercation that has taken place whereby she has sought—

Hon. Wayne Caines: Mr. Speaker. Mr. Speaker.

The Speaker: One second. Yes.

Hon. Wayne Caines: Mr. Speaker, the matters that he speaks about have not appeared in court. These

matters are *sub judice*. It is improper when allegations are made to bring them up in this forum.

The Speaker: Yes, yes. I understand *sub judice*. I am watching how he has walked. He had just referred to the headlines and has moved on in each case. Had he started going further down, I would have pulled him taut on it.

As long as you are just touching the headlines and moving on, you are fine.

Hon. L. Craig Cannonier: Yes. Thank you, Mr. Speaker. And I appreciate that, which is exactly why I was only speaking to the headlines on the matter. We know that there are still more details to come.

But what I am speaking to is . . . then again on May 16th, we saw another. Thursday, the title, Concern about untreated sex offenders. And as you go through the article, it is talking about the abuses of minors. And, of course, again we see on May 17th, today, where the bishop stepped up to speak to the Catholic Church about child protection.

And what I am getting to here is this: I have been calling for clarity as to what is going on within the Department of Child and Family Services. We understand that there are challenges. And we must get this under control. We can no longer continue to see issues being played out in the public and concern for our minors. So I am imploring this Government. The Shadow Attorney General and I have had meetings concerning this here with Government. And all we are seeking is a unified effort in ensuring that we have protection for our young people and that we are doing as much as we can to safeguard them, Mr. Speaker.

And I only bring this to our attention because I know that our young people are important, and I know that this Government certainly does not want to be reading the headlines saying what they are saying. So, we need to get it under control.

So I will leave it there. I have made requests already to former Minister Weeks to give some clarity to some of the issues that we are seeing here. But they are still being played out in the public, and I can assure you, Mr. Speaker, I am sure that there is going to be more being played out. And we just want to get control of it. That is all. Let us see what it is that we can do. As I said, we have reached across the aisle, myself and the Shadow Attorney General making recommendations to give assistance in this area, because this can no longer happen.

So, with that in mind, Mr. Speaker, I will leave that at that position. We are now heading towards May 24th, Mr. Speaker.

The Speaker: Yes.

BERMUDA DAY

Hon. L. Craig Cannonier: Bermuda Day. And I know that we will not be meeting before Bermuda Day. So I would like to say to everyone here and to the listeners and to Bermuda, for some of us, Mr. and Mrs. Bermuda, *Happy Bermuda Day!* I look forward to that time. It is a beautiful time when we can get out. And hopefully, it will be a wonderful day. And I am looking forward to the celebrations by Bermudians in our history and how we have gotten to where we are, and how we also, even today, recognise that we still have a ways to go. We have made progress; and I look forward to more progress, as in this House we continue to celebrate the most important things to us, and that is Bermudians. Thank you, Mr. Speaker.

The Speaker: Thank you.

The Minister of National Security. Would you like to have a few minutes on your feet tonight?

Hon. Wayne Caines: Mr. Speaker.

The Speaker: Yes, continue on.

GANG VIOLENCE REDUCTION INITIATIVES

Hon. Wayne Caines: Mr. Speaker, as the Minister with responsibility for national security, as you know, Mr. Speaker, one of those things within my responsibility is Bermuda's National Violence Reduction strategy. We have seen over 55 men who have senselessly had their lives taken as a result of gang or gun-related violence. Over the last year, I have had the opportunity to go to the Westgate Correctional facility and to the Co-Ed facility, and I sat and was a part of the major plans to reduce gang violence.

I sat through two programmes, and sat in the graduations for two programmes, where men who had been convicted of significant offences, where they espoused the benefits of the learning, the things that they have taken from a seminar that was given to them over a period of months on how to conduct themselves, how to deal with difficult situations, how to handle difficult sets of circumstances.

And I wondered, why do we oftentimes wait till we get to that point for our young men, our young women, for our parents and for our families to come to that *Eureka!* moment? And I think, oftentimes, about how we as a country abdicate our responsibility, whether it is to be a present father, whether it is to be in the home, whether it is to be active in our community. And we oftentimes look at our society as being broken. And the finger is pointed at the teacher. Then the finger is pointed at the politicians. And the finger is pointed at the police. And very rarely do we look at what is the epicentre or the genesis of the problem.

Mr. Speaker, I believe that we have to now start to hold our community to account. And I hate the

term *Mr. and Mrs. Bermuda*. I think it is trite. But we have to start to look at what some of the challenges are in Bermuda.

We use a term in the gang violence reduction strategy, and we talk about multigenerational non-addressed trauma—multigenerational non-addressed trauma. It is simply a method of thinking of where people who suffer trauma in their lifetime . . . it is actually perpetuated on them based on what they learn at home or what they see in their communities. Studies from Johns Hopkins University show that people who suffered trauma in their life . . . over a period of time, the DNA of the people changed as a result of being exposed to trauma.

We see in the black community where we have seen generations of men not being in the home, young men being exposed to violence, young men not being able to see role models. And oftentimes, we see that replicating itself in our community through violence.

There is an opportunity now for us to look within the fabric of this community to get back and to understand why the breakdown is happening within our society. We have been forced! We must now be forced as a community to look at the family unit. We must be forced to look at the community unit.

And so, when we go to a sporting club and the club is closed because of antisocial behaviour and we fight to keep the club open as opposed to understanding what is the purpose of the club . . . what was the purpose of the Workmen's Club? The purpose of the Workmen's Club was not just where you came to drink. It was a place where this community came together. They had the club hands. It was a place where you banked. It was a place where you re-created, a place where you shared oral tradition. It was the epicentre of our community.

The sporting clubs, evolved through the working clubs and through the Friendly Society, which became the absolute tapestry where our country was interwoven. And we see the advancement of ourselves politically and socially and economically. But the only thing that does not seem to keep up, or catch up, is the social fabric of our country.

On Thursday afternoon, I went to the Elliot Primary School. And the Elliot Primary School had the Kings programme. And this was the programme that has been put in the primary schools to help young men who are not off the rails. They are programmes that we feel to be [for those] at risk. And "at risk" is our word because if our young men at the time had [us] working with them, they would not be "at risk."

I thought it interesting, because there were 14 young men who were in the programme. And I looked, and I surveyed the audience. And there were the politicians from the Progressive Labour Party. There were the senior people from the Department of Education. I looked, and I saw all of the mothers in the audience. There were all of the teachers. Absent from the room

were the fathers. There were three fathers in the room out of 14 young men. I do not know the reason why they were absent. But let me tell you something that was clear. All of the mothers were in the room. I saw a grandfather in the room.

But what was evident . . . what was evident was that the people who were carrying these young men's hopes, dreams, aspirations, who were present to support them, present to congratulate them, [were] present to share in this momentous occasion . . . it was not the men in our community. It was the women in our community.

Again, it is easy for everyone to point the proverbial finger at the Government, point the proverbial finger at the police. Mr. Speaker, it is an opportunity for us now to look at the conversation. We now look at the surge in individuals dying on the road, the road traffic accidents. If you look at the numbers of people who are dying on the road, it is actually higher than the number of people who are being shot and killed as a result of gang- and gun-related violence.

If you were in any other country, it would have been declared a national or a public health crisis! You see everything that has been done by the Road Safety Office or by the Minister of Transport. But if you go back to the very epicentre of this, that is our community and the valuing of life.

There was a recent death on the roads. And we talked to the young men. I went to the funeral. And as I was at the funeral, everyone donned their T-shirts. And they had the name emblazoned on it. Guess what, Mr. Speaker? A month before, we were at another funeral. We had [the exact same thing]. I looked at my calendar. To the very next month, we were again sitting at another funeral.

We have to make a decision in our community. Where and what is the sanctity of life?

What is important to us?

What is the life of our brother and our sister worth?

How do we, as a community . . . do we wait on Pastor Bean and the Gang Violence Reduction team to help out in our community? Or do we put together a volunteer band of men, whether it is a church, whether it is a fraternity, whether it is one of our lodges? Do we put together a society that goes back into the central parishes and says that we want to mentor young men?

As a community, we all talk about our National Heroes. And we get mad when Mr. Commissioning states something that is blatantly obvious. But something that we have to realise is that, as a community, we must fight to save each other within our community. And oftentimes we do not realise it is our very absence that stokes the fires of our young people believing that they do not matter. We believe that if we throw money at a programme, it solves it. Sometimes, they need us to be present.

Men, specifically black men in our community, for too long we have gotten away with being nice. We have gotten away with being nice. And we understand because we talked about the multigenerational problems that we have had in this community. But we will not rise until everyone gets up and takes a young man by his hand, takes a young man and teaches him a trade, takes a young woman and shows her things that need to be learned. That is our responsibility. Because I can promise you that no other segment of this community is going to help us get our act together.

We have seen this country and what it needs. This country is in the need of a community to come together, Mr. Speaker. My heart is heavy when we talked a few Saturday nights ago. Minister Burch and I met with the mothers of lifers, beautiful women. They sat and they advocated for their sons. They sat and they asked for better conditions in the prisons for their sons. They asked for more treatment. They asked for more programmes. And they asked for more.

And I sat there, and the thing that was going on in my mind was, *How do we prevent these young men from finding themselves in this state before we all rally around the bloodstained banner to keep them and make sure that they are on track?* And do not tell me it is the schools. Do not hold up your hand and say it is the police. It is the community that has to get involved. It is the community that has to start seeing it as a problem.

And I get the advancement of social media and the benefit of being online. But sometimes, we have to put our phones down and put Facebook down and interact directly with our young people. Whether it is through mentorship, whether it is through direct programming, whether it is through writing and holding them and teaching them . . . Bermuda College. And we were very excited about the number of young people who graduated. And we should have been proud! But there are enough young people in our country who could use guidance.

I spoke with the Clerk of the Legislature. And she is passionate about teaching manners, decorum, how men should carry themselves—a lost art. I go in meetings with our young men. I watch them in the Magistrate's Court, the very essence of decency. We have lost a bit of that. And guess what happened? When they go for an interview, when they go for something, they do not have the basics in which to succeed. And again, we all want to point our finger at the government, at our society. We must all now realise that these are our young men, that these are opportunities presented for all of us.

We talk about the immigration crisis and people coming to our country, everyone taking jobs. And we have seen the advent of looking closely at mixed categories, closed categories, special categories, open categories. But guess what? We have something that we all have to work on. And that is passing down the traditions of Bermuda. And I am not just talk-

ing about the traditions of working in dealing with slate or the traditions of carpentry. There are some traditions in this country that have gone unspoken for generations.

And, Mr. Speaker, a hard day's work for a good day's pay, being to work on time, carrying yourself with honour. My grandfather . . . I am told that he was a carpenter. He worked up in Dockyard. He came to Bermuda in 1927 from St. Kitts. He had to leave Happy Valley on a bike, ride to Dockyard, work a full day's work in Dockyard, come all the way back home on a pushbike and then attend to his family and do homework with his kids.

There is something about that generation that made a strong generation. And we have gotten a country that is full of the accoutrement of the trappings of Mammon. And our society is in a worse position, Mr. Speaker. It is an opportunity for us now to accept the responsibility that our community played in raising our young men and making sure our children do their homework and sacrifice and do without things so we can have a stronger and a better society.

I get the fact that as Government Ministers my colleagues and I must be held to account. And we will be held to account. But, Mr. Speaker, I believe it is time for us to hold each other to account, our community to account, our brothers to account, because we have an opportunity to make a strong generation.

The inferences I spoke to this week and what spawned this in my mind . . . Mr. Speaker, I was talking this week to a CEO of an international company. As you know, we are doing consultations and having discussions around immigration, Mr. Speaker. And I asked him, *What is your view of Bermudian workers, unvarnished, your truthful views of Bermudians?*

And his response was, *Bermudians do not work as hard as the expat employees.* He said that his experience being in Bermuda is that the Bermudians do not work as hard as the expatriate employees.

I was incensed. As my daughter would say, I immediately got into my feelings. I started to immediately get mad at the messenger.

I started to listen to him. As I listened to and dissected what he was saying, I realised this was an excellent learning opportunity for the country. And I decided, after that conversation, to start building the rubric, or building on the rubric that allows us to show our greatness. The greatness did not leave with my grandfather's generation. As a matter of fact, there is genius and greatness in all of us. Our young people are bright enough. They are strong enough.

There is a Bermudian doctor in California. His name is Sheldon Holder, MPH, a PhD and an MD, one of the most sought-after doctors on the West Coast. People ask him all these things, and he was recently doing some teaching seminars. And as I watched this online, I watched everyone proverbially sit at his feet. And I smiled because he is from Happy Valley. He is from Crisson Avenue, right around the

corner from Mr. Cannonier's homestead. And I thought a young man being from Crisson Avenue, a young doctor, a PhD and a medical degree and an MPH, leading. And I thought about his being from California.

I thought about my best friend, Dr. Lou Matthews, a man who is in charge of teaching educators all across America, over 3,000 teachers within his remit. And I started to think about, *Where did he go to school?* He went to Victor Scott. He was sent to Robert Crawford, and then went to the Bermuda Institute. He grew up on Parsons Road. And I reflected that it was not his circumstances that defined him. He had grit! He had moxie! He worked hard. He put his shoulder to the proverbial wheel. His mother worked hard. He found educators who believed in him. And what is he now? He has taken the benefit, the learning of 22 square miles, and he is now giving that to the world.

Mr. Speaker, I can go on with the greatness that lurks within us that is demonstrated locally in this Island. I met a young man. He is an ironmonger. I did not know what an ironmonger was. I did not. And I saw some ironworks. And it was a lion with a fist with something in its claw. So, I am asking everybody, *Where did this get made, and how do you bring this into Bermuda?*

He said, *That is a local ironmonger.*

By the benefit of Google, I hit "ironmonger," and I saw that this is somebody who fixes, melds, moulds and makes iron.

And I looked at this man. He was an unassuming man who you would have thought that was just a regular guy sitting in the barbershop. This was a man who had been to England, who had trained under the masters, has come back to Bermuda, taken his rightful place. He is not a man of fanfare. He is not a guy who you would look up and say, *Oh, what we call a big shot.* He is a man who had a level of discipline. He is a man who had a trade. He is a man who applied hard work. And that is what makes up Bermuda.

And so, when I told the CEO, I said, *I understand that you have had a bad experience with certain Bermudians. But that does not define who we are.* And I started to list the name of luminaries both in international and local business, and as workmen and as tradesmen, highlighting what we do and what we have done, what we do locally, what we do internationally. And I was reminded as I espoused the greatness of our people that we are great!

We are in Heritage Month. This is a month where we celebrate the greatness of this people. We have much, Mr. Speaker, to be proud of. We have much to hold high. Like anybody else in the world, we have things that we need to work on, and we need to work on a few things. But in our Heritage Month, we must be proud of our heritage. We must be proud of the things that we do well. And those things that we are struggling on, we must put a plan together to make it stronger. We must work harder to make our

young men see differently. We must give opportunities for those who need summer jobs and mentorship and guidance.

Those who have, Mr. Speaker, must impart not just the money, but the experience, the traditions, both oral and cultural, the working, the hand-man-ship, all of the things that make us great. We must pass these on to generations. We are trying to fix broken men, and we should, those who are incarcerated. But it is equally as important for us to be a country that is whole, that is well, where men are able to take their rightful place, where women are able to take their rightful place, where they are able to look at opportunity.

Ah, Mr. Speaker, but be ready for the opportunity. It is our responsibility to get them ready. It is our responsibility in Heritage Month to be reminded of our greatness, to be reminded of our sacrifice, to be reminded of people who lurk within.

This afternoon, Mr. Speaker, my last point. I listened to Kim Swan talk about his experience in Bermuda. I have known him in my adult years. And I went on his Facebook page. And I was looking through his pictures. And I was looking at what he did in golf, what he has done in golf, the people whom he has trained, the people whom he has taught. That is a National Hero. That is a man who has given his all for this country. That is a man who has sacrificed his all. That is a man who has put it all on the line. That is the man who gets up by the sweat of his brow and works hard every day. That is the Bermudian man we should hail. He is the prototype. He is the example. He is the effigy of what this country was built on—greatness, hard work, sacrifice, dedication, Mr. Speaker. That is the Bermuda man. That is the Bermuda woman.

Thank you, Mr. Speaker.

PARLIAMENTARY DECORUM

The Speaker: Thank you, Honourable Member.

Does any other Honourable Member wish to speak?

No other Honourable Member wishes to speak. I am going to rise to my feet. And I am going to do something just slightly different before we close tonight. I am going to take on a point that the Honourable Minister just made in reference that we all need to be holding ourselves accountable, particularly when we come in this House.

We are never going to agree on both sides of this House on political issues. But there is no need for us to kill the messenger, go after the message. The personal debates, the personal attacks on individuals need not to enter this room—need not enter the room. And I am saying it for all to hear. You are open to have any debates you want on the principles, on the issues. But let us set the example.

Because the young people out in this country who hear us hear the personal attacks, hear the fights

that we have with each other. And they think that is the tone. They do not listen to the message; they just listen to the fights. So, we are sending the wrong message out there to our community. If you want the community to do better, we need to do better in here with how we conduct ourselves.

So, I am imploring all of us to take the message to heart, all 36 of us who sit in this room, and let us practice a new way of doing business when we come here.

On that, everyone, enjoy your 24th of May, your Bermuda Day! Make the most of it. And we will see you on the 31st of the month. Have a happy holiday!

[Pause]

The Speaker: Oh, I was going to leave you here all night. See that.

[Laughter]

[Gavel]

[At 10:06 pm, the House stood adjourned until 10:00 am, Friday, 31 May 2019.]