



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*
(OFFICIAL REPORT—*Unrevised*)

Wednesday, 7 April 2004.

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DÁIL ÉIREANN

—
Dé Céadaoin, 7 Aibreán 2004.
Wednesday, 7 April 2004.
 —

Chuaigh an Ceann Comhairle i gceannas ar 10.30 a.m.

—
Paidir.
Prayer.
 —

Leaders' Questions.

Mr. Kenny: The Government announced yesterday that it intends to hold a referendum on citizenship on 11 June. I recognise there is a problem of non-national persons arriving here, particularly late in pregnancy, and I understand it must be resolved. I have already committed Fine Gael to working constructively towards a solution of that problem. However, we can only do that if the Government enters into consultation on the basis of good faith. The Government's record to date does not instil confidence or belief in that. On 5 and 12 November 2002 the Taoiseach said his Government did not have any contact with the Real IRA. However, it had, which meant his statement was untrue. On 5 February the Tánaiste said there was no need for legislation on electronic voting. That was also untrue. On 17 February this year the Taoiseach answered questions in the House for 45 minutes and said there were no planned referenda other than the three speculated about, namely, property rights, reform of the Seanad and the EU constitution.

The Tánaiste is a signatory to the programme for Government which contains a specific commitment to enter into all-party discussions about matters relevant to the Constitution. However, there have not been any all-party discussions. There has not been any consultation with me, despite the fact that the Government decision allowed for consultation with the party leaders. Yesterday the Government announced that it intends to hold the referendum on 11 June. Can the Tánaiste explain to the House and the country why there is a rush to hold the referendum on 11 June? How can we be confident that the Government is genuine about putting in place an all-embracing solution to deal with the problem which we recognise? How can we be sure that we will have a meaningful debate about the Constitution on an all-party basis when the Government's record to date means we cannot believe a word out of its mouth?

The Tánaiste: I take grave exception to Deputy Kenny's suggestion that I misled this House.

When I informed the House on 5 February of the position regarding electronic voting, it was prior to a court ruling on the power of Ministers to make orders in these important areas. That is what changed the situation. It was in order to bring legal certainty that the necessity for legislation became evident. I reject the Deputy's suggestion.

The Government is not rushing this referendum.

Mr. Connaughton: That is what it looks like.

The Tánaiste: The Good Friday Agreement was signed into law and the referendum was held 42 days later on the island of Ireland. That is probably the most important referendum we have had in this country since the 1920s and it was held within 42 days. It is 65 days to 11 June. As Deputy Kenny acknowledged, we committed ourselves in the programme for Government to examine this important area. I understand the Minister for Justice, Equality and Law Reform had discussions with the Deputy's former spokesperson for justice. He intends to have further discussions today with all parties in the House, if they are available. I do not know what the problem is as regards bringing Irish law into line with what happens in every other European country. After the Government's proposals —

Mr. G. Mitchell: It should be done in a decent and civilised way.

The Tánaiste: —we will have some of the most liberal laws on citizenship anywhere in Europe. It is important and timely that we plug the loophole in the law on citizenship as quickly as possible. It is better to do that on 11 June rather than wait for a presidential election which may or may not occur later this year.

Mr. Kenny: We need a coherent policy on this matter. The Tánaiste has not explained the reason for the rush to amend the Constitution. The Taoiseach answered questions for 45 minutes on 17 February, but he did not mention this amendment to the Constitution. The Minister of State at the Department of Justice, Equality and Law Reform, Deputy Brian Lenihan, who chaired the sixth all-party committee on the Constitution, made recommendations about how the Constitution should be amended and that every Deputy should have the right to speak fully and completely about the legislation and the issue involved. However, that cannot happen when we do not have any evidence or information and there has not been any consultation with us.

The Minister of State at the Department of Justice, Equality and Law Reform, Deputy O'Dea, recommended that this should not happen on 11 June and Senators from all parties also said it should not happen on that date. Why is the Government pressing ahead? Is it not obvious from past experience of previous

[Mr. Kenny.]

Governments that rushing to amend the Constitution can lead to legal quagmires and that what the Government is doing by forcing this through on 11 June is debasing Bunreacht na hÉireann and dragging it down to the level of party political gain when it is facing an electoral process with difficulties on all fronts?

I recognise there is a problem and my party is committed to a resolution of that problem in a constructive, coherent and all-embracing manner. Will the Tánaiste explain why the Taoiseach did not refer to this referendum when he answered questions on 17 February? What is the necessity to go beyond what the Minister of State, Deputy Brian Lenihan, recommended in changing the Constitution? The Government is getting support in recognising that there is a problem and that it should be dealt with constructively. Why the rush to judgment? How can we believe a word from the Tánaiste when the record proves the opposite?

The Tánaiste: We are usually criticised by the Opposition for not acting in a hasty fashion on many matters.

(Interruptions).

The Tánaiste: I find it hard to understand whether Deputy Kenny is simply opposed to the timing of 11 June or if he has more fundamental objections in this matter.

Mr. Connaughton: Is that not what he said?

Mr. M. Higgins: We are well into the campaign now.

An Ceann Comhairle: Allow the Tánaiste to speak without interruption.

Mr. Durkan: One cannot have it both ways.

An Ceann Comhairle: Deputy Durkan is not the leader of his party.

Mr. Howlin: Has the Tánaiste consulted the Progressive Democrats?

The Tánaiste: I am more than happy to talk to the Progressive Democrats and I will take no lectures from Deputy Howlin or anybody else in this matter.

An Ceann Comhairle: I would prefer if the Tánaiste did not answer questions that come through interruptions. This is a Fine Gael question, not a Labour Party question.

Mr. Rabbitte: The insolent rebuttal.

The Tánaiste: The Government has decided that since there will be an election and people will be voting on 11 June, it is the appropriate

time to put this matter to the people and let them decide.

Mr. Allen: The Government wants to win votes. It is all about votes.

Mr. Rabbitte: Despite our political differences I have always regarded the Tánaiste as a decent person in politics and an honourable colleague in the constituency. It makes my stomach sick to see her lend her party as cover to Fianna Fáil in a transparent ploy to exploit the immigration issue in an election atmosphere.

Deputies: Hear, hear.

Mr. Rabbitte: The handling of this matter has been dishonest and underhand right from the beginning on 17 February, when the Taoiseach said there would be no referendum this year, up to the battle Deputy Higgins and I fought yesterday to extract from the Taoiseach, against obfuscation and obstruction, including from the Chair, the statement that there would be a referendum on 11 June.

When I asked the Tánaiste if it was the case that the House would be reconvened a week early to take this Bill and that the imported guru from America had identified this issue as being of potential electoral advantage to Fianna Fáil, she denied it. Now the House is being reconvened and Deputy Costello tells me he was contacted this morning by the Minister's secretary and told that the Bill will be published on Thursday. That was the intention. As the House retired for the Easter recess, the Government intended to release the Bill under the cover of a holiday weekend, when there would be no opportunity to raise it in the House. It is disgraceful.

Where is the Des O'Malley who said he would stand by the Republic? What does Deputy O'Donnell think about this? What does Deputy Fiona O'Malley think about it? What does Senator Minihan think about it? He would be a Member of this House were it not for the fact that this issue was disgracefully exploited in Cork by some of the guys behind the Tánaiste. She knows it will happen again. If there is a problem and, as Deputy Kenny said, there might well be one, we do not know its extent because we have received no figures from the Tánaiste's ministerial colleague, who is drunk with power.

Mr. G. Mitchell: I still have not received a reply to my parliamentary question.

Mr. Rabbitte: He would do anything to keep his feet under the Cabinet table. I am disappointed with the Tánaiste. It is a new low in Irish politics that she would collude in using an election atmosphere for an issue such as this.

The Tánaiste: Deputy Rabbitte intends to have the debate start on this note and I regret that very much. This issue was not put to the people at the

last election but that did not stop certain individuals in Cork and elsewhere——

Mr. F. McGrath: In Dublin.

The Tánaiste: ——from playing the race card.

Mr. S. Ryan: It was from the Fianna Fáil side.

The Tánaiste: ——and a former——

(Interruptions).

Mr. S. Ryan: We can name them.

An Ceann Comhairle: Deputy Ryan will have to leave the House if he does not keep quiet.

Mr. Connaughton: That is right — put them out.

Mr. Costello: Where is the Republic now?

Mr. Rabbitte: Did the Tánaiste condone those actions?

The Tánaiste: This is an extremely important issue.

Mr. Connaughton: Of course it is.

The Tánaiste: It behoves us all to conduct the debate, even from this moment, in a fair and calm fashion.

Mr. M. Higgins: The Government should give it the time it needs.

The Tánaiste: I am aware the Minister for Justice, Equality and Law Reform had discussions with Deputy Rabbitte about this matter some time ago so it is not the case that this came as a great surprise. When I told Deputy Rabbitte last week that we had not made a decision on the date, that was true. We only made that decision yesterday after a great deal of consultation and discussion.

Mr. Allen: With whom?

The Tánaiste: I strongly resent any suggestion that it was known a week or two weeks ago——

Mr. S. Ryan: The Minister of State, Deputy Hanafin, knew about it.

The Tánaiste: ——or that some guru came from the United States to inform us that this was an issue.

Mr. Rabbitte: Of course they did. It has been borne out to be right.

The Tánaiste: I am sorry, Deputy Rabbitte, the Minister for Justice, Equality and Law Reform——

An Ceann Comhairle: The Tánaiste should address her remarks through the Chair.

The Tánaiste: ——discussed this item with the Deputy months ago, and the Deputy knows that.

Mr. Rabbitte: First, the Minister for Justice, Equality and Law Reform came up to me when I was having coffee in the Members' bar to tell me that he was thinking about this and that he would consult with me and send me documents. He did neither and he did not even say as much to Deputy Kenny. Second, there is no point in the Tánaiste seeking to compare this to the Good Friday Agreement. Everybody knew what would happen for months in advance if an agreement was reached.

There is no point in the Tánaiste seeking to impugn anybody on this side of the House for ever having used this issue in an election atmosphere. Already, the suggestion is that this is coming from this side of the House. The Tánaiste knows that outside this House the Noel O'Flynn phenomenon will be multiplied 100 times around the country. There has been dishonesty and underhand handling of this from day one, including by the Minister for Justice, Equality and Law Reform who misrepresented the masters of the maternity hospitals and gave us the wrong date.

An Ceann Comhairle: It is not appropriate to use the word "dishonest" about Members of the House.

Mr. Durkan: How can you describe it, a Cheann Comhairle? Give us some helpful descriptions.

Mr. Rabbitte: The Minister for Justice, Equality and Law Reform misrepresented the masters of the maternity hospitals. He said he met them in October 2003 and it turned out to be 2002. We have no figures for this phenomenon. The all-party committee on the Constitution, chaired by Deputy Brian Lenihan, set out a process by which we should handle any issue relating to amending the Constitution. The Tánaiste is throwing that out the window. The Government has spent seven years sitting on the land issue and it will receive a report today which states that the reason the Taoiseach delayed this for the last three or four years is that there was a putative necessity to amend the Constitution, which turns out not to be true. Will the Government rush legislation through to control the price of building land before Easter or before the summer?

Mr. S. Ryan: Will we have that on the 11th?

Mr. F. McGrath: We are still waiting for the disability Bill.

An Ceann Comhairle: Deputy Rabbitte's time has concluded.

Mr. Rabbitte: The Tánaiste has come a long way from standing by the Republic and I regret it more than anybody.

The Tánaiste: Obviously, Deputy Rabbitte seems to have a wider problem with this than the timing issue. If that is the case, we should discuss it. If it is more than timing, let us hear it. I wish to clarify the circumstances surrounding the meeting with the masters of the maternity hospitals. The Minister for Justice, Equality and Law Reform met the masters at the request of the Department of Health and Children. I read a letter from somebody who attended that meeting.

Ms Burton: That is a new one.

The Tánaiste: What is a new one?

An Ceann Comhairle: The Tánaiste should address her remarks through the Chair and ignore interruptions.

Ms Burton: Originally it was at their request.

The Tánaiste: Yes, at the request of the masters through the Department of Health and Children, the Minister for Justice, Equality and Law Reform met with them. I have read a note of that meeting and a letter from somebody who attended it, who confirms everything the Minister has said. At that meeting the masters said something simple: if what is happening in Dublin continues, with 22% of the births being to non-nationals, we will quickly need another maternity hospital in Dublin.

Mr. Boyle: Many have work permits.

The Tánaiste: They came to express——

Mr. Boyle: The Tánaiste invited them into the country.

The Tánaiste: We are not talking about those people.

Mr. M. Higgins: The Tánaiste will give them work permits but not allow them to have children.

The Tánaiste: Every country in Europe has residency requirements. Many of them require the person to be resident for ten years; the average is five years. Even after the Government's proposals, Ireland will have one of the most liberal regimes in Europe for citizenship. I cannot understand why that is not acceptable to the people of this country who are represented in this House.

(Interruptions).

An Ceann Comhairle: I call Deputy Sargent.

Mr. G. Mitchell: On a point of order——

An Ceann Comhairle: There can be no points of order on Leaders' Questions except from the leaders.

Mr. G. Mitchell: Three weeks ago——

An Ceann Comhairle: The Chair has ruled on this repeatedly. I have called Deputy Sargent.

Mr. G. Mitchell: ——I asked a parliamentary question.

An Ceann Comhairle: That is not a point of order.

Mr. G. Mitchell: Why is the Chair not protecting my rights?

An Ceann Comhairle: Deputy Mitchell should resume his seat.

Mr. G. Mitchell: Three weeks ago I asked——

An Ceann Comhairle: Deputy Mitchell will leave the House if he does not resume his seat. It is his choice.

Mr. G. Mitchell: I asked a question——

An Ceann Comhairle: The Deputy will have to leave the House.

Mr. G. Mitchell: ——about the number of immigrant children——

An Ceann Comhairle: The Deputy will leave the House.

Mr. Durkan: On a point of order——

An Ceann Comhairle: There is no point of order.

Mr. G. Mitchell: I leave in protest. I asked a question three weeks ago.

Mr. Durkan: The Deputy raised a valid point and he is entitled to do so.

An Ceann Comhairle: I move: "That Deputy Gay Mitchell be suspended from the service of the Dáil." Is that agreed?

Mr. Durkan: It is not agreed.

An Ceann Comhairle: In accordance with Standing Orders, the division will take place before tomorrow's business.

Deputy G. Mitchell withdrew from the Chamber.

Mr. Durkan: That is a disgrace.

An Ceann Comhairle: Standing Orders are there for everybody.

Mr. Rabbitte: On a point of order, the Chair has thrown out the Deputy——

An Ceann Comhairle: That is not a point of order. I have called Deputy Sargent.

Mr. Rabbitte: ——for standing up for his rights.

An Ceann Comhairle: That is not a point of order. The Deputy was asked to leave because he disobeyed the Standing Orders of the House.

Mr. Durkan: He was standing up for his rights.

An Ceann Comhairle: He knows how to stand up for his rights.

Mr. Sargent: The Government stands accused of misleading the House——

Mr. Rabbitte: To what Standing Order is the Chair referring?

An Ceann Comhairle: The Chair will not discuss the matter on the floor of the House. If Deputies have a problem——

Mr. Stagg: There is no such Standing Order. The Chair is making it up.

An Ceann Comhairle: ——they can come to the Office of the Ceann Comhairle.

Mr. Hayes: Quote the Standing Order.

Mr. Connaughton: What is the Standing Order?

An Ceann Comhairle: I have called Deputy Sargent.

Mr. Hayes: Can the Chair quote the Standing Order?

An Ceann Comhairle: The Standing Order is——

Mr. English: Which one is it? Read it out.

An Ceann Comhairle: The Chair will not discuss its rulings.

Mr. Hayes: Can the Chair quote the Standing Order?

Mr. Durkan: I ask the Chair——

An Ceann Comhairle: I ask Deputies to resume their seats.

Mr. Hayes: Will the Chair quote the Standing Order?

An Ceann Comhairle: The Standing Order is there and there has been precedent since the foundation of the State that the Chair is

responsible for order in the House. If a Member disobeys the Chair——

Mr. Rabbitte: Where is the Standing Order?

An Ceann Comhairle: I ask the Deputy to resume his seat and show some respect for the Chair. He is the leader of a party and should show some respect for the Chair. I have called Deputy Sargent.

Mr. Durkan: Deputy Mitchell raised a valid point.

An Ceann Comhairle: He did not raise a valid point.

Mr. Durkan: He did. He asked a question in the House and was not given any information. That information——

An Ceann Comhairle: I have called Deputy Sargent.

Mr. Durkan: Will the Chair allow Deputy Mitchell back into the House?

An Ceann Comhairle: I do not want to have to deal with this.

Mr. Durkan: The Chair can throw everybody out if he wishes.

Mr. Sargent: I sympathise with the Chair's situation, but he is trying to maintain order when the Government is being disorderly.

Mr. Durkan: Will the Chair——

An Ceann Comhairle: The Chair ruled that Deputy Mitchell was out of order.

Mr. Durkan: ——allow Deputy Mitchell back into the House?

Mr. Sargent: The Chair could rule that the Government is out of order also.

Mr. Durkan: The Chair is reducing the Opposition to——

An Ceann Comhairle: The Deputy knows there are long-standing rulings in the House.

Mr. Rabbitte: On what basis did the Chair remove Deputy Mitchell from the House?

An Ceann Comhairle: The Chair is not prepared to discuss rulings on the floor of the House, nor have any of my predecessors.

Mr. Rabbitte: The Chair cannot make up Standing Orders as he goes along. This is disgraceful.

An Ceann Comhairle: Allow Deputy Sargent speak without interruption.

Mr. Sargent: It is difficult to have an orderly Dáil when the Government shows such disorder. The Chair should bear that in mind.

I raise a matter that is related in that it is tied to corruption, namely, the lack of affordable housing. This is an issue which requires a clear plan of action. Housing costs hang an unmanageable debt around the necks of many people, represent the legacy of corruption and bad planning, and sentence many people to a life without health facilities, schools and public transport.

Yesterday on “Prime Time”, we had two different Government views. Which is the Tánaiste’s view? The chairman of the All-Party Committee on the Constitution, Deputy O’Donovan, advocated the Kenny report and stated that there are major problems, referring to the hoarding of land by a few super-rich developers. He said the situation is like the oil fields of Iraq, with land as the oil field of Ireland. He also said 13 Governments have hidden behind the threat of legislation being challenged in the courts and that the matter is now in the lap of the Government, with the committee calling for legislation, not a referendum.

On the other hand, we had the Minister of State at the Department of Finance, Deputy Parlon, saying he thinks we need to proceed carefully because the Constitution protects property rights. Is he not confusing the rights of ownership with the rights of development? Is the Minister of State correct in saying that individuals who own land are entitled to get the full market price?

Does the Tánaiste agree there is a need to clarify this? Is it not ironic that the Taoiseach is absent today because of matters arising from corruption in the planning process, matters which caused the Mahon tribunal to be established? Of the two views expressed, which is the Tánaiste’s? When will we have legislation on the matter?

The Tánaiste: As the Deputy is aware, the report is to be published today. I did not see “Prime Time” last night which I understand covered the matter extensively. Like others in the House, I have had the opportunity to read the report because it was given to party leaders. It is an excellent one and I hope we can act on it quickly.

Clearly, all rights are subject to the common good in this area. I respect property rights, as do most people in the country. Ownership is important, but we must also act in the common good. The Kenny report has been in existence for some time and the committee has made recommendations, on an all-party basis, on a way forward. I hope we can act collectively to carry those through sooner rather than later.

Mr. Sargent: It is a long time back to 1973 if we are talking about sooner rather than later with the Kenny report. As someone who talks about the need to counter cartels and have competition,

does the Tánaiste agree that it is normal for anti-trust measures to operate against cartels? Should measures not be introduced forthwith to prevent development plans being monopolised? The Tánaiste will know of a situation where one developer had 1,500 acres of housing sites and paid €105 million for 208 acres in Belcamp recently. Will there be legislation in this area before the Government rushes an infrastructure Bill through, given the close connection between corruption in planning and the possibility of further corruption if there is legislation which does not take the committee’s recommendations into consideration? Will such legislation take precedence over the infrastructure Bill? Is it acceptable that the planning system facilitates hoarding? This situation is at least as urgent as the immigration referendum which the Government is trying to rush through in advance of everything else.

The Tánaiste: The infrastructure Bill is a separate matter and relates to expediting the 11 o’clock planning process, which everyone would favour. One does not need long periods of time to get the right decision. That Bill is being acted upon. It will go to Cabinet shortly and will be advanced by the Minister for the Environment, Heritage and Local Government. On the other matter, the report is being published today and I hope we can consider it quickly.

Mr. Allen: The Tánaiste is a shadow of her former self.

Ceisteanna — Questions.

Tourism Statistics.

1. **Mr. Wall** asked the Taoiseach if he has received information regarding the number of tourists who have visited Ireland since 1 January 2004; the way in which this compares with the same period in 2003; and if he will make a statement on the matter. [10648/04]

Minister of State at the Department of the Taoiseach (Ms Hanafin): Information regarding the number of tourists visiting Ireland is published on a quarterly basis in the Tourism and Travel release. This release includes details of the number of visits to Ireland, classifies them by reason for journey into the categories of business, holiday-leisure- recreation, visiting friends and relatives and other, and also gives information on expenditure and average length of stay. It is expected that results for the first quarter of 2004 will be published in June.

The CSO has introduced a new monthly Overseas Travel series. This release details the total number of overseas trips into and out of Ireland classified by area of residence. It does not

identify why these trips are made. Results for January 2004 show there were 347,300 overseas trips to Ireland — an increase of 3.7% on the January 2003 figure of 334,800. Irish residents made 332,800 overseas trips in January 2004 — an increase of 13.3% on the figure of 293,700 for the same month in 2003.

Ms McManus: I thank the Minister of State for that information. Will she give a breakdown of the visitors coming here or the trips they are making? Are they tourism related, business related or people returning to Ireland? Given that thousands of non-nationals have been employed here it is important to know the breakdown of these figures.

Ms Hanafin: Within the quarterly release there are the results of two sample surveys: the country of residence survey and the passenger card inquiry. The country of residence survey gives information of all arriving and departing passengers and, on selected sailings and flights, the country of residence of a sample number of passengers. The type of information available from the survey is quite selective. However, the second survey, the passenger card inquiry, is much more detailed. It gives the purpose of the journey, ticket type and the country of residence for all passengers. It also details the expenditure, length of stay, fare payment details, all of which is recorded for Irish passengers on incoming routes and overseas passengers on departing routes. The type of accommodation used is also detailed. This would, obviously, allow us to ascertain why foreign residents are travelling to the Republic and whether they could be categorised as tourists. The four categories for reason of journey are listed as: business, holiday-leisure-recreation, visiting friends and relatives and other.

Ms McManus: If that is the case will the Minister of State tell the House how many of these people attend a maternity hospital here to have a baby, during their visit to Ireland?

An Ceann Comhairle: That does not arise under the question.

Mr. Howlin: It is a journey.

Ms McManus: I am sorry, a Cheann Comhairle, it does.

Ms Hanafin: The information that is requested of people is to list the reason for their journey under the four categories: business, holiday-leisure-recreation, visiting friends and relatives and other. It is up to people to determine which category they wish to put it.

Ms McManus: The Minister of State said accommodation was also listed. Accommodation includes a stay in a maternity hospital. How many of these people have declared that they stayed in

a maternity hospital, which would indicate that they probably had a baby while they were here? How many stated they had accommodation in a maternity hospital, according to the information sought by the CSO?

Ms Hanafin: The type of accommodation used is detailed for overseas passengers on departing routes and is listed specifically under hotels, guesthouses, bed and breakfast, rented houses and apartment, caravan or camping, hostel, friends and relatives, and other.

Mr. Howlin: What is “other”?

Ms Hanafin: For 2003, the number of overseas nights spent in Ireland by non-residents, defined as at least one overnight in Ireland, classed by type of accommodation listed for 2003 as “other”, were 4,446.

Ms McManus: Why was the information not sought if this is such a severe problem that we are about to amend the Constitution?

An Ceann Comhairle: That is a separate question.

Ms McManus: Since, according to the Government, this has been an issue for a number of years, why has the Minister not ensured that this information——

An Ceann Comhairle: The Deputy has made her point. That matter does not arise under this question. It is a statistical question and is quite specific.

Ms McManus: That is correct. It is a statistical question relating to the form of accommodation that non-nationals use while they are in Ireland.

Mr. J. Higgins: The accommodation they use.

Ms McManus: I am perfectly within my rights to ask this question. Why is it that the Government did not ensure, considering the pending constitutional referendum, it had information about an important issue which it maintains is so important that we have to amend the Constitution to deal with it? Why was it not sufficiently important for the Government to ensure it had the information on which to base its argument? I would like the Minister of State to reply.

An Ceann Comhairle: The question is quite specific. It is a statistical question asking the Taoiseach if he has received information regarding the number of tourists who have visited Ireland since 1 January 2004; the way in which it compares with the same period in 2003 and so on. I suggest the Deputy submit a question along those lines.

Ms McManus: It is totally within the question.

An Ceann Comhairle: It could not be within the question.

Ms McManus: It is something the Government keeps talking about and it does not know what it is talking about.

Ms Hanafin: This is a statistical question. The statistics are as I have outlined to the Deputy. She may be interested to note that in 2003 where 4,446 people indicated their place of accommodation was other than those specifically listed, that was an increase of 420 on the previous year which was 4,020. The type of information being collected by the CSO is comparable to that used by Europe and has been used for many years to give us information to enable us pursue our policies on tourism and travel.

Mr. Gogarty: Given that the Minister of State said the quarterly figures will be available in June, I wish to refer to the related issue of the 2003 figures. In Britain, our nearest neighbour, there was a drop in visits to hotels, guesthouses and bed and breakfast accommodation and an increase in the numbers staying with friends and relatives. That raises an issue of whether they are staying with friends and relatives because of our rip-off tourism mentality. Are there any plans to widen the survey to ask why people stay in bed and breakfast accommodation, guesthouses, and with friends and relatives as opposed to other forms of accommodation?

On the issue of statistics, when the CSO is carrying out its survey and the "other" slot is filled in, is there a "please specify" option? In that case, would information be available as to what "other" actually entails and, if so, would the Minister of State be prepared to provide a detailed breakdown to Deputies on what it means?

Ms Hanafin: The information as I have given it is published by the Central Statistics Office in its Tourism and Travel bulletins. The information as gathered is listed under the headings I have outlined. Therefore, "other" is not broken down into other types other. The figures for 2003, unlike those for the rest of Europe, showed a 5% increase in the number of overseas visitors coming to Ireland. The numbers coming to Ireland, exceeding the peak figure for 2000, shows how buoyant and durable the tourism industry is in Ireland. My colleague, the Minister for Arts, Sport and Tourism, Deputy O'Donoghue, answered questions on this matter. On the issue of guesthouses and so on, he also answered questions yesterday indicating that the revenue from each of those areas has shown an increase. None has shown a decrease whether it in camping, bed and breakfast, or staying with friends and relatives. The reason one is chosen over another goes into the realm of speculation.

Mr. Gogarty: Will the Minister of State acknowledge there is a net outflow of €58 million in terms of expenditure?

An Ceann Comhairle: That matter does not arise under this question.

Caoimhghín Ó Caoláin: Given that there is now a single tourism promotion agency on the island of Ireland, would it not be appropriate to ensure that the Central Statistics Office would combine with the corresponding agency in the north of the island to give holistic, in the round figures in regard to real tourist numbers? As many who access the island of Ireland as a tourist destination use the port of Larne, Aldergrove Airport and Belfast City Airport, would it not be appropriate, given that many of those make their way throughout the island of Ireland, that we should have a more accurate reflection of the tourism business coming to this island by combining the figures North and South? This would be a natural outworking of the common tourism promotion effort as a result of the Good Friday Agreement. Will the Minister indicate whether she has taken any steps, since the last time I addressed this deficiency to her, to have the matter raised with the CSO or other responsible bodies or offices?

Ms Hanafin: The responsibility of the CSO covers the Republic of Ireland only. Obviously, the figures it collates are comparable to figures which are collated by similar bodies, including those dealing with Northern Ireland. While it is not possible to collect figures for the island of Ireland, it is possible to use the figures from both sides for promotional purposes, as has been done on an all-island basis.

Caoimhghín Ó Caoláin: Will the Government encourage that?

Mr. Allen: Will the Minister confirm that US troops disembarking from planes and re-boarding after a short period at Shannon Airport were included in tourism statistics last year as visitors to our island?

Ms Hanafin: No. I understand the figures apply only to passengers staying overnight.

Requests to move Adjournment of Dáil under Standing Order 31.

An Ceann Comhairle: Before coming to the Order of Business, I propose to deal with a number of notices under Standing Order 31. I will call on the Deputies in the order in which they submitted their notices to my office.

Mr. Connolly: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the situation pertaining at Monaghan General Hospital "off call" since July 2002,

where, despite the recent upgrading of cardiac rehabilitation facilities incorporating a cardiac imaging unit and upgraded cardiac stress room with a minimal waiting list, heart attack patients in ambulances are not admitted to and are driven past Monaghan General Hospital, while patients brought by private car are admitted to the unit, thereby increasing their chances of survival; and the urgent necessity for the Minister for Health and Children to immediately address this anomaly by a more efficient use of resources to the fullest capacity across the north-east to reduce waiting lists in other hospitals by the immediate restoration of "on call" status to Monaghan General Hospital.

Mr. Allen: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, that the Government has allowed the spending of public moneys by the commission on electronic voting without the authorisation of the Dáil; and to allow the Government to state what funding has been made available to the commission to discharge its duties, and from where it came.

Dr. Cowley: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the continuing failure of the Government to release the long-awaited feasibility study report into an all-Ireland helicopter emergency medical service, HEMS, although this report has been received by the Government and the results of which have not been released by it, despite the fact that we are the only country in Europe without this service, North or South, and despite the fact that people, particularly the young, continue to die or suffer permanent disability due to the lack of a HEMS.

Mr. Morgan: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the plans by the Minister for the Environment, Heritage and Local Government to undermine the democratic process by making provision in the proposed national infrastructure board for fast-tracking the building of poisonous incinerators, regardless of the legitimate concerns of local communities; the Minister's failure to implement any real strategy for the reduction of waste being created; the continuing lack of recycling facilities throughout the State, especially in the north-east; and the necessity to engage a psychiatrist to try to convince the Minister to abandon his attempts to introduce incineration.

Mr. Neville: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the failure of the Minister for Health and Children to provide adolescent psychiatric services to respond to the approximately 600 girls

and 300 boys per 100,000 of the population who cause deliberate self-harm each year, 1% of whom take their lives; and the scandalous situation whereby the estimate for mental health expenditure in 2004 is down to 6.69% of the total health budget.

An Ceann Comhairle: I call Deputy Ferris.

A Deputy: Tá sé as láthair.

An Ceann Comhairle: I call Deputy Joe Higgins.

Mr. J. Higgins: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the failure of the Minister for Health and Children and the Northern Area Health Board to provide immediate funding for two urgent needs in west Dublin: the immediate opening of the new accident and emergency facility and related wards at James Connolly Memorial Hospital, Blanchardstown, to relieve intolerable pressure on staff and patients; and for the immediate construction of a health care centre in Mulhuddart to cater for the fastest growing population area in Europe.

Mr. Sargent: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent national importance, namely, the need to address the hiatus which has arisen in regard to the future of marine facilities and amenities at Balbriggan and Skerries harbours and in regard to the interest now being shown by Fingal County Council in acquiring these public properties from Dublin Port Company, if €10 million can be found to bring the harbours up to a manageable standard; and the promise by the Government for consultation on that matter to take place and the need to establish a date for that consultation.

An Ceann Comhairle: Having considered the matters raised, they are not in order under Standing Order 31.

Mr. Allen: On a point of order, I unsuccessfully raised the same matter under Standing Order 31 last week and this morning. I want to know how the Government could spend money on electronic voting——

An Ceann Comhairle: That is not a point of order. The Deputy should submit a question to the appropriate Minister.

Mr. Allen: The Government is misusing the Finance Act by using a contingency fund.

An Ceann Comhairle: It is not a point of order. The Deputy knows he is being disorderly.

Mr. Allen: How do I get an answer to this? My question concerns irregular use of funding.

An Ceann Comhairle: The Deputy should submit a question to the appropriate Minister.

Mr. Durkan: It is a valid point.

An Ceann Comhairle: The Deputy has been in the House long enough to know the Standing Orders.

Order of Business.

Minister for Defence (Mr. M. Smith): The Order of Business today shall be as follows: No. 8a, motion re ministerial rota for parliamentary questions; No. 15, An Bord Bia (Amendment) Bill 2003 [*Seanad*] — Order for Report, Report and Final Stages, to adjourn at 1.30 p.m. if not previously concluded; No. 14, Electoral (Amendment) Bill 2004 — Second Stage (resumed).

It is proposed, notwithstanding anything in Standing Orders, that the Dáil shall sit later than 8.30 p.m. tonight and business shall be interrupted not later than 10.30 p.m.; No. 8a shall be decided without debate; the Dáil shall adjourn not later than 1 p.m. tomorrow and oral and written questions shall not be taken——

Mr. Stagg: What about tomorrow's Order of Business?

Mr. M. Smith: ——matters shall not be raised under Standing Order 31 and matters on the Adjournment shall not be raised under Standing Order 21; and Private Members' Business shall be No. 35, motion re paramilitary activities (resumed), to conclude at 8.30 p.m.

Mr. Stagg: On a point of order, a most unusual proposal is before us. Tomorrow has been abolished, for some reason. There will be no Order of Business tomorrow.

An Ceann Comhairle: I will hear the Deputy when we come to proposal No. 3.

Mr. Stagg: Will there be no Order of Business tomorrow?

An Ceann Comhairle: I will hear the Deputy when we come to proposal No. 3. The first proposal is the proposal for the late sitting. Is that agreed? Agreed. Is the proposal for dealing with No. 8a without debate agreed? Agreed. Is the proposal for the adjournment of business of the Dáil tomorrow agreed?

Mr. Rabbitte: Why are we now sanitising the business of Thursday and why does it not indicate the date when the Dáil will resume? The Minister will say he will take this tomorrow. Since when is Thursday now regarded as a day when there are no Parliamentary Questions and no Adjournment debates or anything like that? The Government's point is to conceal from the Dáil that it is coming back early to take a referendum that is being

rushed through and on which every effort has been made to conceal information from the House. This must be a record.

Mr. Stagg: From the PDs.

Mr. Rabbitte: It is the first time I have ever seen a Minister take the Order of Business with the Chief Whip minding him.

Mr. Howlin: And no one else.

Mr. Rabbitte: Not a single Deputy from the Government side comes into the House any more. It is a signal of the contempt in which the Government holds the Dáil, that this is the way business is done. The Taoiseach is excused because he has to go to the tribunal and if he has to go to the tribunal, he has to go to the tribunal.

Mr. Kenny: He has an alibi.

Mr. Rabbitte: Look at the Government benches. Is this the way to treat the House? It really is disgraceful the way the Government treats Parliament and the Opposition.

Mr. Sargent: Things are getting worse with regard to this matter. My party strongly protests. It is completely unacceptable to sneak in Thursday's business on Wednesday and it is unprecedented. I ask for clarification about whether the House is sitting in the week of Tuesday, 20 April. It seems it will be a bogus week from the point of view of parliamentary accountability. I note in an advertisement that on Tuesday 20 April at 2 p.m. the Taoiseach will open chamber of commerce offices in Swords. The prospect of having Taoiseach's Questions on Tuesday afternoon therefore seems to have evaporated.

Mr. Boyle: We know the Taoiseach's priorities.

Mr. Sargent: Will there be any clarification given to the House today or will the announcement be made in the media regarding the business of the House on Thursday or in the following weeks to come? This information should properly be divulged in the House.

Mr. Durkan: The schedule of the House for this week states that there is an Order of Business on Thursday morning. Since we are ordering the business for tomorrow now——

Ms Hanafin: The House is not doing so.

Mr. Durkan: ——what will the Order of Business consist of tomorrow? Why could the House not decide tomorrow's Order of Business tomorrow? Why must it be done today?

Caoimhghín Ó Caoláin: I join in the objections to the third proposal in today's Order of Business which relates to tomorrow's work. Unless the

Minister can correct the House, it is unprecedented that such a list of normal matters to be addressed are excluded from tomorrow's schedule. Standing Orders 31 and 21 are being debarred from tomorrow's schedule of business.

Just a half an hour ago, I was advised that the much-vaunted consultation by the Minister for Justice, Equality and Law Reform will be offered to the House at 3.30 p.m. this afternoon. What consultation is that when it concerns a Bill on citizenship on which the Cabinet has already made its decision, the drafting is already complete and when the publication of the legislation is expected tomorrow? That consultation follows after the horse has clearly bolted on this issue and the Government is out and already running. The Opposition parties have no sight of the Bill, no opportunity for prior engagement on the Bill. It is patently clear that our repeated objections to the Government's conduct on this disgraceful legislation, and the manner in which it is being rushed through, are being ignored. This is unprecedented conduct on the part of the Government. I am deeply offended, as are other elected Members and the wider public, particularly those who are concerned about the matters that this Bill would address. I express my strong objections.

Mr. M. Smith: There will be an Order of Business tomorrow.

Mr. Boyle: I thank the Minister. We are grateful.

An Ceann Comhairle: Allow the Minister without interruption.

Mr. M. Smith: That is not a concession. That is the position, notwithstanding what has been ordered here. What is being done is to facilitate the House because in the normal way——

Mr. Stagg: It is facilitating the Government.

Mr. M. Smith: Deputies will be submitting questions in the normal manner and doing a number of things——

Mr. Stagg: Why was it not put to the Whips' meeting?

An Ceann Comhairle: Allow the Minister.

Mr. M. Smith: The Government wishes to facilitate the House. I ask the Deputy to keep his cool for a moment.

Mr. Stagg: What about the Whips' meeting?

An Ceann Comhairle: Deputy Stagg, Deputy Rabbitte has already spoken on behalf of your party. We will hear the Minister.

Mr. M. Smith: The Deputy should just keep his cool. Tomorrow is Holy Thursday and the House will adjourn at 1 p.m. It should be quite acceptable to the House that it is told the day before. It is facilitating the House and the Members.

Mr. Stagg: It is facilitating the Government. The Opposition cannot raise issues on the floor of the House.

Mr. M. Smith: I reject the contention that matters are being rushed through the House. There are plenty of opportunities on Second and Committee Stages to go into any detail required by Deputies about these Bills.

(Interruptions).

An Ceann Comhairle: Allow the Minister without interruption, please.

Mr. Stagg: Why are written questions being abolished tomorrow?

An Ceann Comhairle: Deputy Stagg, Deputy Rabbitte has already spoken on behalf of your party.

(Interruptions).

Mr. M. Smith: Deputies may put down written questions if they wish. I am trying to facilitate the House by giving it an indication of tomorrow's business.

Mr. Sargent: When will the House come back?

(Interruptions).

Question put: "That the proposal for dealing with Thursday's adjournment be agreed to."

The Dáil divided: Tá, 68; Níl, 54.

Tá

Ahern, Dermot.
Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Ardagh, Seán.
Aylward, Liam.
Blaney, Niall.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callely, Ivor.

Carey, Pat.
Cassidy, Donie.
Cooper-Flynn, Beverley.
Coughlan, Mary.
Cregan, John.
Curran, John.
Davern, Noel.
de Valera, Síle.
Dempsey, Noel.
Dempsey, Tony.

Tá—continued

Dennehy, John.
 Devins, Jimmy.
 Ellis, John.
 Finneran, Michael.
 Fitzpatrick, Dermot.
 Fleming, Seán.
 Fox, Mildred.
 Gallagher, Pat The Cope.
 Glennon, Jim.
 Grealish, Noel.
 Hanafin, Mary.
 Haughey, Seán.
 Healy-Rae, Jackie.
 Hoctor, Máire.
 Jacob, Joe.
 Keaveney, Cecilia.
 Kelleher, Billy.
 Kelly, Peter.
 Killeen, Tony.
 Lenihan, Brian.
 Lenihan, Conor.
 McCreevy, Charlie.
 McDowell, Michael.
 McEllistram, Thomas.

McGuinness, John.
 Martin, Micheál.
 Moynihan, Donal.
 Moynihan, Michael.
 Mulcahy, Michael.
 Ó Cuív, Éamon.
 Ó Fearghaíl, Seán.
 O'Dea, Willie.
 O'Donoghue, John.
 O'Keefe, Batt.
 O'Malley, Tim.
 Parlon, Tom.
 Power, Peter.
 Power, Seán.
 Ryan, Eoin.
 Sexton, Mae.
 Smith, Brendan.
 Smith, Michael.
 Wallace, Dan.
 Walsh, Joe.
 Wilkinson, Ollie.
 Woods, Michael.
 Wright, G. V.

Níl

Allen, Bernard.
 Boyle, Dan.
 Breen, Pat.
 Broughan, Thomas P.
 Bruton, John.
 Bruton, Richard.
 Burton, Joan.
 Connolly, Paudge.
 Costello, Joe.
 Cowley, Jerry.
 Crawford, Seymour.
 Crowe, Seán.
 Durkan, Bernard J.
 English, Damien.
 Enright, Olwyn.
 Ferris, Martin.
 Gilmore, Eamon.
 Gogarty, Paul.
 Gregory, Tony.
 Hayes, Tom.
 Higgins, Joe.
 Higgins, Michael D.
 Hogan, Phil.
 Howlin, Brendan.
 Kehoe, Paul.
 Kenny, Enda.
 McCormack, Pdraic.

McGinley, Dinny.
 McGrath, Finian.
 McGrath, Paul.
 McHugh, Paddy.
 McManus, Liz.
 Morgan, Arthur.
 Naughten, Denis.
 Neville, Dan.
 Ó Caoláin, Caoimhghín.
 Ó Snodaigh, Aengus.
 O'Dowd, Fergus.
 O'Keefe, Jim.
 O'Sullivan, Jan.
 Pattison, Seamus.
 Penrose, Willie.
 Perry, John.
 Rabbitte, Pat.
 Ryan, Eamon.
 Ryan, Seán.
 Sargent, Trevor.
 Sherlock, Joe.
 Shortall, Róisín.
 Stagg, Emmet.
 Stanton, David.
 Timmins, Billy.
 Upton, Mary.
 Wall, Jack.

Tellers: Tá, Deputies Hanafin and Kelleher; Níl, Deputies Durkan and Stagg.

Question declared carried.

Mr. Kenny: This morning the Tánaiste expressed her outrage when I suggested she misled the House. When she answered questions on 5 February on electronic voting, she claimed, in a reference to legislation, that it took place before the relevant court case. I would like to remind the Tánaiste that she answered her question on 5 February 2004, yet the Supreme Court case in question took place on 27 January 2004. This demonstrates that the Government is not credible and has no integrity. I invite the Tánaiste to return today and correct the record of the House.

Has the Minister, Deputy Michael Smith, who is taking the Order of Business today, read the sixth report of the all-party committee on the Constitution? It was chaired by the Minister of State at the Department of Health and Children, Deputy Brian Lenihan, and it made two fundamental recommendations on changing the Constitution. Can the Minister explain why this legislation on citizenship is being published and rushed through when the sixth all-party committee report is very clear on the method and the process involved in changing the Constitution? Can he explain how he gave support at the Cabinet table for this to be rushed through?

Mr. M. Smith: This legislation, as Members of the House are aware, will be published tomorrow. There is no question of rushing the legislation and that has been made absolutely clear. We are over two months away from 11 June. Is Deputy Kenny suggesting to me that all the illustrious Members in this House are incapable of digesting an issue the facts of which are well known before now?

An Ceann Comhairle: We cannot have a debate on this issue now.

Mr. M. Smith: If the Opposition is not able to vote confidence in itself, then the Government is well able to do so.

(Interruptions).

Mr. Durkan: That is rubbish.

Mr. Kenny: The Government has no policy on immigration—

An Ceann Comhairle: That does not arise at this stage as the issue has already been discussed on Leaders' Questions and there will be an opportunity when the Bill comes before the House.

Mr. Kenny: The Taoiseach stood here on 17 February and never mentioned the referendum.

(Interruptions).

An Ceann Comhairle: Allow Deputy Rabbitte to speak. I ask Deputy Kenny to resume his seat.

Mr. Rabbitte: I take it that the information which we extracted reluctantly from the Taoiseach on the text of the amendment and the accompanying legislation, will be published tomorrow, on the eve of a holiday weekend as the House rises. In respect of the commitment given by the Taoiseach that he would engage in consultation with the party leaders, does the Minister, Deputy Smith, know when this consultation will take place? Does he know if the Bill has been signed off? If it is ready for publication, how does he propose to involve us in consultation? Does he mean that we will be summoned to be told what is in it and how it will proceed? The Minister, Deputy Smith, should not insult our intelligence by claiming that this Bill is being handled in accordance with due process as laid down by the all-party committee. We need time to deal with this sensitive issue and if there ought to be a referendum then let there be a referendum. It is reprehensible that this is being run in the atmosphere of local and European elections.

Mr. Howlin: Deputy Smith is the Minister for kite flying.

Mr. M. Smith: In the length of time we have been discussing this, complicated treaties have

been completed all over the world. However, in this country we feel we are unable to do this. The Bill will be published tomorrow morning and some preliminary discussions are taking place about a consultative process which will begin this afternoon. Whether it is the Easter recess or the summer recess, my work continues most days. I am sure the work of the Opposition continues as well.

(Interruptions).

An Ceann Comhairle: Allow Deputy Sargent to speak without interruptions.

Mr. Rabbitte: I wonder if Deputy Smith could deliver an Easter pastoral?

Mr. Sargent: God help us if this is similar to the Nice treaty, which was signed in the middle of the night. Does the Minister, Deputy Smith, know whether the referendum on citizenship will be the subject of the debate on the week beginning 20 April? That will not be illustrious but illusory, given that there will be no Order of Business, no accountability from the Government and we will be talking to ourselves again. Is that the situation we are facing and is that the level of seriousness with which the Government treats the matter? We have a picture of the Taoiseach opening an office on Tuesday when he is supposed to be answering Taoiseach's questions.

Mr. M. Smith: This is not the first time that Deputies in this House have chosen to take both sides of the same coin. There will be two days to discuss in full the matters that the Deputy has raised. The Deputy will have the fullest possible opportunity to deal exclusively with that issue. The argument until now has been that we do not have time. The Opposition will have two full days for it.

Mr. Kenny: The Government never even bothered to take the recommendations from Deputy Brian Lenihan into account.

Mr. Hogan: It has come to light that the business expansion scheme and the seed capital tax relief scheme are now under investigation by the European Commission. Will the Government enact amending legislation to deal with this potential loss of investment and employment? Given that there has been a massive increase in profits by insurance companies, will the Government publish a transparency Bill to force those insurance companies to justify the increase in the premia and the higher costs for business and consumers?

Mr. M. Smith: There is no legislation promised in that area.

Mr. Hogan: Will the Government, therefore, do nothing?

Mr. Gilmore: The Labour Party Private Members' Bill, defeated in the House on 8 October 2003 and which sought to control the price of building land, was not accepted by the Government because the matter was under consideration by the all-party committee. Since the committee is now recommending precisely the measures contained in the Labour Party Bill, is the Government now accepting this Bill?

The Residential Tenancies Bill 2003 completed Committee Stage in mid-February and has not been scheduled for report. When will Report Stage of that Bill be taken? Since that Bill has not been enacted and tenants have no means of contesting rent increases, will the Government suspend regulations which disallow rent allowances to tenants where rents have been increased?

The Water Services Bill 2003 was published before Christmas, under which group water schemes will be privatised and water charges will be reintroduced. Will that Bill be taken in the House before the local elections? When will the national infrastructure Bill, the purported contents of which were published recently in some newspapers, be published?

Mr. M. Smith: On the first question, the recommendations of the all-party committee report will be considered by Government, which will return to the Dáil with whatever proposals are necessary.

We do not have a precise date for the introduction of the Residential Tenancies Bill, but the intention is to introduce it as soon as possible. I am not able to answer the Deputy's question on regulations off the reel and he would need to table parliamentary questions on them. The Water Services Bill 2003 is at Committee Stage in the Seanad. I did not hear the Deputy's fifth question.

Mr. Gilmore: It was on the national infrastructure Bill.

Mr. M. Smith: It will be published this year.

Mr. Stagg: I wish to raise a point of order lest a new precedent be set by the Minister. He said he would not answer questions on secondary legislation or regulations but he is obliged to do so under Standing Orders.

Mr. M. Smith: No.

Mr. Stagg: Under Standing Orders he is obliged to do so on the Order of Business.

Mr. M. Smith: If Deputy Stagg were listening to my answer—

Mr. Stagg: I was listening to the Minister.

Mr. M. Smith: I said I was not able to answer off-hand.

An Ceann Comhairle: As Deputy Stagg is aware, under Standing Order 26 the Minister is entitled to report on another day on secondary legislation.

Mr. Stagg: That is not what he said. That is why I corrected him.

An Ceann Comhairle: He has clarified it now.

Caoimhghín Ó Caoláin: On the referendum on citizenship Bill, as I presume it will be called, will the Minister advise whether two days will be allocated to deal with it, as he has indicated? Does this mean a guillotine will apply to the various Stages of that legislation? Alternatively, will it be an open debate, to continue in the following week? It is very important that Members know—

An Ceann Comhairle: The Deputy has made his point. On the legislation

Caoimhghín Ó Caoláin: —that the Bill will not be forced through. However, it is clear that only two days are being allocated. Clearly, there is intent—

An Ceann Comhairle: Allow the Minister to reply to the question.

Caoimhghín Ó Caoláin: I ask the Minister to qualify it and indicate the days on which we will address this legislation.

Mr. J. Higgins: Following Deputy Ó Caoláin's question, on what day is it proposed to sit again after the recess? Is it the intention to have no Order of Business, no Leaders' Questions and no Taoiseach's questions that week?

An Ceann Comhairle: That does not arise on today's Order of Business.

Mr. J. Higgins: It is about arrangements—

An Ceann Comhairle: If the Minister wants to respond—

Mr. J. Higgins: Is it the intention to have a guillotine on Second Stage of the Bill?

An Ceann Comhairle: Allow the Minister to reply.

Mr. M. Smith: It is not intended to have a guillotine. We will not guess at this stage.

Mr. Stagg: Of course there will be a guillotine.

Mr. M. Smith: Sixteen hours are being allocated to debate these issues in the House.

Caoimhghín Ó Caoláin: There will be no Order of Business.

Mr. M. Smith: The total—

An Ceann Comhairle: I call Deputy Crawford.

(Interruptions).

Mr. Stagg: Of course there will be a guillotine.

Mr. M. Smith: On Wednesday, 21 April and Thursday, 22 April——

Mr. Stagg: There will be a guillotine.

Mr. M. Smith: ——16 hours will be allocated to debate this matter.

Caoimhghín Ó Caoláin: Is it not the case that there will be guillotines?

An Ceann Comhairle: Allow Deputy Crawford to contribute, without interruption.

Mr. M. Smith: That will only happen if——

Mr. Durkan: If we are not good and if we do not do what the Minister wants.

An Ceann Comhairle: Deputy Crawford.

Caoimhghín Ó Caoláin: That answers the question.

Mr. Crawford: In light of the fact that a man with a Dublin address has been sentenced for a year for the abuse of children in England — he was previously convicted and sentenced in Northern Ireland — will the Government use the opportunity afforded to it under its Presidency of the EU to bring about a European register of paedophiles? This type of thing could be happening in this country.

An Ceann Comhairle: On promised legislation.

Mr. Crawford: It is extremely serious.

An Ceann Comhairle: No legislation is promised. I call Deputy Sherlock.

Mr. Durkan: There should be some response from Government.

An Ceann Comhairle: Yes. The Deputy should submit a question to the appropriate Minister

Mr. Durkan: It is totally inept. It should have some responsibility.

An Ceann Comhairle: It is not appropriate to the Order of Business. I call Deputy Sherlock.

Mr. M. Smith: We have a register of persons who are considered unsafe to work with children. I do not know if this meets the Deputy's criteria. It is not possible to indicate at this stage when the legislation will be introduced.

Mr. Crawford: Does that cover Northern Ireland as well as the Republic?

Mr. Sherlock: Will an tAire——

Ms O'Sullivan: The Minister has the report. Why not?

An Ceann Comhairle: Allow Deputy Sherlock to contribute without interruption.

Mr. Sherlock: As it is seven years since the previous Government promised legislation on the abolition of ground rents, has the Government abdicated its responsibility in this regard? Is it the intention to introduce the legislation?

An Ceann Comhairle: On promised legislation.

Mr. Sherlock: I have one further question. Is it the intention to introduce an enforcement of fines Bill to end imprisonment for inability to pay fines?

Mr. M. Smith: It is not possible to indicate at this stage when that Bill will be available.

Caoimhghín Ó Caoláin: The recommendation of Deputy O'Donovan——

An Ceann Comhairle: Sorry, Deputy, I call Deputy Eamon Ryan.

Mr. Sherlock: The Minister did not answer my second question on the enforcement of fines Bill.

Mr. M. Smith: Regrettably, this legislation is in the same category. It is not possible to say when it will be ready.

Mr. Eamon Ryan: The Minister for Transport made a commitment while taking the latter Stages of the Aer Lingus Bill to have a debate in the House prior to the sale of Aer Lingus. Will this commitment be honoured given that that sale now seems imminent and especially because a number of backbenchers on the Government side——

An Ceann Comhairle: I suggest that the Deputy submit a question to the Minister. Is a debate promised?

Mr. M. Smith: No.

An Ceann Comhairle: No debate is promised. I call Deputy Allen.

Mr. Eamon Ryan: Excuse me, a debate was promised. When will such a debate take place?

An Ceann Comhairle: That does not arise on the Order of Business unless a debate has been promised.

Mr. Eamon Ryan: It was promised by the Minister.

Mr. Allen: The Interpretation Bill 2000, which was due to replace the Interpretation Act 1937,

[Mr. Allen.]

was published on 22 August 2000. It was passed in the Dáil on 1 July 2003 but it has not gone to the Seanad. What has happened to it?

When can we expect a regulation or a motion authorising the spending of money by the Commission on Electronic Voting? The spending of money by that commission—

An Ceann Comhairle: The Deputy has asked his question.

Mr. Allen: I have waited a long time to be called and I want to put my question.

An Ceann Comhairle: The Deputy has put his question.

Mr. Allen: I am talking about the misuse of taxpayers' money by the commission.

An Ceann Comhairle: That does not arise on the Order of Business.

Mr. Durkan: It does.

Mr. Allen: It was not authorised by the House. The use of the contingency fund is not a regular use because it can only be used when the Dáil is sitting or for new services.

An Ceann Comhairle: The Deputy is out of order. That does not arise. The Deputy will have to find another way of raising the issue.

Mr. Allen: The Department of Finance refers to new services of a non-controversial nature.

Mr. Durkan: On a point of order—

Mr. Allen: One has to agree that the Commission on Electronic Voting has restricted terms of reference.

Mr. Durkan: On a point of order—

Mr. Allen: The use of funds by that commission without authorisation by the House is irregular.

An Ceann Comhairle: I ask the Deputy to resume his seat.

Mr. Allen: I want answers to these questions.

Mr. Durkan: On a point of order, the point just raised by Deputy Allen is correct. It now appears—

An Ceann Comhairle: It is out of order on the Order of Business and the Deputy knows it.

Mr. Durkan: It is not out of order, it directly relates to the business of the House today.

An Ceann Comhairle: The Deputy must adhere to the rulings of the Chair.

Mr. Durkan: Will the Ceann Comhairle bear with me for a moment?

An Ceann Comhairle: I will not because it is not a point of order.

Mr. Durkan: We have a right to speak freely.

An Ceann Comhairle: I ask the Deputy to resume his seat.

Mr. Durkan: We used to have the right to free speech in this House.

An Ceann Comhairle: Deputy—

Mr. Durkan: It appears the Bill now before the House is before it inappropriately because the funding used to facilitate its passage is inappropriately used.

An Ceann Comhairle: The Deputy has made his point.

Mr. Durkan: It specifically states that the contingency fund—

An Ceann Comhairle: We must move on.

Mr. Durkan: The Chair is not giving the Opposition a chance.

An Ceann Comhairle: The Deputy knows the Standing Orders. The Chair is obliged to implement them and they are the rules laid down by the House.

Mr. Durkan: Will we get an answer to the question?

An Ceann Comhairle: I call the Minister.

Mr. Durkan: Why was the contingency fund used in an inappropriate manner?

An Ceann Comhairle: That does not arise.

Mr. Durkan: It does because it specifically—

An Ceann Comhairle: It does not arise on the Order of Business. I ask the Deputy to submit a question.

Mr. Durkan: The Ceann Comhairle is making a farce of the House.

Mr. M. Smith: The Interpretation Bill is before the Seanad.

Mr. Allen: Where?

An Ceann Comhairle: Allow the Minister to reply.

Mr. M. Smith: On the questions raised by both Deputies, there has been no period in the history of this House when the scrutiny of public

expenditure was carried out in such an exacting way. The Deputy can be quite certain that any expenditure will be well——

An Ceann Comhairle: In accordance with a request of Kofi Annan, Secretary General——

Mr. Allen: On a point of order——

An Ceann Comhairle: The Deputy should resume his seat. I will take the point of order later.

Mr. Allen: On a point of order——

An Ceann Comhairle: The Deputy should resume your seat. When the Chair is on its feet, he should resume his seat.

Mr. Allen: The Chair was not on its feet.

An Ceann Comhairle: I will take the Deputy's point of order, but I ask him to resume his seat.

Mr. Allen: The Chair was not on its feet.

Rwandan Massacre Commemoration.

An Ceann Comhairle: In accordance with the request of Kofi Annan, Secretary General of the United Nations, for a minute's silence to commemorate the genocide in Rwanda, I call on the Minister of State at the Department of the Taoiseach, Deputy Hanafin, to propose that we take that minute's silence now.

Minister of State at the Department of the Taoiseach (Ms Hanafin): I propose, notwithstanding anything in Standing Orders or the order of the Dáil of this day, that the House shall now observe a minute's silence on the tenth anniversary of the genocide in Rwanda and business shall resume thereafter.

Members rose.

Order of Business (Resumed).

An Ceann Comhairle: I hope Deputy Allen's point of order is a point of order.

Mr. Allen: I do not want to be disorderly but I am trying to get an answer. I asked the reasons the Interpretation Bill has not been proceeded with since it went through all Stages in this House. There is no point informing me it is before the Seanad. When will it proceed through that House?

An Ceann Comhairle: The Deputy has asked his question.

Mr. M. Smith: As I said, it is before the Seanad. I do not have a reason it has not proceeded.

Mr. Allen: It is four years.

An Ceann Comhairle: The Deputy has made his point. I call Deputy McManus.

Mr. Allen: What about the other question I asked on the misuse of public moneys?

An Ceann Comhairle: That does not arise on the Order of Business, and the Deputy knows that. I have called Deputy McManus.

Mr. Allen: On a point of order. This House is being ignored——

An Ceann Comhairle: The Deputy knows the procedures. I suggest he table a parliamentary question to the Minister responsible.

Mr. Allen: It will be answered in about two weeks' time.

An Ceann Comhairle: That is a matter for the House. I have called Deputy McManus.

Mr. Durkan: A Cheann Comhairle——

An Ceann Comhairle: The Chair will not have the House disrupted in this fashion.

Mr. Durkan: Will the Minister withdraw the Bill, which is now before the House inappropriately, and recommit it?

An Ceann Comhairle: To what Bill is the Deputy referring?

Mr. Durkan: I refer to the Electoral (Amendment) Bill, which is before the House.

An Ceann Comhairle: That has already been dealt with.

Mr. Durkan: It is before the House inappropriately.

An Ceann Comhairle: The Deputy should resume his seat.

Mr. Durkan: The Ceann Comhairle can bully the Opposition as much as he likes but the Bill is wrongly before House.

An Ceann Comhairle: I have called Deputy McManus.

Mr. Durkan: It specifically excludes——

An Ceann Comhairle: The Deputy is the Whip of his party and should give a good example in ensuring that the Standing Orders of this House are obeyed by everybody, including the Chair.

Mr. Stagg: It is hard to get the Chair to do that.

An Ceann Comhairle: That is because there are so many interruptions.

Ms McManus: The Government stated that it will remove all democratic accountability from health boards by way of legislation which will be published this session. We are coming to the end of the session and we have not seen any sign of the Bill. When will it be published?

On the future of health boards, when will the Government bring forward legislation to abolish health boards and replace them with four new health boards?

Mr. M. Smith: The Government is giving priority to this Bill and I expect it will be published next week.

Ms McManus: I asked about two Bills.

Mr. M. Smith: I understand it is incorporated in the same legislation, but I will check that to make sure.

Ms McManus: This is the first time I have heard that. Is the Minister saying the abolition of the health boards' legislation will be published next week?

Mr. M. Smith: The health (amendment) Bill is expected to be published before the beginning of the next session.

Ms McManus: I accept the Minister is saying it will be published next week but is he saying provision for the abolition of the health boards is included in that legislation?

Mr. M. Smith: The Bill is expected to provide for changes regarding the membership of the Eastern Regional Health Authority, the area health boards and the health boards, the abolition and distinction between reserve and executive functions and the assignment of the reserve functions to the chief executive officers and the Minister for Health and Children, as appropriate. That is what I indicated to the House earlier.

Mr. Gogarty: Given the three month delay in taking Report Stage of the Education for Persons with Disabilities Bill, will the Minister pinpoint a week when it will be taken and whether it will be taken before, alongside or after the disability Bill since this will be published during the local elections and will be subsumed like the citizenship Bill?

Mr. M. Smith: The Government is anxious to proceed. It is expected early in the next session.

Mr. Stanton: Legislation has been promised to provide for measures for the equal participation of tens of thousands of our citizens. This has been delayed for a number of years. The Commission on the Status of People with Disabilities met last week and expressed its dismay at this delay. The Government withdrew a flawed Bill almost two years ago. The legislation has been promised for

months. Will it be published before the summer recess? What is delaying it?

Mr. M. Smith: I understand the consultative process is still ongoing and it is not possible to indicate a precise—

Mr. Stanton: The Government is waiting until after the elections.

An Ceann Comhairle: I call Deputy Michael D. Higgins.

Mr. Stanton: The Government is not going to be able to deliver on it, so it is delaying it.

An Ceann Comhairle: Allow Deputy Michael D. Higgins to speak without interruption.

Mr. Stanton: The Government is pushing legislation—

An Ceann Comhairle: That does not arise on the Order of Business.

Mr. Stanton: The Government is not going to be able to deliver on it, so it is delaying it. There are tens of thousands of people with disabilities—

An Ceann Comhairle: The Deputy will have to find another way of raising the matter.

Mr. Stanton: There is no consultation.

An Ceann Comhairle: I will have to move on to the next business and I would like to take Deputy Michael D. Higgins's question.

Mr. M. Higgins: I raised—

Mr. Stanton: It is a sham because the Government cannot deliver on it.

Mr. M. Higgins: Last month I received an undertaking from the Taoiseach on the Order of Business that I would get some information on the Bill amending the Diplomatic Relations and Immunities Act 1967 as amended by the 1976 Act. The Taoiseach gave me an undertaking he would give me the reasons for the delay in bringing the Bill forward. Not having received any contact from the Minister for Foreign Affairs or the Taoiseach, I repeated that request to the Tánaiste on 1 April—

An Ceann Comhairle: The Deputy should speed it up a little. Other Deputies are offering and we must move on.

Mr. M. Higgins: I will not be a moment but does the Ceann Comhairle realise I have been waiting several weeks to get a simple letter from the Taoiseach?

An Ceann Comhairle: The Deputy should ask a question appropriate to the Order of Business and he will get an answer from the Minister.

Mr. M. Higgins: It is appropriate. Why have I not received an answer to my question on the Diplomatic Relations and Immunities Act 1967, which I have asked three times? I received a letter from an assistant secretary——

An Ceann Comhairle: Allow the Minister to respond.

Mr. M. Higgins: I do not want to keep anybody out, but I would like to be treated with courtesy.

An Ceann Comhairle: The Deputy is keeping people out.

Mr. M. Higgins: I will not ask the question a fifth time.

Mr. Stagg: The Ceann Comhairle's interruptions take up more time than questions.

An Ceann Comhairle: The Chair never interrupts.

Mr. Stagg: You do.

An Ceann Comhairle: The Chair intervenes.

Mr. M. Smith: I appreciate Deputy Higgins's concern and I will check with the Department of Foreign Affairs as soon as we conclude the Order of Business to see the reason for the delay in the appropriate letter being issued to him in respect of this matter.

Mr. Boyle: Given that the ninth report of the All-Party Committee on the Constitution is being published today, what plans, if any, does the Government have to introduce legislation to amend the Constitution in regard to proposals made in the previous eight reports, most of which have all-party consent? Given that the Government seems prepared to introduce proposals to amend the Constitution in a vacuum, what purpose will the All-Party Committee on the Constitution have in the future and will there be a debate on its future?

Mr. M. Smith: Debates and the order for them are matters which can be arranged between the Whips.

Mr. Boyle: I asked a specific question on the proposals made by the previous eight reports of the all-party committee, most of which have all-party approval. Is the Government submitting proposals for any of these constitutional amendments to be made and, if not, why not?

Mr. M. Smith: These reports will be considered by the Government in due course and appropriate action will be taken.

Mr. Boyle: Can it be done in two days?

Mr. Costello: At midnight last night, 60 people were deported from this country. People were held in Mountjoy, children were taken from schools——

An Ceann Comhairle: Has the Deputy a question on legislation?

Mr. Costello: ——and mobile phones were seized so that people could not contact their solicitors. What legislation allows the authorities to take such action?

An Ceann Comhairle: I suggest the Deputy submit a question to the Minister responsible.

Ministerial Rota for Parliamentary Questions: Motion.

Minister of State at the Department of the Taoiseach (Ms Hanafin): I move:

That, notwithstanding anything in the Resolution of the Dáil of 6 June, 2002, setting out the rota in which questions to members of the Government are to be asked, questions for oral answer, following those next set down to the Minister for Health and Children, shall be set down to Ministers in the following temporary sequence:

Minister for Community, Rural and Gaeltacht Affairs

Minister for Social and Family Affairs

Minister for the Environment, Heritage and Local Government

Minister for Transport

Minister for Justice, Equality and Law Reform

whereupon the sequence established by the Resolution of 6 June, 2002, shall continue with Questions to the Tánaiste and Minister for Enterprise, Trade and Employment.”

Question put and agreed to.

An Bord Bia (Amendment) Bill 2003 [Seanad]: Order for Report Stage.

Minister for Agriculture and Food (Mr. Walsh): I move: “That Report Stage be taken now.”

Question put and agreed to.

An Bord Bia (Amendment) Bill 2003 [Seanad]: Report and Final Stages.

An Ceann Comhairle: Amendment No. 1 is consequential on amendment No. 23, therefore, amendments Nos. 1 and 23 will be discussed together.

Mr. Hayes: I move amendment No. 1:

In page 3, line 11, before “AND” to insert “AND TO PROVIDE FOR INFORMATIVE LABELLING OF MEAT PRODUCTS”.

This is an enormous issue for producers and consumers. It must be dealt with in the Bill because consumers and producers deserve and need it to be dealt with. In recent years, a big effort has been made by producers because of the foot and mouth and BSE diseases. People have been concerned to get our business in order. Too many products are being imported for which there is no means of identifying the country of origin. Given the crisis agriculture is going through at the moment, a huge effort must be put into identification and traceability. While I recognise that officials of the Department have gone to great lengths, it is unfair that meat and meat products from other countries can be imported and sold as Irish products. Traceability and accountability is important, therefore, I urge the Minister to include the measure in the legislation for the sake of consumers and producers.

Dr. Upton: I support the amendment. The issue of traceability and the origin of all foods presented for sale and consumed here is of fundamental importance, not just to consumers but to the food industry. There have been a number of encouraging actions in regard to labelling, identification and traceability. However, there is a long way to go before we have an assurance in regard to the origin of products, particularly meat, which is offered for sale.

A number of questions were raised recently on the importation of meat products from non-EU countries in particular and how they came to be presented to the Irish marketplace as though they were Irish. There also has been sleight of hand labelling whereby products processed here can be effectively labelled Irish even though their origins were in another country. Consumers are entitled to know exactly what they are buying. There are issues surrounding the amount of information anyone can put on a pack of meat or a pack of any other food or food product. However, the country of origin issue has raised concerns, for example, in regard to the recent Avian flu among poultry. Clearly the country of origin and traceability of the product is very important.

Amendment No. 25 seeks to spell out clearly the origin of the animal from which the meat is derived, including where it was born, matured, slaughtered and packed. The tone of the amendment is to take any ambiguity out of the labelling process and to have an absolute guarantee and assurance that we know from what country the meat derived in the first instance.

Mr. Timmins: I support the amendment, which is timely. I am sure the Minister appreciates that the Opposition facilitated the potato growers’

amendment on Committee Stage. Having listened to the Second Stage debate, this is the issue we consistently heard about. Producers and consumers are in favour of food labelling. If I purchase a product which I will eat, I should know where it came from. If I buy a car or a jumper, I will know where it came from. Similarly, I should be able to know where the product I will consume comes from.

In fairness to the Minister’s former junior Minister, Deputy O’Keeffe, when he picked up the rashers from Denny or wherever, he made a point about the labelling. It is appropriate that Members should have an opportunity to support this amendment. I came across a case where a lady in Kilkenny purchased a product from a well known company in Ireland — according to the newspapers, it is among the top three companies, accounting for 55% of consumer consumption — which she believed to be a beef lasagne. When she got home she discovered it was a pork product which had been manufactured in Belgium. The amendment provides an ideal opportunity to address this issue. Some parts of the industry are ahead of the legislation because many local butchers display a picture of the animal, including information on where it was reared, produced, slaughtered and so on. This is not too much to ask for.

The Minister has received a report from the labelling committee and he has implemented many of the measures. I would like to hear his views on this issue and hope he will accept the amendment.

Minister for Agriculture and Food (Mr. Walsh): What I am doing in regard to amendments Nos. 1 and 23 is amending the Registration of Potato Growers and Potato Packers Act 1984, which makes compulsory a declaration of the grower number on the potato pack. This must be done under primary legislation. Meat and food labelling is dealt with by way of secondary legislation, therefore, it is not appropriate to include it in this primary legislation. I appreciate the support and co-operation of the spokespersons when the amendment was going through Committee Stage. I appreciate the concerns expressed in regard to labelling and the general confusion and sometimes misinformation on labelling. This is the case in particular where food products are imported into an EU country, trans-shipped to Ireland, having been reworked in some way or put through a packing plant and, with minimal change, end up with an Irish-type logo. This type of confusion must be ended.

The labelling of beef is regulated at EU level. The beef labelling regulations I introduced in 2000 require that all beef and veal sold here, whether packaged at point of sale or pre-packed for retail sale, must be labelled to ensure full traceability. The country of origin can be ascribed to the product where all the processes take place in the same country. The beef labelling

regulations do precisely what this amendment proposes. I have also introduced national secondary legislation under the European Communities Act 1972 to require that the country of origin be declared on fresh poultry meat imported from third countries. This is already a requirement for imported pre-packed poultry meat.

The labelling of meat within the catering sector is a weakness in the system. There is good labelling at retail level but in restaurants people do not know the origin of their food unless the establishment is participating in the Féile Bia scheme, a voluntary scheme which does not have the weight of statute.

I have taken this matter up with Commissioner Fischler and asked him to consider extending the regulations that already apply at the retail counter to the catering sector. The Commissioner has told me he will report on this either at the April or May meeting of the Council of Ministers, thus enabling the extension of full labelling to the catering sector. Consumers are entitled to clear and accurate information and I am considering all options to ensure this is achieved. This legislation, however, is not a vehicle for that and the amendment is not appropriate to it.

Mr. Hayes: Will the Minister clarify that point?

Mr. Walsh: Beef labelling is a matter for Commissioner Fischler. Under secondary legislation we can introduce regulations to ensure labelling in the catering sector is done on a statutory basis. At the moment Féile Bia, under Bord Bia, is voluntary but we want to strengthen that and place it on a statutory footing. I am waiting for Commissioner Fischler's report to enable me to extend the beef labelling and traceability already available in supermarkets to catering establishments under EU regulations.

I have forwarded the report of the liaison committee on food labelling which I established to the Commissioner to be incorporated as part of his review of the beef labelling regulations because labelling, especially within the catering sector, has been the subject of much comment recently. Beef labelling regulations that only apply to the retail sale of beef are currently being reviewed by the European Commission and I want Commissioner Fischler specifically to consider extending the regulations that apply to retailing sector to the general food service sector and I expect to be able to do that by May of this year. I appreciate the Deputy's concerns on this matter.

Mr. Hayes: I accept the Minister's argument about the beef sector but what about the chicken and pork sectors? They are the reason for the amendment because the real problems exist there. Progress has been made in beef labelling but the real concern is pork and chicken labelling. The consumer has been ignored in the debate and the Minister should recognise that we need

traceability in these areas as well. Recent events such as the avian flu caused concern and consumers are asking for this to be extended. Is there a legal difficulty with accepting the amendment or is there another reason the Minister will not accept it?

Mr. Walsh: There is a difficulty because EU regulations, not primary legislation, are the appropriate vehicle for extending the labelling regulations to the catering sector. The amendment on potatoes that I introduced, and which the Deputy supported, was technical in nature and ensured the owner's number, as well as the grower's number, is on the pack of the potatoes. The industry asked me to do this in light of the ring rot scare, where people wanted to know the origin of their potatoes.

We have introduced regulations on poultry and pork meat which have tightened up the situation. A delegation from the poultry industry pointed out to me last week how complex the matter is because there are birds, birds that are cut up and slices of poultry meat. They asked me to look into a further tightening up of the matter because poultry meat comes into Ireland in large quantities.

Avian influenza highlighted the fact that people want to know exactly from where meat comes. When I established the food labelling group, it was of the opinion that we should not come out specifically on country of origin because we export 90% of what we produce and the industry felt we were doing well in the export market. If all of our beef and pork was labelled as Irish, it might constrain our exporters. We have now, however, come around to the view that we need full traceability and identification of the country of origin because that is what the consumer wants in both the home and export markets.

Dr. Upton: The country of origin should be clearly marked for the consumer. I appreciate the trade's concerns but there is also a positive tradition where some of our branded products have been remarkably successful outside Ireland. Kerrygold, for instance, has done remarkably well and there are opportunities to develop such labelling and branding so quality Irish products can continue to have a positive impact.

Much emphasis has been placed on beef as a result of BSE and foot and mouth disease. Pork, as the Minister stated, is more difficult but there are many value added products derived from it and because there are so many other additives and ingredients in items such as pork sausages, there are particular challenges. If there is a meat component, however, it is important that there is identification and traceability. With advances in DNA technology for traceability, we should be able to make progress in this area.

Mr. Timmins: Having listened to the Minister, I am even more convinced that the amendment is

[Mr. Timmins.]

appropriate. Obesity is a subject which has been under the surface for a couple of years. People simply do not know what they are eating. When we put oil into the engines of our cars, we always ensure we know what type it is. Do we not want to know what we are eating? We must be up front about this issue because the consumer is entitled to know what he or she is consuming. This Bill is an appropriate vehicle and this provision will send out the message that we are in favour of food labelling because people need to know where food comes from. The Minister's party colleagues as well as Opposition Deputies have called for this and on many occasions it has been used as a populist chant. Nonetheless, many producers and others in the farming community have consistently called for labelling because they are concerned that consumers are eating beef on the assumption it is produced in Ireland when it is not.

I acknowledge the Minister's concerns about the industry and that we export 90% of products. However, food quality and safety will override any other concern in people's minds. We are anxious about this and will press the amendment because we believe it is very important. If the amendment is made, not alone will we send out a strong message but we will also ground it in legislation.

Mr. Ferris: I wholeheartedly support the amendment. It is incumbent on the Minister to heed the advice he is getting from the Opposition on this matter. He should also take on board what is being said by the farming organisations and consumers. This is a progressive amendment which could benefit Irish agriculture and its producers. From a safety point of view, it will give consumers an opportunity to identify the origin of the food they are eating so that they can make an informed choice as to what they put on their table.

Mr. Walsh: I appreciate the points made by the Opposition spokespersons about their concerns in respect of labelling. I established a food labelling group a couple of years ago and, following its recommendations, introduced a one stop shop, the Food Safety Authority, for the enforcement of regulations. Arising from this, I set up the liaison panel which comprised consumers and others. The panel made numerous recommendations, many of which were dealt with under EU regulations. I sent that report to Commissioner Fischler a few months ago and stated that I wanted the matter dealt with as a matter of urgency. I followed that up and the Commissioner is to report to the Council of Ministers either next month or, at the latest, in May of this year.

On every opportunity I am presented with a suitable vehicle under the secondary legislation of European regulations, I push for full and comprehensive information about ingredients and agents in particular foods, such as sausages, as well as full traceability back to the producer. Farm organisations have been mentioned in the context of traceability, but it is not so easy to get full agreement from them on such traceability. Deputies will be aware of the problems we had with sheep tagging to get traceability back to individual farmers. However, I am pressing on with these issues anyway.

This Bill is introduced to amalgamate the structures of Bord Bia and Bord Glas into one unified structure. It is not a suitable vehicle for food labelling, about which the Deputies are concerned. However, in the next few months I will be in a position to ensure their concerns are addressed and that there is greater clarity and traceability in labelling. However, for the reasons outlined I am not in a position to accept the amendment.

Amendment put.

The Dáil divided: Tá, 54; Níl, 69.

Tá

Allen, Bernard.
Boyle, Dan.
Breen, Pat.
Broughan, Thomas P.
Bruton, John.
Bruton, Richard.
Burton, Joan.
Connaughton, Paul.
Connolly, Paudge.
Costello, Joe.
Cowley, Jerry.
Crawford, Seymour.
Crowe, Seán.
Durkan, Bernard J.
English, Damien.
Enright, Olwyn.
Ferris, Martin.
Gilmore, Eamon.
Gogarty, Paul.
Gregory, Tony.
Hayes, Tom.
Higgins, Michael D.

Hogan, Phil.
Howlin, Brendan.
Kehoe, Paul.
Kenny, Enda.
McCormack, Padraic.
McGinley, Dinny.
McGrath, Finian.
McGrath, Paul.
McHugh, Paddy.
McManus, Liz.
Morgan, Arthur.
Naughten, Denis.
Neville, Dan.
Ó Caoláin, Caoimhghín.
Ó Snodaigh, Aengus.
O'Dowd, Fergus.
O'Keeffe, Jim.
O'Sullivan, Jan.
Pattison, Seamus.
Penrose, Willie.
Perry, John.
Ryan, Eamon.

Tá—continued

Ryan, Seán.
Sargent, Trevor.
Sherlock, Joe.
Shortall, Róisín.
Stagg, Emmet.

Stanton, David.
Timmins, Billy.
Twomey, Liam.
Upton, Mary.
Wall, Jack.

Níl

Ahern, Dermot.
Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Ardagh, Seán.
Aylward, Liam.
Blaney, Niall.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callely, Ivor.
Carey, Pat.
Cassidy, Donie.
Cooper-Flynn, Beverley.
Coughlan, Mary.
Cregan, John.
Curran, John.
Davern, Noel.
de Valera, Síle.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.
Devins, Jimmy.
Ellis, John.
Fahey, Frank.
Finneran, Michael.
Fitzpatrick, Dermot.
Fleming, Seán.
Gallagher, Pat The Cope.
Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Haughey, Seán.
Hector, Máire.
Jacob, Joe.

Keaveney, Cecilia.
Kelleher, Billy.
Kelly, Peter.
Killeen, Tony.
Kirk, Seamus.
Lenihan, Brian.
Lenihan, Conor.
McCreevy, Charlie.
McDaid, James.
McEllistrim, Thomas.
McGuinness, John.
Martin, Micheál.
Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.
Ó Cuív, Éamon.
Ó Fearghaíl, Seán.
O'Dea, Willie.
O'Donoghue, John.
O'Keeffe, Batt.
O'Malley, Tim.
Parlon, Tom.
Power, Peter.
Power, Seán.
Ryan, Eoin.
Sexton, Mae.
Smith, Brendan.
Smith, Michael.
Treacy, Noel.
Wallace, Dan.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G.V.

Tellers: Tá, Deputies Durkan and Stagg; Níl, Deputies Hanafin and Kelleher.

Amendment declared lost.

Mr. Timmins: I move amendment No. 2:

In page 4, between lines 22 and 23, to insert the following:

“4.—Within two years of the transfer day, the Minister shall lay before the Houses of the Oireachtas a report detailing the cost, benefits and effectiveness of the amalgamation effected by this Act.”.

I raised this issue on Committee Stage and the Minister stated that the principal Act covered it and that a report must be laid in the Library on an annual basis. He also said we had an opportunity to invite subsidiary sections of Bord Bia before a committee of the House. The Minister seems to be amalgamating all the bodies involved with food promotion. I could see some merit in that, but I am sure people, such as Deputy Allen, would be reluctant to support such a proposal because Bord Iascaigh Mhara, for example, has a unique function in promoting seafood. Due to the seriousness of this

amalgamation and the trend it may set, it is important that it works. While I appreciate that we can invite people before a committee of the House, it would help if a review was carried out which specifically dealt with the issue of amalgamation. That is why I tabled the amendment.

Dr. Upton: I support the amendment. We discussed this issue on Committee Stage and I made the point that it is important, particularly in the amalgamation of a smaller organisation with Bord Bia, to ascertain the consequences for Bord Glas, particularly in terms of the horticultural industry. It would be good if, within approximately two years, an overall review was done to ascertain the effectiveness of that amalgamation. I also raised my concerns about further amalgamations of other food related bodies. That issue will probably be debated further in the future and I would not rule out its significance. However, as regards the amalgamation of Bord Bia and Bord Glas, I am

[Dr. Upton.]

seriously concerned that the role of the latter will be diluted and, consequently, less effective.

The issue of obesity was raised again this morning. Bord Glas promotes fruit and vegetables. It is important that the status and importance of Bord Glas is not subsumed or diluted within the overall amalgamation. As regards the obesity debate, we should also consider nutritional information. The role of Bord Glas in providing such nutritional information is important in terms of those products which are significant from the point of view of a balanced and healthy diet. We need a major education programme.

As regards labelling, I wonder how many people understand what it means to have 40 or 400 calories in a portion of food. Are they able to interpret what that might mean? The product Bord Glas markets and produces for the consumer is significant. As regards labels which identify nutritional value, kilocalories and kilojoules are often seen on labels. That is fine if one knows what that means. However, what impact will that have on one's overall dietary intake? Do people understand that? There is an education gap in terms of the nutritional value of food and how the consumer interprets that which must be filled.

Mr. Walsh: This Bill is about merging Bord Bia and Bord Glas. My motivation for that was to give both organisations a better opportunity to do a better job in promoting Irish food and Ireland the food island. That will be achieved because Bord Glas, for example, has a relatively small budget of a couple of million euros. Within the overall new body, there will be a budget of €25 million. I hope that will be increased on an annual basis. I agree that much of the information is confusing and some of it is downright dishonest. One often finds nutritional details and other appellations which are meaningless, but, unfortunately, many people are taken in by them. One wants accurate and relevant information. I agree with Deputy Upton in that regard. The difficulty is that in some cases there is too little information, which is not accurate, while in other cases there is too much information and people are bewildered by it. It is often difficult for people whose eyesight is not as good as it used to be to read the information.

As regards the amendment, I stated on Committee Stage that committees of the House have regularly invited bodies to appear before them. They do not have to wait for two years as they can do it in any year. They question bodies about how they are progressing, about their accounts and about the effectiveness or otherwise of any merger. That will be the case here as well. Section 22 of the principal Act makes it mandatory that the annual report be laid before both Houses of the Oireachtas before 30 June each year. The committee then has the power to summon the body to account for its stewardship.

That is the correct and proper way to do it. For that reason, it would be excessive to accept this amendment. There is no need for it when we can deal with it statutorily. In that light, I am unable to accept the amendment.

Mr. Timmins: Having listened to the Minister, I am happy to withdraw the amendment.

Amendment, by leave, withdrawn.

Acting Chairman (Dr. Cowley): Amendments Nos. 3 and 4 are related and may be discussed together by agreement.

Mr. Ferris: I move amendment No. 3:

In page 6, line 26, after “produce” to insert the following:

“produced according to traditional or organic methods and excluding genetically modified inputs”.

There is great concern about genetically modified produce and about the Minister's recent statement that he did not object to it. The intention in Britain is to open up the markets to commercial genetically modified produce. That will be detrimental to the industry on this island in the long-term and to the status Irish produce enjoys internationally from a safety and production point of view.

I question the motivation of those who promote genetically modified produce. The flawed argument is that it will help to alleviate starvation throughout the world. Plenty of food is produced in the world. Starvation does not have anything to do with the production of food but with its distribution. An abundance of food is produced for the world market but the issue relates to who controls it and how it is distributed. The argument for genetically modified produce is an argument for the control of food production by multinationals which, in developing such produce, have also developed a termination seed which will give them absolute control.

There has not been a debate on this issue on the island. I do not agree with the flawed argument that it could benefit agricultural producers. It will cause long-term damage to that sector. The scientific proof which has been made available

1 o'clock

to us is linked to the people who are trying to ensure such produce becomes the norm. I strongly argue against it from the point of view of health and safety and of producers and those involved in agriculture. We should push to create and promote GM free zones on the island of Ireland. If it comes into the Six Counties we will be wide open to cross contamination through pollution and so forth. I hope the amendment will be supported.

Mr. Boyle: The Green Party opposes the Bill. We do not believe the proposed amalgamation is necessary. We also believe the reasons for it put

forward by the Government are spurious. There is a need to maintain separate bodies, particularly Bord Glas to represent and develop sectors in the agriculture industry which have always tended to be the Cinderella sectors of that industry. The fear is that subsuming it into a wider body, particularly one that will have greater influence on how it would operate, will not be in the interests of those involved in horticulture.

We are also opposed to the Bill because the potential exists for Irish agriculture, to promote itself in terms of food quality, to produce food that is not genetically modified. The debate is still wide open on this. The United Kingdom has conducted several years of trials which are proving to be inconclusive. I suspect they are inconclusive because they are not producing the results the Government seeks. Most of these trials have shown there are high degrees of contamination when growing particular crops. The British Government is still hoping to issue licences for certain types of produce to be grown under genetic modification, making the fairly weak argument that the level of contamination is somewhat weaker. That is not the road we should take.

We have seen in the wider agricultural practice of genetic modification, in California in the United States, that the contamination was not only local but was also seen many miles away across the border in Mexico where crops were being grown in the traditional manner. There might be a naked political argument as to whether one is for or against genetically modified food but it is also an economic argument. Ireland is competing with other agricultural nations that are producing food of the same type and in the same quantities and, not being island nations, they can probably bring the food more quickly to market to be sold. The onus on Ireland, therefore, is to produce food of higher quality. I believe the consumer demand for food quality is linked to whether there is a genetically modified process involved in the production of that food.

While I oppose this Bill and the Minister's proposed amalgamation, I support these amendments. As this Dáil is one in which the Government gets what it wants and the Opposition is left all too painfully aware of its role in the House, if a Bill is to be passed, it should pass with some degree of protection in terms of the type of policies many Members on this side of the House would like to see implemented. On those grounds I support amendments Nos. 3 and 4. However, I am not optimistic, given that they were already rejected on Committee Stage, that the Minister is inclined to accept them.

Mr. Walsh: Specific reference to GM crops or food is not appropriate to this legislation. The purpose of the Bill is to amalgamate the two food promotion bodies under the aegis of my Department. Given that the role of the amalgamated body will be the promotion and

marketing of Irish produce, the issue does not arise in a practical sense.

With regard to GMOs, the legislation and safeguards in place at EU level are implemented by the Food Safety Authority of Ireland and the Environmental Protection Agency, which are under the remit of my colleagues, the Minister for Health and Children and the Minister for the Environment, Heritage and Local Government. They are responsible for the public health aspects of GMOs. This legislation is about the amalgamation of Bord Bia and Bord Glas. I cannot accept the amendment.

Mr. Timmins: I empathise with many of the points made by Deputy Ferris and Deputy Boyle. We need to discuss the issue of GM foods. I drove through England last summer and at a few of the locations at which I stopped public meetings were being held on the issue. During the 1997 general election campaign the previous Government caused some difficulty for itself by making an all-embracing statement — I forget the exact phrasing — that it opposed genetically modified foods. If memory serves, the current Minister, Deputy Noel Dempsey, was the environment spokesman at the time.

Sometimes we are a little disingenuous about this issue. I discussed it with Deputy Hayes and we agreed that the Belclare sheep is probably genetically modified to a degree. There are probably many genetically modified products. People should not take the option of appealing to the primal consciousness of the population because there can be a tendency to play on people's fears. We saw that with the telephone masts and so forth. Notwithstanding that, however, people have concerns and we should consider them. I read many articles on GM foods and, depending on who is writing the articles, one can read about the positive aspects. There was one item, for example, about the replacement of pesticide with a GM product that is more environmentally friendly and assists in the production of grades.

This Bill is not the appropriate place for inserting this provision but I empathise with the Deputies on the broader issue. The difficulty is that it straddles the health and environment areas and affects the agriculture sector more than any other. We need to examine the issue further.

Dr. Upton: This is an opportunity to highlight the significance of genetically modified foods and the lack of debate in this country, particularly in this House, on the issue. It is potentially a huge issue from both the farming and the economic perspectives in terms of the developments in biotechnology generally. I would not underestimate either the value or the potential threats from GM foods. There is another amendment dealing with genetically modified foods and it is the amendment I prefer to support.

To absolutely exclude GM food might be somewhat limiting, to say the least, and to

[Dr. Upton.]

provide specifically for the production and preparation for market of non-genetically modified food might be something we could not deliver. It would be virtually impossible. The reality is that genetically modified products which come through the food chain are available in this country. They are quite effective and useful and they are widely used. It would be too narrow and limiting to exclude them. I appreciate the potential difficulties that could evolve further down the line and I do not underestimate the significance of the multinational companies and their role. It is not to support the people who are most in need of being adequately fed, which is the line we are given with regard to developing countries. The promise of a solution to the world food problem through the production of genetically modified food is inaccurate and cannot be delivered. The more significant matter is ownership and control. That is where the debate ought to be focused in addition to the other aspects of genetically modified food.

I will speak again on amendment No. 13.

Mr. Ferris: I am disappointed with the Minister's response. Amendment No. 3 seeks to define Irish produce as produce produced according to traditional and organic methods. That effectively excludes GM, which is an

artificial method. I am seeking to defend traditional agricultural production on this island. We have high standing in European markets in that regard. Leaving this open, thus allowing GM produce to be inserted at any time in the future, undermines traditional produce and could undermine the international market for Irish produce in the future with devastating effect. That is why my party and I strongly favour this amendment and have done so for a considerable length of time. If it is not accepted we will be doing a disservice to Irish agricultural production, which is in a depressed enough state in many ways without compounding its problems.

The jury is also out on the health and safety implications. Anyone can commission a report from a selective group of scientists who can argue for and against a proposal. I am challenging that report. We must articulate public concerns and that is why I put down the amendment.

Mr. Walsh: For the reasons I gave I am not able to accept the amendment. It is not the appropriate vehicle to deal with this issue. I have no difficulty with the concerns raised but those are matters for the Food Safety Authority and the EPA, while this Bill deals with the merger of two bodies.

Amendment put.

The Dáil divided: Tá, 15; Níl, 66.

Tá

Boyle, Dan.
Cowley, Jerry.
Crowe, Seán.
Ferris, Martin.
Gogarty, Paul.
Gregory, Tony.
Harkin, Marian.
Higgins, Joe.

McGrath, Finian.
McHugh, Paddy.
Morgan, Arthur.
Ó Caoláin, Caoimhghín.
Ó Snodaigh, Aengus.
Ryan, Eamon.
Sargent, Trevor.

Níl

Ahern, Dermot.
Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Ardagh, Seán.
Aylward, Liam.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callely, Ivor.
Carey, Pat.
Cassidy, Donie.
Collins, Michael.
Coughlan, Mary.
Cregan, John.
Curran, John.
Davern, Noel.
de Valera, Síle.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.
Devins, Jimmy.
Ellis, John.
Fahey, Frank.
Finneran, Michael.
Fitzpatrick, Dermot.

Fleming, Seán.
Gallagher, Pat The Cope.
Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Haughey, Seán.
Hector, Máire.
Jacob, Joe.
Keaveney, Cecilia.
Kelleher, Billy.
Kelly, Peter.
Killeen, Tony.
Kirk, Seamus.
Lenihan, Brian.
Lenihan, Conor.
McDaid, James.
McEllistrim, Thomas.
McGuinness, John.
Martin, Micheál.
Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.
Ó Cuív, Éamon.
Ó Fearghail, Seán.
O'Dea, Willie.
O'Donoghue, John.

Níl—*continued*

O'Keeffe, Batt.
O'Malley, Tim.
Parlon, Tom.
Power, Peter.
Power, Seán.
Sexton, Mae.
Smith, Brendan.

Smith, Michael.
Treacy, Noel.
Wallace, Dan.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G. V.

Tellers: Tá, Deputies Boyle and Crowe; Níl, Deputies Hanafin and Kelleher

Mr. Ferris: I move amendment No. 4:

In page 6, line 32, after “of” to insert “non-genetically modified”.

Amendment put and declared lost.

Amendments Nos. 5 and 6 not moved.

Mr. Ferris: I move amendment No. 7:

In page 9, line 5, after “horticulture” to insert the following:

“and that not less than two of the persons appointed shall be persons having knowledge or experience of organic production methods”.

Amendment put and declared lost.

Amendment No. 8 not moved.

An Ceann Comhairle: Amendments Nos. 9 and 19 are related and may be discussed together, by agreement.

Mr. Ferris: I move amendment No. 9:

In page 9, line 9, after “Employment” to insert the following:

“and that all other positions be open to public competition from those suitably qualified”.

Section 18(b) provides that one ordinary member shall be appointed on the nomination of the Minister for Enterprise, Trade and Employment. I argue that such appointment should be open to public competition. Any person who is to be appointed to the board should have the necessary qualifications and the position should be open to any person who wishes to apply. The amendment seeks to restore public confidence and to give people equal access and equal rights.

Mr. Walsh: The proposed amendment is not acceptable. We have a tried and effective system of appointments to boards and that should continue.

Amendment put and declared lost.

Amendments Nos. 10 to 12, inclusive, not moved.

Mr. Ferris: I move amendment No. 13:

In page 9, between lines 17 and 18, to insert the following:

“(c) the current debate on genetically modified organisms.”.

Amendment put and declared lost.

Amendment No. 14 not moved.

An Ceann Comhairle: Amendments Nos. 15, 16 and 18 are related and may be discussed together, by agreement.

Debate adjourned.

Sitting suspended at 1.30 p.m. and resumed at 2.30 p.m.

Ceisteanna — Questions (Resumed).

Priority Questions.

National Cancer Strategy.

2. **Mr. Neville** asked the Minister for Health and Children when the national cancer strategy will be published; and if he will make a statement on the matter. [10919/04]

Minister for Health and Children (Mr. Martin):

The national cancer forum is currently developing a new national cancer strategy. This strategy will build on the progress made during the implementation of the 1996 national cancer strategy and set out the key priority areas to be targeted for the development of cancer services over the coming years. The strategy will have regard to developments and best practice in other jurisdictions and will make recommendations on the organisation and structure of cancer services nationally.

A significant body of work has been undertaken in the development of the strategy to date. Representatives of the national cancer forum have met with representatives of the Eastern Regional Health Authority and all health boards. The forum wrote to over 90 professional bodies, voluntary bodies and other stakeholders to obtain their views on cancer treatment services. Members of the public have been

[Mr. Martin.]
consulted through advertisements placed in the media.

As part of the preparation of the new strategy, an evaluation of the extent to which the objectives of the 1996 strategy have been met has been carried out by Deloitte Consultants. This report was published in December 2003. The key goal of the 1996 national cancer strategy was to achieve a 15% decrease in mortality from cancer in the under-65 year age group in the ten year period from 1994. The Deloitte evaluation demonstrated that this reduction was achieved in 2001, which was three years ahead of target.

As part of the development of the strategy, sub-groups of the national cancer forum were established on generic screening, organisation of cancer services, evaluation and outcomes, evidence based medicine, genetics, nursing and patient issues. The work of these sub-groups is informing the development of the new strategy, which it is expected will be completed in July.

In regard to the implementation of the 1996 strategy, since 1997 there has been a cumulative additional investment of approximately €550 million in the development of cancer services. This includes an additional sum of €15 million which was allocated in 2004 for cancer services. This substantial investment has enabled the funding of 90 additional consultant posts in key areas such as medical oncology, radiology, palliative care, histopathology, haematology and radiation oncology. An additional 245 clinical nurse specialists have also been appointed in the cancer services area.

The benefit of this investment is reflected in the significant increase in activity which has occurred. For example, the most up-to-date figures show that the number of new patients receiving radiotherapy treatment has increased from 2,402 per annum in 1994 to 3,809 in 2000. This means that an additional 1,407 patients are accessing these services, representing an increase of 58%. It can be taken that the figure has increased significantly since then because of further expansion.

The number of new patients receiving chemotherapy treatment has increased from 2,693 in 1994 to 3,519 in 2000, representing an increase of 30% nationally. Given the appointment of additional oncologists since then, it can be taken that this number has increased. Breast cancer is the individual site-specific cancer which has received the most investment in recent years and in-patient breast cancer procedures have increased from 1,336 in 1997 to 1,839 in 2001, an increase of 37% nationally.

Mr. Neville: I thank the Minister for his reply. He stated the national cancer strategy will be available in July, as he had promised. What role will the national cancer forum have in advising and influencing the strategy? How can it have influence as it has not met or deliberated since May 2003 and has difficulty in meeting due to

circumstances of which the Minister knows? Does the Minister accept he identified the forum as the main advisory body in the development of the strategy? Has he received any recommendations on the deliberations of the forum regarding the radiotherapy report?

Mr. Martin: On the latter question, the chairperson of the forum——

Mr. Neville: I asked about the forum itself.

Mr. Martin: The forum has endorsed the radiation oncology strategy. The chairman of the forum has communicated to me that he thinks it is the best model.

Mr. Neville: It is the forum rather than the chairman which recommended it.

Mr. Martin: I presume the chairman is communicating with me on behalf of the forum. In any event, it was the previous forum which established, following my request, the radiation oncology expert group — I hope the Deputy follows the sequencing in regard to that initiative. The radiation expert group was charged with providing the model for Ireland for radiotherapy facilities at an international, world class standard. It is interesting that the American Cancer Society visited Ireland this week and that its leading members have endorsed the model produced by the expert group as ideal and in accordance with best world practice. Other international experts on cancer, such as the National Cancer Institute, have also endorsed the radiotherapy strategy and have stated it is an ideal opportunity for Ireland to get it right for the Irish people and to ensure better outcomes, survival rates and so on.

With regard to the cancer strategy, it is the forum which is predominantly charged with that work in consultation with the officials in secondary care within my Department, specifically those within the cancer area of responsibility, who have worked with the forum in this regard. I met the chairperson of the forum following the evaluation carried out by Deloitte Consultants. Various sub-groups were formed from the forum to deal with specific areas of the strategy, particularly in the context of screening and the advisability of taking that route.

Mr. Neville: Does the Minister accept that because of the Irish Hospital Consultants Association's dispute, the forum has not met since May 2003?

Mr. Martin: The Irish hospital consultants' dispute has only arisen in the past two months.

Mr. Neville: Does the Minister accept the forum has not met since May 2003?

Mr. Martin: The consultants are not participating on any committee or body, which is regrettable, particularly as the Department is

making a significant effort on behalf of taxpayers and Government to resolve issues for the benefit of consultants, the hospital system and so forth.

Mr. Neville: Does the Minister accept the forum has not met since May 2003?

Hospital Services.

3. **Ms McManus** asked the Minister for Health and Children the meaning of the promise that 24-hour medical cover will be retained by local hospitals in regard to the commitment given by the Taoiseach on 5 March 2004; if the 24-hour cover at accident and emergency services will be provided by general practitioners and junior hospital doctors or by qualified accident and emergency consultants; and if he will make a statement on the matter. [10918/04]

Mr. Martin: I have asked the groups dealing with the implementation of the Hanly recommendations in the mid-west and east coast regions to ensure that medical cover will continue to be provided overnight in each acute hospital. The issue will also form a part of the work of the acute hospitals review group which is to develop a national hospitals plan in line with the principles of the Hanly report.

Medical cover means that a doctor is available to provide a medical assessment or treatment overnight. The grade of doctor called on to provide medical cover will be in line with anticipated patient need. There may be a number of options for ensuring appropriate overnight medical cover. These could include, for example, consultants, doctors in training, general practitioners, medical officers or a combination of these, depending on the circumstances.

The issue of medical cover relates to services for patients who need medical attention overnight. I look forward to constructive proposals emerging from the two local implementation groups and the acute hospital review group in this regard.

We will work to ensure that arrangements for overnight medical cover are in keeping with the requirements of the European working time directive, under which no doctor may work for longer than an average of 58 hours per week by 1 August this year. This will reduce to no more than an average of 48 hours per week in August 2009.

I have already taken a number of steps to develop further the services being provided in smaller hospitals. In Ennis General Hospital I have given approval for the appointment of a design team to plan for infrastructural improvements. This underlines that I am committed to developing smaller hospitals appropriately rather than closing or downgrading them, as some have claimed.

Regarding accident and emergency services, I have put in place a number of initiatives to deal with pressures in emergency medicine departments. An additional 20 consultants in

emergency medicine have been appointed and a further nine appointments are in train. This more than doubles the number of emergency medicine posts in place since 2000 when there were just 21 such posts. The total is now 51 approved emergency medicine posts.

The Mid-Western Health Board has recently advertised for a number of emergency care physicians. These are fully registered doctors who will complement service delivery in emergency departments in the region. I have also announced my intention to provide, as soon as possible, extra resources for the roll-out of training for emergency medical technicians.

I have provided €21.4 million to facilitate the discharge of patients from the acute system to more appropriate settings, thereby freeing up acute beds. I have also taken steps to reduce the extent to which emergency medicine departments must deal with injuries and conditions which are more appropriate to the primary care setting. A total of €46.5 million has been allocated for the development of out-of-hours co-operatives since 1997.

Ms McManus: Will the Minister accept that his answer demonstrates the deep confusion about the Hanly report recommendations? Is he aware that the implementation body in the East Coast Area Health Board region has not met yet and will he comment on that? Does his response mean that he is now in conflict with the Hanly recommendation on local hospitals? The report states on page 68: "Ultimately there should not be a requirement for on-site medical presence overnight or at weekends." Is the Minister saying that has now been shelved? It seems to be clear now that what the Minister means is that accident and emergency services will no longer be available in local hospitals and that at least is consistent with Hanly.

The decision and recommendation in Hanly is to downgrade accident and emergency to the point where it is meaningless in the sense that it is specifically described in the report as a minor injuries unit which is nurse-led, open during the day, not open at night and all medical emergency care is directed to a major hospital. This is specific in the Hanly report. Will the Minister now acknowledge publicly that accident and emergency services in these local hospitals in the pilot areas, which obviously are the model for everywhere else, will be put out of existence if Hanly is implemented?

Mr. Martin: There are industrial relations problems at present affecting the participation of consultants on a variety of committees. It is no surprise that applies to the local implementation groups in respect of the Hanly report. The Deputy did not need Question Time to elicit that information because it is a fact. It is delaying the situation and the progress of the implementation groups and their work and that is regrettable. I do not believe the action is justified, especially

[Mr. Martin.]
given the work being done to resolve the medical indemnity issue.

Ms McManus: The Minister should stick to answering the questions I have asked. He should not go down that cul-de-sac.

Mr. Martin: I want to have time to answer the Deputy's question about whether or not the groups have met. I have explained why they have not met. The Deputy knows the reason but she asked the question.

In terms of overnight medical cover, I met David Hanly last January. As far as he and his group are concerned, if this can be organised within the requirements of the European working time directive, there is no issue. We will provide overnight medical cover.

The Hanly report uses the term "ultimately" and that does not mean next year or the following year and if it can be done without having to do that, we will do it. It is not as if every line of the report is set in stone and that is my policy in terms of that issue. It is wrong to state that accident and emergency services will close or be reduced. The Hanly report does not state that. The report makes it clear that 70% of what is going through accident and emergency services will continue to be dealt with by such services in smaller hospitals.

Some people have a nerve to go on about emergency services given that, up to the year 2000, there were 20 emergency care consultants in the entire country. They have deliberately given the false impression that emergency care consultants were available at night in every hospital. That was never the case. Deputy McManus and every Deputy in the House is aware of that.

The Government wants to take proper and effective action on behalf of patients and that means, above all, providing funding for the training of emergency medical technicians to an advanced level so that the first point of contact with a patient on the side of the road is much more effective. In the past, emergency medical technicians were not legally allowed to administer drugs. Development of primary care in the regions and the physical upgrading of hospitals, including emergency treatment rooms, is taking place in Ennis, Roscommon and other hospitals. Significant investment has been made. Accident and emergency services will continue to be provided in these hospitals. It is important to put that on the record.

Ms McManus: This is just huffing and puffing on the part of the Minister. This is bluster and rubbish.

Mr. Martin: The local elections are on the way.

Ms McManus: I refer the Minister to page 63 of the report which states: "All hospitals providing

emergency care must have acute medicine, surgery and anaesthesia on site." That means an irreducible minimum of 21 specialist doctors. That is written in stone as far as this report is concerned. The Minister can pretend and try to obfuscate all he likes but this report has been accepted by his Government. Just because local elections are coming up does not let the Minister off the hook. The report is a serious document which has been accepted by him and its recommendations are crystal clear. According to the report, emergency services cannot be delivered in local hospitals because they will not have 21 specialists. It is an irreducible minimum. Both the Minister and I know that local hospitals do not have that capacity at present.

Mr. Martin: With all due respect, the Government has accepted the Hanly report.

Ms McManus: Then the Minister should live up to it. He should have a bit of courage.

Mr. Martin: Deputy McManus is exploiting the content of the Hanly report to try desperately to win votes for her party in the local elections. She is deliberately——

Ms McManus: Is the Minister saying I am misquoting?

Mr. Martin: ——exploiting the contents of the Hanly report.

Mr. Neville: What is the Minister doing?

An Leas-Cheann Comhairle: The Chair calls Question No. 4.

Mr. Martin: That is what the Deputy is doing. She knows very well, as do all Deputies, that there never was overnight cover by 21 senior consultants in surgery, anaesthesia or medicine in any hospital.

An Leas-Cheann Comhairle: Will the Minister deal with Question No. 4?

Mr. Martin: I want to clarify a point. It is right and proper that victims of major trauma——

Ms McManus: Medical emergencies.

Mr. Martin: ——should go to the hospital where the most appropriate treatment is available. We should not cod people——

An Leas-Cheann Comhairle: The Chair has called Question No. 4.

Mr. Martin: ——by pretending that alternative services are better for them when they are not.

An Leas-Cheann Comhairle: The Chair has called Question No. 4.

Ms McManus: Medical emergencies, not major trauma — emergency care.

Infectious Disease Screening Service.

4. **Caoimhghín Ó Caoláin** asked the Minister for Health and Children if the number of patients in hospitals here infected with MRSA has been recorded; if he will provide the figures; the way in which this compares with the rates of MRSA infection in other States; the strategies in place to deal with this so-called hospital superbug which is causing much concern for the hospital system; and if he will make a statement on the matter. [11057/04]

Mr. Martin: This is a lengthy reply. There are a number of tongue twisters in this reply and I ask the Deputy to bear with me. The National Disease Surveillance Centre collects data from hospitals on methicillin resistant staphylococcus aureus, MRSA, bacteraemia, otherwise known as bloodstream infection or blood poisoning, as part of the European antimicrobial resistance surveillance system, EARSS. This is a voluntary system and, as such, not all hospitals participate. Nevertheless, the participating hospitals in Ireland represent at least 95% of the population, the highest level of participation of any country involved in EARSS.

The EARSS data for Ireland approximates the true total number of cases of MRSA bacteraemia in Ireland. In 2003, 477 cases of MRSA bacteraemia were reported in Ireland. MRSA is a resistant form of a common bacteria known as staphylococcus aureus. The proportion of staphylococcus aureus bacteraemia caused by MRSA in Ireland in 2002 was 42.7%, while the proportion for the last quarter of 2003 was 41.7%. While there does not appear to have been a significant increase in the overall proportion of infections caused by MRSA in recent years, the proportion is one of the highest among European countries participating in the EARSS.

The level of antibiotic resistance in Ireland in terms of MRSA is one of the highest in Europe, second only to the United Kingdom and Malta. Two of the reasons for this, and the responses to date, are as follows. One of the common strains of MRSA in Ireland is highly contagious and it is particularly difficult to control its spread. This strain is also observed in the United Kingdom and partially explains the reason both the UK and Ireland have such high MRSA rates. The national MRSA reference laboratory at St. James's Hospital can now identify individual strains of MRSA and reports this back to each hospital. Having this information helps each hospital to identify whether it has a problem with a particular strain of MRSA and to decide on appropriate control measures.

The overuse of antibiotics in hospitals is the second key issue. The hospital antibiotic sub-committee formed as a result of the strategy for the control of antimicrobial resistance in Ireland, SARI, has completed draft guidelines for

hospitals on promoting prudent use of antibiotics. Many of the regional SARI committees have also appointed clinical pharmacists to individual hospitals to improve antibiotic prescribing habits. A pilot project on promoting more rational use of antibiotics has been funded by my Department, through the SARI national committee and recently commenced in the Midland Health Board region.

Additional Information not given on the floor of the House

In 1999, my Department asked the National Disease Surveillance Centre to evaluate the problem of antimicrobial resistance in Ireland and formulate a strategy for the future. The NDSC gave detailed consideration to these issues and drew up the strategy for the control of antimicrobial resistance in Ireland, which I launched on 19 June 2001. This report contains a wide range of detailed recommendations to address the issue of antimicrobial resistance, including a strategy to control the inappropriate use of antibiotics.

The SARI recommendations can be grouped into five main categories: surveillance of antimicrobial resistance; monitoring of the supply and use of antimicrobials; development of guidance on the appropriate use of antimicrobials; education of health care workers, patients and the general public; and development of principles regarding infection control in the hospital and community setting.

The strategy for the control of antimicrobial resistance in Ireland recommended that a national SARI committee be established to develop guidelines, protocols and strategies on antimicrobial resistance. This committee was established in late 2002 and as part of its remit provides advice to the regional SARI committees in each health board area, established as a result of the strategy's recommendations. The national SARI committee is comprised of a wide range of experts in the field.

Tackling the problem of antimicrobial resistance is a multifaceted issue which will require action on a number of fronts. Implementation of the strategy is taking place on a phased basis and will take a number of years to complete. To date, approximately €12 million has been allocated by my Department to health boards to enable them to implement measures to control antimicrobial resistance. It is ultimately a matter for each health board chief executive officer to determine the priorities in each region. These priorities should take account of the recommendations in the SARI report and the relevant regional SARI committee.

Much of the funding is designated for improving hospital infrastructure for control of infection and appointing additional microbiologists, infection control nurses and other health care professionals involved in the control of infection. There is still some progress to be made to meet the numbers of such

professionals required, as outlined in the SARI report, but significant progress in making additional appointments has been made in the past two years.

At national level, MRSA bacteraemia is now included in the revised list of notifiable diseases, which means hospitals are legally required to report cases of serious MRSA infection to the departments of public health in the regional health boards and to the NDSC.

The SARI infection control sub-committee recently completed a consultation process on national guidelines for hand hygiene in health care settings. Hand hygiene is a key component in the control of MRSA and the final guidelines will be available in the next two to three months. The sub-committee is also updating national guidelines on the control of MRSA, which it is hoped will be available later this year. Each of the health boards has a regional SARI committee, which has been developing regional interventions to control hospital infection, including MRSA.

Caoimhghín Ó Caoláin: Methicillin resistant staphylococcus aureus or MRSA, a term both of us will find easier to accommodate, is the most significant antibiotic resistant bacteria found in our hospitals. This was acknowledged by the Minister and in the 1999 North-South study. Does the Minister accept that antimicrobial resistance is a serious and growing problem in many of our hospitals?

I noted the Minister highlighted that statistics are not available in every case. Is he aware that the death rate from MRSA in Britain increased from 13 in 1993 to 114 in 1998 and that it has also been acknowledged that MRSA was a factor in the deaths of many thousands of other patients? These are alarming statistics.

The Minister will recall stating in June 2001 and today that we have a high rate of MRSA infection by northern European standards. How is this rate being measured? Are deaths from MRSA being recorded as such? Can we compare current and past rates of infection? How accurate is the statistics gathering exercise on MRSA now and how accurate was it in the past? The answers to these questions will give us a clearer picture.

As the Minister will be aware, in January 2000 the intensive care unit at Belfast City Hospital was forced to close because of MRSA infection. MRSA and other hospital based infections are causing increased worry to patients, their families and the wider community and having a significant impact on health care delivery. Have all the recommendations of the 1999 North-South study on MRSA been implemented and, if not, why not?

Mr. Martin: I accept that this is a very serious issue. In June 2001, we launched the strategy for the control of antimicrobial resistance, the SARI document formulated by the National Disease Surveillance Centre, which records the incidence

of MRSA. The NDSC publishes figures on its website, although these need to be updated. A national SARI committee, established to develop guidelines, protocols and strategies on antimicrobial resistance, resulted in the establishment of a regional committee in each health board area consisting of experts from a broad range of fields.

My Department has allocated €12 million to date to assist health boards in implementing measures to control antimicrobial resistance. Additional microbiologists, infection control nurses and other health care professionals involved in the control of infection have been appointed. MRSA has also been included in the revised list of notifiable diseases, which means hospitals are legally required to report cases of MRSA infection to the departments of public health in the regional health boards and the National Disease Surveillance Centre.

While hospitals must report the incidence of MRSA, this does not necessarily apply to deaths given that there may be multiple reasons involved in the death of a person. The Deputy is correct, however, that MRSA could be a factor in complicating an already serious condition, particularly for elderly patients who may suffer from a number of health problems. In such circumstances, contracting MRSA makes recovery difficult.

The SARI infection control sub-committee recently completed a consultation process on national guidelines for hand hygiene in health care settings. Hand hygiene is a key component in the control of MRSA and final updated national guidelines on the control of MRSA will be available in the next two months.

I do not understate the importance of antimicrobial resistance. The chief medical officer of the Department is leading the charge on the issue which is being taken seriously. All hospitals are aware of the problem and have protocols in place to try to reduce, minimise and contain outbreaks which may occur.

Caoimhghín Ó Caoláin: One of the recommendations of the North-South study of 1999 was that each hospital have a written antibiotic policy with appropriate audit of implementation. Has this essential recommendation been implemented? Is surveillance of MRSA ongoing North and South?

The Minister indicated that not all hospitals are attentive to this area. This is a matter of grave concern and a deficit that needs address. Will he ensure, if he is not already doing so, that the matter is pressed on all hospital managers and administrators?

What has been done to research and redress the significant regional variations in MRSA incidence identified in the 1999 study? Such research could shed light on administrative and managerial policies. Are the real statistics on MRSA emerging? As I stated, and the Minister agreed with my point, MRSA, as a contributory

factor to death, is being understated. The reality is that its impact is much greater than indicated by the statistics.

Many people being subjected to catheter and other invasive procedures are very anxious. I am not overstating this matter as I have spoken to people who have major concerns about family members facing such an operation.

Mr. Martin: To be fair to all concerned, the national SARI committee has communicated with all hospitals. As I indicated, Ireland has the highest participation rate of any country involved in the European antimicrobial resistance surveillance system, with participating hospitals covering 95% of our population. I accept, however, that we must ensure that all hospitals are involved. I cannot state definitively that all hospitals are participating in the system but I will pursue the matter and revert to the Deputy with details.

EU Directives.

5. **Mr. Neville** asked the Minister for Health and Children the progress on the implementation of the European working time directive for non-consultant hospital doctors to be introduced by August 2004; and if he will make a statement on the matter. [10920/04]

Mr. Martin: Ireland will be legally obliged to begin applying the conditions stipulated in the European working time directive to doctors in training from 1 August 2004. I am determined that every effort will be made to effect these employment rights from that date. As part of the early preparation for implementing the European working time directive, a national joint steering group on the working hours of non-consultant hospital doctors was established in June 1999 and reported in January 2001.

In order to reduce non-consultant hospital doctors' hours, the group recommended that the following measures must be progressed: a reduction in the number of grades of doctor on call at any one time; the introduction of cross cover arrangements; the introduction of centralised rostering and shift work; and changes in skill mix and practice for other grades of hospital staff.

Following from this work, the national task force on medical staffing also recommended the introduction of a consultant-provided service, a significant increase in the number of consultants and the adoption of a team-based approach to consultant work. In line with this and with the role proposed for non-consultant hospital doctors, the task force report outlined that there should be a significant reduction in the number of NCHDs as the number of consultants increases. The objective must be to reverse the current ratio of more than two NCHDs for every one consultant.

There are some important reasons for this approach. First, even if it was desirable, it would

not be possible to recruit sufficient extra NCHDs to cover existing rostering arrangements under the European working time directive. This is particularly the case in smaller hospitals where there are already problems in maintaining the current numbers of NCHDs. Second, best practice requires that doctors should be recruited to accredited training posts to ensure the provision of quality patient care and appropriate clinical decision-making.

Medical manpower managers appointed under the NCHD 2000 agreement are overseeing the reduction in NCHD working hours and they are essential to the phased implementation of the Hanly report recommendations, especially where roster management is concerned. Latest returns indicate that well in excess of 60% of NCHDs will be compliant with the actual 58-hour requirement of the directive by 1 August 2004. However, difficulties arise when the specific details contained in the directive are applied, that is, rest breaks and compensatory rest. These issues are being considered and will be progressed on an ongoing basis.

Negotiations between health service management and the Irish Medical Organisation on the reduction of NCHD hours have taken place in the Labour Relations Commission on a sporadic basis over the past 18 months. Progress to date has been slow and a number of key issues have yet to be agreed. The Hanly report clearly outlines that we need to establish a working group in each hospital to implement the required measures and to monitor progress in the reduction in NCHD hours. A national implementation group is also urgently required to co-ordinate the work being undertaken at local level and to monitor progress. These groups should include appropriate hospital managers, consultants, NCHDs, nurses and other relevant health-care professionals.

The urgent need to establish these groups at both national and local level has been discussed with the Irish Medical Organisation at the meetings in the Labour Relations Commission. However, to date, the IMO has refused to agree to their establishment. The IMO has been lobbying for many years to achieve a significant reduction in NCHD working hours. That aim could be progressed by full participation in the national and local implementation groups.

Additional information not given on the floor of the House

CEOs of both health boards and voluntary hospitals and hospital managers, together with senior officials from the Department and the Health Service Employers Agency, are in regular contact to reduce NCHD working hours and are identifying the various steps at national and local level which are required to implement the directive by 1 August. In addition, a national co-ordinator and support team have been seconded to oversee the implementation process in the health agencies and to provide direction and

guidance on specific issues. Work is also progressing on the development of IT software to record NCHD working hours.

In February 2002, the Medical Education and Training, MET, project group of the national task force on medical staffing was established to prepare an implementation plan, for medical education and training arising from the requirements of the European working time directive and the proposal for a consultant-provided service. The MET group is continuing with this task and I expect to have interim recommendations on meeting the training requirements within the European working time directive in the near future.

The CEO of each health board and each voluntary hospital has responsibility for the management of the workforce, including the appropriate staffing mix and the precise grades of staff employed within that agency, in line with service plan priorities, subject to overall employment levels remaining within the authorised ceiling. Hence, the recruitment of health service staff in 2004 and beyond will take place in the context of the implementation of each agency's service plan, taking into account new policy initiatives such as those necessitated by the implementation of the European working time directive for doctors in training.

On 27 January, I announced the composition of a group to prepare a national plan for acute hospital services. The group is chaired by Mr. David Hanly and contains a wide range of expertise from the areas of medicine, nursing, health and social care professions and management. It also includes an expert in spatial planning and representation of the public interest. The group has been asked to prepare a plan for the interim health service executive for the reorganisation of acute hospital services, taking account of the recommendations of the national task force on medical staffing, including spatial, demographic and geographic factors. Rapid progress is reliant on all parties commencing this urgent work and preparing the plan for acute hospital services which will further help to implement changes in the reduction of working time for doctors in training.

The existence of significant difficulties and the relatively short timeframe available in no way alleviate our legal obligations arising from the directive and only serve to emphasise the urgency of making rapid progress on implementation. Excessive working hours are unsafe for both doctors and their patients. The necessity to deliver appropriate training to our doctors while maintaining necessary levels of service provision will present a range of challenges. I am convinced, however, that this also presents a unique opportunity to improve training, services and the working lifestyles of all NCHDs.

Mr. Neville: The fact that the necessary groups are not established impedes the progress made in meeting the deadline. With just four months to

go before the deadline and with 40% non-compliance with the directive, does the Minister accept that there will be severe difficulties to meet that deadline of 1 August? Will he outline the situation on employers, bearing in mind that a breach in this directive will result in a €1,500 fine for a first offence and a €500 fine for each day of non-compliance? Does the Minister agree that the experience is unique to Ireland, despite the statement of the Taoiseach that such difficulties were experienced all over Europe? Is he aware that the European Commission has pointed out the special difficulties in Ireland that do not apply to other European countries?

Mr. Martin: I do not agree with the Deputy. The Government will do everything it can to achieve progress on this issue. There will be a legal obligation on the State after 1 August as a result of this directive. It is regrettable that the partners are not coming to the table with the enthusiasm that I anticipated, given the amount of campaigning in 2000 on the hours that junior doctors work. We negotiated a generous package at that time on overtime with junior doctors. It is time to do sensible things about the hours people work in our hospitals for the benefit of all concerned.

The situation on the directive across the EU is that many countries have articulated difficulties, not so much with the directive, but with some of the court judgments that have interpreted the directive, in particular the *SiMAP* and *Jaeger* cases. The judgments of these cases define the European working time directive. Issues emerging from that include compensatory rest periods and the issue of on-site on-call. We have paid on-site on-call since 2000 as part of the deal to which I referred. In other words, if one is on call on the site, it means one is working. The problem now is that if a doctor is called out for an hour or two, there has to be an immediate provision of compensatory rest. At the request of other countries, as part of the Irish Presidency, we prepared a paper in the health working group which was submitted to the employment Ministers who have primary responsibility for the directive. Rather than undertaking a major review of the directive itself, they are considering issues such as compensatory rest periods and reference periods, that is to say the period over which average weekly working time is calculated — it is currently at 17 weeks. The Commission has sought views on the need for longer reference periods, for example 12 months.

This is not something that is unique to Ireland. We want to change the equilibrium between junior doctors and consultants, which is not satisfactory. We need a consultant provided system.

Mr. Neville: What about the difficulties experienced, especially by smaller hospitals, if they do not meet the directive and are subjected to daily fines?

Mr. Martin: I explained that. There is a legal obligation on us and we are vulnerable if someone takes a case against us and we are not compliant.

Hospital Services.

6. **Mr. Gogarty** asked the Minister for Health and Children the action he has taken to ensure that patients presenting with infectious tuberculosis can be treated at Peamount Hospital until such time as an acceptable alternative for both chronic and acute cases is provided; if he has commenced a review of practices and procedures at Peamount Hospital in view of the recent events involving the refusal by management to receive new admissions, including one seriously ill case from the Mater Hospital; his views on the lack of a timeframe for the implementation of the hospital's new five-year strategy, and equally important the opposition to the plan among staff members, referring general practitioners and community groups. [11117/04]

Mr. Martin: Responsibility for the provision of services at Peamount Hospital rests with the Eastern Regional Health Authority. The background to the future organisation and delivery of respiratory and tuberculosis services can be found in a report of a review carried out by Comhairle na nOspidéal, published in July 2000, on respiratory medicine. This report found that, in line with major advances in medical treatment, the optimal in-patient care of patients with respiratory diseases, including tuberculosis, is more appropriate to local acute general hospitals, staffed by consultant respiratory physicians and other consultants and supported by an array of investigative facilities.

While recognising the valuable role which Peamount Hospital had played for many years in the delivery of respiratory services, Comhairle na nOspidéal did not regard it as an appropriate location for the future treatment of TB patients, especially those requiring ventilation and specialised treatment for other symptoms, for example, heart disease, HIV etc. who may present with TB.

Comhairle na nOspidéal subsequently appointed a committee to advise on the implementation of the 2000 report. The report of this committee endorsed the recommendations in the 2000 report and was adopted by Comhairle na nOspidéal in April 2003. Specifically, the committee recommended that Peamount Hospital should play an active role in the provision of a range of non-acute support services, including pulmonary rehabilitation, within the South Western Area Health Board. For example, it recommends that patients who have been treated in the nearby St James's Hospital and other major acute hospitals, and who require ongoing rehabilitative care, could be transferred to Peamount Hospital for completion of their care.

In addition to the Comhairle advice on this issue, the board of Peamount Hospital has developed a strategic plan for the development of services at the hospital. The hospital employed external support to assist it in this process and advise of developments in the wider health care environment. The strategy adopted by the board proposes considerable enhancement of existing services and development of new services in the areas of rehabilitation and continuing care of older people, persons with intellectual disabilities and adults with neurological or pulmonary illness.

On 22 March 2004, two of the senior medical personnel at Peamount Hospital secured interim High Court orders restraining their removal from their positions. The interim injunctions were granted to the medical director and senior medical officer at the hospital. The matter arose by virtue of the termination by the hospital board of the medical director's post and revised arrangements for the senior medical officer's post arising from the new arrangements for the delivery of services at the hospital.

The hospital's admission policy on admissions to its TB and non-TB respiratory units has been clarified following the granting of a further interim injunction by the High Court on 31 March 2004, which stated that admissions to Peamount Hospital required hospital management approval. I understand that a full hearing in the High Court is scheduled for 19 April 2004.

Additional Information

The admissions policy provides that all new referrals to the hospital must first have been assessed in an acute general hospital. The recent transfer of a patient with multi-drug resistant TB, MDRTB, to Peamount from the Mater hospital where he had been stabilised, is consistent with this approach. It also provides that the transfer of patients from other hospitals to Peamount must be considered in the context of such patients being non-acute and on the basis of the transferring consultant being fully aware of the facilities and staff available at Peamount. This is in line with the recommendations of the Comhairle report on the future organisation and delivery of respiratory and TB services. Peamount does not have a Comhairle approved consultant respiratory physician on its medical staff. Elective scheduled admissions will be postponed until after the 19 April 2004, which is the date set for the full High Court hearing, and rescheduled after that date. Current patients with a diagnosis of malignancy will be admitted at the discretion of medical staff. The out-patients department will continue to be maintained.

In light of this clarification of the hospital's admissions policy, a consultative process has now been initiated by the ERHA with all referring hospitals and health boards to ensure that there is full awareness of Peamount Hospital's admissions policy. Within the functional area of the authority, hospitals are being asked to liaise with public health personnel regarding support

requirements for patients with TB. The authority will also put in place contingency plans to manage patients locally.

Services in the hospital such as phlebotomy and x-ray will continue to be available to the local community and indeed much of the discussion to date has related to how Peamount can more effectively meet the primary care needs of the local population. After discussion with local GPs it is clear that key concerns have arisen regarding the management of older people with chest infections and respiratory difficulties. The authority is in continuing discussion with Peamount as to how these services will be maintained. This approach will be supported by the appointment of a consultant geriatrician to Tallaght and Peamount hospitals, approved by Comhairle, with two sessions per week specifically committed to Peamount. A joint consultant post in rehabilitation medicine is also being established between the National Rehabilitation Hospital, NRH, and Peamount. Existing day and residential services for older people, people with intellectual and physical disabilities continue to be provided.

I am advised that the direction which Peamount is now taking will see it developing its overall role and its support for acute hospitals, general practitioners and the community of the surrounding area and is in line with its duty of care to patients and its commitment to the provision of the highest quality of care to existing and future patients.

Mr. Gogarty: It is my view that the chief executive of Peamount, Mr. Mullen, has acted negligently and incompetently regarding patient care at the hospital, and he should resign his position immediately. He has disregarded the advice of the leading experts on TB, the advice of diligent staff and of referring general practitioners in the wider community.

An Ceann Comhairle: It is absolutely out of order to name people in the House, and the Deputy is aware of that.

Mr. Gogarty: Does the Minister agree with this statement? In light of the ongoing complicity regarding patient care at Peamount and the dispute over the flawed five year strategy, does the Minister acknowledge that he is hiding behind the smokescreen of a legal argument and that he has the power to investigate and intervene if necessary on an issue of national public importance relating to patient care, especially because the Eastern Regional Health Authority funds Peamount?

Is the Minister aware that the main argument used by the managers of Peamount is utter nonsense, namely that they are acting on the advice of Comhairle na nOspidéal, as the Minister is today? This is because Comhairle's advice is just advice and can and has been ignored on countless occasions. Moreover, Peamount

once wrote to Comhairle na nOspidéal stating it was ignoring its advice. This represents another U-turn.

Will the Minister also acknowledge that it is in the interest of patient care that the excellent work being carried out in the TB unit and in St. Teresa's be allowed to continue on the same terms as before until a new strategy is put in place, notwithstanding that the staff are in a state of major unrest because they believe the current strategy is flawed and that there was inadequate consultation?

Given that the members of the board of management are acting like sheep on this issue and that the chairman is equally culpable, what will the Minister do about the issue? Will he be as courageous as he was regarding the smoking ban? He can investigate and intervene. The ERHA has the power to lever the funding on Peamount. Apart from the courts issue, which is separate and to which I will not refer, what has happened in Peamount in recent weeks is scandalous.

Mr. Martin: I do not wish to be facetious but there are times when issues such as this arise. I have the highest respect for the individuals and the clinical issues involved, but there is sometimes a case for the medical community to gather in a large hall to sort out this type of matter.

Comhairle na nOspidéal is made up of a majority—

Mr. Gogarty: Comhairle's advice on services is non-binding.

Mr. Martin: —of medical personnel in terms of advising on strategies for the best deployment of medical personnel to achieve the best results for patients in a wide range of specialties.

It is unfair to suggest that the manager of a specific hospital is incompetent or negligent. This remark should be withdrawn in fairness to the individual concerned who cannot defend himself in the House. The manager and the hospital have received advice from the chief medical officer based on the Comhairle report. Even a lay person could see difficulties in Peamount continuing as a hospital given the absence of the requisite multidisciplinary consultant teams one would think would ordinarily be required for the admission and treatment of those who are acutely ill with TB. For example, the absence of a full-time respiratory physician and anaesthesia in the case of ventilation difficulties should be borne in mind. We have always been advised in terms of maternity and other specialties that the sooner they are located in acute hospitals and major teaching hospitals, the better.

An Leas-Cheann Comhairle: That concludes Priority Questions.

Mr. Durkan: I have one short supplementary question.

Mr. Martin: I accept there are probably issues to be considered in terms of implementation and the creation of a transitional period for such implementation. This Chamber cannot organise everything in every hospital in the country.

Mr. Durkan: It has nothing organised.

An Leas-Cheann Comhairle: That concludes Priority Questions.

Mr. Durkan: May I ask one supplementary question since we are in ordinary time?

An Leas-Cheann Comhairle: The Deputy is aware of the rules. It is a priority question and—

Mr. Durkan: We are in ordinary time.

An Leas-Cheann Comhairle: That does not matter. It is a priority question. We will proceed to Question No. 7, which is one of the ordinary questions. I remind Members that supplementary questions and the answers thereto are subject to time limits of one minute.

Other Questions.

Departmental Funding.

7. **Dr. Twomey** asked the Minister for Health and Children if he will make a statement on the number of projects which received funding since May 2002 and the number of projects expected to receive funding for specific projects in the acute hospital sector (details supplied). [10700/04]

Mr. Martin: I understand that my Department has clarified the Deputy's specific requirements with regard to the question raised. Following this clarification, the Deputy requires information only in respect of those projects in excess of €10 million — this cuts out a lot — which had contractual commitments in May 2002 or which have received funding since that date.

The Deputy will be aware that the national development plan, which commenced in 2000, sought to provide investment in the acute and non-acute hospital sector on an equal basis over the life of the plan. It is my intention that this policy be carried forward into the new five year capital investment framework for 2004 to 2008 being established by my Department.

In response to the request for the information required by the Deputy, I can confirm that the number of separate projects in the acute hospital sector being funded since May 2002 is 22 in 16 different major hospitals and at an estimated total cost of €1.667 billion. As the Deputy will appreciate, this funding is being spread over the life of these major projects and, in most cases, it will be over a period of several years. The projects include: St. Vincent's University Hospital

— this will cost about €212 million; Mater and Children's Hospital Development — this will ultimately cost approximately €431 million; Naas General Hospital — this will cost up to €119 million; James Connolly Memorial Hospital; Our Lady's Hospital for Sick Children, Crumlin — this project involves operating theatres and further developments and will cost up to €30 million; St. James's Hospital — €40 million; Beaumont Hospital; Coombe Women's Hospital; Incorporated Orthopaedic Hospital, Clontarf; Tullamore General Hospital — €141 million; Portlaoise General Hospital — €32 million; Longford-Westmeath General Hospital — €74 million; St. Joseph's Hospital, Clonmel — maternity unit; Cork University Hospital — this project includes radiotherapy-oncology, accident and cardiac-renal units; University College Hospital Galway; and Mayo General Hospital, Castlebar.

Dr. Twomey: In light of our having discussed the Hanly report, the purpose of my questions is to second-guess what the Department is planning. This question ties in with Question No. 42 which asks whether there is radical reorganisation of acute hospital services inside and outside the Dublin region, whether the Minister is planning to transfer the tertiary services to one hospital, whether he plans to transform one hospital in the Dublin region into a major acute emergency service hospital doing emergency work only, and if there are plans to designate one or more of the five major Dublin hospitals as a general hospital which will only do major elective work in the Dublin region. Are there such plans for the south-east where I am involved? Will Waterford Regional Hospital remain the regional centre? Is Kilkenny General Hospital, which would seem to be the more logical choice, being considered?

Patients in the south-east are losing out in some respect regarding the development of their acute hospital services. There is an increased level of activity in the south-eastern hospitals but no progress is being made in reforming the services. Nobody seems to know the direction in which we are going. My obtaining figures from the Minister is to try ascertain what the Department of Health and Children thinks about acute hospital services.

The Minister is saying the plan is for the next five years. Will he expand further on his reply in response to my point about the Dublin hospitals and those in the south-east? Is something happening or something we should know? I know the Hanly report ties into this issue to a large extent.

Mr. Martin: There is no joint conspiracy, if that is what the Deputy is indicating.

Dr. Twomey: I am not saying there is a conspiracy.

Mr. Martin: It is fair to say that, in the decades prior to 2000 when the national development plan

[Mr. Martin.]
 was announced, the health care system did not receive the capital investment it required. Therefore, many of the hospitals had no serious investment for up to 20 or 30 years. In this respect, I include hospitals such as St. Vincent's Hospital, the Mater, and the Cork and Galway hospitals. The first task was to prioritise between acute and non-acute categories. We were endeavouring to obtain a 50:50 split in the national development plan so that the non-acute category would cover day care centres, health care, primary care, community care and continuing care. As the design teams worked on these major projects and dug deeper, the costs increased in some instances. However, we had to modernise the hospitals. This was agreed to by all owing to the condition of some of the hospitals prior to the developments in question. Some of them had no serious investment.

A range of projects are taking place that cost less than €10 million. There has been significant investment in Waterford Regional Hospital, as the Deputy knows, and in Kilkenny hospital. I was in Kilkenny recently and noted that the hospital has up to ten or 11 new facilities. Significant investment has been made in Wexford General Hospital even prior to the plan, and design teams have been appointed in respect of projects at that hospital. Many of the initiatives predated the Hanly report.

The projects in the major teaching hospital are of a significant level given the scale of those hospitals in any event. Galway will serve the entire western seaboard for tertiary items, such as radiotherapy and heart surgery, which means people from the west will no longer have to go to Dublin for heart surgery and radiotherapy in the future and for a range of other services such as renal services, some areas of orthopaedics and other specialities. As a result of the investment in Galway, we will now be able to provide services in the regions.

An Leas-Cheann Comhairle: I again remind the House that supplementary questions and answers are limited to one minute. If Members abided by that, we could accommodate more Members on supplementary questions.

Medical Council Report.

8. **Mr. Penrose** asked the Minister for Health and Children if the terms of reference of the inquiry, to be chaired by Judge Maureen Harding Clark, into the activities of a person (details supplied) have been finalised; when the inquiry will begin; the form it will take; when he expects it to be completed; and if he will make a statement on the matter. [10788/04]

Mr. Martin: Arising from the Medical Council's report of an investigation into the professional conduct of Dr. Neary, Judge Maureen Harding Clark has been selected to chair an inquiry into the issues raised in it.

Following the appointment of the chairperson, a premises has been secured and fitted out for the inquiry. In addition, Judge Clark has conducted an extensive examination of relevant documentation, including the transcript of the proceedings before the council's fitness to practise committee. The inquiry has as its principal purpose the objective of seeking to determine the reasons certain practices at the hospital were performed, and continued for so long, as well as seeking to ensure that all necessary measures are put in place to prevent a repeat of these events at the hospital in question, or elsewhere in the hospital system.

I have had a number of meetings with Patient Focus, the group representing former patients of Dr. Neary, and have discussed the proposed terms of reference and format of the inquiry. I met this group again yesterday in this regard. I indicated to it that I will revert to Government in regard to some outstanding issues it raised with me. It is my intention that the inquiry commence as soon as possible.

Ms McManus: The Minister will accept he has the support of everybody in this House in ensuring this inquiry is up and running, is comprehensive and is as broadly based as the Medical Council has sought and as the unfortunate women who suffered at the hands of Dr. Neary have been seeking through Patient Focus.

I wish to ask about points at issue which are serious and which, if not addressed, a good inquiry will not result. In regard to the date of the start of the inquiry, will the Minister ensure it goes back as far as events in 1974? Will he ensure it is truly broadly based in the sense that it does not just look at caesarean hysterectomies but also at injurious procedures, such as the removal of ovaries? Will the Minister deal with the compellability issue so that witnesses are compelled to appear before the inquiry? If that issue is not addressed, the inquiry will not meet the needs of those seeking it. I understand Patient Focus has put forward proposals for compellability using the 1970 Health Act as a means of ensuring this happens.

Mr. Martin: I am looking at the issue of compellability and will respond to Patient Focus via another meeting shortly on the issues the Deputy outlined. The judge is anxious to concentrate on and to take as accepted fact the report of the Medical Council having gone through all its procedures, taking of evidence and declaring professional misconduct arose in the instances investigated by the Medical Council. It falls to this inquiry to establish how that professional misconduct was allowed to continue for so long. That was one of the original core requests of Patient Focus. An answer to that basic question would benefit all of us because it would help to inform policy in other hospitals.

The judge is anxious to facilitate persons who wish to come before the inquiry to bring forward evidence or to tell their own story on issues outside caesarean hysterectomy. Patient Focus has said — I hope I am faithfully interpreting what it said — it accepts the judge cannot go into every case which would arise in such a circumstance and make judgments on each case. There is an issue of clinically having to examine each case which may now emerge subsequent to the Medical Council report. Those issues have been raised with us. We are reflecting on them to see how we can accommodate them. We indicated that the inquiry team and the judge is willing to accommodate people to bring forward their stories to the inquiry.

The Medical Council report gives a clear template of professional misconduct which is now accepted. There is no argument but that Dr. Neary was guilty of professional misconduct in regard to the cases that came before the Medical Council. The key issue for the inquiry is to establish why this was allowed to happen for so long. We are looking at the compellability issue to see if we can accommodate the concerns of the group in that regard.

Ms McManus: I do not think anybody is disputing the importance of the Medical Council's fitness to practise committee's report but what is sought by the Medical Council and Patient Focus is a broadly based inquiry which was understood would take place with the appointment of this judge. I am not clear whether the Minister is saying he is willing to extend the terms of reference back to 1974 and beyond the specific issue of caesarean hysterectomies to other unjustified and injurious procedures. Will he also ensure compellability to make this inquiry effective?

Mr. Martin: On broadening the inquiry to cover different procedures, I am still not clear what is requested from the discussions I have had——

Ms McManus: There are only 130 women; it is not a large population.

Mr. Martin: ——in the context of different cases and so on. The group has said it does not expect the judge to reach conclusions in each case that would come forward.

Ms McManus: They want to be able to give their evidence.

Mr. Martin: The judge has indicated that she is willing to hear what people have to say on those specific issues.

Ms McManus: Why not extend the terms of reference?

Mr. Martin: I think we will have further meetings with the group. We will see what emerges from them.

Fluoridation Forum.

9. **Mr. Cuffe** asked the Minister for Health and Children the person he intends to appoint to the expert group on water fluoridation; when he expects them to report to him; and if he will make a statement on the matter. [10817/04]

Mr. Martin: As the Deputy is aware, I established the Forum on Fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum report's main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure.

The forum also concluded that water fluoridation has been very effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

In all, the report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation. The establishment of the expert body recommended by the forum is now well under way. I am pleased to announce that the chairperson of the expert body is Dr. Seamus O'Hickey, former chief dental officer with my Department. Dr. Hickey's mix of scientific knowledge, awareness of fluoridation issues and experience of administrative issues leave him well placed to chair the body. The expert body is to be known as the Irish expert body on fluorides and health. It will meet at the end of this month.

The terms of reference of the expert body are: to oversee the implementation of the recommendations of the Forum on Fluoridation; to advise the Minister and evaluate ongoing research, including new emerging issues, on all aspects of fluoride and its delivery methods as an established health technology; and, as required, to report to the Minister on matters of concern at his or her request or on own initiative. It has broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public, as identified within the Forum on Fluoridation report. Letters of invitation have been issued to prospective members of the body. It will have a strong consumer input in terms of members of the public and representatives of

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consumer interests, in addition to the necessary scientific, managerial and public health inputs.

The secretariat of the body will be provided by the Irish Dental Health Foundation, an independent charitable trust which has been very much to the fore in securing co-operation between private and public dentistry and the oral health care industry in regard to joint oral health promotion initiatives. The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage.

The forum's report envisages that the work of the expert body may be subsumed into the health information quality authority, HIQA, in due course. The support of the foundation allows us to press ahead with the establishment of the expert body in advance of the establishment of HIQA.

Mr. Gogarty: I am here on behalf of my colleague, Deputy Gormley, our party's health spokesperson. I am grateful for the opportunity to speak on the Peamount Hospital issue.

Deputy Gormley would welcome the appointment of Dr. Hickey, regardless of whether he would agree with him on all issues. It is some progress. The Minister will be aware that it has taken 18 months to put together the expert body. The Green Party has questioned the status and impartiality of the Dental Health Foundation as the group to push things forward. However, I can say no more in my capacity other than that Deputy Gormley looks forward to raising issues in regard to any reports the expert group may draw up on the matter.

Mr. Martin: I accept the Deputy's points.

Hospital Services.

10. **Mr. Murphy** asked the Minister for Health and Children the efforts he is making to reduce waiting lists and the lengths of periods for patients on waiting lists to see consultant

endocrinologists; and if he will make a statement on the matter. [10866/04]

34. **Mr. Connaughton** asked the Minister for Health and Children the paediatric care services available in the health system for children with diabetes; and if he will make a statement on the matter. [10850/04]

70. **Mr. Costello** asked the Minister for Health and Children if his attention has been drawn to comments made by a consultant (details supplied) which described the state of services for children with diabetes as a scandal and medically indefensible; the steps he is taking to ensure that adequate services are available to children with diabetes; and if he will make a statement on the matter. [10803/04]

Mr. Martin: I propose to take Questions Nos. 10, 34 and 70 together.

There are two main types of diabetes mellitus. Type 1, or insulin dependent diabetes mellitus, accounts for approximately 10% of patients and affects mainly young people. Type 2, or non-insulin dependent diabetes mellitus, accounts for 90% of all cases and affects mainly middle-aged or elderly people.

Patients with diabetes mellitus are diagnosed and treated in a number of different settings within the health services. The majority of patients, particularly those with type 2 diabetes, receive their treatment at primary care level. Other patients, particularly those with type 1 diabetes, receive their care primarily in the hospital setting, usually from a physician with a special interest in diabetes or, in rarer situations, from an endocrinologist who specialises in the treatment of diabetes.

Children diagnosed with diabetes usually require hospital admission for the medical management of their acute condition and the commencement of their diabetes education. Acute centres that provide diabetes care for infants, children and adolescents are outlined in the following table:

Health Board/Authority	Hospital
Eastern Regional Health Authority	Beaumont Hospital; Mater Hospital; St. Columcille's Hospital, Loughlinstown; St. James's Hospital; St. Vincent's University Hospital; Adelaide and Meath Hospital, incorporating the National Childrens Hospital at Tallaght; Children's University Hospital, Temple Street.
Midland Health Board	Midland Regional Hospital at Portlaoise; Midland Regional Hospital at Mullingar.
North Eastern Health Board	Our Lady of Lourdes Hospital, Drogheda; Cavan General Hospital.
North Western Health Board	Letterkenny General Hospital; Sligo General Hospital.
South Eastern Health Board	St. Joseph's Hospital, Clonmel; St. Luke's Hospital, Kilkenny; Waterford Regional Hospital; Wexford Regional Hospital.
Southern Health Board	Bon Secours Hospital, Cork; Cork University Hospital; South Infirmary Hospital, Cork; Tralee General Hospital.
Western Health Board	University College Hospital, Galway; Mayo General Hospital.
Mid-Western Health Board	Limerick Regional Hospital.

I recognise there is a need to expand and improve service provision to meet increasing demand. After detailed consideration and having had a series of meetings with the Diabetes Federation

of Ireland to consider its strategy document, Diabetes Care: Securing the Future, I have asked the chief medical officer of my Department to chair a working group on diabetes. This group is

charged with formulating a national framework for the future development and delivery of services for the increasing number of diabetics, including children, who require treatment. The group has been asked to examine the current and predicted epidemiology of diabetes, health promotion and preventive initiatives, including screening, current service provision, including the need to achieve better integration of care using current resources and facilities and the expansion of shared care programmes and future needs in terms of service provision and staffing.

Future planning in the care of diabetic patients will be informed by the recommendations of the working group which has been asked to report this year.

Mr. Neville: Given that the working group has not met since the end of January, the Minister might advise us why this is the case. Will he accept that people diagnosed with diabetes must wait up to 15 months for a hospital appointment to see a diabetes specialist and that there is a danger of developing complications over that period? The Diabetes Federation of Ireland, which recently attended the Oireachtas Joint Committee on Health and Children, pointed out that complications can arise during that period. It was also pointed out to the committee that the recommendation is for one consultant endocrinologist per 50,000 of the population. Currently there is one consultant endocrinologist per 150,000 of the population. Will the Minister agree that one consultant endocrinologist per 150,000 of the population cannot give the required service?

One paediatric endocrinologist per 200,000 of the population is recommended. There are currently just four part-time paediatric endocrinologists for a population of 1.4 million under the age of 18. We require one per 200,000 and we have one per 285,000. Will the Minister agree that an adequate service cannot be delivered with that level of expertise?

Mr. Martin: I agree that we need further concentration and expansion of services in the diabetes area. It did not come under the cardiovascular strategy. While many of the issues covered by the cardiovascular health strategy overlap with the diabetes issue in the preventive area, diabetes lost out as a by-product of that, even though not intentionally.

On consultant numbers, we are back to the fundamental issue facing the Irish health care service. We depend far too much on doctors in training. We need consultants to provide a service, plus a new consultants' contract. I accept there are not sufficient senior consultants in a range of specialties, yet we tend to become fixated about other aspects of the health care debate. In essence, this is the key issue. If we can resolve the consultant contract issue this year — this envisages a significant industrial relations process — and get agreement on the ratio

between consultants and junior doctors, it will open up a significant potential dividend for the Irish health care system and the public in terms of wider access to a range of other specialties where we are historically below the levels that obtain in other European countries.

Mr. McCormack: What effort is the Minister making to reduce hospital waiting lists? Is he aware that 2,026 patients had their procedures deferred at University College Hospital last year and 865 had their procedures deferred more than once for various reasons, including lack of beds and so on? Is he aware there is a four-year waiting list in the Western Health Board area for rheumatology? What is he doing about the serious issue of reducing waiting lists? Obviously the waiting lists are getting longer. In reply to my parliamentary question yesterday, he said it is a matter for the Western Health Board whether it appoints a second rheumatologist. It had €15 million left over in the last two years but it has not appointed a rheumatologist. Is the Minister or the health boards responsible for the substantial increase in waiting times? For example, in University College Hospital, Galway, 985 patients had their admissions deferred last year because there was no bed available. Some 406 admissions were deferred by the consultant, 275 were deferred by the hospital and so on. I do not think the Minister is aware of these figures. When I tabled a question on the matter, it was referred to the Western Health Board for answer. What is the Minister doing about reducing hospital waiting lists, which is the essence of this question? It appears he is doing very little because hospital waiting lists are increasing. Can we get some information on the appointment of a second rheumatologist in the Western Health Board area?

Mr. Martin: When this issue arose in the context of the Hanly debate, we made the point that the model we want to bring forward ultimately offers the best guarantee in terms of regional self-sufficiency in specialties such as endocrinology, rheumatology and so on.

Mr. McCormack: The facts do not support it.

Mr. Martin: This is the ultimate gain to be derived from the blueprint we are trying to put forward, without undermining the basic hospital infrastructure in a particular region. There are some macro issues that must be resolved.

On the individual cases referred to by the Deputy, it is the responsibility of the health boards within their own resource constraints to prioritise what specialties they will concentrate on and so on.

Mr. McCormack: Can the Minister not correct the health boards?

Mr. Martin: This is why we are reforming the health structures. I made the point at the launch of the health service reform programme that there has been patchy development of specialties in different health boards throughout the country, depending on which got priority in the hospital or which priority in the region, following which the health boards make submissions further up the line. This underlines the case for a national hospitals agency that would examine the need for specialties and would have the power not just to analyse and advise, but to execute and reduce the plethora of waiting lists.

Mr. McCormack: What has the Minister done to reduce the waiting lists? He has been in office for a long time.

Mr. Martin: We have done a great deal about them.

Ms McManus: The Minister refused a second rheumatology post in Galway.

Mr. Martin: I do not refuse posts.

Mr. Crawford: In my constituency there is a young girl who cannot find a place in a rehabilitation centre in Dublin. Can such a person be treated outside the State under the treatment purchase scheme? It is an emergency.

Mr. Martin: I do not know the specific case the Deputy has mentioned but the treatment purchase scheme has done a great deal to reduce the numbers who have been on waiting lists for a long time. It is getting through the lists quickly and nearly all hospitals are co-operating with it. The Deputy or the person's GP is free to contact the treatment purchase fund to see if the person can be treated abroad or elsewhere in the State through the fund. If we can make significant progress on waiting lists, the fund can be broadened to include lengthy out-patient lists.

Mr. Neville: Diabetes services in the Mid-Western Area Health Board are in dire straits. Children presenting with type one diabetes do not receive specialist medical care and are being looked after by a physician or they are recommended to attend diabetes centres in Dublin. This is serious and these children will run into problems later in life because they are not being dealt with now, creating burdens for the system in future. Does the Minister have plans to deal with the crisis in services in the mid-west?

Mr. Martin: Work is under way to develop a national approach to diabetes service provision and prevention. The early identification and diagnosis of children with type one diabetes is essential and much can be done with early intervention to ensure the quality of life of young people in that situation.

Ms McManus: On the future of the shared care scheme for diabetics in the north Dublin area, does the Minister accept the importance of undertaking diabetes care, as far as possible, at primary care level? This makes for more effective use of resources and staff. The future of the shared care scheme is now in jeopardy.

Mr. Martin: I will see if anything can be done about the scheme but I cannot give any commitments. It was a private scheme funded from private sources but I will investigate it. The Deputy is right, the multi-disciplinary approach, with primary care and effective specialist nursing for children and young people, has been effective. If we can develop multi-disciplinary teams on a shared care basis with primary and secondary care providers, we can improve the situation for those with diabetes.

Mr. McCormack: The Minister pointed out that the appointment of a second rheumatologist is a matter for the Western Health Board. Will the Minister ask the board to spend the €15 million surplus it has on the appointment of another rheumatologist to reduce the waiting time from four years to a reasonable period so that people are not suffering while appointments are cancelled?

Mr. Martin: The Western Health Board will prioritise its appointments within the resources it is given. We sanction posts and they then go to Comhairle na nOspidéal for approval.

Mr. McCormack: Who is responsible for the appointments? The Minister should not fudge the matter.

Mr. Durkan: Does the Minister have any control over the matter?

Written Answers follow Adjournment Debate.

Adjournment Debate Matters.

An Ceann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 21 and the name of the Member in each case: (1) Deputy Connolly — to discuss the most efficient use of the recently upgraded cardiac facilities at Monaghan General Hospital; (2) Deputy Ó Caoláin — the need for the Minister for Education and Science to ensure equality of access to education, including physical accessibility of schools, for all pupils with disabilities and the need for the Minister to take steps to ensure accessibility where such obstacles to disabled pupils exist; (4) Deputy Ferris — the crisis in housing provision in Tralee where 900 people have applied for social housing and where there is an urgent need for funding to be made available from central Government to ensure that the council has the capacity to meet this demand;

(5) Deputies Pat Breen and O'Sullivan — the need for the Minister to visit the Shannon region as a matter of priority to discuss with local interests and representatives the future of Shannon Airport; (6) Deputy Neville — adolescent psychiatric services; (7) Deputy Ó Snodaigh — the urgent need for the Department of Justice, Equality and Law Reform to complete its mid-term review of funding for child care provision in Ballyfermot and Cherry Orchard; (8) Deputy Cowley — to ask the Minister what steps he is taking to sort out the situation at Mayo General Hospital where 21 people are at present on trolleys at the accident and emergency department because of the lack of beds; (9) Deputy Morgan — the necessity for the Minister to address the serious situation which has arisen at Louth County Hospital where patients are required to spend up to five days on trolleys and benches.

The matters raised by Deputies Connolly, Neville, Pat Breen and O'Sullivan and Ó Snodaigh have been selected for discussion.

Electoral (Amendment) Bill 2004: Second Stage (Resumed).

Question again proposed: "That the Bill be now read a Second Time."

Mr. Wilkinson: It is important that politicians, when talking about the Electoral (Amendment) Bill, speak well of politics. It is difficult to expect others to have respect if politicians consistently criticise and find flaws that do not exist in a new system. This State is changing and young people are responding well to that change. Children as young as ten can find their way around a computer with the greatest of ease.

The argument has been made that the money could be better spent than on this new electronic system, but that argument could be made about most Government spending. A few years ago we dealt with the estimates on Waterford County Council and my colleague of smoking fame suggested that the money for roads should be spent on playgrounds. People might agree with him, but the argument does not hold water.

Electronics have taken over and have been of great benefit to the country. Our country is prosperous now and we have adapted to IT well. Technology plays a major role in everyday life, from the mobile phone to the tractor. The tractor breaks down in the field and the man with the suitcase fixes it. It is the same with the car. It is part and parcel of life whether we like it.

Some people might say that the old system was great but for those who had to wait hours, or even days, to find out their fate it was long and tough. It is shocking to think that under the old system 24,000 people cast votes that were not acceptable and I am glad the new system will eliminate that. I often think of the first open and democratic elections held in South Africa. Our television screens and newspapers were filled with pictures

of queues that stretched for miles as people waited to vote. The vote is sacred — nothing should take from it — and we are enhancing it even more.

Recently there was a television programme to find a singer to represent us in the Eurovision Song Contest. I am glad to say that Chris Doran from Waterford was eventually successful. The way in which electronic voting worked in that context was simply amazing. Our young people were glued to their televisions and voted electronically. They are no fools and I have no doubt they will vote. Moreover, older people have always voted.

It is wrong to suggest there is something underhand about the changeover to the electronic voting system. It has been tried here and in several other countries where it has worked perfectly. We remember the pictures of Nora Owen and her shock and, as a human being, I have great sympathy with her. However, the machine was not wrong. Rather, the candidate did not get enough votes. It is as simple as that.

Mr. Durkan: We will never know that.

Mr. Wilkinson: It is a fact.

Mr. Durkan: There is no way that can be proved, no matter what one does.

Mr. Wilkinson: It is a fact.

Mr. Durkan: Science has not yet found a way to prove it.

Mr. Wilkinson: In February 2000, the Government approved in principle the introduction of electronic voting and counting at specific statutory elections. The scope of the project was to procure an electronic system to replace the existing manual voting and counting processes which would meet a number of objectives, including it being easy for the public to use. It is also easy for electoral staff to use, which is a good thing. I commend the Bill to the House.

Mr. Costello: I welcome the opportunity to speak on electronic voting.

We have had a broad-ranging debate up to now and people have made arguments on both sides from polarised positions. Some views have been favourable to electronic voting and others have been very much opposed. The basic question is why, if it is not broken, should it be fixed? If there is no demand or need for this system, why introduce it? If it is to cost in the region of €60 million, why spend the money? Those questions have not been adequately answered by the Government in this House or in the media. I would like to hear the Minister of State come up with a decent answer.

Mr. Durkan: Hear, hear.

Mr. Costello: Deputy Conor Lenihan referred to the entire Opposition as Luddites who do not understand or want technology and are opposed to its introduction. However, Deputy Lenihan does not know what he is talking about — he simply wanted to score some easy political points. Deputy Fiona O'Malley stated that we had an opportunity to make our electoral system 100% perfect and accurate. If anyone thinks that any electronic or other voting system is 100% perfect, he or she has much to learn.

The other day I heard that people who e-mailed their submissions to the Commission on Electronic Voting only found out their e-mails had not been received when the verifiable paper trail came out with the publication of the commission's report. There is no way they would have known the e-mails were not received if the commission had not published the submissions it received. It is ironic that the commission which was set up to examine the pros and cons of electronic voting should itself find that the electronic mechanism which it used to communicate was flawed and failed to deliver.

A system based on computers or, as the Minister of State himself called it "a counting machine" that has no record or paper trail verifiable to the person who uses it, must be inherently inadequate and liable to make mistakes. There is a range of other areas in which mistakes can be made in electronic voting. In that context, it is important that there be a verifiable paper record so we can see what is happening. It will be particularly difficult given yesterday's announcement that we will have a constitutional referendum on the same day meaning that another vote will be added to the ballot.

In any given town, there will be county council elections, town council elections, European elections and the referendum. This will be quite complicated for a number of people. The Minister of State will know that elderly people in particular are saying they will not vote this time because they do not understand the system and feel they will be embarrassed. Many elderly people have been saying this because they do not have any knowledge of modern technology in that respect.

Mr. N. Ahern: Those facts do not stand up. In the constituency in which the trials of the system were held, the elderly were the most active users.

Mr. Costello: It was not held in my constituency.

Mr. N. Ahern: No, it was not held in the Deputy's area.

An Leas-Cheann Comhairle: The Minister of State should refrain from interruptions.

Mr. N. Ahern: I am trying to help the Deputy.

Mr. Durkan: The Leas-Ceann Comhairle should throw the Minister of State out.

Mr. Costello: Does the Minister of State have a breakdown of the age categories of the people who voted in the pilot constituencies to demonstrate that the same proportion of elderly people voted as prior to the system's introduction?

Mr. N. Ahern: No.

Mr. Costello: In that case, what is the Minister of State talking about?

Mr. N. Ahern: Surveys were carried out to see if people were satisfied and they were.

Mr. Durkan: How did the Minister of State find that out?

Mr. N. Ahern: I asked the people.

Mr. Crawford: Did the Minister of State use his own PR company?

Mr. Costello: One little survey of 2,100 people was carried out in Buncrana, which I do not think elicited anything other than the fact that when the votes were counted manually as well as electronically, they turned out to be the same. Well done to the Minister for carrying out one very small uncomplicated counting activity. What happens when four different elections are held at the same time and people have to vote on them all? Nothing is verifiable about the Minister's counting machine, which may very well encounter a flaw or fault. I would not like to use a new system which cannot give an indication of how I voted at the time I did so.

We are entitled to the secrecy of the ballot as well as the knowledge that the manner in which we vote is correct and accurate. We need some support from the Government, which seems to be proceeding with this system, to enable all participating parties to have staff in the polling booths so they can scrutinise the mechanism. A great deal of assistance will be given by the presiding officers because many people will not have used the system before. The presiding officers will have a great deal of power in respect of telling people which buttons to press or not. People can be confused very easily. We know of ordinary, normal intelligent young people who cannot remember the registration numbers of their cars because they get flustered. In those circumstances and with only the presiding officer to show one what will happen, it is important that a third party be present.

The Government should provide the resources to enable political parties to have a presence in polling booths so that the new mechanism can be properly supervised and scrutinised. So far, this has been done on a pilot basis and there have not

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been serious problems. However, we now face local and European elections and a referendum all on the same day in thousands of polling booths. That is a different kettle of fish.

I do not object in principle to electronic voting. Modern technology should be used wherever possible. However, in an area such as this, modern technology should only be used after wide-ranging consultation, with all-party agreement and sufficient mechanisms in place to ensure that everyone is satisfied with the system. Once that has happened and the technology has been used on one or two occasions, the system will operate with whatever adjustments are required. Why did the Government choose this system, fail to consult interested parties and insist on introducing it throughout the country on this occasion? The need for electronic voting is questionable.

The money could have been spent on other things. Social welfare payments to widows and widowers have been drastically cut for no good reason. Widows are protesting outside the gates of Leinster House today. We remember the recent 16 savage welfare cuts. A small amount of money would have made a great difference in those areas.

Today, the Minister for Education and Science replied to my inquiry regarding cutbacks to post-leaving certificate courses. A ceiling has been placed on the number of people who can access these courses. The most vulnerable people with the least number of opportunities will be unable to access post-leaving certificate courses because many of these courses will be discontinued. Better-off students can access third level education but post-leaving certificate courses were particularly valuable for people in the lower socio-economic ranges. The Minister has capped numbers doing post-leaving certificate courses and has told vocational education committees that they cannot allow enrolment above a certain level. These are stupid little cutbacks.

Valuable community employment schemes in the Minister of State's constituency and mine have been cut. The jobs initiative has been similarly cut. Why must the Government be so miserly in the area of social deprivation when a little extra money would make such a difference in providing services and giving a lift to people who do not have much? I do not wish to speak about the €2 billion which was promised for the RAPID programme.

Mr. N. Ahern: The Deputy might as well. He is speaking about everything else except the Bill.

Mr. Costello: We are now talking about dormant account funds being slowly dribbled out to a few pet projects here and there. That is peanuts. There are areas where money could be much better spent, even though Exchequer figures suggest that there is more money available than previously.

I am not wistful or nostalgic about the passing of tallymen and electoral gurus or for the good old days when we pored over votes. Nevertheless, election counts had a culture of their own. Fianna Fáil was especially adept at reading votes, much as one might read entrails or tea leaves. That party was able to interpret tallies very accurately and say who had voted, how they had voted, where the votes had come from and where they had been lost.

The day of an election count was always an interesting one. The count rarely lasted longer than one day and almost all seats were decided by the end of that day. If the count continued to a second day, it was usually to decide the last seat in a five seat constituency. A longer count than that was a novelty. It was not something about which candidates needed to worry or agonise. We can count on the fingers of one hand the counts that continued for a number of days. Time is not of the essence. We campaign for a month in advance of an election, so what is the significance of another day? Saving one day does not justify the spending of €60 million.

Concern about the integrity of the process is at the heart of the matter. Every piece of electronic equipment can spew out a receipt. If one does not get a receipt from an ATM, it will apologise for failing to print a receipt because it is accepted that everyone expects a paper record of a transaction. What transaction is more important than voting?

It is of concern that the Ombudsman is not a member of the commission on electronic voting which must report before 1 May. This appears to be a deliberate exclusion and raises a question which has not been answered. It is wrong that a commission which is dealing with this issue and is hearing the views of the public does not include the public watchdog which was established to keep an eye on these matters.

The Bill would not have come about if Opposition spokespersons and party leaders had not insisted on the need for primary legislation. The Taoiseach and the Minister for Environment, Heritage and Local Government denied the need for this legislation. If the judgment in the case concerning the Aliens Order had not been made, we would never have seen this Bill. The Government had no intention of conceding the opportunity of debating the issue in the House.

I often wonder at the way the House is treated by the Government. Debate on matters of profound concern to Members and to the country is avoided if at all possible. The proposed constitutional referendum will be debated tomorrow in the dog days of this session. We only know about tomorrow's debate because the information was dragged out of the Taoiseach. Only the heads of the Bill will be presented tomorrow. There is a deliberate intention to conceal as much as possible, to give the elected representatives as little information as possible and to give it only at the last moment, to allow

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the debate to take place in as short a time as possible and then to use the guillotine. That is no way to discuss matters which relate either to our democracy in terms of how we vote or to the Constitution in terms of the broad spectrum of rights and policies under which this country is run. It is bad form for any Government to behave in that high handed fashion and it is wrong for it to continue to do so.

The money we will spend on electronic voting could be used to improve the register of electors and to implement an education programme. Deputy Breen said that approximately 24,000 votes were lost in the last election because they were spoiled or they were not stamped properly. There are hundreds of thousands of people who are not registered because of the system's failure and the fact the registration authority does not do a thorough job. The majority of people who live in apartments or the so-called gated communities in my constituency are not on the register of electors because it is awkward to get access to them. The effort is not being made to get these people. Surely we want to get the maximum number of people on the register with the right to vote. What they do once they have that right is another matter. However, they are currently disenfranchised because the system of registering them is totally under-resourced and inadequate. Some €30 million, €40 million, €50 million or €60 million would do wonders in that regard. It is sad that such large numbers are disenfranchised given that some seats are won and lost by a handful of votes. This is another case of the Government putting the cart before the horse. It is doing something which is not necessary, yet it is not doing what should be done in many other areas.

Mr. Haughey: I admit I am not an expert on computer systems or on the technology of electronic voting. However, I listened carefully to all the arguments for and against the proposed system. As a member of the Oireachtas Joint Committee on Environment and Local Government, I listened to the parties and the interested groups which addressed us. I listened to their concerns with great interest. However, having considered all the issues, I am in favour of the Government's proposals and of the Nedap-Powervote system.

The Government has been charged with hastily introducing electronic voting. However, any observation of the facts does not bear that out. Electronic voting was first mooted by the Minister in 1999. Electronic voting was referred to in two Acts which have already been passed by this House, namely, the Local Elections (Disclosure of Donations and Expenditure) Act 1999 and the Electoral (Amendment) Act 2001. Those Acts came before the Oireachtas Select Committee on Environment and Local Government where these issues were thrashed out at an early stage. I admit that Deputy Gilmore raised concerns when these Bills were

discussed during the previous Dáil. He has been consistent on the issue. However, I cannot say that about the other parties in this House which have suddenly decided, for whatever reason, that they are against this proposed system.

There were no major objections to the voting system when it was put in place for the general election in 2002 and for the second Nice referendum. I was able to participate in electronic voting in my local polling station during the general election in 2002 and I found it an enriching experience. Deputy Glennon asked me if I voted for him; I did. I observed the people who used the system and there did not seem to be any trouble. Elderly people did not have any problems using the system. The Deputies who say that elderly people will have great difficulty using this system underestimate the intelligence of the electorate and of our citizens. The system worked extremely well and the results were positive. Everyone complied with the system and were happy with it.

I accept the concerns expressed by people in the wider community. I welcome, therefore, the establishment by the Government of the electoral commission. This independent panel will verify the secrecy and accuracy of the system. It has important and worthwhile work to do and I understand it must report back by 1 May. I look forward to its conclusions and to debating them at the joint Oireachtas committee.

I also welcome the fact that the Government introduced primary legislation to facilitate electronic voting. If there is a doubt about the effectiveness of ministerial orders, we must deal with it. We are doing the right thing by introducing primary legislation in this House to deal with that issue.

I note that the commission will also consider the question of abstention, which is a legitimate voting practice. The previous procedures were not satisfactory. From time to time I hear people on chat shows on RTE and elsewhere saying that they wish to vote for "none of the above". I am not sure we should facilitate such requests. If a voter goes into a polling station and does not wish to vote for any of the candidates and wants to register that, he or she should run for election. There are generally a wide range of candidates from which to choose, so there should not be a switch entitled "none of the above". That would be a cynical exercise. If people are unhappy with the candidates, they should run for office.

There has been much talk about tallies. My understanding is that the breakdown of the vote will be available box by box, which I welcome. That is worthwhile.

It is important in the overall scheme and I do not believe it challenges the secrecy of the ballot.

The previous Minister, Deputy Noel Dempsey, did not provide for such a breakdown of the vote on the basis that it could challenge the secrecy of the ballot. However, it would be extremely rare to have seven members of the same household

voting in a particular box and for nobody else to vote in that box on polling day. I cannot envisage that situation arising. If there is an outside chance that it would challenge the secrecy of the ballot, an exception could be made against releasing the data in that case. Overall, however, it is important and worthwhile that candidates and the general public be given a breakdown of the boxes. It will be accurate as it will be compiled electronically, which is welcome.

Computer-based information systems are used in every facet of modern life because they are more accurate and cost-effective methods of information processing. Computers are used in banking systems, aircraft, cars and navigation systems with little, if no, problem. Electronic voting will improve the efficiency, speed, accuracy and user friendliness of the voting system. We should embrace and support it. Electronics are part of everyday life. I am not aware of aircraft falling out of the sky every day due to problems with electronics. We rely on electronics for all facets of life and it is simply a logical extension to apply them to voting.

There were approximately 20,000 spoiled votes in the 2002 general election. Many of those spoiled votes were unintentional. Speaking as a candidate and a former tallyman, it is heartbreaking, from a Fianna Fáil point of view, to see three Xs opposite the names of the three Fianna Fáil candidates on a ballot paper. There are people who genuinely believe that is how to vote when they wish to vote for Fianna Fáil.

Mr. Crawford: There were not enough of them. That is the problem.

Mr. Haughey: There were any number from ten to 40 such ballot papers. It was always the Fianna Fáil votes that were spoiled in that way. I do not know why. That will not arise with electronic voting, which will enhance the democratic process.

I wish to question the role of the Opposition in this debate. The job of the Opposition is to oppose and I congratulate the Opposition on its effective opposition on this issue. For several weeks it has whipped up hysteria about the proposed system of electronic voting. It engaged in all types of scaremongering. For a while even I was beginning to have doubts about electronic voting on the basis of the hysteria it produced. Thankfully, however, reality set in and the real situation has been exposed.

Mr. Crawford: The Whip was applied.

Mr. Haughey: This is not a major change, as the Opposition suggests. The Opposition was effective on this issue. Unfortunately, however, it picked the wrong issue. It is a pity it was not effective on many of the more important issues. That would have enhanced politics and democracy. There are far more important issues to claim the Opposition's concern. While it might

have scored for a few weeks on the electronic voting issue, my advice is that it picked the wrong issue to get worked up about on this occasion.

Having listened to the views of Opposition Members, I am forced to conclude that they are Luddites. That description has been used a great deal in this debate but one cannot use any other. The Opposition Members are determined to break up the electronic voting machines for reasons best known to themselves and that makes them Luddites. There is no other term for it.

The Dáil has allocated 20 hours for the Second Stage debate on this Bill. Is that really necessary? Last week and this week, Deputies were presented with a great opportunity to say a few words and build up their record for the annual reports in the newspapers and for the Vincent Browne end of term report at the conclusion of each Dáil. Opportunities for backbenchers to speak in the Dáil are limited. However, one must question if it was necessary to have a 20-hour Second Stage debate on this legislation. The Government does not wish to be accused, and cannot be accused, of rushing it through the Oireachtas. From that point of view the Opposition is being facilitated. It will be interesting to see if the debate continues until lunchtime tomorrow.

As a candidate in elections, I favour electronic voting. A short, sharp and quick result is preferable to an agonising, slow count. Under the present system a candidate might be waiting for days to learn his or her fate. That is agonising and there is no reason for it. The case of former Deputy Nora Owen is regularly aired in the debate in this House and in various media programmes

Mr. Crawford: The Deputy should not cry for her.

Mr. Haughey: To this day, she still appears to be extremely upset about what happened to her. She is entitled to feel upset but we should not rush to implement her suggestions for the future. If the final results are available immediately, they should be made available. If a candidate has lost or won a seat, he or she should be given notice of, perhaps, half an hour to digest that result, come to terms with his or her fate and prepare for the formal announcement. That would be an appropriate way to deal with it.

I disagree with the Minister's suggestion that the counts should be announced in sequence with a pause after each count for various people to note the results and so forth. Again, that is only agonising over the situation. The final result should be declared and after that the details of the various counts can be made available separately. To delay artificially the announcement of the result for the sake of nostalgia or tradition is not a good way to proceed.

Electronic voting is more reliable than the present manual system. I have heard many of the

[Mr. Haughey.] arguments against electronic voting at the Oireachtas Joint Committee on the Environment, Heritage and Local Government. However, even more arguments can be made against the manual system. People can put forward many unlikely scenarios, such as what happens if the polling station catches fire and the boxes are burned. While people have correctly put forward possible scenarios for electronic voting, far more dangerous scenarios can arise with the current manual system. The manual system is archaic and antiquated in comparison with electronic voting. The wait for results, which has been as long as a week in some cases, with the result changing on each count, should be consigned to the past. We have had many examples of this, involving Deputy Mildred Fox and Nicky Kelly in one count and former Deputies Eric Byrne and Ben Briscoe in another. In the latter case the nation had to wait a week for the result, a result which was a factor in determining the Government formed after the election. That should not be contemplated any longer.

I do not know how electronic voting stands at present but I often turn on the Sunday evening news on television to see that elections have taken place somewhere in Europe that day. When one turns on the news at 9 p.m. one has the results.

Mr. F. McGrath: That is boring. There is no drama.

Mr. Haughey: It is certainly decisive. We must be the laughing stock of Europe if we have to wait for a week to declare our results.

I have received some e-mails, particularly from young people, expressing concerns about electronic voting. Those e-mails have been very technical and while I am not qualified to determine whether their arguments are valid, I acknowledge I have received them. I have relied on the advice of the Minister and his officials in stating I favour this system.

It is a pity there is no unanimity on the issue, as voting is important across the political divide. It looks like the Opposition is opposing this for the sake of opposing it, which is regrettable. In future I hope the Opposition is more effective on more important issues. This is not a particularly important issue on which to divide the House.

Mr. Crawford: I will start where Deputy Haughey finished.

Mr. Haughey: The Deputy has a safe seat. He is fine.

Mr. Crawford: He mentioned unanimity but how does one get that? The only way to do so is through consultation. If there had been some consultation on this issue initially, rather than the Government going ahead regardless, there might

have been some hope of ironing out any problems.

It was the same today when the proposed new referendum on immigration was raised. There was supposed to be consultation on that issue but there was none, and that is the choice of the Government. There are other ways of doing this, and down through the years my party has shown that it will co-operate on Northern Ireland. This Bill is all about how a democracy is run, whether it is fair and, more importantly, seen to be fair and above board. The Bill is about the integrity of democracy.

I was delighted to hear Deputy Haughey say he had queries from younger people, as there is an idea abroad that the only reason we oppose this is because older people will not be able to manage the system. There are young people with an interest in politics who are worried about this as they know a little more about how these systems work than Deputy Haughey or me. That is why there is a certain amount of anxiety among people.

Deputy Haughey mentioned hysteria on this side of the House, admitting that at least we put up a good battle. I am glad to hear the Government recognising our role as Opposition, but I return to the original point. I believe in efforts to unite people rather than dividing them and we could have had a more constructive effort at the beginning of this process when problems could have been solved on an all-party basis.

As Deputy Haughey said, there are other important issues and one was discussed during Question Time a few minutes ago, namely, health. I would like the same amount of time in the House to be given to a debate on the traumatic state of the health service. We only need to look at my constituency of Cavan-Monaghan to see that. There are housing problems, traffic chaos and, last but by no means least, the widows and their €5.7 million. This system costs approximately €60 million and one can see the widows begging outside the gates of the House for their rights. I agree with Deputy Haughey that there are some very important issues on which the Government has failed totally, and we as the Opposition have possibly failed to put our message across or to put pressure on the Government.

Who will be in charge of the electronic voting software? Will the source code be published? I will return to those vital issues, but there are suggestions that the people who run the next election will be the same people who have always run elections. That is nowhere near the truth. An outside body will feed into the system and while the people running the polling booths will be the same, they will not have the same control or knowledge of the system as before.

We know who is in charge of public relations for this measure as it is a published fact. Although it is a relatively new company there is no doubt it has close links to the main Government party.

That is a worry in itself. What is that company working for? Is it working for electronic voting or is it working to give the coalition a lift?

I am amused by some of the points made by the Minister. The fundamental purpose of electronic voting is to improve the efficiency, accuracy and user-friendly aspect of the election procedure. We have had all sorts of platitudes in the past about dealing with the disabled and nobody knows more about accessibility than the Ceann Comhairle. However, if one looks at any of the places where polling takes place one sees that people must go up steps or stairs or go through narrow entrances. There are difficulties with access, yet electronic voting is promoted as the answer to all problems.

Some of the structures in place for voting are a joke. Recently I attended a meeting in Castleblayney where we discussed this issue. The people of St. Mary's Terrace in Castleblayney have to pass two polling stations to get to St. Mary's Hospital where they cast their vote. The people on the grounds of St. Mary's Hospital, in Laurel Hill, have to go to the other end of town to cast their vote. Before starting to overturn systems we should align our towns and polling stations to enable people vote in the nearest station to their home and ensure that the station is accessible. I am commenting on the first page of the Minister's speech. I am not being critical. Those are the facts. We need to do the simple things right if we are to encourage more people to vote and especially to allow the disabled to get out.

Another major issue referred to by the Minister is the waste of votes. In the 2002 election there were 20,000 spoiled votes and over 24,000 spoiled votes at the 1999 local elections. At the European elections 46,500 people spoiled their vote. At least 95% of those invalid ballot papers were inadvertently spoiled. When one looks into the issue, the position is somewhat different. It was extraordinary that we had two Nice treaty referenda — the first of which attracted a low turnout. The Fine Gael Party was completely committed to it but it was obvious the Government was not so committed and it failed to go through. Given that the people did not like that treaty there were an enormous number of spoiled votes. These are the facts to which all can refer. On the occasion of the second referendum there was a greater effort to explain what it was all about. Although the vote was considerably increased there were less spoiled votes. In other words, the electorate used the voting system and did not refuse to go out to vote. It was a simple "Yes" or "No" vote.

That brings me to the other issue we have to look at here today — the whole issue of a machine with four systems on it. Many hundreds of thousands of people will be first-time voters this year. They will have to face an EU vote, with a long list of candidates; a county council vote, with an even longer list of candidates; a town

council vote, which will have quite a few candidates; and now a referendum is being rushed in to add confusion to the mire. This means there will be four votes on a computer system the first day it is being put in place. Those who are computer literate will make a joke of this and say it is not an issue. It will certainly be a major issue and will mean fewer people will go to vote than heretofore. The European election is not an election that switches people on dramatically, neither does a referendum. In view of the withdrawal of power in recent years from county councils and town councils there may not be that much interest. We should do nothing to block that interest.

There have been guarantees that there will be no problems and that the machines are infallible. It was stated that they are used in banks and so on. If one goes to an ATM machine, one can get a piece of paper if one wants it which is proof of the transaction. If as Members we want to claim our few euro from the airport parking space we have to insert our credit card or cash and press a button to receive a receipt that will allow us to reclaim. A new machine is being installed at the airport in the next

few weeks which will give out tickets, without the necessity of going to the desk. We are putting in place the most sophisticated machine possible and yet we cannot have a paper trail. When a credit card is inserted into a machine, one's debt is registered at that moment. One is given a piece of paper to sign and another to take away. It is impossible to understand how the geniuses who put this system together cannot provide a paper trail.

The Foxes and the Covenys have been mentioned. I have a little experience of this as the Ceann Comhairle is well aware. It certainly was not late in the evening when my count was finished, it was early the next day. Even at that, a recount was called so it was the middle of the next week before I knew where I stood. I have every reason to be positive towards electronic voting but I am pointing out my anxieties and those of my party.

Machines are not infallible. I am aware of a person whose computer collapsed in November 2002. All the experts were asked to ensure it was resurrected and the information reproduced. Fortunately, most of it was on disc and had to be refilled. That is an example of how computer systems break down.

On the occasion of a private briefing on broadband in the House the system did not work. Recently I was involved in a conference at which EU officials were present. We had been given a guarantee by the hotel management that everything was correct but it took 45 minutes to get a new system in place and to make it workable.

We need guarantees and a paper trail to ensure the system works. Even in his speech, the

[Mr. Crawford.]

Minister refers to the difficulties in having a paper trail. He said:

The paper trail notion is premised on the uninterrupted and proper functioning of a printer throughout the 14 or 15 hours continuous period of polling. The risk of printer interruption, including that of poor or unreadable print quality, is a real one and certainly higher than that of malfunction of an electronic storage system.

If this printer cannot be brought up to a standard where the print is clear, there is a cause for concern. I am not a whiz kid on this issue but young people are worried about it and mail I have received point to that as well. The concerns do not relate to the machine but who controls it and the quality of the personnel who organise the system.

One only has to think of an example from the USA. I am not referring to a voting system but to AIB. That bank left one individual to look after some of its money and we all know of the significant amount which was siphoned out of the bank's system. Can the Minister guarantee that some whiz kid with political affiliations or a belief in destroying democracy could not act in a similarly malicious way to ensure the system did not operate correctly. It happened to AIB in the US and its shareholders are aware more than most that electronic systems can be used and abused. I ask the Minister to bear this in mind.

I realise, as Deputy Haughey said, that all Members the Government parties are persuaded this is the proper way to go. However, it would be best to consider the e-mails which Deputy Haughey and others have received from the young who will run this country in the future but who are worried about this change. The Minister does not have to listen to me or to the elderly but he should listen to some of the young people who have raised questions.

It is galling to see such money being spent on this measure at a time when an independent adviser appointed by the Minister for Health and Children stated clearly that there was a need to spend €14 million on Monaghan General Hospital in one year. Despite that, all that could be got from the Minister was €2.75 million. How can I advise my voters that money is not available for life and death issues when it is being spent on something for which there is no demand? The Minister should consider this.

The Minister referred to voter apathy. He stated: "By modernising and transforming elections in a visible way, we seek to create an opportunity to tackle voter apathy and improve the image of elections." However, this is not the way to achieve this. It should be carried out through consultation with all, starting in the schools with the encouragement of 18 year olds to vote for the first time and to better understand what democracy is all about.

The Minister also stated, "The electronic voting system is secure, reliable and can be trusted by the people." If this is so, why did the Taoiseach say in this House only weeks ago that there was no need for the Bill? That type of statement creates apathy not trust. I urge the Minister, at this late stage, to reconsider the situation and to at least build up trust between the main parties in this House. He could then put this before the people and tell them it is a foolproof scheme for modernisation, with a back-up system. I also want to modernise the system but to do so with faith, trust and belief.

Mr. Glennon: I thank Deputy Haughey, a constituent of mine, for the electoral support he referred to earlier, although he did not say which number vote he gave me.

I am delighted to support the Bill. I do so as one of the few Members of this House elected electronically, as it were, although I am not sure that is a badge of distinction or whether it confers special honour. Nonetheless, it confers particular experience very relevant to this debate. I have used the system as a member of the electorate and as a candidate. I am familiar with it and with the reaction of voters in the constituency who availed of it. I was also present on that fateful night which gave the archives one of the great photographs of the electoral system — the now famous photograph of former Deputy Nora Owen.

As a voter, I found the system absolutely clean and efficient, and the experience would not in any way undermine confidence in it. Undue deference has been given in this debate to the role of candidates. The reality is they put themselves forward to serve the electorate and the people. Whatever is the best system for the people must be adopted and the preferences of candidates are very much secondary. As a candidate, despite some hiccups and delays, I found the count was very efficiently handled and the system leant itself to that. The major source of delay on the night of the count was in the transporting of the materials containing the votes to the count centre, although this was in one of the smaller constituencies geographically. Despite this, the result was announced within a couple of hours of the delivery of the votes.

With reference to the famous photograph of Mrs. Owen, while I sympathise with her, that situation was not the flaw in the system which people thought it was. I note my constituency colleague, Deputy Sargent, is in the House.

Mr. Sargent: I remember the night well.

Mr. Glennon: We will all remember it for a long time.

Mr. Crawford: For different reasons.

Mr. Glennon: The suddenness and apparent abruptness with which the result was announced, which gave rise to the scenes which received so much publicity in the immediate aftermath of the election and over the past few weeks, has been used as an opportunity to question the proposed system.

On that evening the candidates were offered the option of retiring to an ante-room, if I may describe it so, to have the result indicated to us in private. That offer was not availed of. In fairness to the county registrar, the returning officer on the night, it is important to make his offer known. I and one of my constituency colleagues clearly recall the offer being made. We were given the option of hearing the result in private before the public announcement. I have no doubt that a reasonable allocation of time would have been available to us to deal with the result in whatever way we wished and the unfortunate situation that subsequently arose would have been avoided. The decision was made by the candidates as a group. Hindsight is a wonderful gift and I have no doubt we would all deal with the situation differently if we could reconsider. I do not believe we as candidates would take the same course again but equally it has been a lesson to everyone else. I do not believe that situation will recur.

Deputy Haughey referred in his contribution to his lack of expertise in information technology and I would be the first to join him in a similar acknowledgement. I too have received a significant number of representations from different people on this issue. It is interesting that all these representations were sent by e-mail. It is difficult in those circumstances to ascertain the age cohort of the writers. Deputy Haughey referred to it as being a young age group. I do not know what the age profile of the writers are.

It is not vital to the debate that we as Members of the Oireachtas are experts in computers and information technology generally. I do not have to be an expert to trust the Internet or my e-mail. I do not have to be an expert to trust Internet banking and the attendant facilities. I do not have to be a computer expert to have a peaceful flight in an aircraft or as a resident of north County Dublin, to live near Dublin Airport and pass it on a daily basis in order to have total faith in the computer systems available to air traffic controllers.

In a previous existence, I worked for one of the major banks during the time when bank branches were being computerised. I was involved in the changeover from the old hand-written ledgers — which makes me sound like a dinosaur — to the modern computerised system. It gave me a good insight into the thoroughness of such a changeover. I have no reason to doubt the experts who are supporting the system.

Mr. Crawford: The banks have a paper trail.

Mr. Glennon: It was stated that the system is being introduced with some haste and I regard that as a facile suggestion. The Government's intentions have been signalled for at least five years. The system was used on a pilot basis in three constituencies in the 2002 general election. I am assured the proposed system is 99% the same system as was used in 2002. There was no argument on that occasion with the *modus operandi*. Approximately 45 to 50 candidates subjected themselves to the system. There was no refusal to participate because of any fears of the system being untrustworthy. There were no court challenges before the general election. Despite all the alleged hard, critical information and negative criticism, that has featured in the debate, no defeated candidate has seen fit to challenge the outcome of the pilot polls. That is a very telling statistic.

Deputy Crawford quoted from the Minister's contribution when he moved the Second Stage of the Bill. The Minister stated that the fundamental purpose of electronic voting is to improve the efficiency, accuracy and user-friendliness of Irish election procedures. I have no doubt that the system will do that and I am confident that when we have all recovered from the travails of the hustings in the middle of June, the majority of Members will agree.

Deputy Crawford referred to that sentence from the Minister's speech to suggest that there were other ways to improve the user-friendliness of Irish election procedures. He referred specifically to the facilities and location of polling stations in his constituency. I have not been a Member of the House for long but I do not think it is a matter for the Minister for the Environment, Heritage and Local Government, to deal with the location and facilities of local polling stations. That is a matter for the local representatives, the returning officer, the county registrar and whoever provides the facilities. What Deputy Crawford separated from that sentence was the more important statement in that paragraph of the speech which stated that at the very core is the objective of guaranteeing every voter that his or her vote will not be rejected because of inadvertent errors. The democratic wastage associated with spoiled votes numbered more than 20,000 at the 2002 general election; more than 24,000 at the 1999 local elections and some 46,500 at the last European elections. It is estimated that at least 95% of those invalid ballot papers were inadvertently spoiled.

Mr. Crawford: There is no proof of that, either good, bad or indifferent.

Mr. Glennon: It is a figure I am happy to accept. I am fully aware that there is no proof but equally I suggest that if one examines the statistics——

Mr. Crawford: The Nice treaty proved that. The people did not want to vote.

Mr. Glennon: —which show 46,500 spoiled votes at the last European elections. That is out of kilter with the pattern in the two other elections. The number of deliberately spoiled ballot papers in that election was probably somewhat high and the figures of 20,000 to 25,000 spoiled votes, of which 95% were inadvertently spoiled, appear reasonable.

There are numerous examples of the inadvertent spoiling of votes in which human error plays a significant role. I have been present, for example, when the names of people who have voted were not crossed off the register. At the previous local elections, when I went to vote with my wife and son, my name was the only one of our names crossed off the register after we voted. That is a minor example of a personal experience but, from speaking to colleagues, I am aware that this type of human error is part and parcel of the system.

Mr. Crawford: The new system will not change that.

Mr. Glennon: It will change it because it will virtually eliminate human error. I agree with Deputy Crawford's comment on the lack of facilities in some polling stations. Fortunately, Dublin North is reasonably well served in that regard. However, when one considers the large number of election staff who must work for a minimum of 12 hours in rooms that often lack facilities, it is not surprising that human error has crept into the system.

I wish to elaborate on the statistics to which I referred and about which Deputy Crawford has some misgivings. The estimate that the number of votes spoiled at a local or general election is between 20,000 and 25,000, 95% of which inadvertently, appears reasonable. To translate these figures into a more readily understandable form, I calculate that they amount to approximately 500 inadvertently spoiled votes per constituency and approximately 1,000 to 2,000 deliberately spoiled votes nationally. Is anyone seriously arguing that the current system should be maintained to facilitate such a small minority of people who want to deliberately spoil their vote, to the detriment of the vast majority of the electorate, particularly the significant number of voters who spoil their vote through ignorance or simple error?

One of the great outcomes of electronic voting in Dublin North was that no spoiled votes were recorded. I am interested in Deputy Sargent's view in that regard. The new system will give everybody an opportunity to effectively and efficiently execute their franchise. Even those who in the past had difficulty comprehending the voting system have been facilitated.

As regards Deputy Crawford's point on the user friendliness of the procedures, the statistic

on spoiled votes in Dublin North is telling. The system cannot be any more friendly than facilitating those who in the past innocently encountered difficulties in asserting their franchise. The number of inadvertently spoiled votes is significant. As anybody familiar with the workings of the Boundary Commission will be aware, 20,000 to 25,000 votes is equivalent to or in excess of the number of people in a constituency.

While the debate on electronic voting has calmed down somewhat recently, it has been marked by much unjustified hype and hysteria. At its height, a comment was made in the Chamber which amounted to nothing less than a casual slander of an eminent member of the Judiciary. It was subsequently, and correctly, withdrawn.

The hype we have experienced has done nothing for the electoral system. When electronic voting is introduced and, I hope, used by a high percentage of the electorate in June, we will see the similarities between the current debate and the Y2K scare, when computer failure was supposed to bring the world down around our ears, and the trepidation with which we anticipated the euro changeover. As somebody told me earlier, it will be similar to the change in the Fine Gael Party leadership when there was a great deal of hype beforehand, but little change afterwards. The entire debate has been opportunistically and cynically manipulated in an unrealistic and unjustified manner and the democratic process has suffered as a result.

Mr. Crawford: Those are dangerous words.

Mr. Glennon: I am glad reality has set in and we are discussing the issue in a rational and mature manner. I have no hesitation in supporting the Bill.

Ms Burton: Deputy Glennon should acknowledge that the Fianna Fáil and Progressive Democrats parties have only themselves to blame for what has occurred in the debate on electronic voting. We have a Government that appears at times to be drunk on power and indifferent to the many concerns of individual voters and groups in society. Some members of the Government and its constituent political parties must believe they will be in power forever and that the current Administration is a little like the 1,000 year Reich. They think, therefore, that it falls to them to do anything they wish and that by raising questions or challenging the actions of a Minister, the Opposition is at fault for failing to roll over and have our tummies tickled by members of the Government when they pat our heads and tell us to go home and not worry about such matters.

I listened with interest to Deputy Glennon's description of the count in the Citywest Hotel for two of the three trial constituencies for electronic voting during the previous election. I wonder if he and I attended the same event. While it had few equals in election history in terms of

excitement and political terror, it also had a number of unusual features and I hope the Minister will take steps to ensure they are not repeated.

One such feature was the unusual decision to hold the count in a hotel rather than a public building. Although I understand this was done to facilitate broadcasters, it meant there was a large, well-stocked bar in the count centre. The count ran several hours late due to the weather and the fact that this was the first time that electronic voting had been used. Understandably, the organisers appeared nervous and were very careful with the process.

The principle of having alcohol available in the room where count results are analysed and made available is wrong. The Government should make sure that that never happens again. Candidates' nerves are bad enough at a count, and those who feel in need of alcoholic support in the course of a count would be better off leaving the count centre in the RDS or in Lucan, or in the Kennel club in north County Dublin, and walking to the nearest pub and back again. As Deputy Glennon recalled the count that night, I was recalling it myself. That struck me as an unusual feature, although I may be wrong and it could be the practice in rural areas.

Mr. Crawford: No it is not.

Ms Burton: I have never seen it and I have participated in counts all over Dublin for a long time.

The weather delayed the arrival of a number of boxes from Rush as the road was flooded. Despite high level technology, the Army or Garda vehicles which were carrying the boxes containing the modules could not get past the flooded roads to the count. The count was therefore delayed by several hours. The bar was open with all sorts of personalities there, among them candidates and their agents, as well as famous people such as participants in the tribunals. One, or both, of the Bailey brothers was present. Political feelings ran extremely high. Deputy Glennon stated that candidates for Dublin North were given the courtesy of being invited to a private disclosure of the results, as was the case in Meath, so that people could compose themselves when they discovered whether they had won or lost. I am not aware, as one of the candidates in Dublin West, that that was the situation there. I received no such invitation and my recollection is that the count centre was jammed. There were many people drinking and nerves were running high as the results were delayed. It was well past midnight and the room was steaming, the weather outside was steaming, it was like a monsoon.

When the Dublin West count was announced, as it was three or four times on the basis of false rumours, there were so many in the room that it was like the old days at a football match or a railway station. On hearing the rumour, there

were surges to the desk of the returning officer, who was behind barriers. I am tall but there were so many big men that I was left behind in the surges. The Minister of State, Deputy Brian Lenihan, who is very tall, claimed to have been able to see sideways and felt that he was heading the poll. There was crazy stuff going on. When the correct result for Dublin West was declared, the whole crowd surged forward like in a football match before seating was introduced to the terraces. I was not as tall as some of the other candidates and I was suffering from candidate's nerves at that stage, so I was not at my most robust. I was left behind and got no indication of the results. I had to beat my way to the front of the crowd, tap people on the shoulders, tell them I was a candidate and ask them if I could pass.

Many people, including some of my supporters, were celebrating. Some of them were aware that I had won but I was not. Eventually, the Progressive Democrats election organiser, whom I know for some time, gave a thumbs up sign to my election agent, my husband. Finally, I saw an official whom I knew from the old county council and I asked him did he know the situation. He told me I had been elected. In my case the result was positive. It is a bit like having a baby. The moment the baby is born, everything else is forgotten. When a candidate wins an election, he or she forgets the preceding hours of intellectual hard labour. When I heard Deputy Glennon stating that the candidates of Dublin North were facilitated with a private room, I was delighted for him, but it did not happen to candidates in Dublin West. The only parallel situation to which I can compare it were Ireland's World Cup penalty shoot-outs. In one moment a candidate was in or out. Candidates need a very strong heart to withstand this process.

The Government may be about to slow down the process artificially. In the information given on electronic voting results, there were about 25,000 lines of analysis in Dublin West. For example, there is an analysis of the disposition of every vote cast for each candidate and whether their preferences are utilised. In other words, it is possible to figure out exactly the percentage transfer from one party candidate to a different party candidate. What is notable from the Government's point of view, which the Minister has addressed in the Bill, is that the tally information on a geographical basis is not there. I cannot speak about other areas, but in Dublin West Fianna Fáil feels that it missed that information. The geographical basis of the information is particularly useful. Fianna Fáil has itself to blame.

This debate takes place at a time when there are extraordinary cutbacks in social welfare, costing up to €50 million, including €5 million from widows. In Blanchardstown, €104 million has been spent on a new hospital wing, only half a floor of which has so far been commissioned. We have a state-of-the-art accident and

[Ms Burton.]

emergency unit with padlocks on the door although the nurses and doctors are working in 20 to 30 year old prefabs in an accident and emergency unit that would not look out of place in some very poor countries in Africa. This is because the Government does not have the revenue to deal with a deficit of €5 million that has accumulated in the hospital. The area in question has experienced unprecedented economic growth. In spite of the Government not being able to reduce the deficit, it can afford to set aside approximately €42 million for the new electronic voting system, perhaps more if one takes into account the storage costs of the machinery, which I understand could amount to €1 million per year.

The Government has been able to make a decision against widows, against opening the new wing in Blanchardstown hospital and against introducing the disability Bill to prioritise the issue of electronic voting. It has done so in an extraordinarily partisan way. When the original Bill was introduced during the term of the previous Dáil — I was not a Member but I read some of the debate — much of that debate focused on a proposal to ban opinion polls. However, some Members, including my colleague, Deputy Gilmore, who is spokesperson on the environment, expressed some reservations that electronic voting might be proceeded with too quickly. We were reassured by the then Minister, Bobby Molloy, that this would be done on a consultative basis and with due caution and care. I know this proposal originated with the Minister for Education and Science, Deputy Noel Dempsey, who is given to flights of imagination and to flying kites.

Mr. McGinley: To put it mildly.

Ms Burton: However, a €42 million kite is a very pricey one at a time when many other areas are crying out for public funding and redress. Many areas are crying out for legislation which has been promised time and again by the Government. One must ask why there is such unseemly haste. I am concerned that it will destroy people's confidence in the democratic process. The end result of what the Government has done will be to make people more uncertain about the Government comprised of Fianna Fáil and the Progressive Democrats. They are in power for a long time and are confident that their writ runs without too much opposition or too many checks.

During his contribution to the debate, the Minister for Finance asked the amusing question whether people think there will be little green men from Fianna Fáil inside the voting machines who will crank out Fianna Fáil votes. There will not be but some people have grown increasingly alienated and suspicious of the Government, as has happened in the United States. The consequence of this is that fewer people vote. We

will have record lows in voter turnout at the European and local elections next June. Already in parts of my constituency and that of Deputy Curran, the voting rate has fallen below 30%. This is a tragedy because the lowest voter turnout is often in the least well-off areas which have the least capacity to make strong representation for Government action on tasks that need to be done. Unfortunately, the way in which Fianna Fáil has introduced this Bill has been deeply damaging to democracy. I found it depressing to be a witness to the debate.

What would have given the public confidence in the process without the Minister losing face and perhaps even with his gaining face? People want some independent scrutiny of the voting process. All the parties in the House should have been involved in a non-partisan way so each would have had an input and agreement would have been reached on the basis of a collective agreement to go forward. Also required was critical redress of the question of the audit trail. Speaking as a former auditor, I note that, in any modern system of accounting and auditing, the creation of an audit trail is of critical importance. If something goes wrong or if people simply want to check something, it allows them to check the validity of what has been done and ascertain that the way in which the process was managed was reasonable and that all reasonable steps were taken.

We know that no system, whether it be paper-based or computer-based, is free from the possibility of error or collapse. Deputy Glennon spoke about how those who are not especially computer-friendly happily book airline tickets on the Internet and use electronic banking. Of course they do. People are happy to use any type of electronic service that makes for faster transactions, but they are aware that electronic banking systems can be tampered with. There were several such cases last week. I was talking to somebody whose account was cleaned out from eastern Europe because somebody had stuck a hidden camera to the top of an ATM, thus allowing that person to obtain the PIN for the account.

The Government has not addressed the issues associated with electronic voting. I am sorry that the end result of this debacle and arrogance on the part of the Government will be that fewer people will vote in the local and European elections in June.

Mr. Curran: I will make some specific comments on Deputy Burton's contribution. I listened to her especially as she recalled the count in the trial electronic voting constituencies. I suppose she is one of the few Members in the House who has gone through the process and I listened to her with great interest. I did not watch the count on television. I did not have the nerve that night and my campaign team went out for a few drinks. It had been a horrendously wet day and nobody knew what to do with himself, but I

heard subsequently that the count was less than satisfactory for those involved.

I agree specifically that a count venue, whether or not it has a licence to sell alcohol, should not sell or serve it for a variety of reasons, especially if it is the evening of a general election when emotions run high after a long campaign. During campaigns, posters are often moved, people campaign in the wrong place, etc. All candidates from all parties are involved. There is inter-party rivalry across the board. Fuelling this with alcohol is inappropriate and this issue needs to be addressed.

It is worth bearing in mind that the Deputy was a guinea pig in this instance. There is no use running a pilot scheme or a test case without learning from it. That is a real lesson to learn.

I also listened to how Deputies Burton and Glennon recalled the different ways in which they were treated. The common perception was that the candidates did not have an appropriate opportunity to compose themselves. General election results come at the end of a long gruelling period of three or four weeks and several months in advance of that. A system should be in place whereby candidates are given an opportunity to compose and prepare themselves. Everybody puts in much work and time. Nobody goes out to lose; everybody expects to win. Getting a result in a public forum delivered so quickly with no opportunity to compose oneself is not appropriate. The Minister is talking about the possibility of giving the results in a round by round series. I do not necessarily know whether that is the most appropriate way but candidates who have participated in a general election need the opportunity to compose themselves.

I speak as a backbencher and quite frequently comment is made that backbenchers do not get adequate opportunity to participate, and I welcome this opportunity. I wish to take up a comment Deputy Haughey made. He referred to the fact that an exceptional amount of time is being made available for this Bill and that it might be better used on other issues. Often much time is wasted in this House and is not used on the issues many people would like to address. Frequently, as a backbencher, I am frustrated that I get limited or no time to speak on issues of concern to me.

The purpose of the Bill is provide in primary legislation rather than by way of ministerial order, as originally envisaged, for the conduct of European Parliament, local and Presidential elections and referenda using electronic voting machines. The reason I state that is that it arose this morning by way of a question from the leader of Fine Gael to the Tánaiste. I do not wish to quote him incorrectly but I believe he said that a question to the Tánaiste on 5 February on whether primary legislation would be required for electronic voting received a negative answer. She said it was not known at that point that the

only reason primary legislation was necessary was as a result of a subsequent court case. Sometime later after the Tánaiste had left, the Fine Gael leader, Deputy Kenny, returned to the issue and stated that the court case referred to by her was around the end of January.

I am not here to defend to the Tánaiste at her request or that of anyone else, but I heard the comment and found it interesting. I would have thought there would have been a time delay in that the implications of a court case at the end of January would not necessarily have been known as quickly as 5 February, barely a week later. The answer given by the Tánaiste on 5 February should be viewed in that light. I do not think by any stretch of the imagination that the Tánaiste would deliberately try to mislead. A court decision would take some time to digest and legal people would need to look at the implications of it for a range of issues. I believe that is what happened.

Many people asked if and why we need electronic voting and whether the system we have had for a long time is sufficient and has served us well. It has served us well but I wish to go back to an issue which was the subject of discussion by Deputies Glennon and Crawford. They looked at the local and European Parliament elections of 1999 when Deputy Gogarty and I were elected for the first time. They referred to the fact that, in the local elections, approximately 24,000 people had their votes disallowed. This appeared to be overwhelmingly as a result inadvertent errors. When they looked at the European Parliament election, more than 46,000 voters had their votes disallowed, again largely because they had inadvertently made errors. That amounts to more than 70,000 invalid election papers on one given day.

Deputy Glennon went on to make the point that he was of the opinion that at least 95% were as a result of inadvertent error but Deputy Crawford said there was no evidence to substantiate or back that up. He is right to a point but, if one looks, as most of us would have, at the spoiled votes, it is quite obvious what constitutes a spoiled vote because deliberately spoiled votes will have various things written on them about Deputy Gogarty, myself or others.

Mr. Gogarty: It is more likely to be the Tánaiste.

Mr. Curran: I will not comment on the Tánaiste in her absence. Deliberately spoiled votes are quite easy identify. If one looks at the pattern of errors, there were 24,000 spoiled votes in the local elections and 46,000 in the European Parliament election, but it is interesting to note that many of the spoiled ballot papers in the European Parliament election had the same error, which was that people continued the voting sequence from the local elections ballot paper to the European Parliament election ballot paper. They entered their first, second and third preferences

[Mr. Curran.]

on the local election ballot paper and their fourth, fifth and sixth preferences on the European Parliament election ballot paper. If one looks at the various papers, it is obvious that a large number of disallowed votes are errors and not spoiled votes. While I cannot stand here with the same degree of confidence as Deputy Glennon and say 95% were inadvertent errors, I am confident that the majority of the 70,000 disallowed votes were inadvertent. It is important to note that.

There is nothing more important than making sure our voting system allows the people's voice to be heard. If the people are going to take the time to vote, it is up to us to make it as easy as possible for them to do so. The system being introduced accurately records and counts each vote. The present manual system resulted in 70,000 invalid papers in the combined election in 1999. It might be asked whether spoiled votes are a sufficiently large problem to go to all this trouble. Some 70,000 spoiled votes is a serious number, especially when divided across constituencies in European Parliament, local and general elections. It is interesting to note the number of constituencies where margins are small, but it is more interesting to note the number of constituencies, especially in the local elections, where the number of spoiled votes was greater than the margin between the last person elected and the first person who was not. The number of spoiled votes may not be important for whoever gets the first or second seat, but the spoiled vote, or what is more correctly called the disallowed vote, is important for the last seat.

When we talk about electronic voting, the US presidential election and these hanging chads are often referred to. The system being proposed is nothing along those lines and is completely different. It is inappropriate to draw comparisons between what happened in Florida a few years ago and the type of system being proposed here.

People referred to the user and whether the system was easy to use. Deputy Burton referred to the fact it would be disruptive to people's confidence in the democratic process. I do not see that happening. We used electronic voting in the June 2002 general election in three constituencies and I do not think the statement she made is the case. Electronic voting was subsequently used in the Nice treaty referendum. There is talk and a myth that, as it is computer-based, elderly people may find it difficult to use and might be concerned and self-conscious and so on.

I am sure the Minister will talk about the publicity and so on, which I will not dispute. I would say to people who may not attend one of the roadshows or read the pamphlet that they should still vote. When one approaches the machines and reads the simple instructions, it is straightforward. There are no journalists present so I feel safe saying that my mother, who is well into her 70s, had never seen a computer and

would barely know how to turn on or off a VCR, was a bit concerned going to vote electronically in the Nice referendum. Having voted, she asked what was all the fuss about because it was very straightforward. People who voted electronically to whom I spoke said the operation of the system was straightforward and easy to use. I understand the Minister is running a roadshow and there is an extensive education campaign taking place on the issue. Even if people do not attend the roadshow, they should vote because the instructions are fairly self-explanatory.

Deputy Burton referred to ATM scams and so on. It is worth noting that this equipment is stand-alone and not on-line. In other words, it is not hooked up to anything else. The references to outside interference by hackers and so on is not possible. The machine stands on a table on its own, hooked to nothing except a main supply. Considerable research has gone into ensuring the machine's reliability and functionality. People ask what will happen if the power dies? These issues are addressed by way of uninterruptable power supply and so on. People speak about power surges. In parts of Ireland, a power surge is the last thing the Minister will have to worry about. Low voltage and other issues will be much more common. These practical issues, about which people have expressed concern, have been addressed. People say that computers are dodgy and that they crash. Most of the issues that arise in the context of the computers we use are different from what this machine is about.

I recall years ago working in Dublin Corporation. At the time an elderly man there had an old-fashioned adding machine. First, one pushed in numbers, which moved a series of cogs, and then turned a handle which added to the previous series. That gentleman would not use an electronic calculator or adding machine because he could not understand how it worked. He could understand how the manual machine worked because he could see the cogs moving. My view of the electronic voting machine is that it is little more than an adding machine. It is well protected from an electronic and storage point of view. I understand that the information which comes into the machine is stored on not one but multiple chips so that if there is failure, the information processed to a given point can subsequently be retrieved, which is important.

People are comfortable using this type of technology. Nowadays people go to their banks and withdraw cash without even waiting for receipts because they feel comfortable that the technology is in everyday use and reliable. Scams occur, but they are deliberately perpetrated, nothing more. Scams that occur through electronic means can be carried out by way of paper or whatever.

Mr. Gogarty: There are also bank errors.

Mr. Curran: I am not disputing that. It is interesting to note that in various jurisdictions

around the world new democracies have emerged where various observers were sent to monitor elections and so on. They subsequently make a finding on whether they deem the elections fair. To my knowledge, in elections that were deemed undemocratic, unjust or unfair paper ballots were used. When people ask is it a fair system, it is not the paper or voting machine that is the issue, it is the personnel engaged in running the system such as the civil servants and returning officers. These are the people who run elections in a fair manner. They have been doing the job in this country for a long time and no one in this Chamber has ever questioned the manner in which they do it. Whether they operate the system by way of paper or electronic means, it is the individuals who make the system fair and reasonable.

The voting machine is reliable. I will not go back over the various independent tests that have been carried out. Various international institutes have checked the machine and verified its reliability and functionality. The technology works because it is not that complicated. The technology being used here is very straightforward. It is stand-alone and it is not open to corruption by way of the Internet or outside access, and it must be viewed as such. I have heard people say that they do not oppose electronic voting but there should have been more consultation. Like Deputy Gogarty, I have been in this House for less than two years, and I understand this issue was first mooted in 1998 or 1999. It was subsequently used in 2002 during the European elections and it was used again on a pilot basis during the Nice referendum. I am sure at that time people knew the purpose of the pilot scheme was to roll it out on a national basis. The detail of the debate we are now having should probably have taken place immediately after the 2002 elections when people like Deputy Burton and Deputy Glennon could have narrated their stories rather than doing so a year and a half or so later.

Everyone knew this system would be rolled out. I do not accept the argument that this is a rushed job given that there were pilot schemes two years ago. As I said in regard to Deputy Burton's experiences, it is important that we have learned from these pilot schemes.

Mr. Sargent: Ba mhaith liom mo chuid ama a roinnt le mo chomhghleacaí, an Teachta Gogarty. Ní fhéadar an bhfuilimid ag cur ama amú? I understand the independent commission is due to report on 1 May. After all that has been said and done here, it appears that if the independent commission states otherwise and decides the system will not go ahead, we may have to ditch the debate, which would be a very interesting turn of events. It may be a lesson for the Government not to put the cart before the horse once again. I understand the voting machines were due for delivery at the end of March, therefore, one wonders whether the independent commission is wasting its time as it is deliberating

on whether to go ahead also. However, many people who have made a lot of money out of the system will be happy regardless of what happens.

My colleague, Deputy Glennon, is now taking the Chair so he will be able to listen to the debate on the basis of his earlier contribution. He said that no defeated candidate challenged the 2002 results due to electronic voting so the facts stand. I wonder if the result had been closer in the case of defeated candidates, as happened in the manual system, whether he could say the same. Perhaps it was due to the usual luck Fianna Fáil sometimes enjoys that the results were relatively straightforward, although it was a shock in the case of Nora Owen, as Deputy Glennon said.

There are lessons to be learned from that night. I note what Deputy Burton said about drink being available at the count, which was completely out of order and pointed

6 o'clock up the unwise decision to have the count in a hotel. There was a lack of space, it was difficult to retain a sense of expectation because of the delay and there was no time between counts. If there had been a narrow result with electronic voting there was no way to call a recount. Neither was there a facility to speak afterwards. This was a momentous and traumatic event for winners and losers — my heart went out to Nora Owen on that night — but it was not possible to thank supporters and staff.

Deputy Glennon referred to spoiled votes. It will be straightforward enough. The people who may be displeased about the candidates presented will just not vote. That might seem like a simple solution to people who do not like spoiled votes, but it will give a very unclear reading about what is actually happening. When people do not vote, one does not know why they do not vote but people who would normally spoil their votes in protest now cannot do this.

I want to be positive about this, but there are questions to answer about the codes that operate the voting machines and the readers. They are commercially secret and will not be released to anyone. It means that the Irish voting system will be a commercial secret owned by a Dutch company. We have to live with that but it is a strange fact of life.

Few people in this House or the Cabinet understand the workings of the electronic voting system. We understood the paper system so we are taking a leap of faith. People who know more than anyone here have stated that it is possible to introduce malicious codes into the electronic system in an untraceable way that could lie hidden during tests and become active on voting day, a key argument for a verifiable audit trail. It would not decimate a rain forest, as the Minister for the Environment, Heritage and Local Government has suggested. It would be no more than a till receipt and could be easily composted afterwards as part of an ecological audit trail. It is not a big deal to have a verifiable voter audit trail even though the Government refuses to provide for one.

[Mr. Sargent.]

This is not a pilot scheme. I sympathise with the former Minister of State at the Department of the Environment and Local Government, Mr. Bobby Molloy, because he promised there would be full consultation with the Opposition parties on the detail of the system before it was introduced. We will now find out as we go along and that is not the right way to do things.

It is, however, an expensive way to do things, with a cost of €50 million. The Minister said the money will not come from his Department but from a central fund. The cost, excluding training, will be €44 million, including VAT, and a voter education and awareness campaign will cost an estimated €5 million, of which €1 million will be VAT. In comparison, in the last budget €57 million in welfare cuts were made. We have not yet been told the storage costs, although I was told the cost in the Minister's constituency in Waterford will be €50,000 per annum. I would like to see the storage costs for the rest of the State.

Interestingly, the Minister awarded the €4.5 publicity campaign contract for the new electronic voting system to a consortium which includes a Fianna Fáil connected company, Q4. The contract was put out to the public procurement process, 18 firms applied and it was awarded to Q4, which is part owned by a former general secretary of Fianna Fáil, Mr. Martin Macken, and Mr. Jackie Gallagher, who is also well known in Fianna Fáil circles. It is estimated that the company will make €1 million on the deal even though it was only established in May 2003. This points up not just issues about electronic voting but the need for legislation on lobbying and public relations. The Minister has promised such legislation but has not hurried to provide it.

There is no facility for those with a visual impairment. A visually impaired person will have to bring a garda or the returning officer into the polling booth, making meaningless the secrecy we all say is so sacrosanct.

The technology exists to register all voters electronically, something that would be much more worthwhile than electronic voting. The ludicrous situation still exists where a person must fill in a form — even though he is over 18, has a PPS number and we know who he is — saying where he lives and his date of birth. All people over 18 can and should be registered automatically. Also, the postal vote will be militated against by electronic voting unless there is a facility to scan the postal vote into the system.

Ultimately this is a costly ego trip. I hope it bears the scrutiny it faces because the integrity of the electoral system is important and this is not the best way to go about this.

Mr. Gogarty: Deputy Sargent mentioned to me the possibility that there could be more candidates on the ballot than the electronic voting equipment could accept.

Mr. Sargent: It appears that 18 is the limit to the number of candidates in an election. In Clonmel in 1999, there were 23 candidates for election to the borough council. The Minister is effectively limiting the franchise and curtailing the ability of people to stand for election if 18 is the maximum number of names that the electronic voting equipment can accept.

Mr. Gogarty: That is an important point on which the Minister should offer reassurance. Deputies have been reasonable during the course of the debate. In this House there are very few Luddites or Members who oppose the principle of electronic voting. It is a good and far-reaching idea but it must be implemented properly and, of equal importance, instil public confidence. I was one of the first elected representatives to send a news bulletin by e-mail and have received a great deal of feedback from my constituents also by e-mail. Of those who contacted me by e-mail the most up in arms were those working in the software industry but they are not Luddites. Neither are they afraid of technology; rather, they work with and have embraced technology at the highest levels and are raising valid concerns. This is the reason it is important to point out in the strongest possible terms the potential flaws in the electronic voting system and what is causing this lack of faith among the public. As Deputy Sargent stated, we eagerly await the report of the independent commission. There was concern that it would be a lap-dog commission but we hope it is truly independent and that the legitimate concerns about the technical aspects and transparency will be reflected.

There are numerous examples of what has gone wrong with electronic voting in the United States. A number of leading American experts have warned that this year's US presidential election could be thrown into jeopardy because of the electronic voting system and that the new systems could actually be less reliable than those used four years ago. A number of professors contributed to a debate in Seattle recently, one of whom was Professor David Dill of Stanford University who told the annual meeting of the American Association for the Advancement of Science that the problem with electronic voting was that votes disappeared into the electronic machine and there was no independent way of checking that they were valid. He stated he would not have a great deal of confidence in the vote totals reported by the machines unless there was independent polling which was totally consistent with it.

Professor Dill's colleague, Professor Ted Selker of Massachusetts Institute of Technology, told the conference that the machines in operation were not sufficiently secure because there were no safeguards to prevent anyone tampering with the computer code before or after voting, as Deputy Sargent pointed out. Nonetheless, I am more concerned about errors than tampering, given the integrity of those who

work in the electoral process, although it is a possibility.

In the past month there have been problems in Orange County, California. The problems were particularly acute in 21 precincts because more votes were recorded as cast than there were actual registered voters. The error was only noticed because more were recorded as having voted than had actually voted. One can only imagine a scenario in which fewer votes are recorded than are cast and one has no way of figuring out what the exact tally is. The problem in this case is that the result cannot be validated.

At polling stations where the problem was most apparent because of the turnout exceeding 100%, an estimated 1,500 voters cast the wrong ballot papers according to a local newspaper's analysis of the county data. Tallies showed that some 55 polling stations recorded more than double the county average turnout of 37% which suggested that 5,500 voters had their ballot papers tabulated for the wrong areas. It does not take a rocket scientist to note that in the Irish electoral system, particularly in the context of local elections, 50 votes could mean the difference between a candidate being elected or losing his or her seat. This differential could occur in the absence of a proper tabulation of the count.

This is the reason the Green Party, among others, has proposed the sensible solution of a paper printout in the form of a receipt which could be checked afterwards if there were suspicious results. The results may be suspicious from the Government's point of view if Fianna Fáil gets a thrashing in this year's local elections. The party may well have a couple of candidates — although I hope not Deputy Curran's successor — who will create a fuss because the vote shows the party being wiped out. Nonetheless, we should be able to verify that Fianna Fáil and the Progressive Democrats, please God, are wiped out in the local elections. We want to have confidence in the democratic process.

Dr. Rebecca Mercuri is a professor of computer science at Bryn Mawr College, Pennsylvania and president of a software consulting firm, Notable Software — one of the foremost experts in the United States in voting machine technology and security. She wants to see voting machines work but has serious concerns because for an electronic voting system to have integrity, five components are required, namely, a voter, a ballot paper, a computerised voting machine, a printer and an optical scanner through which paper is scanned. She has proposed a number of points which the Government would be advised to consider. Fully electronic systems do not provide for any way in which the voter can properly verify that the vote cast has been recorded, transmitted and tabulated. Without individual printouts, there is no independent audit trail. She states all voting systems, especially electronic systems, are prone

to error and that the ability to also perform a manual hand count of votes is essential. Furthermore, she claims no electronic voting system has been certified to even the lowest level of international computer standards such as the ISO Common Criteria or its predecessor — the TCSEC/ ITSEC — nor has any such voting system been required to comply. Therefore, none of them is certified as secure. Encryption does not ensure the privacy or accuracy of the votes cast. All of this put together makes a compelling case for a system which provides for a paper trail.

If Deputy Curran and the Minister are listening to this debate, I want to make it clear that the Green Party is seeking a paper trail. We fully support the idea of electronic voting and embrace new technology. However, given the number of experts and lay people who have expressed concerns and want to have confidence in the system, we believe this year's local and European elections should not proceed with electronic voting until there is such confidence and until an independent verification backup system such as a paper printout is put in place. In this case, we would have the best of both worlds — we would be able to back up our votes but just as important we would have a rapid electronic system which would provide results instantaneously.

Despite the tallyman's hatred of the system — I personally like the long counts — we will be seen as modern and progressive with such a verifiable system. That is what my colleagues and I want to see and I cannot understand the reason the Minister cannot take the time to get a machine which provides for electronic efficiency with paper verification.

Mr. McGinley: Tá lúcháir orm deis a bheith agam cupla focal a rá ar an ábhar tábhachtach seo. Ó bheith ag éisteacht leis an Teachta Sargent, sílim go mb'fhéidir go bhfuilimid ag cur á gcuid ama amú. Tá na socraithe uilig déanta, tá na hinnill ceannaithe agus tá siad dultha ar fud na tíre i láthair na huair agus taispeántais á gcur ar fáil dos na daoine. Cén mhaith dúinne a bheith ag caint anseo? Cad é an toradh a chuirfid ar rudaí? An bhfuil cumhacht againn ar an dtaobh seo den Teach rud ar bith a athrú? Táimid ag brath ar an Rialtas. Ón méid a chuala mé ag teacht ó thaobh an Rialtais le cupla seachtain anuas, is cinnte nach bhfuil fonn air aon rud a athrú. Is é an t-aon dóchas atá againn go dtiocfaidh athrú de chineál ar bith ar an gceist ná go dtabharfaidh an coimisiún tarrtháil orainn. Níl a fhios agam cad é an seans atá ann go ndéanfadh sé é sin.

Thagair an Teachta Curran do phointe nár chuirfimid mé féin air. Tá lúcháir agam go bhfuil an t-Aire Stáit anseo chun éisteacht leis seo. Is cosúil go bhfuil sé tábhachtach go mbeadh sraith cumhachta ar fáil i gcónaí leis na hinnill seo a choinneáil ar siúl. Mar atá a fios ag an Aire Stáit, is minic a bhíonn briseadh cumhachta againn-ne ins an áit a bhfuilimid inár gcónaí. Tá fáthanna áirithe leis sin. Má theipeann ar an chumhacht lá

[Mr. McGinley.]

na vótála cad a tharlóidh dos na vótaí? An mbeidh an toghchán ar siúl lá eile nó an bhfuil socrú ar bith déanta maidir le fadhb mar sin? D'fhéadfadh sé tarlú. Le mí anuas theip ar an chumhacht trí huairé ins in teach a bhfuil mé féin i mo chónaí ann. Bhí sé i lár an lae cuid den am agus uair amháin tharla sé ins an oíche agus bhí orainn lampa a thabhairt amach. Má tharlaíonn sé sin lá na vótála cad é atá ag dul a tharlú? An bhfuil scrúdú déanta air sin?

The ballot paper has been supreme and sacrosanct in Ireland. We all accept the result that becomes available when the ballot papers are counted. We have had an excellent democratic system since before the foundation of the State. We mark our ballot papers, whether for an urban or county council, Dáil Éireann, the European Parliament, the presidency or a referendum, and when the votes are counted before our eyes were are all willing to accept the result. In a general election the parties accept the result, whether they are in government or opposition. There has never been a quibble. The system has survived over the years and there is tremendous respect for it and belief in it. We are now tampering with that system.

We have a good democratic system which is almost unique. I admire proportional representation. The Irish people admire and value it. Two attempts to abolish the system were rejected overwhelmingly by the people. The people believe in our electoral system. It is a fair system. There is a close correlation between the percentage of votes cast for a party and the number of seats the party wins in the Dáil. The United Kingdom has the first-past-the-post system of voting. A number of years ago the Tories received approximately 13 million votes in a general election and won more than 300 seats in the House of Commons. The Labour Party received 10 or 11 million votes and won approximately 250 seats. The Liberal Party received 7 million votes and won 14 seats. That is the effect of the straight vote electoral system which is used in the United Kingdom. Our system is fair and the people have expressed their confidence in it time and time again. When the majority of the electorate speaks it must be accepted. The vehicle for deciding that is the ballot paper. In Ireland the ballot paper is supreme.

Before we tamper with our system and change from the ballot paper to an electronic system, the people should have a say. They had their say when we tried to change the electoral system from PR to the straight vote and they rejected the change, for very good reasons. On this occasion, before we make a fundamental change to our electoral system, which we have had for more than 80 years since we won our own institutions, the people should have an opportunity of passing judgment. They should listen to all the arguments and make their decision instead of having a

system foisted on them by one party or another. The two parties in Government have decided, for whatever reason, that they want to go electronic and they are foisting the new system on the country. This side of the House is united in its opposition to this new electronic system and in its belief that this is not the right time to introduce electronic voting. So many questions about the new system have not been answered. A commission or an all-party committee should have been established to examine the matter in great detail and the new system introduced by an impartial body. It should not have been foisted on the people by the Government parties.

The House has debated electronic yesterday and today, and will probably do so tomorrow. A commission is to report on the issue by the end of this month. Unless the commission comes to our assistance I believe we are dealing with a *fait accompli*.

The measure is being introduced at a most inappropriate time. Should it not be introduced for a single national election? Could it not be tried out in a referendum when voters would have to deal with only one question? On 11 June next some voters will be voting for their urban district councils or town commissioners, for their local authority and for the European Parliament. We now know that a referendum is also being foisted on the voters. Many of us will vote on four different issues on that day. Can anyone justify introducing a new electoral system on a day when people will be casting four separate votes? There will be pandemonium. Those of us who are used to elections know what happens at polling stations. Ballot papers are stamped and hurriedly distributed and the voter goes into one of the polling booths, marks the ballot paper and places it in the ballot box. On 11 June, there will be one machine in the polling station. Voters will queue up to register and then go to the machine. They will spend approximately five minutes at the machine, if they are lucky, dealing with a total of four elections while queues form behind them. What arrangements are being made to deal with this confusion? With three elections for every voter and four for many, there will be pressure on staff and on the machine itself. Long queues will form and the scene will resemble the first democratic election in South Africa. Many people may miss the opportunity to vote if polling stations are only open for the standard number of hours. The process will be slowed because of the unfamiliarity of the new system. For these reasons, this is an inappropriate time to introduce a new system.

I am not against electronic voting in principle. I know very little about electronics. I can use the television zapper and the ATM machine. I suppose we will also get used to electronic voting machines. A roadshow is currently travelling throughout the country to demonstrate the new system. Bhí an t-Aire Stáit i dTír Chonaill leis. Níl a fhios agam cé mhéad duine a chonaic é nó

cad é chomh mór is a chuaigh sé i bhfeidhm orthu. Níl aon eolas agam air agus ní shlíim go bhfuil mórán eolais ag daoine i mo cheantar, taobh amuigh des na daoine a bhí i gcomhlúadar an Aire Stáit sa teach óstá an lá sin. Chonaic muid pictiúir de ar an pháipéar agus ar an teilifís. Is rud éile é dul isteach agus an gléas úr a fheiceáil don chéad uair. Tá daoine go leor agus tá sé deacair orthu dul isteach agus vóta a dhéanamh. Cothóidh sé deacrachtaí móra má tá ar dhaoine dul isteach, an t-inneall seo os a gcomhair agus ceithre vóta a thógáil. Níl sé tráthúil an córas nua a thabhairt isteach ag an am seo. Tá súil agam go dtabharfaidh an coimisiún atá ag déanamh scrúdú ar an gceist seo i láthair na huaire aird air seo agus go gcinneadh siad gurb fhearr é a chur siar.

Why can we not have the referendum on citizenship, which was promised yesterday, at a later date? September or October would be more suitable. The new electronic system could be tried out on that occasion.

Reference was made to the last election in the three constituencies in which the system was used. I know Deputies English and Glennon have direct experience of that system. I remember watching the result on the television that night after a long day on the campaign trail. I have had longer days waiting for my count to finish, whether in Glenties or Donegal town. It was either a long lingering death or a quick chop. If that happened to me, I would be happier with a quick chop than a long lingering death by 1,000 cuts. It is a great tradition for people involved in politics and for spectators to spend the day at the count. Those who do not go to the count centres watch it on television. Everyone in the country is glued to their televisions on that day. That helps to keep people interested in politics and it puts life into the political system. If that is abolished, as it will be if this system is introduced, we will lose an important tradition and political aspect. People feel they participate by watching the television, studying the swings and percentages and listening to the commentators. This system will abolish that.

The last election was traumatic for us on this side of the House as we lost more than 20 colleagues. If electronic voting had been used in the last general election and the result had been the same, would people have had confidence in the result? Who would have believed the result? We had confidence in the result because we could see the ballot papers. They were counted and rechecked at various recounts. When the process ended, everyone was happy that the result reflected the will of the people, as expressed on the ballot paper. If it had happened under the electronic system, I do not know if we on this side of the House would have been happy that it was right and that everything was above board. We must have confidence in the electoral system for democracy to work. That has underpinned democracy in this country for a long time.

Reference was made to the cost of this exercise and various figures were mentioned, such as €40 million and €50 million. When a Department or a State institution estimates the cost of something, whether it is Luas, the port tunnel, the renovation of a building or electronic voting, one would not be surprised if it costs double the amount before it is finished. Electronic voting will cost a significant amount of money, such as €40 million or €50 million. Many problems could be addressed if such money was provided.

During Private Members' time the week before last we discussed the severe and unfair cut in the benefits of 2,000 or 3,000 widows. Perhaps that is only a temporary measure. I hope something will be done before the election. It will cost approximately €6 million but the Government is not able to give that to widows. However, it is able to get €40 million or €50 million for electronic voting. A number of schools need to be upgraded. I am sure the Minister of State at the Department of the Environment, Heritage and Local Government is aware of the fact that my parish is looking for a community hall. It will cost €1 million or €2 million, but we cannot get any funding, although the school has been built for 25 years.

I am sure the same is true in every constituency regarding essential repairs grants, disabled person's grants and housing aids for the elderly. Hundreds, if not thousands of elderly and disabled people have applied for these worthwhile grants which helped them in the past but only a handful will benefit. I and other public representatives got a letter from Donegal County Council last week which stated that out of hundreds of applications only three had been approved in the Donegal electoral area, three or four had been approved in the Glenties electoral area and two or three had been approved in the Finn Valley electoral area. We have not got the money to give these people who have been waiting for a year or two and who could paper their walls with the letters they have received about the availability of funding a reasonable opportunity. However, we can spend €40 million or €50 million on electronic voting machines.

Letterkenny General Hospital and many other hospitals badly need increased and improved facilities, particularly in accident and emergency departments which are chock-a-block. Medical people are working in impossible conditions. The same is true for the orthodontic service. There is a litany of things on which we could spend such money. However, the Government seems to be bent on introducing electronic voting at this inopportune time.

I was not here when Deputy Glennon spoke but I think he mentioned the public reaction in his area. There is much confusion among the public in my constituency. People want to know why the Government is introducing electronic voting at this time and if the system we have is good enough. They also question priorities. The

[Mr. McGinley.]

Government said it wants to do it but it has not justified it. We are reasonable people on this side of the House. We want a proper electronic system in which people have confidence.

I am told this system has been introduced in other parts of Europe. Do the countries in which it operates have a single transferable vote system or proportional representation? It is one thing to introduce electronic voting for the first past the post system but we have proportional representation. As Deputy Sargent said, there could be 23 candidates on the ballot paper, yet there are only 18 spaces. Will any machine be able to deal with such a complicated ballot? It is not good enough to say that other countries use this system. We all know about the American experience and the difficulties which arose there.

We have an excellent system in which we all have confidence. Even those Members who sit on my left always said they had great confidence in the ballot paper, although I will not say what they had in the other hand. However, at least they mentioned the ballot paper, not the electronic machine. It has served us well. We did not quibble with the result because we could see it. I agree with those who said the paper trail is essential. When one uses an ATM, for example, one wants to get a bank statement because one wants proof of the transaction. We are doing away with a system we had before and that we have had since the foundation of the State for no good reason other than to speed things up. A little delay of 12 or 24 hours is a small price to pay for our democracy, for the way it has served us and for our faith and confidence in it. I am speaking to thin air on the other side of the House, although the Minister of State and his officials are present. However, I know they will not change their minds. It is bad that it is being done without the consensus that is necessary when changing the voting system.

Our faith must lie with the commission. I hope it will examine these issues and decide to postpone its implementation to a more opportune time when there is full confidence in it and when it has the backing of all sides of the House. It must not be seen as a political system but as a democratic system of voting which can be supported by all and whose results will be accepted without quibble, as was the case with the paper ballots.

Mr. English: It is a pity the Minister of State, Deputy Gallagher, tends to be in the House when I am speaking. He will think I am a negative man and that I am always giving out about something.

Mr. McGinley: He will be understanding. He was as good at giving out when he was on this side of the House.

Mr. English: I have mixed feelings about electronic voting. I was one of the people who promoted electronic voting because, without fully

investigating it, I thought it was great. It did me big favours and I was delighted with it. I compliment Deputy John Bruton, who admitted recently that he wrote to the Taoiseach, Deputy Bertie Ahern, about his concerns on this issue but did not publicise that fact. If he had made his feelings known, it might have caused great debate at the time and had an effect on the election. I am glad he kept his concerns at the time quiet and that we had the pilot scheme. The fact that I was elected was an extra bonus. It was no harm to have a pilot scheme for electronic voting. Now we can discuss it properly and talk about its good and bad points.

When it was introduced, I do not remember anybody questioning it. There probably was debate and questions about it in the House but the main concerns of the voter were how it would operate and whether it would be hard or easy to use. People had grave concerns but, oddly enough, there were no problems on election day. People of all ages were delighted with it. Deputy Glennon is correct that there was a great reaction to it. It was easy to use, efficient, clean and a simple machine. Normally at an election there might be four or five different boxes and ballot papers of different colours but the machine was simple. It is the way forward and I have no problem with electronic voting *per se*. It is how we implement it and how much faith we can put in it that give rise to questions. These questions can be resolved. Electronic voting cannot be banished forever. The issue is how we implement it.

Meath was the third constituency to announce the election result in the last general election. That night I wondered why there was a rush to get the count concluded. Everybody was running around, anxious to make headlines and be the first to get the results out. I was a little disappointed because I was in no rush that night. I wanted to let the night stretch on and enjoy it, as did most of my colleagues. It was my first election and we wanted to see what would happen. It was a pity there was no first count result and results for subsequent counts so we could see things as they happened and watch the figures change. It is nice to watch the process proceeding slowly, especially if one is winning. I am glad it is proposed to give the results of each count. There will only be a few minutes between each result but it is a better system. I commend that provision in the Bill.

It is also better for a sitting Member who is in danger of losing their seat. Unlike Nora Owen who got hit with one shot, one will get a couple of bullets and it will be easier to take. One will be able to see the trend developing over the counts and see that it is going badly. That will give the person a chance to compose themselves. He or she might go to a quiet corner or talk to somebody but he or she will be prepared. I welcome it for that reason also. I agree with Deputy Glennon that there was a choice to go

into a quiet room and be given the results. Nobody can be blamed for what happened in Dublin North; it probably had not been properly thought through. It looked on television as if it had happened on the spur of the moment. We have sympathy for poor Nora Owen and how it happened but we cannot blame anybody for it.

In County Meath, we were brought into a quiet room. It was the changing room in Simonstown GAA centre in Navan. It was strange because all parties were brought into the same changing room. At the time I tried to lighten the tense atmosphere by joking that the dressing rooms are usually built for one team, not ten or 15. All parties were there, including independent candidates and so forth. It was crowded. We were given the result there, which gave people a chance to deal with it. Some took it as badly as Nora Owen but they dealt with it in private. It was our choice to do that and it was the right choice. It is a pity the same decision was not made in Dublin North.

There is no problem with the operation of the system. People adapted to it and liked it. They had no problem with it. I have spent my time since then telling people that electronic voting is good. I still think there is no harm in it but we must get people to trust it and it must have cross party support. As I said earlier, I could not figure out what the rush was on the night of the count. I also cannot figure out why this legislation is being rushed. Why is there this mad panic to have electronic voting in June? Is it because somebody jumped the gun and bought the machines? Why not discuss it fully and bring everybody on board? I have always tended to rush around and, as a politician, I still do so. However, a wise person once said to me that there is nothing wrong with going slowly because one could be moving in the wrong direction. Sometimes it is not wrong but unless it is urgent, there is no necessity to rush. I am not sure it is necessary to rush ahead with this.

I would love to be able to support this Bill and to be able to stand with my colleagues on all sides of the House and recommend electronic voting to the voters. I was doing that. I was promoting electronic voting for a few months until a 14 year old in a classroom asked me if I could guarantee the result.

Mr. S. Ryan: I was elected anyway.

Mr. English: That was my reaction. I was happy with it and had been elected so I was not going to complain. However, he asked if I could guarantee the result. I told him the machine counts the votes, the results are produced and that is it. He said: "No, can you guarantee that the result is there?" I had to admit that I could not. I did not know what the answer was but I could not guarantee it. I am not a computer expert and I could not guarantee that vote. I had to stop promoting electronic voting until I checked it out and found some way of guaranteeing it.

I spoke about it to many people and consulted a number of experts. They told me the only way to guarantee it was by having a paper audit trail as well. In my ignorance, I thought that meant everybody would have to vote on the paper ballot as well as on the machine. In other words, there would be two votes, one electronic and one on paper ballots. However, that is not the case. It is quite simple, although it is probably not simple to do it when the machines have already been bought. Perhaps that is the problem. It is simple, however, to provide it on a machine. It is available on the ATMs, whereby one simply asks for a receipt when withdrawing the money. The receipt states one's balance if one is lucky enough to have any money left. If not, it will show that one is overdrawn. Either way, one gets a paper receipt.

Likewise, with electronic voting there is no reason for not being able to cast one's vote by pressing the various buttons, pressing the cast vote button and pressing a receipt button to get a paper confirmation to show that one's vote has been properly cast. That can then be put in the box. I am not suggesting that these votes should be counted. However, after an election the parties can pick four or five places from around the constituency out of a hat and check the paper ballots in those. Picking them out of a hat makes it random. Only first preference votes should be counted and matched with the result of the first preference vote count on the machine. That will provide the proof and it will be impossible to argue with it. We do not have that at present, however, so I cannot go into classrooms and recommend this system wholeheartedly. I cannot guarantee it without that paper audit trail. It is a pity it will not be available.

Nobody has told me why it cannot be available. It is in other countries. Investigators in the UK have recommended that it be done. Is the only reason for not doing this the fact that the machines have been ordered? If there is another good reason, I will accept it. Otherwise, I cannot accept that it cannot be done. Why not do it? We should if it keeps people happy. It will not cost a huge amount more to put another little button on a machine that already has plenty of them.

However, we are left with this system and that is a pity. It cannot be guaranteed. When the former Minister, former Deputy Bobby Molloy, spoke about this he said there would be cross party support for the system. There is no cross party support. Fianna Fáil and the Progressive Democrats are, in a way, being hung out to dry on this because they are the only parties supporting it. There will never be full confidence in this system. There will be debates about it for the next 20 years because it will emerge from this House without all-party support. It is a shame that this will happen for the sake of a few months to cancel an order and to order a better machine. The words "what if" will constantly be heard. That is a pity because it could have been avoided.

[Mr. English.]

It would have been a joy if all Members could have recommended this system of voting.

This system of voting is for the people, not the politicians. There are only 166 Members of the House so how we cast our votes will not make much difference. Voters want a system in which they can believe. If we poll ten people and five say they are happy while five are not, we do not need that. We want maximum trust in the system people will use to elect politicians. I hate bringing it up, but there were doubts about some of the results in the American presidential election. Some say the former vice-president should have been elected, and if he had, would we have had a war in Iraq in which thousands died? Would we have had the tragedy in Spain? That is how serious voting is and it is a pity we cannot have a system that is 100% guaranteed because elections matter. Those in power make a big difference in people's lives and we have missed an opportunity here. We have not quite missed it yet but it looks as if we will unless someone stands up and says: "I was wrong. We will try electronic voting at another stage and we will introduce it properly." I hope that happens.

I can admit I was wrong. I promoted electronic voting but I was wrong on two counts. I originally thought electronic voting gave an exact result which was absolute and final under the PR system, but then I discovered the system does not give an exact PR result and that if one ran the process again there might be a different result. That was the major problem with the paper process, which is why I said an audit system would only deal with first preference votes. Under the PR system there is a different result every time there is a count, which was one reason I thought electronic voting would be better; it was supposed to end the doubt as to whether there would be a different result tomorrow to the result today. Now I have discovered that electronic voting does not resolve that problem. It does a better job but it is still not 100% accurate.

I am not a computer whiz-kid, but why is this not 100% accurate? Perhaps someone can explain why, even though computer systems can now do everything, we will have a system which is not guaranteed to be 100% accurate. That is not the end of the world. The old system was not 100% accurate either, but if we are spending €50 million on a new system it should be 100% accurate and it will not be.

The message I am getting from people is — if it is not broken, why fix it? The paper system is in place. It is not the most modern system and it costs money, but it creates a buzz, everyone sees their local school once a year and there is also some excitement about the count. There is nothing really wrong with the system. A previous speaker said other countries were laughing at us because the counts were so slow but we are all grown men and women and we can take that. So what if someone in Japan laughs at us because it

takes two days to count our vote? If it is the right result it is worth waiting for. That is real democracy. It is a pity we are afraid someone will laugh at us.

I am in favour of electronic voting in its own right but what is the rush? There would be nothing wrong with paper voting in June. We would still get the result. Deputy McGinley asked if the machines would be able to take the queues; the machines work fast but towards the end of polling there will be queues. I am sure that happened in north Dublin and whether paper or electronic voting is used it will take time. However, there could be more than 15 candidates in a local election, with more than 15 candidates for a county council election. That means one must press 30 buttons. Does a different ballot paper come up with the same set of buttons for each? If one casts one's vote for the urban district council, does the county council ballot come up then on the same counter? That will take time and there will be queues. Will the machines be able to handle all the information coming in? People say technology and electronics are the way forward, and I take the experts' word on that. The experts in electronics are in NASA, but the last two space shuttle crashes were blamed on technology and electronics, so things can go wrong. We must remember that as there is no point in being arrogant and saying nothing can go wrong.

A previous speaker pointed out that this is a stand-alone machine, so nobody can change its programme. I accept that, as it is the same as our system in the Dáil. Nobody can access our system because it is a stand-alone network, but if that is the case, why will the Minister not allow a person of our choosing tamper with a machine? I have a friend who would love to work on one of these machines for a couple of hours because he is convinced he can rig it and get a different result. I do not believe him and I hope he cannot, but can we give him that opportunity? If I lay down that challenge can he be allowed to try? We can then prove to ourselves that the machines cannot be tampered with.

The commission is investigating the system, and maybe it will bring in experts to examine the machines, but the Bill does not provide that the Minister must act on the commission's findings. If the commission says on 1 May that it does not recommend electronic voting and recommends other changes, will the Minister be red-faced and pull back? I am not so sure. The Bill does not state anywhere that he must pull back, which is a pity. I like the Minister because he is a strong man and will stand up for himself, but he may not be willing to back down if he is wrong, which is a concern.

We need not go into what has come out in today's tribunal but the tribunals have proven that there is a percentage of people, not just members of a particular party, who will avail of any opportunity to gain something, be it money

or votes. We must accept that, as it has been proven and is the case in every country. We cannot assume that nothing will go wrong or that everyone will be nice. Life does not work that way. People must have complete faith and trust in a system of democracy.

Democracy should not be based on whether the Minister is willing to back down. He said the computer experts who have written a paper on electronic voting are not accredited anywhere and are not experts in their field. I hate asking the question, but what are the environmental credentials of the Minister for the Environment, Heritage and Local Government? Where is he accredited as Minister? If he is not accredited to some world organisation, should I not believe him as Minister for the Environment, Heritage and Local Government? The Minister may not like that, but what will he say about it?

Previous speakers said results would be shown box by box and that this would be a welcome development. I am not so sure if it is welcome, as I am not sure who makes the choice. Not every box will be used if it is deemed that it could affect people's secrecy by revealing who has voted and for whom. Who will make that choice — the Minister or someone else? Whoever decides will probably have access to the information, so one person may have information and another will not, which is wrong. This should be all or nothing, and perhaps it should be nothing. The old system of doing tallies entailed looking over someone's shoulders, so in effect it was illegal. The law stated that one could not give out tallies for each box but we did it anyway. The information was useful if one was in politics but constitutionally one could not give out the information. Now we are saying we will give out box results as percentage votes for each party, and I am not sure that that is the way forward unless it is the standard across the entire country.

Deputy Haughey said we were wasting Dáil time by spending 20 hours debating this when other issues could be discussed. He asked why the Opposition was picking on this, which galls me. I have always maintained we waste time in the Dáil and I agree that 20 hours is too long to debate electronic voting, but the real reason we are spending so much time on this is due to the arrogance of the Government. Arrogance at committee level and elsewhere meant the Government would not sit down and engage in proper, cross-party discussion of this issue. It would have been great to spend 20 hours discussing something else, but I remind Deputy Haughey that the Opposition does not pick the topics to be discussed in the House. We get one and a half hours every week in which to bring forward an issue for discussion. We would like to discuss issues like health and traffic, but, in case Deputy Haughey does not realise it, we cannot choose them. His Chief Whip chooses the issues. I hope Deputy Haughey is listening because I am very annoyed we do not have more choice in

what we debate. Many issues are not debated — I have been here two years and we still have not had a proper debate on health, though we could do with 20 hours or more to discuss it.

Debate adjourned.

Message from Select Committee.

Acting Chairman (Mr. Glennon): The Select Committee on Finance and the Public Service has completed its consideration of the Public Service Management (Recruitment and Appointments) Bill 2003 and has made amendment thereto.

Private Members' Business.

Paramilitary Organisations: Motion (Resumed).

The following motion was moved by Deputy Kenny on Tuesday, 6 April 2004:

That Dáil Éireann:

- recalls that the Good Friday Agreement, overwhelmingly endorsed by the people of this island speaking freely and collectively in referenda held on 22 May 1998, reaffirmed "a total and absolute commitment to exclusively democratic and peaceful means of resolving differences on political issues";
- regrets the failure to make any significant political progress in Northern Ireland since the November Assembly elections and believes that the continued operation of illegal paramilitary organisations, North and South, and their ongoing involvement in paramilitary, criminal and sectarian activities is a huge obstacle to the restoration of the institutions;
- deplores the recent terrorist atrocity in Madrid which reminds us of the horrific consequences of terrorist activities;
- notes the comments of the Taoiseach and the Minister for Justice, Equality and Law Reform about the continued involvement of paramilitary organisations in criminal acts on both sides of the Border and the Minister's assertions as to the purpose of these activities;
- believes that the continued existence and operation of paramilitary organisations is an affront to the democratic will of the people;
- urges the authorities on both sides of the Border to ensure that the full rigours of the law are used to counter

those who engage in the destructive agenda of paramilitarism and sectarianism;

- calls on the members of all paramilitary groups to end all illegal activities and to disperse, thus allowing their organisations to become a thing of the past; and
- having regard to the fact that the IRA operates within this jurisdiction and claims to be the successors of those who fought for Irish independence calls, in particular, on members of all sections-wings of the IRA to accept this motion and to act accordingly.

Debate resumed on amendment No. 1:

To delete all words after “Dáil Éireann” and substitute the following:

- “ — reaffirms its support for the full implementation of the Good Friday Agreement in all its aspects and for the full operation of its interlocking political institutions across the three strands;
- recalls that the Agreement, overwhelmingly endorsed by the people of this island speaking freely and collectively in referenda held on 22 May 1998 reaffirmed ‘a total and absolute commitment to exclusively democratic and peaceful means of resolving difference on political issues’;
 - expresses disappointment at the lack of any significant progress, since the November elections, towards the re-establishment of an Executive and Assembly in Northern Ireland and believes that the continued operation of illegal paramilitary organisations, North and South, and their ongoing involvement in paramilitary, criminal and sectarian activities represents a major obstacle to political progress;
 - deplores the recent terrorist atrocity in Madrid which reminds us of the horrific consequences of terrorist activities;
 - notes the comments of the Taoiseach and the Minister for Justice, Equality and Law Reform about the continued involvement of paramilitary organisations in criminal acts on both sides of the Border;
 - believes that the continued existence and operation of paramilitary organisations is contrary to the democratic will of the people and erodes the primacy of politics reflected in the Agreement;

- urges the authorities on both sides of the Border to continue to ensure that the full rigours of the law are used to counter those who engage in the destructive agenda of paramilitarism and sectarianism;
- calls on the members of all paramilitary groups to end all illegal activities, thus allowing their organisations to complete the transition to exclusively democratic means and become a thing of the past;
- urges Sinn Féin to use its influence within the republican movement to ensure that the paramilitary threat from the IRA is effectively ended and calls on the Unionist parties to meet their responsibilities in transforming loyalist communities so that the threat from these quarters is similarly removed;
- urges unionism to sign up to the imperative of a total partnership, based on the inclusion of all parties, whose electoral mandate gives them a right of participation;
- recognises that a definitive closure to paramilitary activity can best be achieved in the context of the full and inclusive operation of all the institutions of the Good Friday Agreement;
- urges all the political parties in Northern Ireland to commit themselves to this objective and, accordingly, to engage constructively and proactively in the current review of the operation of the Good Friday Agreement;
- welcomes the recent meeting at Hillsborough, convened by the Taoiseach and the British Prime Minister, aimed at exploring with the political parties the prospects for political progress;
- calls on all concerned to support and co-operate with the Independent Monitoring Commission and the Independent International Commission on Decommissioning to assist them in carrying out their work which is central to the implementation of core aspects of the Agreement;
- welcomes the publication of the reports by Judge Peter Cory and underlines the importance of undertaking public inquiries as soon as possible in each of those cases where the judge so recommends;
- acknowledges the substantial progress that has been made in advancing the Patten agenda on policing, commends

those parties who have led that process of change and urges all concerned to constructively play their part in fully realising the vision of a new beginning envisaged by the Agreement, particularly by supporting and joining the new policing structures; and

- rededicates itself to the Good Friday Agreement as the template for a fair and honourable accommodation between both traditions whose principles of democracy, consent, inclusion, partnership, equality and mutual respect are not open to compromise.”

—(The Taoiseach).

Mr. B. Smith: I wish to share time with the Minister of State at the Department of Justice, Equality and Law Reform, Deputy Brian Lenihan, Deputies Power and Sexton and the Minister for Justice, Equality and Law Reform, Deputy McDowell. In this debate we have heard about the issues impeding progress to the resolution of the current difficulties. All paramilitarism both loyalist and republican, creates a major obstacle to political progress and to the restoration and full implementation of the Good Friday Agreement. As the Taoiseach said last night, all paramilitary activity and sectarian attacks must now be brought to a definitive end. Several Deputies have already pointed out that there are teenagers in Northern Ireland who do not know what it is to live with violence. The peace process will not be complete until all those living in Ireland, North and South, know what it is to live in peace. We have come a long way on the road of peace and there should be no turning back. At this challenging time it is worth recalling how far we have come and those who have supported us in this journey.

The economic growth we have enjoyed during the past decade has helped all of us on the island of Ireland, North and South. It has also shown the international community that Ireland has moved beyond the image of the island that was so often portrayed in the past. That image has been one of hatred and violence. Now we can demonstrate that this island is capable of supporting a peaceful society and not only a viable but thriving economy. This change in how Ireland is perceived abroad, brought about to a large degree by the Good Friday Agreement, has demonstrated to the international community Ireland's development as a place of peace and prosperity. This in turn has encouraged further investment in both parts of our island.

It is difficult to imagine that we could have succeeded in forging the Good Friday Agreement, which remains our template for peace, without the support we received from all the friends of Ireland in the United States over many years. We all appreciate the continuing commitment that President Bush and the US Administration have shown as we work to ensure

the promise of the Agreement is fulfilled and that it is implemented in full. We appreciate also the bipartisan support of our friends in the US Congress.

As a representative of a Border constituency, I am aware of the real and tangible expression of international support provided by the International Fund for Ireland. The fund has the dual mission of supporting reconciliation and economic regeneration. The fund's work in Northern Ireland and the Border counties has not only created thousands of jobs and economic opportunities, it also promotes reconciliation which is central to real peace-building as a new generation emerges in a post-conflict society. The fund's mandate underpins the efforts in the political process and, critically, it is respected and trusted across the communities. Successive US Administrations have also given tangible expression of support for the island's economy. Inward US investment over many years has been helpful to the economies, North and South, as have various US-Ireland investment conferences.

As co-chair of the British-Irish Interparliamentary Body which has been making a valuable contribution to Irish-British relations for many years, I am aware of the importance of the relationship between the British and Irish Governments. The new confidence and maturity in political relationships is also reflected in the considerable development of the traditional east-west links. Increased economic and business engagement between Ireland and Britain has brought substantial inward investment and growth in tourism. The Government was happy also to see broader east-west links put on a more formal footing through the establishment of consulates in Scotland and Wales in 1998. We welcome the new sense of momentum this has given our historic relationship with those countries. The establishment of the British-Irish Council under strand three of the Agreement has provided another forum which continues to make a positive contribution to the totality of relations between the peoples of these islands.

The current lack of progress involves the key questions of ending paramilitarism and securing stable and inclusive institutions. At a time of crisis one looks at what one can bank on and move on from there. We can bank some significant social and economic achievements and we will continue to build on these important cornerstones as we try to find a way to restore the devolved institutions as soon as possible. Of course, this cannot be done without the commitment of all the Northern Ireland political parties. The challenges they are facing cannot be under-estimated. There is no doubt history will judge the leaderships of the political parties and how they face these challenges at this time. We rely on their commitment to find a way forward out of the present situation and to make the Agreement work. We depend on and accept their acceptance that the resolution of our difficulties

[Mr. B. Smith.]
can only be found on an inclusive and democratic basis.

Minister of State at the Department of Justice, Equality and Law Reform (Mr. B. Lenihan): I welcome the opportunity to discuss the important issues raised in the motion before the House. This debate is timely when we are almost at the sixth anniversary of the signing of the Good Friday Agreement. It is hard to believe that in just six years the political landscape of this island has been transformed so radically and so dramatically. At the time of referendum campaign on the Good Friday Agreement, I recall saying it did not provide the ideal solution from everyone's point of view but that it did provide a framework within which co-operation, tolerance and dialogue could take place between the diverse peoples with their different perspectives who share this island. I remember saying that it built strong enduring bridges over which future generations will march. I still believe that. We have made tremendous progress under the Agreement in the sense of a psychological change in the attitude of the people towards politics and towards political institutions throughout this island.

In political and economic terms, Northern Ireland is a changed place. Last summer was one of the calmest seen in Northern Ireland since the beginning of the troubles. There are no longer daily reports of fatalities and lists of casualties. The whole experience of the Good Friday Agreement to date has been a good one. It has also been a difficult one in terms of establishing the institutions we want to see established and working under the Agreement.

At the heart of the Northern Ireland question there has always been the difficult issue of policing. In the past three years we have made progress on policing. Community policing and partnership are now the stated cornerstones of the police service in Northern Ireland and of law enforcement in Northern Ireland. The changes in ethics, recruitment, and the structures for accountability permeate through the new Police Service of Northern Ireland. There is the new agreed symbol and emblem of the police service. That is an outward and physical manifestation of this transformation. As an Oireachtas we have provided for enhanced co-operation between the PSNI and the Garda Síochána. Officers from each force can serve in the other.

This House contributed to the well-documented successes which the PSNI and the Garda Síochána have had in curbing the illegal activities of paramilitary organisations. This is not to imply that the transition from violence to peace has been an easy one, or to imply that it is complete. All Members ascribe to the view that we must realise the objectives of the Agreement by completing that transition. Reports of criminal activity carried out by paramilitary organisations, whatever their origins, continue to affect many

persons in Northern Ireland. These reports are too regular. It is clear that the spectre of paramilitarism has not vanished from Northern Ireland. Punishment attacks and shootings are ongoing. It is regrettable there is harassment and intimidation of Nationalist and Catholic members of district policing partnerships as well as attacks on police stations in Northern Ireland.

At the time of the crucial vote in the Gaelic Athletic Association, I recall writing publicly on the need to remove the old rule in the constitution of the GAA and to disapply it in respect of the Police Service of Northern Ireland. I make no apology for that because it was important that the whole question of policing be put outside a political or sporting context and at the heart of the community. I had to make a judgment and I know some of the Members would not have shared that judgment. My judgment was that we had to give leadership on this issue.

This is the first opportunity I have had in the House to congratulate the Gaelic Athletic Association which took a decision on a 32 county basis, as it has always done, to accept the Police Service of Northern Ireland. That 32 county decision is in keeping with a real united Ireland approach and the way in which we should do our business in regard to these issues. It was a clear affirmation by a sports organisation with deep embedded links with the Nationalist community on both sides of the Border — that regrettable land frontier — that it was happy to accept the Police Service of Northern Ireland. There is a message in this on which we must act.

The right to live a normal life without fear of intimidation and violence is a fundamental one but one still denied to communities in Northern Ireland. That a pall of fear lingers over some communities is deeply regrettable and means that the institutions and spirit of co-operation and dialogue which we want to flourish under the Agreement cannot do so, and there cannot be concentration on the practical economic and social tasks that lie in hand for Northern Ireland. We are seriously distracted from all of these issues as long as this fundamental cornerstone of any civilised country is not addressed, namely, the need for a basic, inclusive agreement on upholding the rule of law and the authority of the agents who enforce that law. There is also a need to ensure such agents are beyond political reproach and enjoy the confidence of the whole community.

To construct this kind of arrangement is not an easy task, given the blighted history of Northern Ireland after partition but the two Governments have put their shoulders to the wheel on the issue of policing since the signing of the Agreement six years ago. They have done tremendous work and tried to construct a basis of confidence in policing and the rule of law in Northern Ireland. While I accept that different parties have their own difficulties stemming from historical matters,

policing must be attended to. If not, the position in Northern Ireland will drift for the worse. We must try to obtain practical agreement in this regard. We have been very close to this and it is disappointing that every time agreement is close, somehow it is snatched away.

That such an agreement has not been concluded and finalised is certainly not the responsibility of either Government as the Governments have done all in their power to conclude a final agreement on this issue. The responsibility has to rest squarely with the political interests in Northern Ireland. The Government is fully committed to implementing the human rights agenda which is at the heart of the Good Friday Agreement and creating a culture of equality and human rights throughout the island of Ireland. If I used strong words on policing, I accept that policing must take place in this context.

Mr. P. Power: At the core of this motion and the various amendments tabled is the fundamental question of where the Good Friday Agreement now stands. The Agreement still represents the absolute cornerstone of peace, political stability and prosperity on this island.

On 2 December 1999 a new phase in the history of this country began. For the first time, the interlocking institutions of the Agreement — the Assembly, Executive, North-South Ministerial Council, British-Irish Council and British-Irish Intergovernmental Conference — all came to life on a single day and breathed new life into the history and dynamic of the development of this country. It was incredible to see, for the first time, images of politicians from North and South coming together, not to discuss the latest atrocity, knee-capping or other outrage but real issues which affected real people. Those images were entirely new, quite stark and extremely refreshing.

The North-South Ministerial Council also played a vital role in bringing both parts of the island closer together and undoing the damage caused by over 70 years of separate economic, social and infrastructural development. New programmes of co-operation were undertaken in the areas of health and education, which matter greatly to ordinary people. Unfortunately, for reasons of which most Members of this House are aware, the Executive and Assembly were suspended in 2002.

It is also clear that at the heart of the matter lie the interconnected issues of paramilitarism, inclusivity and deep mistrust on both sides, which the motion and Government amendment seek to address. The Agreement clearly states the way forward for Northern Ireland is through a commitment by all, without any exception inside or outside this House, to peace and democracy at all times. Moreover, because the Agreement derives fundamental legitimacy from the people, the continued existence and operation of paramilitary organisations and paramilitary

activity on the entire island are contrary to the democratic wish of the people.

It is ironic that some who speak of a democratic mandate can fundamentally undermine the democratic wish of the people, and I know this will not be lost on certain Members of the House. As the Taoiseach said recently, ongoing paramilitary activity and sectarian attacks erode the trust and confidence necessary to achieve political progress at an intergovernmental level. This applies to all paramilitary organisations, loyalist and republican.

The elimination of paramilitary activity is clearly not the only issue which needs to be resolved. It should be clearly stated that Unionists must also abide by the principles of total partnership and full participation. The difficulties now being faced can and will be resolved because the fundamentals of the process are sound, immutable and timeless. They derive their authority from and their essence is based on the authority and democratic will of the people. There can be no turning back. The Members of this House know too much has been invested and know the alternative only too well to reject the fundamentals of the Agreement.

I applaud the efforts of the Taoiseach, the Minister for Foreign Affairs and the Minister for Justice, Equality and Law Reform who have worked long and hard on this issue. History will not judge kindly those who do not accept the reality of what I have said and who do not try to make the Agreement work, almost six years after its inception.

Ms Sexton: Almost six years ago, on 10 April 1998, when the Good Friday Agreement was signed, it was recognised it had the potential to truly transform relationships on this island. The Agreement offers the opportunity of escape from the unproductive disagreements of the past and points towards a new model of win-win partnerships that threaten the interests of no one and benefit all. The central principle of the Agreement is partnership but a genuine partnership in Northern Ireland can only be created on the basis of total equality between the prospective partners. This means the commitment to exclusively peaceful and democratic means in the Agreement must become a reality on the ground in Northern Ireland.

Partnership can only work completely in achieving its full reconciliation potential when the use or threat of violence has been completely removed. Ongoing paramilitary activity and sectarian attacks erode the trust and confidence necessary to sustain the process. They obstruct efforts to achieve political progress. All political parties have a contribution to make in creating the right environment for this to happen. These activities, be they punishment beatings, knee-cappings or abductions, must be brought to a definitive close. This is a requirement for all

[Ms Sexton.]

paramilitary organisations and the republican movement has a special responsibility in this regard.

For Unionism, real and genuine partnership means striving to take responsibility for the equivalent transformation of loyalism into exclusively democratic channels. I join with others in stating that there is no place for such activities, no matter where they originate, in any democratic process. They should be ended immediately and permanently.

The Government has been categorical in setting out a clear definition of what is required. The scope of activities have been outlined in paragraph No. 13 of the Joint Declaration published in 2003 as including military attacks, training, targeting, intelligence-gathering, acquisition or development of arms or weapons, other preparation for terrorist campaigns, punishment beatings, attacks and involvement in rioting. In this regard, what is envisaged in the Good Friday Agreement, an end to paramilitary activity, can best be achieved in the context of the ongoing and full implementation of the Agreement. I hope that the DUP and the UUP will, therefore, themselves to the fully inclusive and continuous operation of all the political institutions in the Agreement.

I note with interest and with slight regret the amendment tabled by Sinn Féin Members and it would be remiss of me not to comment briefly on the glaring omissions. The Fine Gael and Labour Party motion and the Government amendment deplore the recent terrorist atrocities in Madrid yet in a clear example of Sinn Féin's *a la carte* approach to the democratic principles, it fails to support the condemnation of the atrocities. While all democratic States enter into commercial trade in the pursuit of commerce, Sinn Féin and its associates in the IRA clearly trade in a different commodity. They trade in terror, in the infliction of terror and in the support of terror. Their commerce is terror so I should not be surprised or disappointed that they fail to condemn the atrocities. Unfortunately when one sees such glaring omissions from the Sinn Féin Party amendment, it is difficult for me or anyone who believes in the democratic process to look at any aspect of the amendment in a positive manner. It is tainted by its omissions rather than by its inclusions. I support the Government amendment.

Mr. McDowell: I welcome this debate and I commend the parties who sponsored the motion. The fact that the Government has moved an amendment does not mean it has problems with the thinking behind the original motion; as the Taoiseach explained in the House last night, it considered it better that the motion would also take into account the broader dimensions of Government policy regarding the peace process and recent significant developments.

On many occasions I have expressed my views on the continuing activities of the Provisional IRA and their links with Sinn Féin. That party continuously criticises Government policy in various matters and that is its democratic right. However it is equally the duty of the Government, and my duty as Minister for Justice, Equality and Law Reform, to tell the truth about the profoundly corrosive activities of the provisional movement and the dangers they represent.

I have been accused of trying to criminalise parts of the republican movement, as they term themselves. What criminalises them is the fact that crimes are being committed. At times they do not even deny that. I will deal with so-called punishment beatings and shootings in particular. Sinn Féin profess to want to see these brought to an end, but it does not deny the involvement of the Provisional IRA in carrying them out. Sinn Féin argues that this is as a result of the lack of acceptable policing arrangements.

The SDLP made the courageous decision to join the Policing Board and work from within to ensure acceptable policing arrangements in the North. It cannot be denied that significant progress has been made in transforming policing arrangements. Rather than admit that fact, the provisional movement has decided instead that it will continue to come in the night and abduct and beat and shoot people who are sometimes not older than children and whom it has found guilty. It then is a surprise to them why their members in this House cannot be taken seriously when they seek to lecture the Government on human rights. The Members of the House should not fool themselves about the reality of what has been happening.

Caoimhghín Ó Caoláin: The Minister is the one who needs to be examined.

Mr. McDowell: If the Deputy wishes to heckle me, he should go back out to his Ard-Fheis. It has been noticeable that at particular times——

Caoimhghín Ó Caoláin: If the Minister wishes to insult the Members and through them the wider electorate, he brings it upon himself.

Mr. McDowell: I am merely holding up a mirror. If the Deputy does not like what he sees, it is in his hands to change it.

Caoimhghín Ó Caoláin: The Minister is the one looking in it.

Mr. McDowell: We should not be foolish about what is happening. It has been particularly noticeable that at certain politically sensitive times, the punishment beatings stop. That demonstrates that there is a common intelligence behind them and that they are being manipulated and stopped and varied in their intensity to achieve political ends. Sinn Féin makes the point

that attention is only now being drawn to Provisional IRA criminality in this jurisdiction by myself and others, including Ministers of the Government, because of the impending elections in the South. That argument has nothing to do with whether criminality is taking place and there is no central denial on that issue.

In the next week or so, I expect to receive the first report of the Independent Monitoring Commission on paramilitary activity. Some weeks ago the monitoring commission issued a statement in which it set out the principles which would underpin any conclusions or recommendations it makes. I will state some of the principles under which the commission operates. First, the rule of law is fundamental in a democratic society. Is that agreed or disagreed? Second, the commission understands that there are some strongly-held views about certain aspects of the legal framework, for example the special provisions applying to terrorism, and that those holding these views will continue to seek changes. Obedience to the law is incumbent on every citizen. Is that agreed or disagreed?

Third, the law can be legitimately enforced only by duly appointed and accountable law enforcement officers or institutions. Any other forcible imposition of standards is unlawful and undemocratic and, I would add, unrepugnant. Violence and the threat of violence can have no part in democratic politics. A society in which they play some role in political or governmental affairs cannot, in the words of Article 3, be considered either peaceful or stable. Is that agreed or disagreed? Fourth, political parties in a democratic and peaceful society and all those working in them, must not in any way benefit from, or be associated with, illegal activity of any kind, whether involving violence or the threat of it, or crime of any kind, or the proceeds of crime. It is incumbent on all those engaged in democratic politics to ensure that their activities are untainted in any of these ways. It is not acceptable for any political party and in particular for its leadership, to express commitments to democratic politics and the rule of law if they do not live up to those statements and do all in their power to ensure that those they are in a position to influence do the same. Those principles, which have been put on the record by the IMC, are cogent and undeniable cornerstones of democratic values.

I pay tribute to the Taoiseach and re-affirm the line he took in this debate last night. It is also right to pay tribute to the efforts of the Taoiseach and the Minister for Foreign Affairs to make this process work. I also wish to pay tribute to the work of the Prime Minister of the United Kingdom, Mr. Tony Blair, ably supported by the Secretary of State for Northern Ireland, Mr. Murphy. Whatever differences I may have with other parties involved in the process, I recognise that we must continue to engage in dialogue with them in our efforts to move forward.

I am a regular member of the Government delegation which meets Sinn Féin and I believe that sooner or later the DUP will have to engage in direct discussions with Sinn Féin. It would be helpful too for them to make it clear beyond doubt that they are committed to the full and continuous operation of all of the political institutions of the Good Friday Agreement. This includes power sharing in a Northern Assembly and Executive with all political parties whose total opposition to crime and paramilitarism in all its forms is beyond dispute and whose mandate gives them a right of participation, full support for and participation in the all-island institutions of the Agreement.

I also believe that the DUP and the UUP should strengthen their endeavours in using whatever influence they have to bring an end to loyalist paramilitarism. I understand that loyalist paramilitary activity is at a significantly higher level than the provisional or dissident republican paramilitary activity and it is deeply to be deplored. It is thuggery and gangsterism using loyalism as a pretext. There is no logic in saying that such behaviour by loyalist paramilitaries can be used in some way to justify republican paramilitary activity.

The Sinn Féin amendment to the motion contains a menu of action to be taken by others. I do not dispute that many parties have obligations to fulfil under the Good Friday Agreement. I ask the Sinn Féin Deputies to consider if it is really too much, after the six years that have elapsed since the Agreement, that all paramilitary activity by the Provisional IRA be brought to an end? It can be argued that it is the failure to bring that activity to an end that has provided a pretext for others not to live up to their responsibilities under the Agreement.

The Government, for its part, remains deeply committed to the Good Friday Agreement, the clearly expressed democratic will of the people of this island, North and South. Whether people hanker back to the 1918 election or further into Irish history or whether there is a Rinuccini society which believes the Confederation of Kilkenny is the sole and legitimate way to run Ireland, I do not mind. I return to the simple proposition that the people who I regard as the legitimate masters in democracy spoke emphatically and unequivocally in a manner that does not take answering back or heckling. Their message is clear; paramilitarism must stop now and Sinn Féin must not create a pretext for others to short-change the Good Friday Agreement. The moment of truth has come for the provisional movement in its entirety to face up to this issue.

Caoimhghín Ó Caoláin: The moment of truth has come for the Minister. His responsibility is not only to lecture; he has failed and stands indicted.

Mr. McDowell: Shouting will get the Deputy nowhere.

Caoimhghín Ó Caoláin: Sometimes one must raise one's voice to get through to the Minister who is one of the most dense individuals I have encountered in the House.

An Leas-Cheann Comhairle: Order, please; the Deputy will have an opportunity to contribute.

Mr. McDowell: The Deputy is doing himself no favours using that kind of language. I have always indicated——

(Interruptions).

Mr. McDowell: I ask Deputies to keep quiet for one moment.

Mr. Ferris: Yes, master.

Mr. McDowell: I restate that if paramilitarism in Northern Ireland ends emphatically, conclusively and demonstrably, the response of the people and their Government——

Caoimhghín Ó Caoláin: The Minister was an opponent of the peace process, as were other voices in the House. The record is available to be seen.

Mr. McDowell: —will match that gesture 100%.

Caoimhghín Ó Caoláin: Amendment No. 2 reads:

To delete all words after “political issues;” in the first paragraph, and substitute the following:

- “ — recognises the political progress brought about by the peace process and the Agreement, benefiting all the people of Ireland;
- recognises the joint responsibility of both the Irish and British Governments to ensure the full implementation of the Agreement as mandated by the people;
- recalls that endorsement of the Agreement by the people in this jurisdiction involved significant constitutional change that was supported on the basis that the Agreement would be implemented in all its aspects and, in particular, that all-Ireland institutions would be established as working institutions;
- deplores the British Government's continuing suspension of the political institutions established by the Agreement and calls on that Government to revoke the suspension legislation which is in breach of the Agreement;
- calls on both Governments to abide by their obligations under the terms of the

Agreement and the pledges they made in the Joint Declaration of May 2003 and as part of the agreed sequence of statements and actions which commenced on 21 October 2003, but was aborted by the leadership of the Ulster Unionist Party;

- recognises the progress made by the Independent International Commission on Decommissioning, IICD, as provided for in legislation by both Governments, including the IRA's putting of arms beyond use on three occasions, and supports the continuing role of the IICD in addressing the issue of arms;
- acknowledges the progress made thus far in removing armed force from the political situation in Ireland, in particular the IRA cessations since 1994, and urges continuing political progress so that physical force from any source can finally be removed from the political situation in Ireland;
- urges both the British and Irish Governments to release the information in their possession on the use by the British state of loyalist paramilitaries as auxiliaries in its war in Ireland; and
- mandates the Irish Government to redouble its efforts, in conjunction with the British Government and all the parties, to achieve real political progress and the full implementation of the Good Friday Agreement on the basis of dialogue, inclusion, recognition of all democratic mandates and commitment to the programme of change set out in the Agreement.

I welcome the fact that the Fine Gael Party has at last used its Private Members' time to address an aspect of the peace process and the Good Friday Agreement. It is a rare occurrence and the party has been joined on this occasion by Labour Party and Green Party Deputies. It is a pity the motion to which they have put their names is so fundamentally flawed.

The motion is ostensibly based on the Good Friday Agreement. Its real political context, however, is the anti-Sinn Féin crusade of the Minister for Justice, Equality and Law Reform and president of the Progressive Democrats Party, Deputy McDowell. The Minister has decided that such a crusade is a good electoral ploy for his party, especially in its battle for Fine Gael Party votes, just as he did when he launched his personal election campaign in 2002. He and his colleagues in government have no regard for the impact of his utterances on the wider peace process, as distinct from the electoral contest in this State.

Many of the Fianna Fáil Front Bench are happy to see the Minister unleashed and to benefit from any damage they think he may inflict on Sinn Féin electorally. I hope the weather keeps fine for them. No doubt the Minister also has sneaking regards on the Fianna Fáil back benches but I believe many in that party, and many more among its current supporters, are very concerned at the leading role he has been given in driving Government policy on the peace process and the Six Counties.

The Minister's increasingly hysterical statements, as witnessed in this debate, have been manna from heaven to those Unionists who do not wish to share power with Nationalists and to those in the British state system who are determined to deny Sinn Féin's democratic mandate. Ian Paisley, in an RTE "Prime Time" interview on 10 February, defended the DUP's refusal to deal with Sinn Féin by citing the Minister's accusations. "What better witness could I call?" asked Mr. Paisley. Is that the kind of endorsement Deputies who support this Cabinet want to receive for their policy on the peace process?

Sinn Féin will not be distracted by any of this. We are committed to the Good Friday Agreement and its full implementation. We recognise what has been achieved so far and what has yet to be achieved. We take our responsibility very seriously and stand on our record of achievement. We have delivered and will continue to deliver. We will not accept party political point-scoring dressed up as solemn homilies on our commitment to democracy. We are democrats committed to totally peaceful and democratic means of achieving our political objectives.

Both Governments and all political parties which have been party to the Good Friday Agreement are supposed to be involved in a process of conflict resolution, a key part of which is to recognise that all armed groups — the IRA, the British state forces and their auxiliaries, the Unionist paramilitaries — have been involved in the conflict. The British state has yet to acknowledge even a share of responsibility for the conflict, including the deaths of hundreds of people at its hands since 1969, and to dismantle its military apparatus in our country. This alone exposes as absurd the notion that the IRA can be wished away or made to disappear with a magic wand waved by Sinn Féin.

Equally absurd was the statement from Deputy Kenny that the IRA would not go away without what he described as the full rigours of the law. For the Deputy's information, that approach was tried for decades north and south of the Border. A so-called law and order solution failed miserably and the lesson was learned. That is the reason we have a peace process.

Deputy Kenny and others praised the DUP, which is fair enough. Sinn Féin has also recognised movement on the part of the DUP,

where appropriate, and will continue to encourage the party. What Deputy Kenny and others prefer to forget, however, is that the DUP is an anti-Agreement party and in no position to accuse Sinn Féin of being in breach of the Agreement since it rejects and denounces it. To ignore that reality, feed DUP intransigence and play to the agenda of the British securocrats who are trying to defeat republicans in peace as they failed to do in war is to subvert the entire peace process and act as recruiting sergeants for so-called dissidents who will try to argue that peaceful methods have failed. I urge Deputies to think very carefully about this and measure their approach accordingly.

Sinn Féin does not seek a slap on the back for our role in bringing about a new direction for republicanism, including the IRA cessations since 1994. That was not our role alone. What we seek is a continued commitment from the Government and all sides in this House to the process of change which made that new direction possible.

Deputy Rabbitte said he wanted to see a post-IRA Ireland. I also want to see a post-IRA Ireland, and a post-British army, post-collusion and post-British colonial Ireland. He referred to the dark secrets of the past. I will avoid the temptation to delve into the dark past of the so-called official republican movement, about which the Deputy may know something, and state only that I am glad that no obstacles or preconditions were placed in his path to the Cabinet table and that his democratic mandate has been recognised at all times.

It is not too much to ask Deputies on all sides of the House to acknowledge that the use of force, necessitated by the intransigence of successive British Governments, played a crucial role in the achievement of independence for 26 of the 32 counties and that recognition of the right to use force to achieve independence has been a central tenet of Irish nationalism for generations, including among the founders of most political parties in the Dáil. In that context, the transformation achieved in Irish republicanism over the past decade is truly historic and should be recognised and acknowledged as such.

As the Sinn Féin amendment states, the Independent International Commission on Decommissioning was provided for in legislation by both Governments to deal with the issue of arms.

The IRA has put substantial quantities of arms and ammunition beyond use on three occasions. Anyone who knows anything about Irish politics recognises that such a development would have been inconceivable up to the very recent past. The Taoiseach himself has acknowledged in this House that the latest such action on the part of the IRA, carried out as part of the agreed sequence of statements and actions on 21 October last, was sufficient for the Irish Government. There were real and protracted

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negotiations between the UUP and Sinn Féin which were to culminate on 21 October. This was the second such attempt to break the deadlock in 2003. The first had been scuppered by the leadership of the Ulster Unionist Party.

Despite this massive setback and the outrageous decision of the British Government to cancel Assembly elections last May, Sinn Féin again entered negotiations with the UUP. At Hillsborough Castle on 19 October Sinn Féin and the UUP reached agreement on a sequence of events. When the two governments were informed that agreement had been reached they also signed on for it. This agreed sequence was the product of many weeks of intense discussions involving Sinn Féin, the UUP and the British and Irish Governments and would allow for the restoration of the political institutions and the full implementation of the Good Friday Agreement. It would also allow elections to be held in a positive context. It involved many hours of direct engagement between Sinn Féin and the leadership of the UUP.

All elements of the sequence were agreed in advance, including the public statements containing the commitments, which we would all make as part of this agreement. The sequence involved an announcement by the British Government confirming the date for an Assembly election, a statement by Gerry Adams, a statement by the IRA, a further act of putting arms beyond use by the IRA, verified by the IICD, a report by the IICD, a statement by David Trimble and a joint statement by the two governments.

Gerry Adams and Martin McGuinness have in their possession copies of the statement that David Trimble was to make. They also have copies of the joint statement that the two governments were to issue. Sinn Féin delivered its part of this sequence. The IRA delivered its part of the sequence as agreed. The IICD presided over a substantial act of putting arms beyond use and reported this. The UUP however, at the point of delivery on its side, effectively walked away. The two governments failed to publish their joint statement and, thus far, they have failed to follow through on a range of commitments which formed part of this agreement. The Irish Government cannot have it both ways. It cannot be party to such an agreement, acknowledge that republicans played their part and then demand more after Unionists walk away. When the electioneering is over on 11 June, the Government will have to come back to the correct position and deal with the realities of the situation.

Sinn Féin wants to see force and violence in all its forms removed forever from the political equation in Ireland. To respond positively to Deputy Jim O'Keefe's remarks last night, we want to take militarism and paramilitarism of every kind out of Irish politics. We are working

to achieve that. That is our position, not because of an appeal from Deputy O'Keefe but because it is the right thing to do. Deputy O'Keefe seemed to recognise that commitment in our amendment, which I hope he will therefore accept and urge the Government to withdraw its amendment. Then we can all speak with one voice.

The motion and the Government amendment refer to the comments of the Taoiseach and the Minister for Justice, Equality and Law Reform on criminality. If they have evidence of criminal activity by anyone, anywhere, inside or outside any organisation, then they should act on it and let the law take its course. While we take different voting positions this evening due to the presence of one point or another, or the phrasing of this or that element, let us at least pledge to one another and to all who have placed their trust in this process our commitment to continue to engage, to search and ultimately to succeed in delivering in the hope and promise of the Good Friday Agreement and the potential that flows from it. I pledge to do so on my own behalf and on behalf of my Dáil colleagues and on behalf of Sinn Féin.

Mr. Ferris: For republicans throughout this island, and particularly for Nationalists living in the Six Counties, the motion placed by Fine Gael, Labour and the Green Party cannot but be seen as one-sided. To read the motion and to listen to the contributions last night, one cannot escape the impression that the onus for the current impasse is being placed almost exclusively on the republican movement.

It was not the republican movement that was responsible for collapsing the institutions and it is not the republican movement that is refusing to recognise the mandates of those MLAs of all parties who were elected last November. It ought not be in the gift of the British Government to decide whether or not to give recognition to those mandates, but unfortunately it is, and by refusing to do so it is the British Government that is abdicating its responsibility and obligations under the Good Friday Agreement.

It is not in the gift of the republican movement to deliver a solution and it is dishonest to pretend that it is so. Last October, we were under the impression that both Governments and all parties were agreed on a scenario that would facilitate the re-establishment of the institutions. The republican movement — including the IRA — fulfilled its part of the deal. It was others who reneged, and yet the blame was placed on the IRA.

Let me also deal with the notion that the British Government and the British state apparatus is somehow neutral in all of this. It is not like some colonial governor out of a Kipling story who is here to ensure fair play and that the natives don't get out of hand. It is its claim to sovereignty over part of our country that is the ultimate cause of the problem and its role has

been responsible for much of the violence of the past 30 years. I am referring here simply to the fact that it was the actions of the state that led to the armed resistance of republicans. I am referring to the direct involvement of the British state in murder and other forms of violence. Anyone who doubts that need only read the Cory Report. Despite its shortcomings it is a clear and unequivocal indictment of the role of the British state at the highest levels in organising and facilitating Unionist death squads.

We are Irish republicans and we make no apology for it. We are committed and dedicated to bringing about a united Ireland, a united Ireland of equals, where people have justice, equality and freedom. The task is a collective one, it is not ours alone.

Mr. F. McGrath: I welcome the opportunity to debate the peace process, conflict resolution, violence, sectarianism and democratic and peaceful means of resolving differences on political issues. It is essential that we all participate and I welcome the opportunity to put my views on the record of the House. I have always supported exclusively democratic means to resolve political differences. Everyone on this island and in Britain has a duty to work toward the ending of all violence, and I emphasise all violence. I am not selective in my opposition.

I have concerns about violence used by loyalists and by the British armed forces. For the past three months, I have sat on the sub-committee of the Oireachtas Joint Committee on Justice, Equality, Defence and Women's Rights dealing with the Dublin and Monaghan bombings. Everyone should read the detailed report, especially the sections dealing with collusion. I believe the British security forces actively participated in the Dublin and Monaghan bombings and in many other deaths. We must face up to this reality.

This is all part of the process towards ending the conflict on our island. When dealing with violence and conflict, the process to end it can never have humiliation or defeat as part of the agenda. If one genuinely believes in peace, one will work and deal with political opponents. However, arrogance or humiliation should never be part of any peace process. There has been conflict and deep divisions on the island for too long. One makes peace with enemies, not with friends. This is something on which we should all focus in this debate tonight.

I recognise the progress made by the IICD on decommissioning as provided for in legislation by both Governments. This includes the IRA's three acts of decommissioning and I support the continuing role of the IICD in addressing the issue of arms. I acknowledge the progress made thus far in removing armed force from politics in Ireland, in particular, the IRA cessation since 1994. Continuing political progress must be made so that physical force from any source can be removed from politics in our country. The British

and Irish Governments should release the information in their possession on the use of force by the British state and loyalist paramilitaries.

As someone who comes from the Connolly and Tone tradition, I welcome the noble philosophy of Catholic, Protestant and Dissenter. This has now broadened to include Jew, Muslim and many other religions and cultures. I stand by that tradition and that great, inclusive philosophy. I urge all Deputies to face up to these issues and to use their influence to bring about a democratic peace settlement. I urge all groups to work together to end all violence on our island. One should not merely demand, one should tackle injustice, the division of our country, sectarianism, poverty and social exclusion. When that has been done one becomes a genuine peacemaker.

The Good Friday Agreement is a historic compromise with great potential. However, I disagree with some of my colleagues who believe it is the final settlement. For me, Irish unity and independence comprise the final settlement. Anything else will lead to more confusion, violence and sectarianism. I urge all Deputies to work for the objectives I have outlined. Those who still believe violence is the way forward have only to look to the Middle East, including Iraq, to find failed examples of international conflicts. I urge every Member to work very hard at the peace process.

Ms McManus: I wish to share my time with Deputies Boyle and Neville.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Ms McManus: This is an important motion and I welcome this opportunity to speak to it. It recognises a dark, oppressive side to Irish politics but it is also a statement that offers hope and the possibility of a new Ireland where the use of terror as a means to force change is finally and fully abandoned.

This motion is presented by Fine Gael, Labour and the Green Party but it reflects the overwhelming desire of Irish people for peace on our island. It acknowledges rightly the progress that has been made since the signing of the Good Friday Agreement. Its real value, however, is that it argues for the final closure of a brutal phase of our history. We should not forget the acts of killing and maiming that destroyed the hopes and lives of so many people on these islands. Our generation has a duty to remember what happened, to record the facts and mourn the losses.

During the Troubles, 3,636 lives were lost between the years 1966 and 1999. In the book *Lost Lives*, produced by David McKittrick, Brian Feeney and others, it is recorded that republicans of different hues were responsible for 58.8% of deaths, loyalists for 28.9% and the security forces 10.1%. It is worth noting that paramilitaries on

[Ms McManus.]

both sides killed the great majority of those who died, 3,189 people in all. Those killed by republicans totalled over 2,000. Most of these were Protestant civilians, but hundreds of Catholic civilians were also killed at the hands of republicans. The RUC was responsible for 52 deaths in all, 26 of which were of Catholic civilians and three of which were of Protestant civilians.

Looking at the death toll, it is clear that the conflict was not a great battle against the British Empire. It was a dirty, squalid war that caused untold grief to ordinary people who did not deserve to die. Each death is mourned. Each death is a tragedy for the family affected. Were it not for the publication of *Lost Lives*, which gives details on every single person killed in the Troubles, we would not remember their names.

Stephen Restorick was a 23 year old British soldier killed by a single bullet when manning a checkpoint. I will always remember his name because he looked like one of my sons and was the same age. He was a smiling young man and he did not deserve to die either. In her grief his mother, Rita Restorick, showed such strength and remarkable compassion that I remember her too. I do not believe her loss deserves any less respect because her son was an Englishman who wore a British army uniform. Her words resonate to this day and express the hope of thousands of others. What she wanted from the Belfast Agreement was "that no more mothers, no matter on what side, have to face the death of a son." It is now time to fulfil that wish.

This is the time for the final step to be taken not just by the IRA but by all paramilitary organisations. Politics must triumph. There is no other route to permanent peace and the democratic imperative is so strong it will not go away. I appreciate how hard it is to live up to this demand and recognise that it is not up to Sinn Féin alone to end the war once and for all. Many members of Sinn Féin are not even members of the IRA but I also know well from experience how the republican movement has always operated and the primary role the IRA has always had within the movement. Others have paid tribute to the Sinn Féin leadership for its courageous approach along the road to democracy and I join them in acknowledging that progress. Their actions ended the horrific cycle of death and destruction. They were rightly supported through those difficult times but I now hope and expect that they will show the same mettle in meeting this final challenge. As long as there is unfinished business in respect of ending the war and disbanding the IRA the potential of a return to the horror that we all remember cannot be dismissed.

It is not possible to be half a democrat and half a paramilitarist. A choice must be made between the bomb and the ballot box. Many others have had to make that choice and I know many of

them. I do not hide the fact that I belonged to Sinn Féin, which in the past was part of the official republican movement. However, I and others left that movement. We chose democracy and the political way and this is why we can participate fully in politics in the Republic. It was a clear, conscious, free choice, and others must now make that choice.

Some others have made the choice. People who were bitterly opposed to each other made a leap of faith and showed courage in formulating the Good Friday Agreement but the momentum has not been maintained. The promise of the Agreement has not yet been realised. The political process in Northern Ireland stalled because the paramilitary past has not been left behind. It retards the opportunity inherent in the Agreement of an agreed Ireland based on principles of equality and justice. These principles cannot be fully realised unless the final step into peaceful politics is taken.

We now live in a new century, one that presents dangers to the western world. In Madrid terrorists planted bombs that killed hundreds of our fellow Europeans. With our experience of bombings on these islands, we can simply extend our sympathy or we can play a part in ensuring such a crime is not repeated. We can challenge terrorism in whatever form it persists on this island. If solidarity is to mean anything, we have an obligation to do so. That is why this motion is so important. It offers an alternative to the destructive, anti-democratic forces that have disabled our democracy for so long. It offers us real democracy, real peace and real hope, not just illusions of peace and democracy. The thousands of lives lost in recent history should teach us one simple lesson: if we do not overcome terrorism wherever it exists we will, sooner or later, be engulfed by it.

Mr. Boyle: The Green Party's philosophy and policies are informed by pacifist principles. Our party sees itself as being founded through the international peace movement. A cardinal principle of all international Green parties is a rejection of the use of violence to further any political end. On that basis, we support the motion.

It is not to say one ignores situations where injustice occurs and persists. It is possible to support the goals without supporting the means.

In terms of international situations, I cite the Greens' support for the right of the Palestinian people to self-determination but reject suicide bombing. We respect the right of the state of Israel to exist but do not respect the policies its current Government is putting in place against the people who have that right to self-determination.

In the early 1980s, I stayed with relatives in Greysteel, County Derry, for one night. I spent most of the night speaking to a relative who was the same age as myself. I talked to him about why he supported a particular political line and why

he was prepared to be an activist in advocating it which to me, coming from the south of this island, seemed alien. Having talked to him for several hours, it became clear to me that there was a logic in it, even though I could not reconcile the political message with the use of violence in furthering it.

The use of violence in any form to further a political end, if it ever was acceptable, is certainly not acceptable in 21st Ireland. The existence of bombs and bullets as a background threat, as a negotiating tactic, is not useful in furthering the political debate. In saying that, we must acknowledge that what we are talking about in terms of the republican movement and the Northern Ireland situation is not so much asking people to go the extra mile but acknowledging the marathon distance that has been travelled in recent years and that the barrier which exists is not a matter of miles but of inches. What we need to achieve in terms of the current impasse and the frustration borne out of it is a final acceptance that violence, even if implied or at a low level which does not result in deaths but "only" in injury and maiming, is not acceptable and cannot further any political cause.

The continuing sadness of the Northern Ireland situation is that we realise there are major problems to be overcome in terms of an acceptable community policing system. Answers need to be given in regard to the deaths of hundreds and thousands of people. The Green Party was the first to propose the idea of a truth and reconciliation commission which worked so successfully in South Africa. We welcome the growing political realisation on all sides that this is a mechanism that should be followed and which might remove many of the remaining impasses.

Prior to my involvement in public life, I argued publicly and in the media about the need to remove section 31 of the Broadcasting Act because I felt it was a barrier in that people who needed to engage in a process were being prevented from saying what they needed to say in public in a wide-scale debate. I am glad section 31 was removed. In a democracy, we should not prevent people from saying things. People should always be accountable for what they say and how they implement what they say. For at least 25 years of this process, we have occupied a shadowy area which has prevented that type of debate.

In 1994, as an elected representative, a city councillor, I submitted a submission to what was a peace commission operated by the Sinn Féin party on the basis that there was a need to engage. There is never a need to demonise. This motion is not about demonisation but about reaching a final and public realisation that the step which needs to be taken is a small and final one to consign to history that which cannot be part of our future. I commend the motion.

Mr. Neville: I welcome the opportunity to speak on the motion, which I support. This is probably the most important issue of our

generation. As we commemorate the Good Friday Agreement, we must recognise the progress that has been made and the difficulties experienced since the Agreement was signed. The spirit and detail which the people supported must be progressed and honoured as far as possible. We should recognise those on all sides who gave leadership in terms of the progress made to reach the Good Friday Agreement. We should also recognise the complexity of the situation in which all sides found themselves.

We should recognise the work of the Ulster Unionist Party under David Trimble and how far it came to reach a situation where it signed an agreement with people who a generation before in the 1960s, 1970s and some of the 1980s were its arch enemies, namely, the people of the Republic and the Nationalists of Northern Ireland. It came from marching on the Garvaghy Road against the Catholic population to sitting down with it and signing the Agreement.

We must also recognise the leadership given by the republican movement to reach agreement and to change what was happening in Northern Ireland. We cannot accept that 3,000 people should have died to come to that stage nor violence as a means towards a political end. We have a right to aspire to our political ideals but to try to progress them through constitutional means. I recognise the leadership given by the republican movement and the complexity of the difficulties it faced within its movement.

In the mid-1990s when Deputy John Bruton was Taoiseach, I visited the republican political prisoners in Britain on three or four occasions. I went to each of the prisons and spoke in great detail about what was happening at the time. The prisoners spoke about their difficulties but they also wanted to speak about the complexities and their views on the developments in the peace process. I learned very quickly the complexity with which the republican movement had to deal, namely, the different opinions and the need for strong leadership.

We must recognise that leadership was given. Despite the present difficulties and certain activities, we hope the leadership which progressed the peace process within the republican movement to its present level will ensure further progress is made to bring to an end the activities which are rightly being criticised by the Minister for Justice, Equality and Law Reform and other commentators and that we take that extra step about which Deputy Boyle spoke. I look forward to the day the peace process is progressed in line with the Good Friday Agreement and that the republican movement eventually becomes a fully constitutional grouping.

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): On behalf of the Government, I thank Members on both sides for their contributions tonight and last evening. It is clear from the debate that there is a

[Mr. D. Ahern.]

commitment on all sides of the House to the full implementation of the Good Friday Agreement. It must be clear that ten years on we need to tackle the remaining impediments to the full implementation of the Agreement without compromise. Full implementation to me means a complete commitment to democracy and an understanding that there is absolutely no grey area between peace and war or between democracy and tyranny. That is what the Irish people want.

For the first time since December 1918, we voted overwhelmingly for the Agreement. We voted for peace and for an end to violence. Our bottom line is this — one is either for peace or against it. There is no middle ground. The message must be clear to those with private armies. The people have spoken. Their claim to legitimacy, if they ever had one, has been removed by that vote. Their *raison d'être* is long gone. They have no right to stop the march of a nation. It is time to fade into history and let Ireland move on. The Taoiseach said recently that there is no going back on the process of change. We do not have to agree on what happened in the past, we just need to move beyond it, from discrimination to tolerance, from suspicion to trust and from division to partnership.

Two related issues are key to resolving the current impasse. These are the ending of paramilitarism in all its forms and from all sources and the guarantee of stable and inclusive political institutions. The bottom line is this. The practice and not just the principle of inclusion must be embraced by all. We need to move towards making real all island relationships.

We are now building on cross-Border social and economic relationships which supposed Irish republicans impeded. We are driving an all island energy market. In my area we look back over the years and realise that we have come a long way from the time when the North-South interconnector was blown up at every opportunity in the name of the Irish people. Today there are contracts in place to receive energy from Northern Ireland over that same interconnector. We are securing jobs in Ballylumford in the North and security of supply in the Republic.

We have come a long way from the constant blowing up of roads, and particularly the rail links between Dundalk and its Armagh hinterland. If one considers what is happening all along the Border, we are driving an all island transport agenda. The blowing up of masts and telecom infrastructure along the Border is virtually but not totally unknown these days. We are driving all island numbering, roaming charges and a telecoms market. I am able to meet my counterpart in the North on a regular basis in regard to these issues, which will ultimately be

of incredible benefit to people on either side of the Border.

After ten years, it is easy to forget just how bad things were. My home town was an economic no-man's-land. Eight out of every ten people in some of the housing estates were on the dole. The Agreement has changed all that. Next June hundreds of students will leave schools all over the Border areas and, unlike students of the past, they have a choice to stay. They will not be forced away. They will be able to get good jobs in their own areas, raise their children, fulfil their potential and live full lives. They are the peace dividend. The same is true for students on the northern side of the Border.

I have always maintained that the violence perpetrated over the years pushed people further apart and made reconciliation more difficult to achieve. While there is no hierarchy of paramilitary culpability, we equally want to see an end to loyalist violence. The republican movement, as the Taoiseach pointed out, undoubtedly has a special responsibility given Sinn Féin's current position of political leadership within the broad nationalist community in Northern Ireland. We have not changed our view that the activities outlined in paragraph 13 of the Joint Declaration must end.

I urge Members on all sides of the House who have responsibility and influence to play their part, which I believe they are doing and will continue to do. I commend the amendment to the House.

Mr. Naughten: I wish to share my time with Deputies O'Dowd and Bruton.

I welcome the motion, especially in light of the fact that we are now approaching the sixth anniversary of the Good Friday Agreement. As the World Trade Centre bombings of 2001 and the recent Madrid bombings have shown, terrorism knows no boundaries. It is, therefore, crucially important to have the type of international co-operation needed to tackle and eradicate the terrorist threat, not just in this country but internationally.

It is also the case that terrorism has been an internationally traded commodity. Terrorist technology is traded and swapped world-wide. Addressing the issue on this island will have a direct impact on the potential threat to others, including the Irish living and working throughout the world.

The motion calls on all members of paramilitary groups to end all illegal activities and disperse, thus allowing their organisation to become a thing of the past. The Sinn Féin amendment seeks to have the House acknowledge the progress made thus far in removing armed force from the political situation, in particular the IRA's cessation of violence in 1994, and urges continuing political progress in order that physical force can be finally taken out of Irish politics. I acknowledge that significant progress has been made in removing armed force,

particularly since the IRA's announcement in 1994. However, we still have a long and significant way to go. The most important goal of the Good Friday Agreement still remains as elusive as ever, that is, a demonstrable and exclusive commitment to the democratic process and the conduct of the affairs of Northern Ireland by all parties.

On 22 May 1998, the people spoke unequivocally for peace and democracy when referenda on both sides of the Border got the people's endorsement with substantial majorities. Today the position is a far cry from the elation of the Good Friday Agreement and the referenda on both sides of the Border. In 1998, the people thought a way forward could be found to end one of the last conflicts within Europe, a conflict which had shamed Irish people throughout the world. Six years on, and after a number of false starts, we appear to be back on the merry-go-round.

The IRA has no future. It is part of our horrible past. If the IRA is committed to real reconciliation between Nationalists and Unionists, it should remove the clause of confidentiality surrounding the decommissioning body so that all of us can be informed of their true intentions. There should be a clear and unambiguous statement, and corresponding actions, that the IRA is gone forever as a terrorist organisation.

While the IRA's activities have thankfully scaled down considerably over the last ten years, we thought we were entering a process to see them off the stage entirely. We all accepted a type of twilight zone would be in place while we waited for the IRA to fade away. While we knew this would take a number of years, we were told to have patience and that the IRA would just melt away. Sadly that has not happened.

Caoimhghín Ó Caoláin: We all wish the British would do the same.

Mr. Naughten: Terrorism on this island is not one-sided. There is the issue of terrorism on both sides of the community in Northern Ireland. We are all aware of the sectarian violence and brutality that has taken place in Northern Ireland over the years.

I urge Sinn Féin to take a leadership role and lead by example to ensure the terrorism witnessed on this island over the past 35 years, longer than my lifetime, is ended. Young people and everyone else should have an opportunity to see a peaceful island where people can leave their homes at night on both sides of the Border, in whatever community, and not be afraid of being assaulted by terrorists or gurrriers on the streets. Sinn Féin should take the lead in this regard and let the others follow. I commend the motion to the House.

Mr. O'Dowd: Coming from a Border county, I am aware of the tremendous progress made in

terms of the peace dividend and the cessation of violence in the North of Ireland. It has made a fantastic contribution to commerce, as the Minister for Communications, the Marine and Natural Resources said, in County Louth.

There has been great progress as a result of international pressure. International statesmen made the decision to try to solve the Irish problem forever, starting with John Major and Prime Minister Blair and including President Clinton in America. All these people have made significant commitments to resolving this issue. They, more than anyone else, have been an example to us. If they were prepared to go so far, we must take further steps ourselves.

People living in County Louth know the terrible tragedies that befell our towns. We saw at first hand hooded bodies left on Border roads and incredible evil perpetrated in our county, acts that no human being could support. That has changed but the final act remains to be done — for all sides to put violence behind them forever.

This motion is particularly directed towards Members of our Parliament who have a democratic mandate and know the benefits of the peace dividend. They are listened to and have credibility on the issues they raise, except for one fatal flaw remaining in the republican movement, the fact that there are still people in that movement active with baseball bats and balaclavas, that there are still people in boiler suits with iron bars beating and intimidating people in our country. That must stop. That is the barrier to Sinn Féin being a fully fledged democratic party in every way and when it is overcome, the party will be forever welcome here as a democratic party. Until it does that, however, the question in this motion will be asked again and again.

During a radio debate with Deputy Morgan, a Deputy from my own constituency, he claimed his party is socialist. I claimed that it is fascist because fascists use violence to intimidate and get their way while socialists argue in the democratic field.

Mr. Morgan: What were the blue shirts?

Mr. O'Dowd: That is the nub of the issue. When violence is gone forever, we can accept Sinn Féin members as true democrats and accept the credibility of their arguments but while they continue to foment violence in their communities, they will not be acceptable here.

I am not without knowledge in this area. My brother, Niall O'Dowd, working in America did a great deal for peace. I have argued in New York and other places about what should happen and the Irish-American community has made a significant contribution to bringing the peace about. I call now on Sinn Féin and the republican movement to take the final step, to forswear violence forever and to enter fully into the democratic fold. Then all of us in this House can work together as Government or Opposition

[Mr. O'Dowd.]

without any fear of intimidation or violence, real or implied, in any of our thoughts.

Mr. J. Bruton: As someone who has been involved in the peace process, I have always acknowledged that it involves a certain suspension of disbelief. If I had been told in 1996, when I was intimately involved in that process, that we would ever reach a situation where there would be two Sinn Féin Ministers occupying seats of power in the Government of Northern Ireland and five Sinn Féin Deputies as fully respected Members of this House and the IRA still in existence, I would have said that someone was pulling my leg. The idea in 1996 that all that could have happened and that the republican movement would still think it needed to keep the IRA in existence would have been something that none of those involved in the peace process, including Albert Reynolds, could ever have believed would happen.

We should reflect that we have a Constitution which states that there is only one legitimate Army in this State, the Army under the authority of Dáil Éireann. No political party has a right to be associated with a private military force under our Constitution and any political party that allows itself to continue to be associated in a movement with a private army is defying the Constitution of this State.

Sinn Féin is an interesting party. It is against private enterprise, against private transport and against privatisation, except in one area — it believes in private armies. That is the one area where it supports private enterprise, the matter of the right to use military force.

Having read the motions, I am disappointed at the double speak and the obfuscation of the Fianna Fáil-Progressive Democrats amendment, which involves rejecting in its entirety the motion tabled by the three main Opposition parties. It rejects our statement that the continued operation of illegal paramilitary organisations is an obstacle to the restoration of the institutions. The Fianna Fáil-Progressive Democrat amendment would delete the statement in the Opposition motion that the continued operation of these organisations is an affront to the democratic will of the people and that calls upon them to disperse.

Those words will be scrubbed out by Fianna Fáil and the Progressive Democrats but what have they submitted in their place? Weasel words. They call on the paramilitary organisations to end all illegal activities. Fianna Fáil and the Progressive Democrats are quite happy for these paramilitaries to continue as long as they do not engage in illegal activities. They have no right to exist at all under the Constitution, whether they conduct legal or illegal activities.

Mr. D. Ahern: The Deputy should check the record.

Mr. J. Bruton: I am reading from the motion.

Mr. D. Ahern: Our party's record speaks for itself.

Mr. J. Bruton: It is also noteworthy that the Fianna Fáil-Progressive Democrats amendment makes no reference at all to the provision in the Constitution that explicitly bans the right of such organisations to exist. Obviously Fianna Fáil, even though Mr. de Valera wrote the Constitution, has no respect for the constitutional provision which bars the right of any such organisations to exist.

With the characteristic capacity for the language for which it has so little respect, Sinn Féin shows fantastic ability to choose the most ambiguous and disembodied words to avoid facing up to its responsibilities.

Caoimhghín Ó Caoláin: The Deputy is an accomplished chooser of language himself.

Mr. J. Bruton: It talks about recognising the role of the Independent International Commission on Decommissioning to address the issue of arms. This word "address" means nothing. What does it mean? It means look at the issue of arms.

Caoimhghín Ó Caoláin: Whatever about Fianna Fáil, if Deputy John Bruton had been Taoiseach instead of Albert Reynolds, the peace process would have gone down the tubes.

Mr. J. Bruton: This is a clear moral issue. Do we uphold the right of this Dáil to be the sole authority in the matter of the raising of military force and its use or do we accept a political party's right to sit in this House when it continues to be associated with an illegal criminal organisation, a Mafia?

Caoimhghín Ó Caoláin: Is the Deputy talking about the blue shirts, his own party organisation, led by Eoin O'Duffy, of which Fine Gael is still proud? He is still the same — if he had his way there would be no peace process

Mr. J. Bruton: We saw in Italy what happened to democracy when politicians tolerated the existence of the Mafia. The Deputies of Sinn Féin represent the Mafia. No party which respects the Constitution can be associated with a Mafia that shoots the knees off people, that engages in crime, that robs the revenue of this State by submitting false certificates to get cheques from the Revenue that come from the PAYE tax of hard working people. That money is paid over to the IRA, which continues to associate with this party which supports the Mafia.

Caoimhghín Ó Caoláin: Use due process against anyone involved in illegal activities in this party.

Mr. J. Bruton: If we want Mafia politics in Ireland vote for Sinn Féin because Sinn Féin represents the introduction of the Mafia into Ireland and I am deeply disappointed at the characteristically spineless nature of the Fianna Fáil-Progressive Democrats amendment.

Mr. D. Ahern: It is just as well Seán Donlon is no longer in the Department of Foreign Affairs. Nothing would have happened if he was still there.

Mr. J. Bruton: They are not willing to face up to the reality of the threat that the continued existence of a paramilitary organisation associated with a political party in this House represents to our democracy. I say to the Minister, Deputy Dermot Ahern—

Mr. D. Ahern: Nothing would have happened.

Mr. Connaughton: The Minister will not make much happen.

Mr. J. Bruton: I am very disappointed that Fianna Fáil and the Progressive Democrats, particularly the Minister for Justice, Equality and Law Reform, Deputy McDowell, who has made so much political capital of his supposed opposition to the IRA and Sinn Féin, have lent their name to this spineless amendment to the motion which does not state unambiguously that there is no place for a paramilitary organisation associated with any political party in this House and it should wind up.

Caoimhghín Ó Caoláin: The Deputy should wind up himself and wise up while he is at it.

Amendment put.

The Dáil divided: Tá, 69; Níl, 48.

Tá

Ahern, Dermot.
Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Aylward, Liam.
Blaney, Niall.
Brady, Martin.
Browne, John.
Callanan, Joe.
Callely, Ivor.
Carey, Pat.
Cassidy, Donie.
Cooper-Flynn, Beverley.
Coughlan, Mary.
Cregan, John.
Cullen, Martin.
Curran, John.
Davern, Noel.
de Valera, Síle.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.
Devins, Jimmy.
Ellis, John.
Finneran, Michael.
Fleming, Seán.
Gallagher, Pat The Cope.
Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Harkin, Marian.
Haughey, Seán.
Hoctor, Máire.
Jacob, Joe.
Keaveney, Cecilia.

Kelleher, Billy.
Kelly, Peter.
Killeen, Tony.
Kirk, Seamus.
Lenihan, Brian.
Lenihan, Conor.
McCreevy, Charlie.
McDowell, Michael.
McEllistrim, Thomas.
McGrath, Finian.
McGuinness, John.
Martin, Micheál.
Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.
Ó Cuív, Éamon.
Ó Fearghaíl, Seán.
O'Connor, Charlie.
O'Dea, Willie.
O'Donovan, Denis.
O'Keeffe, Batt.
O'Keeffe, Ned.
O'Malley, Tim.
Power, Peter.
Power, Seán.
Ryan, Eoin.
Sexton, Mae.
Smith, Brendan.
Smith, Michael.
Wallace, Dan.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G.V.

Níl

Allen, Bernard.
Boyle, Dan.
Breen, Pat.
Broughan, Thomas P.
Bruton, John.
Bruton, Richard.
Burton, Joan.
Connaughton, Paul.
Costello, Joe.

Crawford, Seymour.
Crowe, Seán.
Cuffe, Ciarán.
Durkan, Bernard J.
English, Damien.
Enright, Olwyn.
Ferris, Martin.
Gilmore, Eamon.
Gogarty, Paul.

Níl—*continued*

Higgins, Michael D.
Hogan, Phil.
Howlin, Brendan.
Kehoe, Paul.
Kenny, Enda.
McCormack, Pádraic.
McGinley, Dinny.
McGrath, Paul.
McManus, Liz.
Morgan, Arthur.
Naughten, Denis.
Neville, Dan.
Ó Caoláin, Caoimhghín.
Ó Snodaigh, Aengus.
O'Dowd, Fergus.

O'Keeffe, Jim.
O'Sullivan, Jan.
Pattison, Seamus.
Penrose, Willie.
Perry, John.
Rabbitte, Pat.
Ring, Michael.
Ryan, Seán.
Sargent, Trevor.
Sherlock, Joe.
Stagg, Emmet.
Stanton, David.
Timmins, Billy.
Upton, Mary.
Wall, Jack.

Tellers: Tá, Deputies Hanafin and Kelleher; Níl, Deputies Durkan and Stagg.

Amendment declared carried.

Motion, as amended, put and declared carried.

Electoral (Amendment) Bill 2004: Second Stage (resumed).

Question again proposed: "That the Bill be now read a Second Time."

Ms Cooper-Flynn: I welcome the opportunity to speak on this Bill. It is important that so many Members have articulated their views on the legislation. Fear of the unknown has prompted a major debate on this matter.

I am glad to see us move into the technological age, particularly with regard to voting. We are accustomed to using computers in everyday life. They are cost effective and less prone to error than many human systems that have been used in the past. Computers are used in cars, rail travel, aircraft, banking and in many other areas. The effectiveness of technology is shown by the fact that we hear very few complaints about computers. They are doing their job effectively and with very few errors. That is what we have come to know in the last number of years.

Many people, particularly elderly people, are not familiar with computers. This is despite the fact that many homes and schools use computers routinely. Electronic voting presents a new situation with which people must become accustomed. When one is not familiar with something it causes doubt. I welcome the fact that the Minister is carrying out an extensive roadshow to demonstrate the new voting system. When I attended the demonstration in the Mansion House, Deputy Allen and I looked at the system together. It was amazing to see how simple the system is.

Mr. Allen: We pushed the buttons together.

Ms Cooper-Flynn: At a local meeting in my own constituency recently, I got into conversation with an 83 year old man who has been involved

in politics for many years. He was someone I would have thought would be sceptical about the new system of voting but I was surprised to hear him say he was looking forward to it. Despite the fact that he has not yet participated in the roadshow, he embraced the new system. Even at his advanced age and despite the fact that he has had no involvement whatsoever in technology — I would say he has probably never touched a computer or even a video recorder — he welcomed the introduction of the system.

If we are to assess the new system properly we must first look at the manual system of voting, which we have all known for many years in our capacities as politicians. If we analyse the manual system, we will see that a large number of errors can and probably do occur. Humans count the votes, which can lead to human error. There is also random sampling in terms of transfers. I will come back to that later because I want to discuss how that will be done under the new electronic voting system. I am not happy that the new system does not do a proper sample and does not distribute the votes fully because that would give the truest result. There are problems with random sampling in that regard. There are also occasions when people spoil their votes deliberately. However, many people accidentally spoil their votes and that represents a huge proportion of the total number of spoiled votes. That will be prevented under the new system.

We have all heard stories about boxes of votes going missing. It is possible from time to time that bundles can be wrongly allocated. The manual system is fraught with human error, but that would not happen under the electronic voting system. Is there an acceptable level of error in the system? We were prepared to accept the level of error in the manual system because it was the only system we had and it served us well over the years.

Aengus Ó Snodaigh: Those errors could be corrected.

Ms Cooper-Flynn: They may be corrected at times, although we are not sure about that. We have had recounts, but the result has been different every time over the years. If one looks at the recounts in terms of random samples, the random sample remains the same. I would like a full sample to be used and a democratic transfer of the vote which can be done with the software for the new system. It is critical that we examine the level of error in the manual system and compare that to the new system which will be introduced.

I have heard many computer experts on both sides of the argument, particularly over recent days, and a number of interesting articles have been written on this subject. However, the experts on both sides have different points of view. It seems incredible that we are happy to use technology every day when doing banking business or when flying on an aeroplane, which places our lives and that of our families at risk. Yet there is a major debate on the use of such technology to count the votes in an election. Are we getting to the core of the problem? Is the problem associated with the technology and the move to an electronic system or is it something else? I suspect it may be something else.

Mr. Allen: What is the problem?

Ms Cooper-Flynn: I am asking these questions. I do not have all the answers, but the solution for everyone and for democracy lies in the electronic system.

There has been some scaremongering in the past weeks and months about the system and whether it can be tampered with. I listened to Deputy Burton's contribution earlier and she mentioned the scam with ATMs. She said that someone had installed a camera and a person's account had been ripped off. That did happen, but there was nothing wrong with the hardware or the software for the machines. What happened was that someone installed a camera and watched someone punch in their numbers and then came back later, punched in the same numbers and cleaned out the person's account. The problem was not with the computer or the programming. That is a completely different argument. We assume and hope that polling stations will be as secure as they have been in the past and that no one will install a camera to monitor how anyone votes in an election. The Deputy's point did not uphold her argument about the software or the hardware for the computer system.

No system can ever be 100% safe. Everyone acknowledges that the manual system is not 100% safe. If there is collusion in a polling centre, it is possible that something might go wrong. Likewise, if the manufacturers of the electronic system and the people who wrote the software became involved in collusion, it is possible that could lead to difficulties. However, that is unlikely to happen. Many people complain that the hardware and the software for the Nedap

machine are totally inaccessible. They cannot get information about it or the specifications for the programming because the software is only accessible to the manufacturers. I am sure the reason for that is security. Security must be paramount because we do not want anyone to tamper with the hardware or the software.

The software used in electronic voting is simple. Many first and second year students in universities have done their programming exercises on a voting system. It is simple software to write. I understand it is not as complex as the software in an ATM which most of us use on a weekly basis. The younger generation are more proficient with computers than we are, therefore, it may not be a college student who writes the software. I am sure that many young people who are extremely well educated in computers could do that satisfactorily. It is important to point out that we are not talking about complex programming or software, but about a simple technique to count votes. That might allay people's fears that we are going down a difficult road.

As democrats, we must ask ourselves what system will give us the most accurate result. What system is less prone to error? The electronic system is less prone to error than the human system. Data contained in a recent Department report shows that the electronic system is 12 and a half times less prone to error than the manual system. If that is true, who, in the interests of democracy, would deny us a more democratic, fair and accurate way to count votes?

I know the type of situations which can arise when one considers random sampling. The one complaint I have about the new electronic system is that it will follow the same voting pattern we have in the manual system in that it will still take random samples. That is disappointing because the capacity is there and the software is simple enough to introduce a full counting system where all the votes, not just a random selection, are counted and the exact transfer given, which is what the voter intended. We must ask what the voter intended when he or she cast his or her ballot. No one would argue with the full votes being counted, thereby enabling them to be transferred properly. That would have a significant impact. In a five seat constituency, like my constituency, the determination of the third, fourth and fifth seats could be different if the full sample was counted. That is important. We had cases in the past where people lost seats by one or three votes. It is possible that if the total number of votes were counted and transferred, different Deputies would be sitting in this Chamber. If that is the case and if we want to carry out the wishes of the electorate, how, in the interests of democracy, can we argue against the electronic system?

A number of people asked how the new system will impact on counts and the way elections have been organised in the past. We have all enjoyed

[Ms Cooper-Flynn.]

elections over the years, probably more so when we have not been candidates. It has been marvellous to be in the count centres and watch the count unfold. Many people thoroughly enjoy that process. It is also exciting television viewing. That will not exist anymore. Elections will be changed forever with the introduction of electronic voting.

We owe it to the people to introduce the voting system that gives the most accurate result. We must have the system which is least likely to err, even if the result is that people are less interested in the count process and they will not enjoy two days of viewing people being elected or losing their seats, as happened on the last occasion. It was fantastic viewing for that couple of days. However, with the introduction of the new system one must ignore that and try to encourage people to become more involved in the process. The biggest shame in this country is the low percentage turn-out of voters. We must encourage more people to vote. Perhaps the electronic system will attract voters. They might see it as a more exciting way of voting with the prospect of getting quicker results.

Electronic voting was first tried in the last general election. The pilot programme showed what problems could arise and gave pointers as to how to do a better job on the next occasion. Most of the voters were satisfied with how the system worked. However, it was not very pleasant for some of the candidates, particularly if one was losing one's seat and was not notified of the result in advance of its announcement on the media. That was not nice. There has been talk that the results will be given count by count. I do not have a difficulty with that but if we are to have electronic voting, it is important to get a quick result. The release of the result should not be phased out over many hours. If it is possible to produce the result in an hour or a little more, let us have it. The candidates should be notified of the result beforehand. It is only common courtesy that they be told the result before it is officially announced.

The principal benefit of electronic voting is that there is a quick result. That is a massive benefit from the candidate's point of view. At the last election I entered the count centre for the first time at 2 o'clock in the morning and was not declared elected until 3 a.m. While that might be awfully exciting for the political pundits, it is not particularly exciting for a candidate. Deputy Ó Snodaigh might not care — to get elected is, at the end of the day, the most important thing.

Aengus Ó Snodaigh: I went to the count at 9 p.m. and left at 2 a.m.

Ms Cooper-Flynn: Would it not be better to get a result within an hour and a half or two hours?

Aengus Ó Snodaigh: I enjoyed every minute of it.

Ms Cooper-Flynn: Things have changed. We live in the technology age. A number of years ago my home town of Castlebar, like many other towns, entered the competition to become the technology town of Ireland. Ennis was fortunate enough to win but Castlebar was in the last five. The people of the town were extremely interested in technology and in advancing the town. This is the way forward. Even if Ireland might be leading the way for many countries in Europe, why knock it and claim it is not good? It is marvellous. Ireland introduced a smoking ban before most other countries. The fact that Ireland is taking a leading role in these matters demonstrates that it is a progressive country which is anxious to conduct its business in an efficient way.

I have no wish to dismiss the worries people have about the system. Questions have been asked and in the course of the debate a serious attempt has been made by the Minister to answer them. When the roadshow goes around the country people will be able to see the system at first hand. I urge everybody to try the system in advance of the election. To be confronted with something new in a polling booth might cause difficulty for some people. However, I believe they will be pleasantly surprised, as I was when I used the system. It is simple to use and I believe people will be satisfied with it.

The most important consideration is to reduce the number of errors and to get the result the electorate wanted when its votes were cast. The big advantage of this system is that people will not accidentally spoil their vote. An argument has been made that people should have the option of spoiling their vote. There is merit in that argument, if people wish to spoil their vote deliberately. It is not something I would recommend and I certainly have never done it. However, it is a decision people have taken to protest in a certain way. The vast majority of spoiled votes, and there has been a huge number of them, are accidentally spoiled. That is clear when we have our agents fighting over these votes, particularly in a tight count, to try to get them admitted as valid votes. We are also familiar with situations where ballots have not been stamped properly in polling stations and votes have been declared invalid as a result.

We have become accustomed to human errors over the years. The acceptable level of error which we have accepted as part and parcel of a manual system will be almost eradicated with the electronic system. That is the reason I welcome this legislation. The system worked well when it was tried in the last election and I look forward to elections and referenda being carried out by electronic means in the future. I commend the Bill to the House.

Mr. S. Ryan: I am pleased to have the opportunity to contribute to this debate. I do so as one of the Members who was elected on 17 May 2002 through the electronic voting system. If we are to assess the merits of the system, we must

give serious consideration to what took place during the count and to the voting procedure.

It is true that members of the public were happy with the system. They found it attractive and were happy to use it. In the aftermath, however, a couple of matters should be examined. Perhaps the Minister will take note of the issues that need to be addressed. If he confirms that these issues are being dealt with, I will be relatively happy.

The Government's proposals on electronic voting do nothing to improve voting facilities for the visually impaired. This group of people has been forgotten, despite it being so soon after the end of the European year of people with disabilities. The new electronic voting proposals are supposed to make the democratic process easier and more accessible in an effort to encourage more people to vote. In addition to the concerns of my party and the concerns outlined by the Opposition with regard to this Bill, I wish to raise my concerns about the reliability of the system for visually impaired people. The proposal does nothing to improve conditions for these voters when they cast their vote. The old system is merely maintained. A nominated person presses the button rather than ticks the boxes on a ballot paper on behalf of the visually impaired voter.

Up to €40 million has been spent on e-voting so far. Could some of that funding not have gone towards improving the system for blind people? The Government could have introduced, at low cost, a voice package like those used in libraries which could have been adapted to suit this process. Perhaps the Government will do so yet, but more thought went into considering how to facilitate those who wish to spoil their votes than went into improving conditions for those with disabilities. A person in a wheelchair at one of the count centres told me he encountered difficulties getting in to vote. In the review of the system greater consideration must be given to people with all sorts of disabilities to ensure they are cared for properly, and I ask the Minister to examine this.

The result of the election was announced at 2.30 a.m. on 18 May 2002. One of the problems that night was getting the ballot modules from the Rush and Loughshinny polling stations to the count centre in Citywest as it was a very inclement night. It was an innovative occasion and people wanted to be there, so the count centre was full to capacity and the bar was open. When I got in at 10.30 p.m. people were well inebriated and, at 12.30 a.m., for the first time in my political career, I was physically and verbally attacked by people who were drunk and unhappy with political positions I had taken. There was a person there who was a reputed member of Fine Gael and I got an apology from the Fine Gael constituency office, which dissociated itself completely from that activity. The message is

clear: access to a public bar is unacceptable at an election count and should never happen again.

There will always be photographs taken at such occasions and in one I was seen consoling the former Deputy Nora Owen. I had no difficulty with doing so given what happened on the night. The returning officer asked us at the very last minute, in the centre of the hall, if we wanted him to tell us who had won. For whatever reason, however, we felt that we were so close to the decision that we told him to announce the result, but we will not make that mistake again.

What made the situation worse was that I was looking over the shoulder of the returning officer and, as some of the other candidates were very tall, they were doing the same. From my vantage point I could see the names Sargent, Ryan, Glennon and Wright had been recorded, while from another angle someone saw the name Owen. When the returning officer went up to make the announcement, I put my hand on Nora Owen's arm and said that I did not think the information would be good for her. She said she had been informed that the four outgoing Deputies had been re-elected. It was therefore a complete surprise when she heard the announcement. We must all learn from that experience and the Minister has made suggestions to rectify that.

In my experience the system seemed to work well and was attractive to the public but, since hearing of the proposal to use electronic voting across the country, more and more people have contacted us. They are both in favour of and opposed to the system. The simple question is whether we can trust the system. The old system was verifiable. One could see the votes and, while there might have been a small percentage of errors, one could always have a recount. However, concerns have been expressed that the Government is pushing to replace the paper-based system with one which relies on software as an intermediary in all stages of the voting process.

One person said to me that we all know how the current system works and we can see it functioning and it can be audited if we so require. However, how many of us know the ins and outs of any software product? Do we simply trust the software to do what we are told it does? How many of us would trust our banks to manage our accounts without receipts or statements — a verifiable paper trail — to audit our accounts? After all, banks use software in addition to security measures to protect the integrity of their systems. Why then do we still receive bank receipts and statements? If we followed the Government's argument, we would be modern enough to do away with such a paper trail.

The Labour Party carried out a thorough investigation of this system. We had renowned people from the software industry, with experience in this field, examine the system and they said clearly that there is no accountability. Looking at this electronic system, we must

[Mr. S. Ryan.]

acknowledge that, from the latter half of the 1990s, electoral authorities throughout the world have sought to use computer technology to improve the electoral process and the same basic module has been used in many countries. A voting machine is used at the polling station by the voter to select preferences and the votes are then transferred to a centralised counting system.

Concerns have been mounting worldwide about the integrity of electronic voting. These concerns originated largely in the academic world but have spread to political activists, commentators and concerned citizens. More people are expressing concerns for and against electronic voting. I welcome this debate. At a time when we are endeavouring to get more people involved in the political process I am concerned to bring about consensus in regard to what should be done in the context of electronic voting. We have a Government which is prepared to push ahead without consent.

Mr. J. Bruton: That is right.

Mr. S. Ryan: That is the bottom line. It is not as if we are opposed to the system. I said at the outset I am not opposed to the system. We are trying to get a consensus.

Mr. J. Bruton: Hear, hear.

Mr. S. Ryan: What is the rush?

Mr. J. Bruton: There is no rush.

Mr. S. Ryan: Most of us as Deputies and those who are involved in the system can identify problems and cracks in the system which need to be modified and improved. I hold the view that somebody in the Department of the Environment, Heritage and Local Government, at the behest of the Minister or an official, went out and purchased all the machines. The Minister came along and said he had the machines and, irrespective of the concerns, would introduce them. That is not the way to encourage people to get involved in the process, nor is it the way to bring about confidence in the political process. I am concerned that, on the basis of this debate, people could be put off going out to vote which would be a retrograde step.

Concerns have been mounting worldwide about the integrity of electronic voting. These concerns have been underlined by a number of worrying incidents which highlighted the potential for abuse of an electronic system. This has been set out in the Labour Party document — Electronic Voting in Ireland — A Threat to Democracy? I wish to highlight three elements of the document as follows: Republican Senator Chuck Hagel of Nebraska was discovered to have failed to declare his part-ownership in ES& S, the company which manufactured the voting machines which counted 85% of the votes in his

1996 and 2002 Senate elections; in Louisiana in 1999, an \$8 million bribery scheme involving the purchase of Sequoia voting machines was uncovered and netted convictions against state elections commissioner Jerry Fowler and Sequoia's exclusive agent David Philpot; and in Sheffield, UK, in May 2003, many polling stations were without an Internet connection on polling day. As a result, voters could vote at a polling station while still being able to vote again on-line from home.

Some Ministers have claimed that nothing untoward can happen. Of course, something can happen. The Minister set up an independent commission to look after the introduction of electronic voting. Are we trying to con the people? Is the Minister saying the independent commission is not completely happy with the system and that certain elements of it need to be revised in the interests of the integrity of the voter? Will the Minister disregard the proposal for electronic voting and revert to the old established system? Many people want to know if the Minister is trying to con them again. I am concerned that the Minister is trying to make the system acceptable.

That the Government should purchase 7,000 Nedap voting machines at a total cost of approximately €40 million before the Bill was introduced and debated is an utter scandal. It is as if there was no shortage of money, yet the Government is castigating and pulling back on people who could do with an extra €5 or €7 per week, which would mean so much to them.

Mr. J. Bruton: Hear, hear.

Mr. S. Ryan: What the Minister is proposing to implement in the context of the Bill is not in the interests of democracy, fairness and accountability. As one who has been through the system and has witnessed its many benefits, I am dissatisfied with the performance of the Minister and the Government in trying to push the system through.

Mr. Callanan: I support the Electoral (Amendment) Bill which paves the way for electronic voting at the local and European elections on 11 June. This is a tried and tested system used in some of the constituencies at the last general election without any problem. It is a sure and safe system where every vote will be valid. No longer will decisions have to be made by the returning officer on the validity of some ballot papers which were not marked correctly. There was always a large amount of such ballot papers, some of which may not have been stamped by the returning officer. Returning officers were always fair in their decisions and agreement was nearly always reached with the candidates.

The best part of the electronic voting system is that the results will be known quickly. Candidates will no longer have to wait days for the result. Up

to now this put much pressure on candidates and was often a cause of hassle between members of the same party.

Mr. J. Bruton: I do not think that caused any hassle.

Mr. Callanan: If one was competing for a seat and there was only a vote or two between candidates it created significant pressure. Electronic voting is the way forward and the way to go. Ireland is very much involved in IT and it is right that we should lead the way with electronic voting. I am pleased we have electronic voting in the House, even though we are sometimes asked to vote manually for the sake of publicity. It is a tried and tested system and I look forward to it. I look forward to future elections when results will be known quickly. We will no longer have to wait and see whether a particular vote is valid. That is the system that will be operated in the future and I support it.

Mr. Crowe: I wish to share my time with Deputy Ó Snodaigh, by agreement.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Mr. Crowe: The Minister is hell-bent on driving through the Government's proposed electronic voting legislation which will result in the electorate's obligation to cast their votes through computerised technology. The Minister has shown little regard for the democratic rights of voters in this country and without any real consultation is attempting to railroad this system through. The question that needs to be asked is why. Why the rush, from where was the demand coming and why now?

Mr. J. Bruton: Hear, hear.

Mr. Crowe: I have heard no satisfactory explanation from the Minister or any other speaker during this debate. A small fortune is being spent on a system and machinery that no-one aside from the Minister and those marketing the products seems to want. Does this not strike anyone as peculiar?

If the Minister wanted to change the system, and he clearly does although we do not know why, he could, for instance, have investigated the opportunity of introducing a more acceptable version of e-voting technology such as the Mercuri method which requires that the voting system prints a paper ballot. This argument has already been well documented by my colleagues in Sinn Féin and I will not dwell on it except to say that public confidence would have been greatly increased through such a choice.

The right to vote in a secure way is among our most important entitlements and the e-voting method proposed by the Minister has not earned public confidence. While the broad concept

behind electronic voting is to be welcomed, the currently proposed system is inadequate as there is no easily accessible paper trail of votes cast. My understanding from simply talking to people on the doorsteps is that they are clearly uncomfortable about the proposed changes. Is the Minister aware of these concerns or do they matter to him?

I could, like other speakers, mention different groups and individuals like the elderly, the disabled, the dyslexic or anyone who has a difficulty with literacy of any sort who may find a computerised facility intimidating and difficult to use. This is not to label anyone and I am sure most from those different groups will have no problem with the systems. There are provisions in the Bill for some of the difficulties that may arise but those provisions may compromise the individual's right to privacy. Not everyone is happy to disclose personal difficulties with literacy, for instance.

All parties are keen to see the maximum possible turnout for elections, or so they say. This new system looks likely to lessen the turnout for the obvious reasons I have outlined. Another complication around the process arises from the fact that there will be many areas where people will be voting for four sectors — the county council elections, urban or town councils, the EU election and the proposed referendum. The voter will in many cases have four votes. The main worry is that the novice e-voter will press the "Cast Vote" button too soon and not get to register all his or her voting options. The fact that there are four separate votes will undoubtedly increase the difficulty and pressure on hesitant voters and may result in an even lower voter turn-out.

I am not one of the ill-informed experts whom the Minister and his colleagues are quick to denigrate. I know, however, that computers are only friendly to those who know them. How many of us can truly say we are professional in the field of computerised technology? If Members are remotely accustomed to such machines, they will know that the most impressive technology sometimes lets us down. Machines, no more than people, are not perfect.

When the electorate goes out to vote in June, will there be some provision for those who will need a little more time to go through the electronic processing experience for the first time? Will the opening hours of polling stations be extended or made more voter friendly to reflect the increasingly busy lifestyles of the electorate?

The core of the issue is the matter of accountability as there is no hard-copy version of the vote. The proposed voting process simply lacks transparency. Would the Minister ask us to put money into deposit boxes that failed to register the lodgement? I do not think so. Does the Minister expect the voter to cast a vote into oblivion and rely on a computerised mechanism

[Mr. Crowe.]

where the source code is not even available to the Government? The proposed system of electoral voting will not be transparent at the outset as there is no paper back-up and uncertain assurances are provided with regard to security and privacy.

Sinn Féin is submitting amendments to the Bill to ensure that a paper copy of the vote is accessible to the voter and calls for the source code to be made available for inspection by the public. My party has also made a submission to the commission on electronic voting. Unfortunately, the commission was only established after much of the work on the new system was complete. Nevertheless, it is important the Minister acts on the recommendations of the commission, even if that means not implementing the new system.

The commission does not contain in its terms of reference provision for making background checks on the company providing the technology to be used. In other countries, voting company employees have been implicated in bribery involving elections. Again, people are not all perfect. The Government has failed to recognise the importance of ensuring public confidence in the voting process, and the fact that there has not been all-party support for this rushed through system reduces voter confidence even further.

The Government will not be seen to back down and the democratic process will be further undermined just to save the blushes of the Minister. The Minister is committed to a course that will mean more time and more money being spent on this new technology in direct opposition to the public unease and fear of a potentially flawed system. We have not been told by the Minister why it is necessary, with all our social problems, to spend millions on this new voting system. The electorate is uncomfortable with this fundamental change in voting practices and we must understand that discomfort.

If one considers the unsettling history of Irish politics over the past decade, one would understand how the voter would be less than satisfied with the Minister's assurances that those monitoring the voting procedures are impeccable in their performance. We have had a fairly serious history of tribunal controversy, for instance. The Minister talked in his speech of the high calibre and integrity of those over-seeing voting procedures on election day. I do not expect this kind of blind faith from voters given the record of some senior officials such as George Redmond.

The Minister must acknowledge there are many pitfalls to this proposed change in voting arrangements. He must ensure confidentiality of voting and that the voting procedure is open and transparent, and explain why he is intent on railroading this potentially flawed procedure through.

Aengus Ó Snodaigh: I am not opposed to electronic voting *per se* but I would lament the ending of the excitement of the count centres, with the tallymen and tallywomen and the intrigue and local knowledge they brought to the long drawn-out counts — I will not say wisdom as that was not always present but, to be fair, their predictions at the early stages of counts often came true. This institution of Irish political life will be no more but if that must be, so be it.

Mr. J. Bruton: It does not have to be.

Aengus Ó Snodaigh: While I am not opposed to the advent of electronic voting, I am opposed to the introduction of any measure which lessens the confidence of the electorate in the democratic process. This includes the re-running of referenda until the Government's desired results are achieved, as with the second Nice treaty referendum.

I am opposed to any measure which serves as a detriment to people, including the elderly and illiterate, casting their votes. The rapid introduction of new technology could serve to discourage those who are not computer literate. It is not good enough to say that it is as easy as using an ATM machine. Many in our society, particularly the elderly, cannot use ATM machines or have no call to do so because they do not have bank accounts. If this legislation were passed, there would not be enough time to roll out the voter education programme prior to the local and EU elections, and thousands of voters could be disenfranchised.

This process is based on trust and confidence, which barely exists in the public mind in regard to politics and politicians, yet the Government is setting out to further undermine that confidence. The public is not stupid. It followed the Jed Bush-run election count in the US and heard the questions raised at the time concerning the possibility of interference with electronic voting.

The Government has done nothing to dispel the fears that a repeat of the Florida problem could occur here. It has not ensured that the question raised about the debacle of democracy in Florida will be satisfactorily addressed by the system of electronic voting introduced here. There is no guarantee of independent monitoring and testing of the equipment or that multinational control of the programming or the evaluation of such programming will not occur.

Many of the concerns raised in the House by my colleagues and by other Deputies were raised in November 2001, when the Department of the Environment, Heritage and Local Government, mounted an exhibition of the machines and the technology in the Custom House. I attended the exhibition on behalf of Sinn Féin and raised many of the issues debated in the House, many of which have still not been satisfactorily answered.

The right to spoil a vote was one of the questions raised as were the questions of power cuts, of the malfunction of voting machines,

accessibility of the machines for those with a disability and the question of the Irish language. Clear and unambiguous answers are required to all these questions.

For example, a power cut would close down the polling station, thus disenfranchising the electorate of an area, whereas in the past, candles would have sufficed to ensure that it remained open in a winter election.

I am concerned about the powers of the returning officer in section 10(4). The returning officer could decide to de-activate the machine. That would be an interference with the poll. These machines should be similar to a ballot box; they should remain open and switched on for as long as the polling station is legally open.

Section 11 does not mention a back-up disk or a cartridge containing the exact copy of the primary disk. This is necessary because computer disks and such equipment are fragile and vulnerable to magnetic and other interference both when in the machine and when being transported. Both the original and the copy should be transported separately to the count centre and should be kept under guard in the same manner as ballot boxes at present. When the demonstration models were being shown in the Custom House, we were informed that there would be such a facility. Only in the event of a verifiable paper trail should such a back-up system be dispensed with. A verifiable paper trail can be introduced into this system at a very low cost and would go some way towards creating public confidence in the system. For instance, the lotto machines in use at present, show how easily it could be done. Instead of receiving a print-out of numbers, the information would be fed straight into the ballot box at the back of the machine. That is how simple it is. I urge the Minister to consider making the required changes.

Public trust in the voting system is essential. The consequences of Government interference in the electoral process can be serious. This was demonstrated by the continuous changes made to the electoral process in the Six Counties by the British, especially since the election of the hunger-striker, Bobby Sands in 1981. The goalposts were moved in every subsequent election, all in the hope of trying to undermine the growth of Sinn Féin. They failed in that.

If this Bill is enacted in the double quick time that is required before the commission reports on 1 May, will there be enough time to train the polling station staff to adequately and properly deal with the eventualities of polling day? I do not believe so. Will the polling centres be properly equipped? Many polling centres are in run-down schools, which have not had the benefit of investment. Have these schools the electrical capacity to cope? I have been in classrooms being used as polling stations which only had one or two electrical sockets. These electronic machines require uninterrupted power supplies. Some polling stations are not wheelchair accessible or

disabled person friendly. We are asked to believe that all the facilities, including the electronic voting machines will be ready for 11 June. I believe there is no hope of that.

Some Government Deputies are of the view that there is no need for an audit trail because one cannot be sure if the vote is recorded properly. There is a need for a proper, verifiable paper trail, an audit trail, to give the electorate confidence in the integrity of the system. The paper system could be a back-up for the electronic system and could act as a verification of the vote in the event of a challenge.

It has been suggested that a challenge is being contemplated. A challenge whether in the Irish courts or in the European courts could prove successful because the concerns raised in this House are not being addressed by the Minister. Ireland would be the laughing stock of Europe in the year of the Irish Presidency if no MEPs were elected because the voting system was challenged.

I do not understand the logic of section 16. It refers to a computer recount. If the electronic computer system was working, the recount should give the same result exactly. If it gives a different result, there is obviously a problem with the software. Allowing a recount is perhaps one method of proving a point.

Many questions have been raised about the system. It should be open to any candidate or member of the public to question the system as currently proposed. Last year was the European Year of People with Disabilities. Significant progress was made in making our institutions accessible to our citizens but there is much more to be done. Those who have been discriminated against because of disability will be further discriminated against when it comes to voting. Will there be provision of a Braille screen for those who are visually impaired? Will the screens be low enough for wheelchair users?

I lamented the disappearance of the institution of the tallymen and the spoiled vote will also disappear. An elector should have the right to spoil a vote and I raised the matter in the Custom House with the Department of the Environment, Heritage and Local Government. People have a right to record their objection to politics or to the set of politicians in front of them. In other jurisdictions there is a facility to choose "none of the above". That could be a mechanism to allow voters to spoil a vote by making a protest.

In the early 1990s, Dustin the turkey scored more than 10% of the vote in some constituencies. That was a protest vote against the candidates and against political corruption which was beginning to emerge. That facility is not available at present and that is a pity.

There is no facility in this House to abstain on votes. A Member either sits in his chair or does not bother to be present. There is no button available to state that a Member is not taking a position otherwise a Member is recorded as absent or not interested. Members of this House

[Aengus Ó Snodaigh.]

should be able to record their abstentions. When a virus attacked the system in this House there were mistakes in the vote. On one occasion, a Deputy pressed the button and could not reverse the decision because there is no facility to change one's mind.

The Government did not do its homework on this issue and is rushing to adopt the wrong electronic system. As I stated, we need to build up trust in the democratic process, and opportunities presented to Deputies should be embraced and used to build confidence among the electorate. The Government has an opportunity to delay this measure until the best possible system is found. Cost should not be an issue because the integrity of the electoral system is at stake. I urge the Minister to withdraw the system he proposes.

Mr. Perry: I am delighted to speak on this important Bill.

An Leas-Cheann Comhairle: Is the Deputy sharing time?

Mr. Perry: No.

Mr. J. Bruton: I am here to listen to my colleague which does not often happen.

Mr. Perry: That is a compliment. The Government lost an opportunity to achieve consensus on the inevitable introduction of electronic voting. It stated the local and European elections in 2004 would provide greatly enlarged scope for advancing and redefining the techniques acquired in the election of 2002. It remains to be seen whether the Government will provide geographical information additional to the individual preference provided in the general election of 2002.

The introduction of electronic voting was an opportunity to address the deficit in the political system but the major debate on the issue has served to undermine confidence. Coming from a business background, I believe in providing verification and reassurance. Technological changes embraced by the business sector and the retail trade, including, for example, the development of scanning and on-line shopping, have benefited customers. These types of facility generate an extraordinary amount of data.

It is extraordinary that a contract worth in excess of €40 million, with each voting machine costing €60,000, has been signed with the provider without provision being made for an audit trail. In light of the concerns raised during this debate, I am astonished that agreement could not have been reached to include an audit trail to reassure all political parties. As with several other speakers, I question the need for the new system and ask who sought it.

There is a widespread lack of knowledge about how the proportional representation system

works. The best educator in this regard has been the manual voting system. From visiting colleges and schools, I am aware that even people with honours mathematics are mystified by the workings of the PR system, as are Deputies and Senators and members of local authorities.

Voter turnout in the previous general election was low. We are spending a considerable amount of money on electronic voting system when much of it could have been spent on encouraging people to exercise their right to vote. The level of apathy among the aged 18 to 30 years age group indicates a failure on the part of the political system. Many young people believe their vote does not count, but every vote counts.

Supporters of the electronic voting system state they want early election results. Most people, regardless of whether they were on the winning or losing side, enjoyed the count, with its tallymen, media build-up, suspense and atmosphere. We need to reassure voters and create confidence in the political system, which this debate has failed to do so. Instead, it has further damaged the system.

No follow-up study took place after the pilot scheme for electronic voting in 2002. I have not seen a major document or paper which clearly identified the shortcomings of the system, although the speed with which the results were announced was criticised. I find it difficult to believe that the returning officer will be able to delay the result by one or two hours to go through the individual counts, as was indicated to the House today. Once the cartridge is inserted in the machine and the returning officer hits the button, he or she will know the result because it will be automatically generated. When the die is cast, the returning officer will come under pressure to reveal the outcome.

The Government has undermined confidence in the system. Its decision to spend €42 million on the introduction of electronic voting contrasts with its failure almost a year ago to grasp an opportunity to make savings in the economy of up to €420 million. A report commissioned by the Department of the Taoiseach was published last April. Its purpose was to identify and quantify the level of potential savings to the economy which could be achieved by adopting an electronic payment method to replace the old paper-based system of cheques and cash.

Accenture was engaged by the Department, acting on behalf of the Information Society Commission, to help develop recommendations to the Government on the formulation of a national e-payments strategy. The Accenture report highlighted the national competitive advantage, cost saving and social inclusiveness of a move towards electronic payments. It specifically recommended a national e-payment strategy which could generate savings of between €230 million and €420 million per annum. Crucially, the report identified a window of opportunity of six months by which a national e-

payments strategy could be adopted to make these savings. To date, no action has been taken on foot of the report.

The introduction of the electronic voting system will cost the taxpayer at least €40 million, with the final figure likely to be considerably more. It is also possible that the machines will become obsolete. At the time the previous national census was taken, I inquired in the Committee of Public Accounts about a contract for equipment, which cost €9 million at the time and required extensive accommodation for storage. I was informed that a maintenance contract was not necessary as the machines would not be used again and would be replaced by new machines for the next census. I am certain that the electronic voting machines now in use will be obsolete when the next general election is held and the same company will receive a renewed contract.

Mr. J. Bruton: Will the Minister of State assure the House that this will not be the case?

Minister of State at the Department of the Environment, Heritage and Local Government (Mr. Gallagher): The Government will respond to Deputies' questions in due course. Deputy John Bruton should not assume he has privileges over and above those of other Members.

Mr. J. Bruton: Will the Minister of State answer the question to assist the debate and the House?

Mr. Gallagher: Deputy Perry is capable of making his own contribution to the debate.

Mr. J. Bruton: It is an important point.

Mr. Gallagher: The machines will be with us for many years.

Mr. J. Bruton: That is an answer. The Minister of State is on the record.

Mr. Gallagher: Deputy Bruton does not have priority in the House.

Mr. Perry: I am reassured by the Minister of State's reply. I am concerned about taxpayers' money and I am delighted to learn that the €42 million investment will be safeguarded beyond the 2007 elections.

Mr. Gallagher: As we have seen, Deputy Perry is capable of making his own contribution to the debate.

Mr. Perry: I appreciate Deputy Bruton's assistance and welcome the clarification provided by the Minister of State.

Mr. Gallagher: Deputy Bruton stated electronic voting was as easy as one, two and

three. This is not the first time he has done a U-turn.

Mr. J. Bruton: The Deputy is very annoyed. This is terrible. He must have been falling asleep and has just woken up.

Mr. Gallagher: I am not annoyed at all. I have a good enough record of attendance here.

Mr. J. Bruton: The Deputy cannot make up his mind which parliament he wants to attend.

Mr. Gallagher: I did make up my mind.

Mr. Perry: It is good to get assurances on this issue because there is a significant level of investment by the taxpayer. We do not want the Comptroller and Auditor General producing a special report on this, which is the case on many other issues. We have a dismal record on IT acquisition by the State. We have systems that are not compatible in all the Departments and there are nine different systems in the 11 health boards. It was not possible to even find the medical cards in the system. Therefore, it is welcome that this system is compatible as there is an absence of an audit trail. What contract has been signed with the company regarding maintenance of the 7,000 machines? Is there a 12-month contract? Who will store the equipment when the elections are over? It is difficult to store, maintain and re-use these machines. Technology is changing as we speak. What is new today will be obsolete in three years.

The purpose of this Bill was to provide temporary funding for the commission but the funding has not yet been secured. The hope was that the Minister would use the contingency fund, which has only been used four times in the last 30 years, in 1980, 1987, 1995 and 1997. This fund is used by agreement and is precluded when the Dáil is sitting or for new services of a controversial nature. This would certainly fall under that definition and this contingency fund should not be used.

Mr. J. Bruton: Hear, hear.

Mr. Perry: This service is controversial and should be excluded from the contingency fund. Section 25 of the Bill deals with the expenses of the commission, including travelling and other expenses of the members, which shall be subject to such conditions as determined by the Minister for Finance. A motion should have been put to allow the members to vote on the fund for the commission. The Minister should clarify why that has not taken place and inform the House of the source of the funds. Someone must be signing the cheques for the PR campaign, promotion in the Dáil and the payment of consultants. It is disappointing that the Minister did not see fit to link the fund to the commission, which has to report to the Ceann Comhairle before 1 May.

[Mr. Perry.]

The expenses of the commission are to be charged to the Central Fund and the legislation to establish the commission will be formally brought before the Oireachtas. The secretary of the commission has been in contact with the Department to meet the on-going expenses of the commission. It is important to deal with that.

Public confidence in the reliability of the voting system is the bedrock of our democracy. Anything that damages trust or contributes to the alienation of the electorate must be avoided. While we have yet to use the system in a formal competition, Deputy Cullen has shown a clear intention to proceed with it in the forthcoming local and European elections. It is a pity there was no cross-party agreement on the verification of the vote. Much of this could have been avoided if the Whips of the political parties had met and if there had been more debate on the follow on from the pilot scheme in the 2002 general elections. The Government is clearly intoxicated with power and feels it can push ahead with whatever it likes. A debate would have created confidence across the political system and it is regrettable this did not occur.

There has been much local government reform and a high level of concern expressed. There have been public meetings with county councillors throughout the country. I am not opposed to electronic voting in principle as we are in the 21st century and we must embrace change. However, the method in which this was handled by the Government has been deplorable. It signed a contract for the equipment without any consultation. It felt that legislation could be rushed through the House and that everyone would agree to the system. A simple modification in the contract would have reassured the electorate and satisfied a number of political parties in the House. We should also bear in mind the number of people who do not vote. The Government would be better off spending money on bridging the democratic deficit and encouraging young people to vote. That opportunity has been lost and voter turnout is now at 60% nationally and even lower in referenda.

Some parties have had some difficulty with the non-partisan approach to the system. Given that we can arrive at a consensus on many issues, it is regrettable there was little debate on this Bill.

The explanatory memorandum to the Bill states:

The purpose of the Bill is to provide in primary legislation (rather than by way of Ministerial Orders as envisaged under section 48 of the Electoral (Amendment) Act 2001) for the conduct of European Parliament, local and presidential elections and referendums using voting machines and electronic vote counting. The Bill also provides for the establishment on a statutory basis of the independent Commission ...

It is regrettable that the question of the commission had to be dragged through the House before the Government agreed to set it up. It should have been set up at the beginning, but it came as a last thought. In the aftermath of the election of 2002, an independent commission should have been set up and the people should have been listened to. Consultation with the electorate and political parties did not take place.

Given the need for investment in many areas throughout the country, including in child care facilities, the money the Government is spending on a voting system, which is well in excess of €40 million, could have been well spent elsewhere. That this did not happen is regrettable. It is still not too late for the Government to call a halt and return to the manual system. In doing so, it would give the electorate an opportunity to evaluate the system, which I believe will not work. The lack of confidence in the system created by the Government will certainly manifest itself on 11 June.

Mr. J. Bruton: I am contributing to this debate because I feel an unfortunate precedent is being set. Certain issues have generally been dealt with on the basis of all-party agreement. When I was Leader of the House in the 1980s and very impatient to introduce Dáil reform, I found it extremely frustrating dealing with the Whips because there was a tradition in the Government Whip's office that there had to be agreement with the Opposition parties on the way business was being done. This was annoying because I was keen to introduce various reforms. Although I eventually succeeded in introducing them, it took a lot longer because of the tradition of consensus.

This tradition of consensus has served a very useful purpose in the House. In respect of certain fundamental issues there was a sort of respect for the Opposition expressed by the Government of the day. This can be a bit annoying for an enthusiastic Minister who wants to get things done. The Minister, Deputy Cullen, who I have no doubt is very intelligent, has suddenly taken the view that he is correct and that the views of the other parties do not matter. He has decided to use the large Government majority to plough ahead regardless of consensus. Perhaps he has technical arguments on his side but it is arguable that he has none of significant validity. One must understand that he is breaking an unwritten understanding regarding matters that go to the fundamentals of the process.

Change is made either by agreement of the overwhelming majority of parties or by a referendum. The Government is making a fundamental change without fulfilling either of these requirements. There is no referendum although it would be entirely possible to have one on the introduction of electronic voting. That it is not a constitutional issue does not prevent us from having a referendum because there is power to hold one on any legislation by decision of the House. The Government is not taking that

course, nor is it taking the alternative course of seeking consensus.

Anyone who believes Fine Gael, the Labour Party and the Green Party are, by their nature, oppositionist, exploiting this issue and playing to the fears of the electorate in an unreasonable way clearly does not understand Irish politics. That is not the temper of politics today. When I entered the House in 1969, there was a much more partisan atmosphere. I remember Kevin Boland and Neil Blaney sitting where the Minister of State, Deputy Tim O'Malley, is today and the atmosphere across the floor was not of the benign character that reflects my feelings for the Minister of State, Deputy O'Malley, and most of his colleagues on the Government benches. Given these feelings, it is strange that the Government has so little respect for the Opposition.

Even if the Opposition is wrong the Government should have respect for it and state that it believes that it, the Government, is correct but that it will take its time and give the Opposition time to acquire the same ownership, in the psychological sense, of the new system that it has. It should give the Opposition the time and respect to buy into it. However, it is saying it does not care about the Opposition, that it will proceed regardless and that it does not really matter whether the Opposition buys into the new system. I suggest to the Minister of State, Deputy Tim O'Malley, who is representing the Government today, that this is not the way the Government should approach this issue.

I was struck by one point Deputy Perry made in his contribution. Many do not understand proportional representation and the business of surpluses, transfers or elimination. There is a seminar offered every five years on proportional representation — this seminar is a count that sometimes proceeds for two or three days. People in the media explain surpluses and what will happen next, and they do so to an attentive public. The public is attentive because something hangs on the result of the process. It is not a boring lecture but a demonstration of the way the system works. By virtue of the old, boring, manual, delayed, slow system so disliked by the Minister for the Environment, Heritage and Local Government, Deputy Cullen, the people are reintroduced to proportional representation every four or five years in the form of a sort of seminar, as Deputy Perry hinted in his contribution. This form of public education will be entirely lost if the Government persists with the introduction of electronic voting because the election will be over in a flash. Is this supposed to be a virtue? It is not. The virtue is in the present system which, in all its painfulness and slowness, allows the way it works to be demonstrated to the people. It does so not on the basis of precept but on the basis of example, which is the best way to teach, as anybody who has taught will tell one.

Another point that needs to be reflected upon and which some might not accept is that there is a value to ritual in public life. People accept the result of elections through ritual. One may say the business of trooping down to the polling station, marking one's paper, collecting the papers and counting the votes is all boring, old hat and not needed in modern society but, apart from the excitement it affords to party workers — I have respect for this — it is a democratic ritual that helps people accept the result at the end of the day. The people see the count take place. Like Saint Thomas, they have the opportunity to put their hand into the wound and verify it. In many cases the wound is the loss of one's seat or the fact that one did not receive as many votes as one had hoped for.

A certain process engenders acceptance. When a difficult event happens in our lives, such as a death in the family, we go through the ritual of the funeral. One could say it is entirely irrational — the soul goes to heaven if one believes in the next life but the body is just a bag of bones to be put in the ground if one does not — and burial should take place in a flash. We do not bury people in a flash but go through the funeral process so we can, through the ritual, come to accept what has happened. We accept the death and this transition. An election is a transition from one order to another, from one set of public representatives to another and from one Government perhaps to another. It is appropriate that it should be a drawn-out process. It is not appropriate that it should be done in a flash on a computer.

Deputy O'Sullivan is probably more cognisant of artistic matters than I but this is the activity of a brutalist, modernist Government. It believes that, because something is modernist, one does it. We are living in a post-modernist world where advances in science and mathematics, for example, have discovered this notion of chaos theory that suggests all these certainties which existed before are not so certain after all. Here is a Government ploughing ahead with a system based on old categories of thought. It is taking insufficient note of the psychological need for a process of a ritual change.

I was very taken by some points made by a number of Deputies in this debate. I am very much in agreement with the criticism made by Deputy Gilmore. He said, and I am sure a number of others made this point as well, that the Minister was arrogating to himself certain rights to do by order things which should be settled in this House. The Minister is taking immense powers to himself to do things by order. I am sure the Ceann Comhairle is aware of Ms Justice Finlay Geoghegan's judgment in the recent case concerning the immigrants. She decided an order was invalid because it had been made in a form of delegated legislation rather than by primary legislation. I do not know whether this process will be successfully challenged as being

[Mr. J. Bruton.]

unconstitutional. Surely it would have been safer to have done all this by primary legislation, even if it took more time. As far as elections are concerned, we have time.

The only argument advanced by the Minister in favour of this which seemed to have any substance was that the fundamental purpose of electronic voting is to improve the efficiency, accuracy and user-friendliness of Irish election procedures. I am sure it will be more efficient.

Mr. Durkan: It will be quicker and slicker.

Mr. J. Bruton: What is so important about efficiency? There is a question mark over accuracy. Serious points have been made by a number of people in this debate about viruses entering computer systems. I have no reason to believe this system will be any more immune to viral infection than any other computer system, but the difficulty is that, if there is an error in the computer system, it will be a major error. There are errors in the manual system but they are all minor errors because they concern at most one box of votes or at least a few votes. If there is an error in the computer system, it will be a major one. What is the rush? What is the need to make this change?

As Deputy Cuffe or Deputy Gilmore pointed out, the Association of Computer Machinery, the primary global professional body for information technology, stated that computers are inherently subject to programming error, equipment malfunction and malicious tampering. We want to hand over our most precious right, our right to change or re-elect our Government, to a system that is prone to programming error, equipment malfunction and malicious tampering. I am not suggesting malice on the part of anybody involved in this process. I have the greatest confidence in the public service. One of the great inheritances of the founding Government of this State is an apolitical Civil Service thanks to the work of Kevin O'Higgins, in particular, and I trust it. It does not really matter who is in Government. Politicians are no better or worse than anyone else, but I trust the civil servants and do not think they would wilfully or willingly allow anything to go wrong. However, they are human, these are machines, machines move much faster than humans and error can occur through inadvertence.

The Government that it has more urgent legislation. There are many things that could be done with the parliamentary time which will be absorbed by this issue, and much parliamentary time will be absorbed by it. If the Government attempts to use the guillotine to push this Bill through, it will face problems it will not forget. This is a very quiescent House which is more under the control of the Government than almost any other parliamentary assembly with which I am familiar in Europe. However, that Government control is based on a certain

modicum of consent by the Opposition to allow that to happen. If the Government pushes the Opposition far enough by simply proceeding as if it did not count, it will find things it took for granted in terms of co-operation will not be capable of being taken for granted to that degree in future.

The Taoiseach takes a hands-off approach to these matters. He lets his Ministers proceed and do things, and I commend that as somebody who held his position. It is the right way to go in general. However, there are certain issues of overall political direction and, in particular, relations with Opposition parties in respect of which the Taoiseach of the day should be the final arbiter and not individual Ministers. I hope the Taoiseach will examine what this mad rush to push this legislation through is doing to confidence between Government and Opposition and in our electoral system, and to the perception of the Government as being one that has certain obsessions which are not those of the public.

Introducing electronic voting is not a priority for the public. Any Government that is prepared to expend this much political capital on something that is not a priority for the people is a Government showing itself not to be in touch with the real concerns of the public. While I am delighted about electronic voting from the point of view that it improves the prospects of Deputy O'Sullivan's party, my party and our colleagues entering Government, if I were the Minister of State, Deputy Tim O'Malley, I would not be so keen. I offer this free advice. If the Government wishes to remain in office, it should cool down on this issue. It should not be in a hurry to introduce it for all the reasons I have given. I hope for the sake of the Minister of State, his party and the Government, it will think again.

Ms O'Sullivan: I wish to refer to the previous contribution. I thought I was to speak before Deputy John Bruton but am glad I was not because it was interesting to hear his contribution and the way he argued so cogently for the primacy of Parliament, in particular, and the value of consensus in such matters. The fact that Government has rammed this through without consensus has consequences in terms of other legislation besides this Bill. That is a valuable point which the former Taoiseach made.

Debate adjourned.

Adjournment Debate.

Hospital Services.

Mr. Connolly: I am pleased to have an opportunity to raise this matter. I wish to remind the Minister of State that Monaghan General Hospital is still off call. This means if an

ambulance is called, it will bring one to any hospital other than Monaghan.

A few days ago, I received an invitation to attend the official opening of a cardiac rehabilitation unit at Monaghan General Hospital. It was a very well attended function, with many staff and members of the public present. We were shown around the different areas. We were shown the cardiac rehabilitation unit, which included some fantastic equipment. There was great enthusiasm among the staff and the nurse was very enthusiastic. She had completed a special course and started the unit in recent weeks. We were then brought upstairs to the cardiac imaging department where a cardiac technician was employed. She showed me the equipment in the unit of which she was very proud. She said it was better than the equipment in most Dublin hospitals where she trained and worked. The equipment was capable of creating three-dimensional images. We were shown around the stress room. It was a fantastic unit which is very well equipped and staffed by very well-trained staff who were very keen to work. The unit is more up-to-date than what is available in most Dublin hospitals.

The availability of the equipment means that an in-patient can be seen in Monaghan General Hospital almost immediately, whereas in Dublin hospitals one could wait six weeks before getting an appointment. Out-patients in Monaghan must wait approximately two to three weeks to get an appointment for cardiac investigations, whereas the waiting time in Dublin is approximately six months. Monaghan General Hospital has the capacity to take pressure off not just hospitals in the north-east region but hospitals in the Dublin area. This small hospital could be a centre of excellence. It is a centre of excellence in its own right if it was allowed to function as such.

I also met the cardiac physicians who are highly qualified. One is the most qualified in the north-east area. They are well respected and willing to work, which are excellent criteria. The whole evening portrayed a great image of Monaghan General Hospital. Many patients who attended the opening were very pleased with what was taking place at the hospital. However, the hospital is still off call. If a patient gets a heart attack at 10 a.m. or 4 p.m. tomorrow at the gates of Monaghan General Hospital, and an ambulance is detailed to pick up the patient, the first thing the crew will do is await instructions to take the patient to any hospital other than Monaghan. They must sit by the side of the road with the patient before determining whether the patient should be taken to Drogheda, Cavan or Dublin. It does not make sense that one of the best units in the country, with highly-trained staff, is off call and the ambulance personnel are not permitted to take the patient 100 yards or 500 yards to the hospital.

There was the well documented case of Christina Knox who lived five miles from Monaghan. She suffered a heart attack and the ambulance was sent to collect her. Her physician was on duty at 9 a.m., yet the ambulance personnel were detailed to take the woman to another hospital. She died 45 minutes into the journey at the gates of the other hospital. She may have died in any case, but the logical thing would have been to take her to her own physician in Monaghan General Hospital where there was a well-equipped unit.

Allowing Monaghan General Hospital to remain off call is not acceptable. I call on the Minister for Health and Children to intervene directly in this case. The chief executive will not do it. There are different reasons given for the hospital not being on call, which I do not accept. Monaghan General Hospital is an excellent facility and, with a little goodwill, can provide a much-needed and excellent service. Patients should be stabilised there, because the sooner they receive clot-bursting medication into the vein, the greater chance there is of preventing a fatal heart attack.

There is no reason people who suffer from an acute asthmatic attack, severe haemorrhaging or appendicitis should not be brought to the hospital and stabilised. I ask the Minister for Health and Children to take a hands-on approach in this instance. There was a recent announcement of €2.7 million for Monaghan, which shows the Minister has an input. He should intervene directly and put Monaghan General Hospital back on the agenda.

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I thank Deputy Connolly for raising this matter on the Adjournment.

Cardiovascular disease is the biggest killer of Irish people. After taking office in 1997, the Government decided that addressing cardiovascular disease should be given a high priority. We established a cardiovascular health strategy group in 1998. The report of this group, Building Healthier Hearts, launched by the Taoiseach in July 1999, set out the blueprint for tackling heart disease in Ireland in the long term.

In the strategy's first four years, the Government has committed €54 million to implement the cardiovascular health strategy report. In practical terms, it has funded the appointment of almost 800 new staff in the first years of implementation. These include 328 hospital-based professionals as well as funding for the appointment of 17 additional consultant cardiologists, resulting in the substantial increase in cardiology diagnostic and treatment services and providing more accessible, equitable and better-quality care for patients with cardiac conditions. Some 109 additional cardiac

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rehabilitation staff are now in position, therefore, today most acute hospitals treating people with heart disease have developed structured cardiac rehabilitation services. The 81 additional staff employed in the area of information systems, audit and research are improving the quality of and agreeing guidelines for patient care. Work on information systems includes developing clinical databases such as the coronary heart attack Ireland register that will provide essential data on the quality of treatment for patients.

We know that at a population level the health promotion benefits from the strategy's implementation will not be seen until the long term. However, immediate benefits are arising from the wide range of new and higher-quality services already available. These include: stronger intersectoral partnerships in the area of health promotion; reduction in emergency call to treatment times; regional self-sufficiency for non-invasive diagnostic procedures; increased availability of new services such as chest pain clinics and cardiac rehabilitation; almost 200% increase in certain cardiology procedures resulting in a 24% reduction in the waiting list for cardiology procedures; and the 47% increase in the frequency of prescriptions for cardiovascular disease for people covered by the General Medical Services (Payments) Board which reflects the increase in the numbers now being detected and treated with conditions such as chronic heart failure.

The cardiac investigation facilities at Monaghan General Hospital, namely, the echocardiography room, the stress testing room and the cardiac rehabilitation room have recently been refurbished and upgraded in line with recommendations 8.17, 8.18, 8.20, 8.21 and 9.1 of the Building Healthier Hearts cardiovascular health strategy at a cost of €22,636. This initiative will enhance the delivery of services by the newly-recruited cardiac technician and cardiac rehabilitation co-ordinator. This service was previously delivered by a medical consultant or medical teams and hence will allow the consultant more patient contact and also improve the delivery of tests, enhance the assessment of patients' disease process and facilitate evidence-based treatment.

The refurbishment of the cardiac rehabilitation unit will assist the delivery of a comprehensive rehabilitation service to patients who have sustained a cardiac event, for example, myocardial infarction or post-cardiac surgery. The service is both educational and exercise-based.

In addition, I recently issued approval to the board to proceed with its proposals to upgrade the male medical ward and the treatment room at the hospital at an estimated capital cost of €2.75 million. This significant level of capital

investment will greatly enhance existing facilities and represents further tangible evidence of the commitment to the continuing development of improved services to the people in the catchment area served by Monaghan General Hospital. Mid-way through the original implementation timeframe, significant progress has been achieved on the majority of the cardiovascular health strategy's 211 recommendations, while substantial progress has been made on approximately 130 of them. Following the success of the cardiovascular health strategy, cardiovascular health is one of the key themes of the current Irish Presidency of the EU.

Mental Health Services.

Mr. Neville: I welcome this opportunity to raise the important issue of psychiatric services for adolescents. Adolescence is a time of rapid developmental change and in addition to physical, intellectual, emotional and social development, adolescents are managing the transition from the world of the child and family to that of the independence of adulthood. Adolescents, because of their developmental stage, are often reluctant to approach adults with their problems. Many simply do not know who to approach or how to approach services for help with psychological and psychiatric problems.

Psychiatric disorders increase in incidence and prevalence during the adolescent years. Deliberate self-harm and attempted suicide increases with age during the adolescent phase. Epidemiological studies show that psychological disturbance of varying intensity exists in up to 20% of adolescents. Only 2% to 5% of the total adolescent population, however, has a moderate to severe disabling condition such as a major psychiatric disorder and the adolescent psychiatry services should deal with that specific target group. Milder psychological problems may be dealt with by a primary care service, such as community care psychological service, if it is available.

Child psychiatry currently provides services for children up to the age of 16 years. Over the age of 16, services are provided through the adult service. Existing adult services are not resourced to deal with adolescents because of the lack of developmental perspective and the serious lack of appropriate multi-disciplinary input which would be centred on family, school and social interventions. Adult services do not have in-patient facilities that are appropriate for the admission of teenagers for various reasons. These relate to the health and safety issues, in addition to treatment issues. Adult out-patient clinics are generally not adolescent-friendly.

Existing child psychiatry services are not equipped to deal with the older adolescent age group because of the significant increase in major

psychiatric illnesses which occur in this age group. Traditionally, existing child psychiatry services provide out-patient services only and have limited medical and nursing back-up with no in-patient beds or day hospitals.

As a result of the changing life profile of problems with age, existing child psychiatry services find that the younger adolescent group, those between 13 and 15 years old, dominate the services because of the high dependency and high rate of emergency presentation with acute illness and suicide attempts. The need for urgent responses to this age group dictates that the service deals largely with adolescents at the expense of working with younger children, thereby preventing useful early intervention which has secondary prevention value. Waiting lists for child psychiatry services are lengthened further by the need to respond urgently to adolescents. Both child and adult psychiatric services are seriously concerned about the lack of dedicated adolescent services.

The age limit of adolescents is variable. The psychological stage of development is the parameter used by the psychiatric service. It may start between 12 and 14 years and continue from 18 to 21 years. Target age groups vary in other countries — some services in Europe target 12 to 17 years and others 16 to 21 years. In Ireland we look at the years between 16 and 18 years of age. Under the Mental Health Act 2001, adolescents under the age of 16 are not deemed capable of giving consent to treatment — consent is implied by the agreement of the parents. Difficulties with out of control children present problems for both child and adolescent psychiatric services. It is recommended that out-patient multi-disciplinary teams should be provided to deal with this.

I draw the Minister of State's attention to the continuing discussion on "Liveline" where parents, friends and siblings talk about instances where children between 14 and 18 years of age have taken their lives and they criticise the lack of psychiatric services for this.

Mr. T. O'Malley: I thank Deputy Neville for raising this matter. In June 2000, a working group on child and adolescent psychiatry was established to make recommendations on how child and adolescent psychiatric services should be developed in the short, medium and long term to meet identified needs.

The second report of the working group, published in June 2003, contains proposals for the development of psychiatric services for 16 to 18 year olds. It recommends that in the further development of the child and adolescent psychiatric services, priority should be given to the recruitment in each health board area of a consultant child and adolescent psychiatrist with a special interest in the psychiatric disorders of later adolescence. The working group's report

further recommends that arrangements should be made with the relevant adult services for the admission to acute psychiatric units of persons aged 16 to 18 under the care of a consultant child and adolescent psychiatrist with a special interest in the psychiatric disorders of later adolescence, where such a consultant is available. It also recommends that consideration be given to the establishment of specialist adolescent units, particularly in the greater Dublin area

The report emphasises the importance of co-operation and close liaison between child and adolescent mental health services and adult mental health services and suggests that the current arrangements, whereby the adult services provide a service to the population of their catchment area, including the 16 to 18 age cohort, should continue on an interim basis pending the development of the specialist service referred to earlier.

The first report of the working group on child and adolescent psychiatry considered the development of services for the management and treatment of attention deficit disorder-attention deficit hyperactivity disorder. All aspects of the presentation, diagnosis, treatment and management of children suffering from ADD-ADHD were considered by the working group in the course of its deliberations. In its report, published in March 2001, the different components of treatment required were set out and the importance of adequate linkages with other services, such as education services and community health services, were emphasised.

The group recommended the enhancement and expansion of the overall child and adolescent psychiatric service as the most effective means of providing the required service for children with this condition. The working group found that the internationally acknowledged best practice for the provision of child and adolescent psychiatric services is through the multi-disciplinary team.

The first report also recommended that seven child and adolescent in-patient psychiatric units for children ranging from six to 16 years should be developed throughout the country. Project teams have been established to develop child and adolescent in-patient psychiatric units in Cork, Limerick, Galway and one in the Eastern Regional Health Authority area at St. Vincent's Hospital in Fairview.

The development of child and adolescent psychiatric services has been a priority in recent years. Since 1997, additional funding of almost €19 million has been provided to allow for the appointment of additional consultants in child and adolescent psychiatry, for the enhancement of existing consultant-led multi-disciplinary teams and towards the establishment of further teams. Further development of the service along the lines recommended in the reports of the working group on child and adolescent psychiatry will be

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considered in the context of the Estimates process for 2005 and subsequent years.

The future direction and delivery of our child and adolescent mental health services will be further considered in the context of the work of the expert group on mental health policy, which is expected to report in 2005.

Airport Development Projects.

Mr. P. Breen: I welcome this opportunity to raise the issue of the uncertain future faced by Shannon Airport. A meeting was recently held in Shannon Airport that was advertised only among airport staff, but 700 people attended it, with local politicians. The Minister of State at the Department of Education and Science, Deputy de Valera, and the Minister of State at the Department of Justice, Equality and Law Reform, Deputy O'Dea, were present at the meeting. The Minister of State, Deputy O'Dea, was not complimentary about the Minister for Transport, Deputy Brennan, in his contribution, especially the way in which the Minister and the Government are giving free rein to Mr. Willie Walsh. We all know that Willie Walsh's main agenda is to consolidate business in Dublin at the expense of Shannon Airport.

The Minister of State, Deputy O'Dea, was not alone in his attacks on Aer Lingus because my Fianna Fáil colleagues in Clare took a similar stand. At the meeting, I proposed that a deputation meet the Taoiseach to discuss the future of Shannon Airport, which was seconded by my Oireachtas colleague, Deputy O'Sullivan. It was then unanimously agreed at the meeting that the Taoiseach and the Minister for Transport should visit Shannon Airport as a matter of priority to discuss with local interests groups and representatives the alarm felt at the threat to the future of Shannon Airport as a result of negotiations on the transatlantic air agreements and the outrageous proposals by Aer Lingus. I was disappointed the Minister of State, Deputy Tim O'Malley, was not at the meeting but I presume he had other commitments on the night.

Aer Lingus workers in Shannon are in a state of bewilderment as to what lies ahead for themselves and their families who rely on the airport for their livelihoods. They have consistently made sacrifices to bring the company to profitability in 1992 and again in 2002. Currently the company is looking for 104 redundancies in ground handling staff. Aer Lingus is also directly neglecting Government policy on decentralisation by forcing cabin crew who live and have families in the region to transfer to Dublin. There is no need to change the current bilateral agreement to facilitate Aer Lingus's expansion into other US states. This could be facilitated under the present agreement.

However, the Government needs to put pressure on Aer Lingus to put in place a five year business plan for Shannon Airport which should be guaranteed by the Government as the main stakeholder of the company.

Recent decisions by Continental Airlines to extend the Shannon-Newark route until the end of the year proves that there is a market for transatlantic business in Shannon, yet, at the same time, Aer Lingus is reducing services. US Air may follow the same route for a winter schedule on which the company had a 94% occupancy rate on its flights in 2003. I also welcome the new airline, Duo, and wish it well in Shannon Airport.

The Taoiseach and Minister for Transport need to visit Shannon, which was demanded as a minimum by the people at the meeting. They have no confidence in the Government or the Minister for Transport. They know that actions speak louder than words. They know that the Government is not making the case for Shannon to the US negotiators negotiating an EU open skies policy.

Are the workers in Shannon Airport once again to be the sacrificial lamb? Reports that Aer Lingus could be sold off beg the question of whether these workers will pay the price to make millionaires of people like Willie Walsh? Before the previous general election, the Taoiseach paid a well-heralded visit to Clare proclaiming his full support and commitment to Shannon Airport. This invitation tonight from Deputy O'Sullivan and I is an opportunity for him and the Minister for Transport to prove and reaffirm their commitment in actions.

Ms O'Sullivan: Deputy Pat Breen and I tabled this joint motion as a result of a meeting we attended in Shannon which was also attended by a huge number of people working in the airport. We tabled tonight's motion to get a commitment from the Taoiseach and the Minister for Transport to come to the Shannon region in the near future to hear at first hand the genuine fears of people in the mid-west and west at the Minister's proposal to dilute the 50:50 gateway status enjoyed between Dublin and Shannon and the actions of Aer Lingus in forcing 29 workers to move to Dublin and seeking 100 further redundancies in Shannon. This is on top of other actions taken by the company.

The Taoiseach's party colleagues were left in no doubt as to the strength of feeling at the packed meeting held at the airport recently to the extent that the Minister of State at the Department of Justice, Equality and Law Reform, Deputy O'Dea, was moved to attack the stand of the Minister for Transport. The Minister of State, Deputy Tim O'Malley may not have been at the meeting, but he may well have read in the *Limerick Chronicle* on the following day

what exactly the Minister of State, Deputy O'Dea, said. Initially, the Minister of State was not going to speak, although he did in the end, not being able to hold himself back from rightly criticising the Minister.

Unfortunately, my colleagues in the mid-west are not hugely confident in the ability of the Minister of State, Deputy O'Dea, to sway the Cabinet. This is why we need the Taoiseach to come out of Dublin and see for himself how critical are the concerns. Shannon relies on the transatlantic routes for 36% of its business. It has 44% of transatlantic traffic to Ireland. It is a fact that, wherever in Europe airlines have been allowed to ditch airports in the regions on transatlantic routes, they have done so and we were given evidence to this effect at the meeting. It suits airlines to centralise in the capital city for long-distance flights. Aer Lingus is already putting measures in place in anticipation of the dilution of the bilateral agreement and the company's own privatisation for which it is hoping. The Minister is making the noises that he intends to do so.

The job losses in Shannon are evidence of what Aer Lingus is trying to do. Management, staff and pilots have already been transferred to Dublin and the number of cabin crew based in Shannon has been halved. Only the Minister for Transport believes Willie Walsh when he says he is committed to Shannon, the suggestion of which was laughed at during the meeting. It is considered derisory. The meeting also heard from employees of Aer Lingus of ruthless manipulation of US travel agents and Internet bookings to deliberately steer business to Dublin and away from Shannon.

This is probably the only successful measure in terms of regional development which is in place. Why should it be taken away when it is working and when we stand to lose thousands of jobs in the Shannon region? I am concerned that the Progressive Democrats agenda is infecting Fianna Fáil, although I am sure the Minister of State is not concerned. It is essential that the Taoiseach visits Shannon so that he can understand the fears of people in the region.

Mr. T. O'Malley: I thank Deputies Pat Breen and O'Sullivan for tabling this Adjournment matter. Both Deputies have referred to my absence from the meeting in question. In that connection, I received a telephone call at 4.30 p.m. that day to invite me to the meeting and, as Deputy Breen rightly stated, I had a prior engagement that night. I assure Deputies that I would have been at the meeting if I could have been. My party has been involved in the affairs of Shannon Airport for many years and, but for the party being involved in some affairs, certain events may have occurred which would not have been in the best interests of the airport.

The Minister for Transport has spoken in the House about these issues on a number of occasions recently. Unfortunately, he cannot be in the House due to other commitments associated with the Presidency of the European Union, but I am happy to restate the position.

The Government has a clear commitment to the future of Shannon Airport. The Minister has already met interests from the Shannon region regarding the issues facing the airport. On 5 February, the Minister met a trade union delegation and set out the approach he is pursuing which is designed to secure the best possible outcome in respect of the Shannon stopover.

Mr. P. Breen: There is no Shannon stopover.

Mr. T. O'Malley: In regard to the Shannon stopover and the EU-US negotiations on an air transport agreement, I would like to outline the background to this for the House. The European Court of Justice ruled on 5 November 2002 on a case taken by the European Commission against eight member states, not including Ireland, in respect of those states' open skies agreements with the USA. The court ruled that the designation of national airlines in those member states' bilateral air transport agreements is contrary to the right of establishment provided for under the treaties establishing the European Union.

While this finding specifically related to the eight member states against whom the action was taken, it was clear that the principle behind the finding applied equally to all EU member states. This means that member states must allow any European airline established in their countries to enjoy the benefits of that member state's bilateral agreements. This legal principle applies to each member state's bilaterals with every third country, not just the USA.

In response to the court's ruling, the European Commission then reactivated a proposal to give it a mandate to negotiate an open aviation area agreement with the USA. This was a long-standing proposal and it has been understood within the European Union for some time that it was only a matter of time before such a mandate would be given to the Commission. Under the mandate, the EU and US territories would be treated as a single aviation area. The mandate given to the Commission envisages a liberalised regime in which airlines may operate services in both Europe and the USA as well as between them. The intention is that European and US airlines would not be constrained as to the destinations to which they fly, just as they are not so constrained within Europe today.

When deciding what position he should adopt at the Transport Council in June 2003 on behalf of Ireland, the main issues that the Minister took

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into account were the ruling of the European Court of Justice last November, the impact on Shannon airport and its hinterland, the impact on tourism of increased access to Ireland, the opportunities for Aer Lingus to increase its business on transatlantic routes as well as Ireland's wider relationship with Europe. The Minister also had to consider the fact that an EU-US liberalised market is the inevitable outcome of this process in Europe.

At the Transport Council last June, the Minister stated that he would not oppose the wish of all the other member states to grant this mandate to the Commission to negotiate an EU-US agreement. He also reiterated his concerns about the impact an EU-US agreement might have on Shannon Airport and that he would carefully assess the draft agreement which ultimately emerges from those negotiations.

The Transport Council, on 9 March this year, considered the outcome of the negotiations up to that date. The council rejected the initial deal then on the table and instructed the European Commission to continue negotiations to get a more balanced deal and to report back to the next Transport Council in June. At the March Council, Ireland reiterated its concerns regarding Shannon and stated that Ireland's acceptance of any EU-US deal would be contingent on our being satisfied that the best possible deal for the future of Shannon Airport had been achieved. Ireland also indicated that, in order to get that best deal for Shannon airport, Ireland would engage in bilateral talks with the US.

The revised understanding regarding Shannon that Ireland reaches with the US can then be accommodated within the EU-US deal, if such a deal is agreed at the June Transport Council. While informal contacts have taken place between Irish and US officials, negotiations have yet to be held. There will be further discussions with the unions and the Shannon Airport Authority designate before the Minister's negotiating position is finalised. The House will appreciate that it would not be appropriate for the Minister to publicise his negotiating position in advance but it will be designed to secure the best possible outcome in relation to the Shannon stopover.

Mr. P. Breen: There is no stopover. The Minister of State knows that.

Child Care Services.

Aengus Ó Snodaigh: The Central Statistics Office figures show that there are 1,464 children under the age of four in the Ballyfermot and Cherry Orchard areas. In two of the electoral wards, Cherry Orchard A and Cherry Orchard C, 44% and 66% of the population, respectively, are

under the age of 25. This is higher than the national average. The proportion of lone parent families has risen from 20% to 26%. This is more than double the national average of 11.7%. These figures are expected to continue to rise. High density building planned for the next 18 months will lead to an additional 1,500 homes in the area. While these homes are welcome they will increase the population of Ballyfermot by 20%.

A child care survey carried out by the Ballyfermot Partnership last year found that only 432 children in the Dublin 10 area are accessing child care services while 255 are waiting for places. There are only two full-time child care facilities in Ballyfermot, one private child care service and 25 part-time and play-school facilities. All of these are dependent on community employment and jobs initiative staff. All of the support staff and 72% of the assistant members of staff are on these schemes. We know how the Government has dealt with these schemes. Therefore, all of the existing child care services are currently under threat. Services need to be increased by 55%, just to meet current local demand.

There has been an application to the Department of Justice, Equality and Law Reform's equal opportunities child care programme for funding for four new child care services in Ballyfermot. One of these applications was made in January 2003 and a decision is still awaited. Decisions on these applications have been deferred indefinitely because of the review of the programme. The delay is worsening the situation in the area.

In an era of economic growth it is imperative that training and work opportunities are available and open to all. The provision of child care is an essential component in achieving the goal of equal access to these opportunities. Henceforth, affordable child care must be available to all. Lack of child care affects all of the community, including parents, grandparents, carers and others, whether married or single, young or old. Lack of child care hinders the right of all of these people to access education, training and employment opportunities. It is affecting them now and will do so in the future.

The indices for the Ballyfermot and Cherry Orchard areas show that the area is disadvantaged and has high unemployment levels and a significant problem of drug and alcohol abuse. All of those working in education and health in the community and the gardaí agree that a co-ordinated approach is required to break the cycle. Ballyfermot has double the national figure for those who left education at primary level. Long-term unemployment in the areas is double the national average. It has a higher rate of people with disabilities and double the rate of lone parents. One third of the unemployed in the

area who are over the age of 35 have had recent contact with the criminal justice system.

A co-ordinated strategy is required but a component part of that is affordable, accessible and local child care service. This will ensure that the opportunities exist to allow young parents to return to education or training, to get training in the first place or to join the work force

This crisis needs to be addressed immediately. I urge the Minister of State to complete the review and to provide the required funding to allow these services to be developed in the area.

Mr. T. O'Malley: The current review of the capital provisions of the equal opportunities child care programme for 2000-06 is taking place largely because of the programme's success to date in stimulating activity to develop child care throughout Ireland. It is always prudent to step back and take stock from time to time to ensure that best use is obtained from the not inconsiderable sums that have been entrusted to the Minister for Justice, Equality and Law Reform to develop quality child care. The mid-term review of the national development plan afforded such an opportunity.

This is a seven year programme. The original funding provision of €436.7 million has just been increased by an additional €9 million of ESF support following the mid-term evaluation of the national development plan. This additional funding was made available in recognition of the programme's success to date and its capacity to develop and support quality child care to meet the child care needs of parents in employment, education and training.

The EOCP originally set aside more than €140 million capital funding to create new and enhanced child care places. The availability of this ground breaking funding together with the demand for child care places sparked considerable interest in the capital element of the EOCP. Capital investment is an investment for the future as well as for the short term. As a result, the child care directorate of the Department has undertaken the current review to ensure that as much funding as possible will be channelled to support the creation of much needed new child care places. It is reviewing different budget lines within the capital programme to ensure that the most effective use is made of all remaining capital funding in accordance with the objectives of the programme. The review is also looking at all existing financial commitments under the programme to ensure that all capital projects which have already received grant allocations will proceed.

While the review is not quite complete and has to wait for some financial technicalities to be completed at the EU/NDP programme level before it can be fully implemented, it will, when complete, lead to a thorough appraisal of all

capital applications to determine those which best address the ends of the programme and, therefore, which will be accorded the highest priority for funding in the short term.

In carrying out the review of the programme's achievements to date, the Department of Justice, Equality and Law Reform found that every county had benefited from considerable support for new child care facilities under the new EOCP. In all, funding to create 28,300 new places has been approved to date. When fully drawn down this will bring an increase of 50% in the number of centre-based child care places throughout Ireland since the start of the programme in the year 2000.

The programme also makes grant assistance available towards the staffing costs of community based/not for profit child care facilities which have a clear focus on disadvantage and which support disadvantaged families who are in work, training or education. Staffing funding which is current expenditure, as distinct from capital expenditure, is helping to support a further 26,000 child care places.

Efforts are being made to achieve a good geographical spread throughout the appraisals and approvals process. Included in the national total figures I mentioned earlier are approvals for the creation of 6,702 new places and the support of 6,756 existing places in Dublin city and county. The Deputy may not be aware that almost €2.8 million has been awarded to a number of projects in the immediate Ballyfermot and Cherry Orchard areas. This funding will create 249 new child care places and will help to support a further 121 existing child care places in the area.

Apart from looking at the funding amounts to be made available for the capital programme, the review has also examined approvals to date in each county in the context of existing services. It has reviewed the type of services which are being supported to ensure that there is a good mix of full-time and essential services serving the full range of age groups, particularly children under two. Value for money is a key consideration, but where child care is concerned, quality is also a key dimension.

I understand that following the current review of the capital programme, at least €30 million in capital grant assistance will be made available to projects which can be brought to fruition by the end of 2007. Given the success of the present programme, I do not doubt that the Government will continue to build on those successes into the future. The equal opportunities child care programme is a complex programme which makes a range of grants available to support and develop the child care sector. It requires regular review to ensure that it best addresses the needs of parents. It is in that context that the present review is being completed.

[Mr. T. O'Malley.]

As I said earlier, all capital proposals, including those in Ballyfermot and Cherry Orchard, to which the Deputy referred, are being collectively reviewed against the detailed programme criteria to identify those which can best address service

gaps and which can be brought to fruition within the lifespan of the current equal opportunities child care programme.

The Dáil adjourned at 11.15 p.m. until 10.30 a.m. on Thursday, 8 April 2004.

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies received from the Departments [unrevised].

Questions Nos. 1 to 10 answered orally.

Medicinal Products.

11. **Mr. Boyle** asked the Minister for Health and Children the progress made to date on regulating complementary and alternative medicine; and if he will make a statement on the matter. [10815/04]

Minister for Health and Children (Mr. Martin): As a first step towards strengthening the regulatory environment for complementary therapists, I convened a forum in June 2001 to examine and explore practical issues involved in establishing appropriate regulation. Arising from the work of the forum I asked the Institute of Public Administration to prepare a report on proposals for the way forward taking into consideration the formal views of the representative groups that participated in the forum.

The report, which was launched in November 2002, delivers on action 106 of the health strategy — quality and fairness, and makes a number of recommendations on proposals for the way forward including: the establishment of a working group to examine and consider regulatory issues in Ireland; the continuation and development of a consultation process; and support for individual therapies in developing or strengthening their systems of self-regulation. As recommended in the report, I established a national working group to advise me on future measures for the regulation of complementary therapists. The working group held its first meeting in May 2003, continues to meet regularly and is expected to report by May 2005.

A proposal for a new EU directive on traditional herbal medicinal products was agreed at European level on 11 March 2004. In order to gain the most from these types of medicinal products, it is essential that they are subject to appropriate controls to ensure that, like all other medicinal products, they are of an appropriate quality and safe for the consumer to use. The interests of public health can best be realised when there is a formal mechanism for the assessment of these products and a subsequent means of monitoring their use in order to assure their continued safety in use.

This EU proposal provides for a special legal framework for traditional herbal medicinal products, with a view to removing the differences and uncertainties about the status of these

products in the member states and to further improve the protection of public health. Under the proposed directive, the quality requirements for these products are identical to those for all medicinal products. However, it is proposed that instead of conducting new tests and trials on the safety and efficacy of the product, these can be assessed on the basis of the information gathered on its traditional use over a period of at least 30 years, including 15 years in the community. Pending the implementation of this directive, the Irish Medicines Board continues to monitor the situation from a public health safety point of view.

Health Service Reform.

12. **Ms McManus** asked the Minister for Health and Children the progress to date in the work of the implementation bodies for the East Coast Health Board and Mid-Western Health Board area in regard to the Hanly report; if an assessment has been undertaken of the costs of implementing the Hanly recommendations in each area; and if he will make a statement on the matter. [10798/04]

Minister for Health and Children (Mr. Martin): I established the implementation groups relating to the Hanly Report in the East Coast Area and Mid Western Health Board regions on 27 February 2004. The groups include management and health professionals across all of the hospitals involved. They have been asked to develop a detailed action plan for the implementation of hospital reorganisation in the two regions, in line with the Hanly recommendations. The groups in the two regions will examine the costs as part of the implementation process.

Neither group has met to date because of industrial action taken by the Irish Hospital Consultants Association which includes non-participation in groups of this kind. While the pace of progress has been affected by the withdrawal of consultants from discussions, I am determined to advance implementation of the Hanly Report. I ask all parties to participate fully in the implementation process.

Several initiatives are under way at present to deal with accident and emergency services. These include prioritised planning for the discharge of patients by acute hospitals and increased liaison between hospital and community services; additional funds of €21.4 million to facilitate the discharge of patients from the acute system to a more appropriate setting; and additional emergency medicine consultant appointments — from 21 posts in 2000 to 51 posts approved by 1 January 2004. Subject to resolution of outstanding legal issues associated with the required regulatory changes, I intend to provide, at the earliest appropriate date, the necessary additional revenue funding to the Pre-Hospital

[Mr. Martin.]

Emergency Care Council for the roll-out of the training element of the emergency medical technician — advanced programme.

The Mid-Western Health Board has recently advertised for several emergency care physicians — fully registered doctors — to complement service delivery in emergency departments. I have also recently approved the appointment of the design team to prepare an outline development control plan for Ennis General Hospital. The plan will be prepared having regard to the development brief prepared by the project team which sets out the broad scope of the proposed future development at Ennis General and identified the priority areas for development.

Hospital Staff.

13. **Mr. Murphy** asked the Minister for Health and Children his plans to address the shortage of radiographers across the State; and if he will make a statement on the matter. [10869/04]

Minister for Health and Children (Mr. Martin): Intensive efforts have been successfully undertaken to improve staffing levels in radiography at local and national level. There had been an increase of 20% in whole time equivalent terms in the number of radiographers employed in the health service to the third quarter of 2003 compared with the end of 1999 — an increase from 757 to 908 radiographers. Recently, the number of radiography training places in the State has doubled from 30 in the 2000-01 academic year to 65 in the 2003-04 academic year.

Employment in the health services as a radiographer has been made more attractive through measures such as pay enhancements, developments in career structure and enhanced opportunities for professional development as a result of the continued implementation of the recommendations of the report of the expert group on radiography grades. In recent years, overseas recruitment by health agencies has also contributed significantly to meeting the human resource needs of the health services in radiography.

The introduction of a fast-track working visa scheme for health and social care professionals, including radiographers, and the streamlining of procedures for the validation of overseas qualifications are other initiatives that have been taken to help meet the human resource requirements for radiographers in the health service. Many radiographers with overseas qualifications have been validated as eligible to work in the Irish public health system for several years. Since the start of 2002, my Department has validated 407 radiographers as eligible to work here. Having recruited and developed many staff recently, it is a priority to retain them by offering a challenging and rewarding career path. In a

human capital and skills intensive health sector, retention has been identified as a key issue in better people management. The implementation of the action plan for people management, which I launched in November 2002, is playing a crucial role in boosting the capacity of the health services to retain scarce skilled health and social care professionals, including radiographers.

14. **Mr. Broughan** asked the Minister for Health and Children the position regarding the application of the European Working Time Directive to non-consultant hospital doctors; the latest assessment of the implications for staffing levels in hospitals; and if he will make a statement on the matter. [10799/04]

64. **Mr. Eamon Ryan** asked the Minister for Health and Children when he hopes that Ireland will be able to comply with the European Working Time Directive for junior doctors; and if he will make a statement on the matter. [10821/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 14 and 64 together.

Ireland will be legally obliged to begin applying the conditions stipulated in the European Working Time Directive to doctors in training from 1 August 2004. Every effort will be made to effect these employment rights from that date. As part of the early preparation for implementing the directive, a national joint steering group on the working hours of NCHDs was established in June 1999 and reported in January 2001. In order to reduce NCHD hours, it recommended that the following measures be progressed: reduction in the number of grades of doctor on-call at any one time; introduction of cross-cover arrangements; introduction of centralised rostering and shiftwork; and changes in skill-mix and practice for other grades of hospital staff. Following this work the national task force on medical staffing also recommended the introduction of a consultant-provided service, a significant increase in the number of consultants and the adoption of a team-based approach to consultant work. In line with this and with the role proposed for non-consultant hospital doctors, the task force report outlined that there should be a significant reduction in the number of NCHDs as the number of consultants increases. The objective must be to reverse the current ratio of more than two NCHDs for every one consultant.

The reasons for this approach are, first, even if it were desirable, it would not be possible to recruit sufficient extra NCHDs to cover existing rostering arrangements under the directive. This is particularly the case in smaller hospitals where there are already problems in maintaining the current numbers of NCHDs. Second, best practice requires that doctors should be recruited

to accredited training posts in order to ensure the provision of quality patient care and appropriate clinical decision-making. Medical manpower managers appointed under the NCHD 2000 agreement are overseeing the reduction in NCHD working hours and are essential to the phased implementation of the Hanly report recommendations, especially where roster management is concerned. Latest returns indicate that well in excess of 60% of NCHDs will comply with the 58 hour requirement of the directive by 1 August next. However, difficulties arise when the details contained in the directive are applied, that is, rest breaks and compensatory rest. These issues are being considered and will be continuously advanced.

Negotiations between health service management and the Irish Medical Organisation about the reduction of NCHD hours have sporadically taken place in the Labour Relations Commission over the past 18 months. Progress has been slow and several key issues have yet to be agreed. The Hanly report outlines the need to establish a working group in each hospital to implement the required measures and to monitor progress in the reduction in NCHD hours. A national implementation group is also urgently required to co-ordinate the work being undertaken at local level and to monitor progress. These groups should include appropriate hospital managers, consultants, NCHDs, nurses and other relevant health care professionals.

The urgent need to establish these groups at national and local level has been discussed with the Irish Medical Organisation at the meetings in the Labour Relations Commission but the IMO has refused to agree to their establishment. It has lobbied for many years to achieve a significant reduction in NCHD working hours. That aim could be progressed by full participation in the national and local implementation groups. Chief executive officers of health boards and voluntary hospitals, and hospital managers, together with senior officials from the Department and the Health Service Employers Agency are in regular contact about progress to reduce NCHD working hours and are identifying the various steps at national and local level required to implement the directive by 1 August. In addition, a national co-ordinator and support team have been seconded to oversee the implementation process in the health agencies, and to provide direction and guidance on specific issues. Work is also progressing on the development of IT software to record NCHD working hours.

In February 2002, the medical education and training project group of the national task force on medical staffing was established to prepare an implementation plan, for medical education and training arising from the requirements of the directive and the proposal for a consultant-provided service. The group continues this task

and I expect to have interim recommendations on meeting the training requirements within the directive soon. The chief executive officer of each individual health board and each voluntary hospital has responsibility for management of the workforce, including the appropriate staffing mix and the precise grades of staff employed within that agency, in line with service plan priorities, subject to overall employment levels remaining within the authorised ceiling. Hence, the recruitment of health service staff in 2004 and beyond will take place in the context of the implementation of each agency's service plan, taking into account new policy initiatives such as those necessitated by the implementation of the directive for doctors in training.

On 27 January last, I announced the composition of a group to prepare a national plan for acute hospital services. The group is chaired by Mr. David Hanly and contains a wide range of expertise from the areas of medicine, nursing, health and social care professions and management. It also includes an expert in spatial planning and representation of the public interest. The group has been asked to prepare a plan for the interim health service executive for the reorganisation of acute hospital services, taking account of the recommendations of the national task force on medical staffing including spatial, demographic and geographic factors. Rapid progress depends on all parties commencing this urgent work and preparing the plan for acute hospital services which will further help to implement changes in the reduction of working time for doctors in training.

The existence of significant difficulties and the relatively short timeframe available do not alleviate our legal obligations arising from the directive and only serve to emphasise the urgency of making rapid progress on implementation. Excessive working hours are unsafe for the doctor and his or her patients. The need to deliver appropriate training to our doctors while maintaining necessary levels of service provision will present a range of challenges. It also presents a unique opportunity to improve training, services and the working lifestyles of all NCHDs.

National Drugs Strategy.

15. **Mr. Rabbitte** asked the Minister for Health and Children the steps he is taking to provide a preventative programme to reduce the level of opiate related deaths, especially in the Dublin area where the death toll from opiates is running at the same level as from traffic accidents; and if he will make a statement on the matter.
[10783/04]

Minister for Health and Children (Mr. Martin): The overall objective of the National Drugs Strategy 2001-2008 is to reduce the harm caused to individuals and society by the misuse of drugs

[Mr. Martin.]

through a concerted focus on supply reduction, prevention, treatment and research with the ultimate aim of leading a drug-free lifestyle. The health-related aspects of the national drugs strategy focus in particular on education and prevention and treatment and rehabilitation, including substitution treatment under the methadone protocol. The number of methadone treatment places has expanded considerably in recent years, in line with the Government's commitment under the national drugs strategy. At the end of December 2003 there were 6,883 people receiving methadone treatment, compared with just over 5,000 at the end of 2000.

In the Eastern Regional Health Authority there are 59 drug treatment locations. This compares with 12 locations in 1997. Outside the ERHA, treatment clinics have been established in the South Eastern Health Board, Mid-Western Health Board, Western Health Board and Midland Health Board. General practitioners and pharmacists also provide treatment services and their involvement has also increased over recent years. The boards aim to address substance misuse by providing effective and sustainable services working in partnership with clients and with fellow service providers. All clients entering the addiction services are assessed and appropriate treatment plans are identified based on clients' needs. Decisions concerning the appropriate treatment for patients are made in accordance with best practice guidelines.

Overdose prevention is an inherent part of the comprehensive range of services which the boards provide, including education and prevention, treatment and rehabilitation, counselling and harm reduction. International evidence supports the view that opiate users are safer in treatment, therefore, every effort is made to encourage clients to engage in treatment. Co-abuse of alcohol, cocaine and benzodiazepines is closely monitored by the clinicians treating an individual. Every effort is made to modify the clients' use of other drugs thereby minimising the risk of overdose. For opiate users outside treatment, outreach workers and needle exchange services actively engage drug users to promote safer drug using practices to address the risks involved in terms of overdose, transmission of blood-borne viruses and unsafe sex practices. Harm minimisation is at the core of the three area health boards' outreach strategy and this includes the risk of overdose.

Building on existing initiatives, one area health board designed a series of posters and leaflets, directly addressing risk factors contributing to overdose and how individuals can best provide assistance to those who may have overdosed. This initiative was piloted last month in all the addiction centres in the health board area and is due to be extended to GPs and health centres in

the area in the coming months. This is taking place as part of a health promotion programme, which has been designed to promote service users taking a more active role in their own health in a range of areas. There are protocols in place for the transfer of those who are engaged in substitute treatment whilst in prison to facilitate their take-up for treatment on release and so reduce the risk of overdose among released prisoners who misuse opiates.

Drug-related deaths are recorded by the general mortality register of the CSO, based on the international classification of diseases code system. Other countries have developed dedicated systems for recording drug-related deaths and it is important, for the purposes of comparative analysis, that the Irish system is capable of generating an equivalent level of information. That is why one of the actions contained in the national drugs strategy calls for the development of an accurate mechanism for recording the number of drug-related deaths. Overall responsibility for this action rests with the Coroner's Service and the Central Statistics Office.

Health Service Reform.

16. **Ms Lynch** asked the Minister for Health and Children the programme of work undertaken to date by the national steering committee to oversee the different strands of the health reform programme; and if he will make a statement on the matter. [10811/04]

Minister for Health and Children (Mr. Martin):

The national steering committee was established to oversee, monitor and steer the health reform programme. The committee, chaired by Mr. Kevin Kelly, held its first meeting on 16 February last. This initial meeting provided an opportunity for the committee to be briefed on progress to date in the first phase of implementation of the programme; to be updated on the development of a project plan for the next phases, including the identification of key milestones in 2004; and to discuss the most appropriate focus for the committee in guiding and overseeing progress.

The four interrelated strands of activity under way are: the work of the interim health service executive leading to the establishment and the orderly transfer of functions to the HSE; aspects of the reform programme for which the Department of Health and Children has lead responsibility; the work of the acute hospitals' review group chaired by Mr. David Hanly; and the ongoing management of the health system and internal preparations for the new organisation and governance arrangements being led by the chief executive officers of health boards and the Health Boards Executive. It is anticipated that the NSC will meet again shortly.

Hospital Services.

17. **Mr. Gogarty** asked the Minister for Health and Children, further to Question No. 949 of 30 September 2003, if he has received expert advice on the question of self-testing for patients on anticoagulation therapy; if he will meet with members of Anti-coagulation Europe to discuss the matter further; and if he will make a statement on the matter. [10820/04]

Minister for Health and Children (Mr. Martin):

The treatment available to patients on anti-coagulation therapy is normally provided in a hospital setting under the supervision of a specialist, or in certain GP clinics with specialist agreement. A few patients may be opting to self-test, although this is a private matter between them and their doctors. Officials from my Department have met representatives of the self-help group known as Anti-coagulation Europe to discuss a system of self-testing for patients on anticoagulation therapy. My Department will need to consult further with relevant experts in this area to assess whether self-testing for these patients is realistic in a community setting, having regard to all the medical and other factors involved.

18. **Mr. O'Dowd** asked the Minister for Health and Children when his Department will announce the decision on the location of radiotherapy centres in Dublin; and if he will make a statement on the matter. [10844/04]

Minister for Health and Children (Mr. Martin):

The report, *The Development of Radiation Oncology Services in Ireland*, that I launched in October 2003 is a most authoritative analysis of radiation oncology and provides a detailed plan for the future development of radiation oncology services nationally. The Government has accepted the recommendations of the report and the development of these services on the lines recommended is the single most important priority in cancer services in the acute setting. The report recommends two treatment centres located in the eastern region, one serving the southern part of the region and adjacent catchment areas and one serving the northern part of the region and adjacent catchment areas. I have asked the chief medical officer of my Department to advise on the optimum location of radiation treatment facilities in Dublin. A detailed request for submissions for issue to potential host hospitals is being finalised. The chief medical officer will apply the guidelines established by the group with the support of the hospital planning office of my Department and international experts. Several international organisations, expert in the field of oncology, including radiation oncology, have been asked to

nominate experts. I expect the office of the chief medical officer to issue this request shortly.

Health Insurance.

19. **Mr. Costello** asked the Minister for Health and Children if he has sought or received an assessment from the VHI of the likely impact on its premiums of the decision not to proceed with the proposed risk equalisation scheme; and if he will make a statement on the matter. [10805/04]

Minister for Health and Children (Mr. Martin):

As provided for under the Health Insurance Acts and the risk equalisation scheme, the Health Insurance Authority has notified the insurers concerned, including the Voluntary Health Insurance Board, of its proposed recommendation to me, as Minister, concerning the commencement of risk equalisation payments. The authority has advised the insurers that it proposes to recommend that risk equalisation payments ought not to be commenced. The legislation provides for the insurers to make representations to the authority on its proposed recommendation and requires it to take such representations into account before finalising its recommendation as to whether the Minister ought or ought not to commence risk equalisation payments.

As the authority has not submitted its final recommendation, and as I have no function in that process under the legislation, it would not be appropriate for me to seek an assessment of the kind referred to by the Deputy. Under VHI legislation, the VHI Board has the primary responsibility to set premium rates. The legislation obliges the board to notify the Minister of proposed premium increases which it has decided before effecting them. The Minister may prevent the introduction of any proposed increase, but must give reasons for doing so. It would be inappropriate for me to engage in consideration of the matter of VHI premium increases outside that process and in the context to which the Deputy refers. I recognise the independent role and responsibilities which the authority must perform with regard to the risk equalisation scheme.

National Children's Strategy.

20. **Mr. Ring** asked the Minister for Health and Children his plans to provide community-based early intervention services and programmes for the identification, assessment and treatment of children with emotional and behavioural problems as promised in the national children's strategy; and if he will make a statement on the matter. [10874/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan): The further actions proposed in the national children's

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strategy to meet the needs of children with emotional and behavioural difficulties are being addressed, *inter alia*, in the context of the implementation of the Children Act 2001. The National Children's Office is co-ordinating the cross-departmental implementation of the Children Act 2001, part 11 of which, establishing the special residential services board on a statutory footing, has been commenced. Work is also at an advanced stage to introduce soon parts 2 and 3 of the Act which provide a statutory scheme for non-offending children in need of special care or protection to be placed in special care units, on foot of a special care order made by the District Court in appropriate circumstances, as a last resort and for as short a period as possible.

Since 1997 approximately €185 million additional revenue funding has been invested through the health boards in the development of child welfare and protection services. This has provided for a wide range of developments including family support projects, preventive services and intensive community-based services.

As stated in the health strategy Quality and Fairness: a Health System for You, child care services since the early 1990s have focused mainly on the protection and care of children at risk. This policy has recently shifted to a more preventive approach to child welfare involving support to families and individual children, with the aim of avoiding the need for further, more serious, interventions later on. I established the review of family support services in 2003 which will map out a national policy and plan for the future development of family support services by health boards in line with section 27 of the health strategy. It will report by the end of this year. The intensive community-based services which have been put in place to provide support for children who may have emotional and behavioural problems include the Springboard initiative and the Youth Advocate pilot projects. In 1998 the Cabinet Committee on Social Inclusion approved spending of €9.14 million over a three year period from the young persons services and facilities fund on several pilot projects for children at risk, working intensively with children, mainly in the seven to 12 year old age group, who are at risk of going into care or getting into trouble with their families. These were the Springboard initiative, funded and established through the health boards. Since 1998, 22 such projects have been established throughout the country. Children and families are generally referred to Springboard through social work departments, schools and other statutory agencies. Over 700 children presenting with a variety of behavioural and psychological problems attend the projects for intensive group, or individual, work. Almost 400 parents attend the projects and through

individual or group work programmes they learn new patterns in parenting that improve their own self-esteem and also their children's quality of life.

Youth Advocate programmes have been established on a pilot basis since 2002 in the Northern Area Health Board and in the Western Health Board with total funding of approximately €1 million. The programme works with children and families to reduce the number of young people entering out-of-home placement, reduce the length of stay of young people in care and return children to the most appropriate family placement as quickly as possible by providing a range of intensive community-based services. The service is an internationally successful community-based alternative to special care and high support placement. The two projects cater for approximately 50 young people at any one time. Youth advocate programmes design interventions to meet the unique needs of each family with connections to other services as needed, they incorporate a crisis intervention service and attribute their success to their core principles: no ejection and reject, strengths-based approaches and unconditional care. The North Eastern Health Board plans to establish a further such project this year.

Among the many programmes operating in the various health boards are neighbourhood youth projects, health advice cafés, and teen parents support projects which aim to provide direct intervention with young people experiencing risk, or at risk of experiencing personal, family, education or social problems, to enable them to grow and develop to their full potential. The Department of Health and Children, with funding by the Crisis Pregnancy Agency, will establish two further projects under the teen parents support initiative this year. The projects will be based in the North Eastern Health Board and the Northern Area Health Board. Young people identified by these services as needing further treatment are referred to other services as appropriate such as child and adolescent psychiatric services.

Internationally acknowledged best practice for the provision of child and adolescent psychiatric services is through the multi-disciplinary team. In furtherance of the recommendations of the working group on child and adolescent psychiatry, additional revenue funding of €6.061 million was allocated in 2002 to provide for the appointment of additional child and adolescent consultants, for the enhancement of existing consultant-led, multi-disciplinary teams and towards the establishment of further teams. A further €1.64 million was allocated in 2003. The working group also recommended that seven child and adolescent in-patient psychiatric units for children ranging from six to 16 years should be developed throughout the country. Project

teams have been established to develop child and adolescent in-patient psychiatric units in Cork, Limerick, Galway and one in the Eastern Regional Health Authority area, at St. Vincent's Hospital, Fairview.

The second report of the working group on child and adolescent psychiatry published in June 2003, contains proposals for the development of psychiatric services for 16-18 year olds. It recommends that, in the further development of the child and adolescent psychiatric service, priority should be given to the recruitment in each health board area of a consultant child and adolescent psychiatrist with a special interest in the psychiatric disorders of later adolescence. Further implementation of the recommendations of the reports of the working group on child and adolescent psychiatry will be considered in the context of the Estimates process for 2005 and subsequent years. The expert group on mental health policy will consider the future direction and delivery of all aspects of our mental health services, including child and adolescent psychiatry and is expected to report in 2005.

National Health Strategy.

21. **Mr. Deasy** asked the Minister for Health and Children the efforts he has made to ensure that persons on low incomes have better access to health care; and if he will make a statement on the matter. [10861/04]

Minister for Health and Children (Mr. Martin): The health strategy emphasises fairness and the objective of reducing health inequalities in our society. The Government has taken a series of initiatives which are set to improve access to the public health services and therefore have a particular impact on access for those on low income. Shorter waiting times for public patients are being prioritised, with the expansion of bed numbers and the national treatment purchase fund. In addition, there are clear commitments to targeting vulnerable and disadvantaged groups including: continued investment in services for people with disabilities and older people; initiatives to improve the health of Travellers, homeless people, drug misusers, asylum seekers and refugees, and prisoners; and implementation of the NAPS targets relating to health.

The health strategy includes a commitment that significant improvements will be made in the medical card income guidelines in order to increase the number of persons on low income who are eligible for a medical card and to give priority to families with children, particularly children with a disability. This should be viewed in the broader context of the strategy's emphasis on fairness and its stated objective of reducing health inequalities in our society. Due to the prevailing budgetary situation it is not possible to meet this commitment this year but we remain

committed to the introduction of the necessary changes within the lifetime of this Government. Access to health services is more complex than medical card eligibility. The provision of improved services in the publicly funded health services is key to better access for people on low income.

Under the first phase of the acute bed capacity initiative, I have provided €118 million for an additional 709 beds, of which 584 have been commissioned to date in the first phase. Funding has been made available to health boards and authorities to commission the balance of the 709 beds this year, all of which are intended for use by public patients.

Significant progress has been achieved in reducing waiting times for adults and children. The number of adults waiting more than 12 months for in-patient treatment in the nine target surgical specialties has fallen by approximately 42% from 6,273 to 3,658 between September 2002 and September 2003. The number of children waiting more than six months for in-patient treatment in the nine target surgical specialties has decreased by 39%, from 1,201 to 734 in the same period. The national treatment purchase fund continues to target those adults and children waiting longest for treatment. The fund will facilitate, in most instances, adults waiting more than six months for an operation and children waiting more than three months. If patients are prepared to exercise choice by travelling to where there is capacity, they can be treated more quickly in many instances. By the end of March the fund had arranged treatment for approximately 12,107 patients. To give it a significant lead role in targeting waiting times for patients, I have increased the level of funding for the NTPF in 2004 bringing its overall allocation to €44 million.

Access to primary care services is of crucial concern to this Government as is evidenced by the publication of a separate strategy document, Primary Care: A New Direction. Primary care is the first port of call for most who use health services. It can meet 90-95% of all health and personal social service needs. It is a vital public service. The primary care strategy sets out a vision of the service we want to put in place building on our existing strengths, to develop a high-quality, user-friendly primary care service to meet people's needs in the future. However, change will not be effected overnight. The strategy sets out an implementation plan, which recognises the breadth of the change required to support the roll-out of the new primary care model over the next decade.

The primary care strategy acknowledged that the current health board structures are not optimised to support the development and reorganisation necessary to implement the new primary care model on a widespread basis. The

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new structures being developed under the health service reform programme will ensure that the system is organised and managed to support the development and implementation of the health strategy, including the primary care strategy. The targets to reduce health inequalities set out in the Government's review of the national anti-poverty strategy and which were developed in the course of an extensive consultation process have been integrated into the national health strategy. Key health targets are to reduce the gap in premature mortality and low birth weight between the highest and lowest socio-economic groups by 10% by 2007, and to reduce differences in life expectancy between Travellers and the rest of the population.

While access to health services is one of the factors that affect health status it is not the only one. The policies and activities of a wide range of areas effect health and health inequalities. This is why the first objective of national health strategy, under goal one, better health for everyone, is that "The health of the population is at the centre of public policy." To achieve this objective the Department of Health and Children is working with the Institute of Public Health to implement a programme of health impact assessment.

In the 2004 letters of determination, and in other correspondence, my Department has asked health agencies to prioritise actions to reduce health inequalities. Further, the chief executive officer of each health board was asked to prioritise its funding allocations in favour of the RAPID and CLÁR projects. The NAPS and health working group has been reconvened in a consultative capacity to monitor progress towards achievement of the targets. The social partners are represented on the working group.

Action 19 of the national health strategy is aimed at developing and expanding initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles. Health boards have established key partnerships with organisations in the community, both voluntary and statutory sectors, to try to eliminate such barriers and achieve healthier lifestyles. Implementation of the health promotion strategy, the Traveller health strategy, homelessness strategies and the national drugs strategy continues. Groupings targeted include low income groups, mother and toddlers groups, young lone parents, clients of mental health services, older people, people with disabilities, early school leavers and asylum seekers.

Action 52 of the national health strategy advocated community participation initiatives to enable people to have their say in health matters that concern them locally. Initiatives include: guidelines on a health service approach to community participation were produced by the Health Boards Executive in association with the

Department in 2002; four boards have established regional advisory panels or consumer panels for older consumers and their carers, six boards have established consumer panels dealing with a range of service delivery issues; and the national consultative forum is convened annually to monitor progress in the implementation of the national health strategy and to comment on priorities and emerging trends. The forum is broad-based and includes patient and client groups, service providers, senior management in the health system, the voluntary sector, and organisations with an interest in the health system and relevant Departments.

Since 1997 funding for the health services has increased by 188.2% to over €10 billion in 2004 and hospital activity has increased by 28%. This, together with the actions outlined above, demonstrates my commitment to better access to publicly funded health care which particularly benefits those on low incomes.

Committee of Inquiry.

22. **Ms B. Moynihan-Cronin** asked the Minister for Health and Children the progress of the inquiry being held into the death of a person (details supplied) two weeks after undergoing an appendix operation at Cavan General Hospital and who subsequently went back to the casualty department suffering from stomach pains, but was sent home; when he expects to receive the final report; when the committee appointed to inquire into complaints made against two consultants at the hospital will report; and if he will make a statement on the matter. [10780/04]

Minister for Health and Children (Mr. Martin): Following the tragic death of the child concerned, the North Eastern Health Board established an expert group to undertake an urgent review of all factors involved. My Department is advised that the work of this group is ongoing and a report will issue to the North Eastern Health Board as soon as possible.

As the establishment of the committee of inquiry set up to examine matters of complaint against two consultants in Cavan General Hospital is the subject of judicial review proceedings before the High Court, the matter is *sub judice*. I am not, therefore, in a position to comment on the matter.

Accident and Emergency Services.

23. **Mr. G. Mitchell** asked the Minister for Health and Children the plans and programmes that he has in place to tackle the ongoing accident and emergency crisis in our hospitals; and if he will make a statement on the matter. [10855/04]

154. **Mr. Durkan** asked the Minister for Health and Children the reason for the continued overcrowding in hospitals with particular

reference to accident and emergency congestion; his plans to resolve the issue; and if he will make a statement on the matter. [11074/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 23 and 154 together.

Several initiatives are under way to deal with pressures in emergency medicine departments: planning for the discharge of patients by acute hospitals and the liaison with the community services has been prioritised on an ongoing basis by the Eastern Regional Health Authority and the health boards. I have provided an additional €8.8 million to the EHRA and €3.8 million to the Southern Health Board to facilitate the discharge of patients from the acute system to a more appropriate setting thereby freeing up acute beds.

A report entitled Acute Hospital Bed Capacity — A National Review, carried out by my Department, identified a requirement for an additional 3,000 acute beds in acute hospitals by 2011 and this is reflected in the Government's health strategy, Quality and Fairness — A Health System for You. Some 584 of the 709 beds in the first phase have been commissioned to date. The ERHA continues to work closely with the major acute hospitals in Dublin with a view to reopening acute beds which were temporarily closed last year. As part of the winter initiative, an additional 20 emergency medicine consultants have been appointed from the 29 approved. Additional appointments are being progressed by the health boards and the ERHA and the number of emergency medicine consultants in the eastern region has increased from ten to 21 in the last five years. A review of the nurse staffing levels in emergency departments is also being progressed by the Health Services Employers Agency in consultation with the health service management representatives and the nursing unions. Emergency medicine departments may sometimes have to deal with injuries and conditions which are more appropriate to a primary care setting. General practitioner out-of-hours co-operatives have been established and are operating in at least part of all health board areas, with one, the North Eastern Health Board, having a region wide project. A total of €46.5 million has been allocated for the development of out-of-hours co-operatives between 1997 and 2003. I will continue to work with the various health agencies in looking for short and long-term solutions to the current difficulties.

Hospital Accommodation.

24. **Mr. Connaughton** asked the Minister for Health and Children the progress to date on his commitment to provide an additional 709 acute hospital beds to public patients; and if he will make a statement on the matter. [10846/04]

49. **Ms McManus** asked the Minister for Health and Children the number of new hospital beds provided to date in 2004 and the projected number that will be provided before the end of 2004; and if he will make a statement on the matter. [10797/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 24 and 49 together.

Under the first phase of the acute bed capacity initiative I have provided €118 million for an additional 709 beds 584 of which have been commissioned in the first phase. Funding has been made available to health boards and authorities to commission the balance of the 709 beds this year. Under the acute bed capacity initiative, I have also provided an additional €8.8 million to the Eastern Regional Health Authority and €3.8 million to the Southern Health Board to facilitate the discharge of patients from the acute system to a more appropriate setting thereby freeing up acute beds. It allows for funding, through the subvention system, of additional beds in the private nursing home sector and ongoing support in the community.

Health Board Services.

25. **Mr. Morgan** asked the Minister for Health and Children the funding available in each health board area in 2004 for cancer services; and if he will make a statement on the matter. [10911/04]

Minister for Health and Children (Mr. Martin): In 2004, the total additional accumulated funding for each health board since 1997 is:

Board/Authority	2004 — Additional Accumulated Funding
	€m
Eastern Regional Health Authority	183
Midland Health Board	27
Mid Western Health Board	48
North Eastern Health Board	28
North Western Health Board	38
South Eastern Health Board	42
Southern Health Board	57
Western Health Board	62
Total	485

Cancer services throughout the country have benefited significantly from this investment of €485 million which far exceeds the £25 million requirement initially envisaged under the national cancer strategy. This investment has enabled the funding of 90 additional consultant posts, together with support staff in key areas such as medical oncology, radiology, palliative care, histopathology and haematology. A total of 245 additional cancer care nurse specialists,

including breast care, palliative home care and oncology nurses, were appointed. The benefits of this investment are reflected in a significant increase in activity in all areas of cancer treatment. Approximately €95 million in capital funding has been allocated specifically for the development of cancer-related initiatives since 1997. These include an investment of €60 million in radiation oncology, €8.75 million in the bone marrow unit at St. James's Hospital and €11.9 million in BreastCheck.

The investment in radiotherapy will result in an increase of approximately 50% in linear accelerator capacity. It will also provide for the appointment of an additional five consultant radiation oncologists and will result in a significant increase in the number of patients receiving radiation oncology in the short term.

Medicinal Products.

26. **Mr. M. Higgins** asked the Minister for Health and Children if his attention has been drawn to the results of recent research commissioned on behalf of the Irish Patients Association which shows that almost half of family doctors and two thirds of pharmacists are not informing patients of the potential side-effects of medicines; the steps he intends to take to ensure that patients are provided with full information about medicines they may be taking; and if he will make a statement on the matter. [10806/04]

Minister for Health and Children (Mr. Martin): As my Department has only recently received the research to which the Deputy refers, I am not yet in a position to comment on its conclusions. However, I understand that officials from my Department will be meeting representatives of the Irish Patients Association to discuss their concerns.

The relevant contractual obligations are: clause 9 of the community pharmacy contractor agreement between health boards and community pharmacists provides, in the state drug schemes, for a review by the pharmacist of a patient's medicine therapy. This review includes screening for potential drug therapy problems, therapeutic duplication, drug-drug interactions, incorrect drug dosage or duration of drug treatment, drug allergy interactions and clinical abuse or misuse, and advising patients on these and other issues, such as the importance of compliance and proper storage of medicines. Clause 11 of the general medical services contract between general practitioners and health boards requires the medical practitioner to accept clinical responsibility for, and to treat, people on his or her list who need medical treatment or, where appropriate, transfer them to appropriate consultant care and accept clinical responsibility

for them on becoming aware of their discharge from consultant care. Clause 18 of the contract requires the medical practitioner to prescribe such drugs and medicines as he or she considers necessary for any person on his or her list, and to co-operate in the operation of the National Drugs Formulary issued by the Minister with the agreement of the Irish Medical Organisation.

Health Board Services.

27. **Mr. Neville** asked the Minister for Health and Children if his attention has been drawn to the number of cutbacks in home help services in many health boards across the country; and if he will make a statement on the matter. [10842/04]

Minister of State at the Department of Health and Children (Mr. Callely): The policy of the Department of Health and Children on services for older people is to maintain them in dignity and independence at home in accordance with their wishes, as expressed in many research studies; to restore to independence at home those older people who become ill or dependent; to encourage and support the care of older people in their own community by family, neighbours and voluntary bodies; and to provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home. The role of the home help service is vital to this policy.

Following the publication, in 1998, of the report entitled *The Future Organisation of the Home Help Service in Ireland* by the National Council on Ageing and Older People, there has been a major step forward in the implementation of the home help scheme from 1999 onwards, in terms of the amount of service delivered and treatment of the home helps — the days when home helps worked for a pittance are long gone. Upwards of €50 million has been injected into the system to ensure that home helps receive a decent level of pay and other entitlements such as holidays and sick-leave. Considerable additional funding has been made available to the health boards to increase the level of home help service availability through the employment of more home helps, or by increasing the number of hours worked by existing home helps.

There are several reasons for an increased demand on the home help service, which include the demographic fact that approximately 6,000 people are coming into the over-65 bracket every year and also there is, proportionately, a bigger percentage increase in the more dependent over-80 category. These factors may necessitate some minor adjustments in the provision of the home help service. The health boards provide the home help service on the basis that the more vulnerable clients are given priority. The tables demonstrate the extent of the additional funding which has

been applied to the home help service over the past three or four years and the resultant increase in the number of hours provided. While there are

still gaps in the service there has been significant development in the service in recent years.

Expenditure

Health Board	Home Help Budget				
	2000	2001	2002	2003	2004
	€	€	€	€	€
ERHA	14,854,841	22,304,785	21,673,347	21,650,641	26,846,000
NEHB	3,943,666	7,940,449	8,788,108	9,290,000	9,301,469
NWHB	3,297,528	6,883,268	7,987,268	8,347,268	10,654,000
MHB	3,499,000	7,008,000	7,970,000	8,671,000	8,866,000
MWHB	4,133,456	9,741,212	9,459,248	9,574,315	10,739,198
SEHB	3,605,456	8,477,244	8,891,659	9,196,719	11,481,379
SHB	12,300,000	27,900,000	28,000,000	31,300,000	32,000,000
WHB	6,060,536	12,004,280	12,344,989	13,513,791	16,747,397
TOTAL	51,694,483	102,259,238	€105,114,619	111,543,734	126,635,443

Hours

Health Board	2001	2003	2004
ERHA (NAHB)	Not available	538,600	538,600
ERHA (SWAHB)	Not available	930,000	900,000
ERHA (ECAHB)	282,642	313,793	313,793
NEHB	783,078	732,183	815,000
NWHB	606,300	676,034	676,034
MHB	Not available	516,716	516,716
MWHB	610,189	696,935	696,935
SEHB	650,555	878,694	878,694
SHB	2,454,484	2,600,000	2,652,000
WHB	824,409	945,944	975,611
TOTAL		8,828,899	8,963,383

These figures show an increase in hours in 2004 as against 2003. This is in line with overall funding to this Department in 2004, on the basis of continuation of existing level of service. Since my appointment as Minister of State, I have encouraged the Eastern Regional Health Authority and the health boards to introduce personal care packages for older people as an alternative to long-stay residential care. Personal care packages are designed for the individual concerned and could possibly include the provision of a home help service, home subvention payments, arrangements for attendance at a day centre or day hospital and other services such as twilight nursing. Personal care packages allow older persons the option of remaining living in their own homes rather than going into long-stay residential care. Additional funding of €1.25 million was made available to the authority and health boards this year for the introduction of personal care packages. This is on top of the significant expenditure currently being incurred on home help and other services aimed at supporting people at home.

Hospital Accommodation.

28. **Mr. Hayes** asked the Minister for Health and Children the progress on dealing with the problem of a shortage of long stay beds which is having a severe impact on hospital services across the State; and if he will make a statement on the matter. [10870/04]

150. **Mr. Durkan** asked the Minister for Health and Children if he will consider increasing the number of subvented or dedicated long stay beds with a view to alleviating acute bed pressure; and if he will make a statement on the matter. [11070/04]

Minister of State at the Department of Health and Children (Mr. Cally): I propose to take Questions Nos. 28 and 150 together.

There is a commitment in the national health strategy to provide 1,370 additional assessment and rehabilitation beds, plus 600 additional day hospital beds with facilities encompassing specialist areas such as falls, osteoporosis treatment, fracture prevention, Parkinson's Disease, stroke prevention, heart failure and

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continence promotion clinics. In addition, the strategy proposed the provision of an extra 5,600 extended care and community nursing unit places over a seven year period which will include provision for people with dementia. Provision of these facilities was contingent on the provision of the necessary resources.

Public private partnerships are being piloted in the health sector. These are based on the concept that better value for money for the Exchequer may be achieved through the exploitation of private sector competencies to capture innovation and the allocation of risk to the party best able to manage it. Initially, the focus will be mainly on community nursing units for older people. It is anticipated that 17 new units will be created when the initial pilot programmes are complete, providing up to a maximum of 850 new beds in Dublin and Cork. The services offered in these units will include: assessment and rehabilitation; respite; extended care; convalescence and, if the PPP pilot demonstrates success, it is intended to use it as a means of providing additional community nursing units in other locations throughout the country.

Under the acute bed capacity initiative, I have provided additional funding of €8.8 million to the ERHA and €3.8 million to the Southern Health Board to facilitate the discharge of patients from the acute system to a more appropriate setting thereby freeing up acute beds. It allows for funding through the subvention system of additional beds in the private nursing home sector and ongoing support in the community. Already this funding has resulted in the discharge of over 240 patients from acute hospitals in the eastern region to various locations, most to private nursing homes. In the Cork area, the initiative has resulted in the discharge of 112 patients from acute hospitals to more appropriate settings. The ERHA and the Southern Health Board are monitoring the situation and working with hospitals, the area health boards and the private nursing home sector to ensure that every effort is made to minimise the number of delayed discharges in acute hospitals.

Hospital Services.

29. **Mr. S. Ryan** asked the Minister for Health and Children when it is expected that the new five-storey facility at James Connolly Memorial Hospital, Blanchardstown, which cost more than €96 million to construct and equip, will be brought into service; the steps being taken to ensure that the facility is commissioned without further delay; and if he will make a statement on the matter. [10793/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at James Connolly Memorial Hospital rests with the Eastern Regional Health Authority.

This major development is being jointly funded by the Northern Area Health Board, through the

sale of surplus lands, and my Department. The full projected project cost is €101.4 million. This includes an amount of €5 million approved last year to facilitate refurbishment works at the hospital which are necessary as part of the transition process to the new hospital and to facilitate a land transfer in line with the project development arrangements.

My Department is advised that the first phase of the transition to the new development at James Connolly Memorial Hospital, Blanchardstown, has been completed. The coronary care and cardiac unit, the therapeutic psychiatry of old age unit, day hospital and the rheumatology service transferred to the new building in September 2003.

The further commissioning of this development is currently being examined by the ERHA and my Department.

General Medical Services Scheme.

30. **Mr. Sherlock** asked the Minister for Health and Children when he intends to publish the report commissioned from a company (details supplied) on the GMS, in view of the fact that it is over a year since a draft was submitted to him; if the report has been brought to Government; if it is intended to implement the recommendations of the report; and if he will make a statement on the matter. [10792/04]

Minister for Health and Children (Mr. Martin): The Deloitte & Touche consultancy review of governance and accountability mechanisms in the GMS schemes was received, in draft form, by my Department in February 2003. While the review was being considered by officials in my Department, both the Commission on Financial Management and Control Systems in the Health Service, Brennan, and the Audit of Structures and Functions in the Health System, Prospectus, reports were published. Since the contents and recommendations of both these reports are relevant to the subject matter of the GMS review, my Department requested Deloitte & Touche to update the draft in this light, and also having regard to the latest financial data from the general medical services, payments, board. The final draft of this review has been received by my Department. It is my intention to bring this review to Government as soon as possible, at which time its publication and implementation will be discussed.

Departmental Strategy.

31. **Mr. Boyle** asked the Minister for Health and Children if he will consider launching an information campaign on the health effects of indoor pollution and the need for people to properly ventilate their homes; and if he will make a statement on the matter. [10816/04]

Minister for Health and Children (Mr. Martin): I have no plans at present to launch an information campaign on the health effects of

indoor pollution and the need for people to properly ventilate their homes. Ventilation standards in houses are a matter for my colleague, the Minister for the Environment, Heritage and Local Government, who has general responsibility for the construction industry.

Health Board Services.

32. **Ms Shortall** asked the Minister for Health and Children if his attention has been drawn to the fact that persons attending the existing Ballymun health centre were turned away on health and safety grounds; the steps being taken to ensure that the Ballymun health centre will be brought into operation and made available to the people of the area, in view of the fact that it has remained unused, although completed, for a year at an estimated cost of €3.5 million; if he has received an application for funding to allow the centre to be fitted out; if he intends to make this money available; and if he will make a statement on the matter. [10794/04]

Minister for Health and Children (Mr. Martin):

As outlined in my reply to a previous parliamentary question concerning this development, my Department is working with the Eastern Regional Health Authority and the Northern Area Health Board in an effort to resolve a range of issues relating to this project. The issues relate to matters such as the scope of the project, compliance with procurement procedures, securing value for money and the issue of funding for the project.

A new and revised proposal has very recently been submitted to my Department in this regard and this is currently under consideration.

Clinical Indemnity Scheme.

33. **Dr. Upton** asked the Minister for Health and Children the position regarding his discussions with the Irish Hospital Consultants' Association regarding the proposed new system of medical insurance; and if he will make a statement on the matter. [10825/04]

Minister for Health and Children (Mr. Martin):

Intensive efforts are continuing to resolve the issue of who should take responsibility for claims which result from events which occurred before the establishment of the clinical indemnity scheme. This issue is of the greatest concern to consultants arising from the introduction of the new indemnity arrangements. The Irish Hospital Consultants' Association and the Irish Medical Organisation are kept informed of progress on a regular basis.

Question No. 34 answered with Question No. 10.

Prescribed Medication.

35. **Mr. Gormley** asked the Minister for Health and Children the statistics available to his office

on the amount of antidepressants prescribed to persons here by doctors; his views on whether too many antidepressants are being prescribed, as is the case in the UK; his plans to ensure that fewer antidepressants are prescribed; and if he will make a statement on the matter. [10813/04]

Minister for Health and Children (Mr. Martin):

Prescriptions are issued by health professionals based on the symptoms of the presenting patient at the time of consultation. The level of medication prescribed, therefore, is a matter of clinical decision for the particular doctor involved. My Department has no role in the determination of appropriate medication protocols for patients with any condition.

Prescriptions for antidepressants may be issued by either general practitioners or consultants in a variety of locations, for example, general practice, community psychiatric facilities or private or public psychiatric hospitals. There is no formal national collection of data on the level, frequency or other details in connection with the prescribing of antidepressants. Accordingly, it is not possible to give the requested statistics to the Deputy.

An expert group on mental health policy was established in August 2003 to prepare a new national policy framework for the mental health services, updating the 1984 policy document, *Planning for the Future*. The group consists of 18 widely experienced people who are serving in their personal capacity. The membership encompasses a wide range of knowledge and a balance of views on many issues affecting the performance and delivery of care in our mental health services. All areas of mental health policy and service provision will be examined in the course of the group's work.

National Health Strategy.

36. **Mr. Neville** asked the Minister for Health and Children the progress on the primary care implementation projects; and if he will make a statement on the matter. [10841/04]

Minister for Health and Children (Mr. Martin):

The strategy, *Primary Care: A New Direction*, provided for the early establishment of a number of primary care teams on the basis of the principal features of the integrated interdisciplinary model described in the strategy. One of the purposes of these projects was to allow the future more widespread implementation of the model to draw on experience gained and to be informed by the input of the relevant professional and user stakeholders to the development of the first teams. The strategy also committed to the refinement and development of the model by agreement through the joint learning that these initial implementation projects will allow for.

In October 2002 I gave approval to the establishment of ten primary care implementation projects, one in each health board area. These projects are building on the

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services and resources already in place in the locations involved so as to develop a primary care team in line with the interdisciplinary model described in the strategy. The spread of locations, ranging from the centre city urban areas to dispersed rural communities, has been chosen to reflect the variety of circumstances around the country in which primary care services must be delivered and to explore in a practical way how primary care teams will operate. Each location has its own intrinsic challenges and each primary care team will have to adapt to the needs of the area and community it serves.

The locations of the ten implementation projects are: Eastern Regional Health Authority; East Coast Area Health Board, Arklow, County Wicklow; Northern Area Health Board, Ballymun, Dublin city; South Western Area Health Board, Liberties, Dublin city; Midland Health Board, Portllington, County Laois; Mid-Western Health Board, west County Limerick; North Eastern Health Board, Virginia, County Cavan; North Western Health Board; Lifford, County Donegal; South Eastern Health Board, Cashel, County Tipperary; Southern Health Board, west Kerry; and Western Health Board, Erris, County Mayo.

In 2002, initial revenue funding of €0.877 million was provided. In 2003, an additional €3.623 million in revenue funding was provided on an ongoing basis. This brought the total annual revenue funding to €4.5 million.

In 2004, I provided an additional €0.990 million to the health boards on an ongoing basis in respect of implementation of the primary care strategy and health boards may, if necessary, use this to meet any additional revenue costs associated with the primary care teams.

In 2002, I provided funding of €1 million to support information and communications technology developments for the implementation projects, and a total of €2 million to facilitate minor capital works. There has been substantial progress to date with the development of primary care teams in the chosen locations. However, it must be recognised that moving to the interdisciplinary model of service delivery poses a range of challenges for both the health professionals involved and for the health boards, who have the responsibility for leading the developments. The range of issues which must be worked through as part of the development process includes: developing the team and agreeing teamworking processes; enrolling clients with the team; managing direct patient access to team members; appointment of additional staff; ensuring that all team members are providing services to the same population; involving the community in the development process; addressing information and communications technology needs; all of these issues need to be addressed in detail and this process must involve those who will be working directly as members of

the team. In several cases a number of the additional staff members required to enable the teams to deliver the full range of planned services have been appointed. Health boards must ensure that in appointing additional staff they do not exceed their authorised employment numbers and in a number of instances this has been cited as having delayed the putting in place of the full primary care team.

Projects are currently at different stages of development, with a number already providing new or enhanced primary care services to their target populations. Even at this early stage, some of the benefits which were anticipated for both service users and I understand providers are becoming evident in these cases, as new or improved primary care services are developed. Areas which are the focus of early efforts to provide new or enhanced services include physiotherapy, which has traditionally been provided as a hospital outpatient service, shared care arrangements with the general hospitals, and the development of social work services which will focus on general family support needs. I acknowledge the commitment of the front-line health professionals and the health board administrative staff involved, who have devoted considerable effort to the development of the teams to date.

The primary care strategy also indicated that a significant component of the development of primary care teams, in the short to medium term, would involve the reorientation of existing staff and resources. In 2003 my Department requested the health boards to examine how the existing primary-community care resources can best be reorganised so as to give effect to the application of the teamworking concept, as described in the strategy, on a wider basis and to map out the geographical areas to be served by primary care teams in the future. The health boards have also been asked to undertake a high-level needs assessment for primary care, which will help to inform this planning task.

The primary care strategy acknowledged that the current health board structures are not optimised to support the development and reorganisation necessary to implement the new primary care model on a widespread basis. The new structures being developed under the health service reform programme will ensure that the system is organised and managed so as to support the development and implementation of the health strategy, including the primary care strategy. The structures will be designed to achieve consistent and comprehensive implementation of national policy and to manage and drive the establishment of primary care teams and networks as the standard model of service delivery. The experience gained in the initial group of implementation projects will provide valuable learning which can inform the wider implementation which is to follow.

Health Service Reform.

37. **Mr. Wall** asked the Minister for Health and Children if his attention has been drawn to the serious concerns expressed regarding the lack of clarity from his Department in regard to roles and responsibilities of the new health service reform structures and the failure of the Government to establish a working group to consider the issue of public-private mix equity in regard to access; the steps he intends to take to deal with these concerns; and if he will make a statement on the matter. [10828/04]

Minister for Health and Children (Mr. Martin): The implementation of the health reform programme is currently under way. The current phase consists of four distinct but inter-related strands of activity which will take place under the reform programme during 2004. These strands are: the work of the interim health service executive, HSE, leading to the establishment and the orderly transfer of functions to the HSE; aspects of the reform programme for which the Department of Health and Children has lead responsibility; the work of the acute hospitals' review group chaired by Mr. David Hanly; and the ongoing management of the health system and internal preparations for the new organisation and governance arrangements being led by the chief executive officers of health boards and the Health Boards Executive.

A number of key bodies central to the reform programme with clearly defined roles and responsibilities are now in place. The Government has appointed a national steering committee charged with overseeing the implementation of the reform programme. Its role is to provide a co-ordinating forum for actions being led in the respective strands and will ensure overall consistency with the Government's decision. It is to report on a regular basis to the Cabinet committee on the health strategy, ensuring that the Government is kept fully informed on all important issues. The first meeting of the NSC took place on 16 February last.

I announced the establishment of the board of the interim HSE last November and the board has met on a number of occasions. The interim HSE is now established as a statutory body on foot of SI 90/04. Under the establishment order, the interim HSE has been given the task of drawing up a plan for the Minister's approval for: the establishment of a unified management structure for the proposed new Health Service Executive; the integration of the existing health board structures into the new Health Service Executive; the streamlining of other statutory bodies, identified in the Prospectus report, to be incorporated in the new structure; the establishment of regional boundaries for the delivery of primary, community and continuing care services; the establishment of procedures to develop a national service plan for the delivery of health services; the establishment of appropriate

structures and procedures to ensure the proper governance and accountability arrangements for the proposed Health Service Executive; and the appointment of a chief executive officer.

The interim executive has also been given the task of making the necessary preparations to implement this plan, subject to ministerial approval, so as to ensure as smooth a transition as possible from the existing health board structure to the new Health Service Executive structure.

In the context of the national health strategy, the issue of the public-private mix and equity for public patients was given detailed consideration. The commitment to improve access to hospital services is being addressed through a series of integrated measures including: increased capacity for public patients — to date an additional 584 beds are in place; clarification in regard to the rules governing access to public beds; use of the national treatment purchase fund to reduce waiting times for public patients; and examination of the public-private issue in the context of a revised contract for consultants.

The appropriate public and private mix is a complex issue and one where my Department continues to monitor both the current mix and evaluate the relevant policy issues in this area.

Hospital Services.

38. **Mr. Howlin** asked the Minister for Health and Children if he will make a statement on the future role of Peamount Hospital, especially in regard to its role as the national referral centre for tuberculosis. [10809/04]

156. **Mr. Durkan** asked the Minister for Health and Children if he will defer the proposed closure of the tuberculosis unit at Peamount Hospital, Newcastle, County Dublin, with a view to providing continued service for patients as heretofore; and if he will make a statement on the matter. [11076/04]

157. **Mr. Durkan** asked the Minister for Health and Children if steps will be taken to ensure that management and the ERHA continue to provide respiratory and tuberculosis services at Peamount Hospital, Newcastle, County Dublin; and if he will make a statement on the matter. [11077/04]

158. **Mr. Durkan** asked the Minister for Health and Children the reason tuberculosis and respiratory services are being terminated at Peamount Hospital, Newcastle, County Dublin, when it is clear that the need for the services exist and that no alternative provision has been or is being made; and if he will make a statement on the matter. [11078/04]

Minister for Health and Children (Mr. Martin): I propose to take Question No. 38 and Questions Nos. 156 to 158, inclusive, together.

Responsibility for the provision of services at Peamount Hospital rests with the Eastern Regional Health Authority. The background to

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the future organisation and delivery of respiratory and tuberculosis services can be found in a report of a review carried out by Comhairle na n-Ospidéal, published in July 2000, on respiratory medicine.

This report found that, in line with major advances in medical treatment, the optimal in-patient care of patients with respiratory diseases, including tuberculosis, is more appropriate to local acute general hospitals, staffed by consultant respiratory physicians and other consultants and supported by an array of investigative facilities.

While recognising the valuable role which Peamount Hospital had played for many years in the delivery of respiratory services, Comhairle did not regard it as an appropriate location for the future treatment of TB patients, especially those requiring ventilation and specialised treatment for other symptoms, for example, heart disease, HIV etc. who may present with TB.

Comhairle subsequently appointed a committee to advise on the implementation of the 2000 report. The report of this committee endorsed the recommendations in the 2000 report and was adopted by Comhairle in April 2003. Specifically, the committee recommended that Peamount Hospital should play an active role in the provision of a range of non-acute support services, including pulmonary rehabilitation, within the South Western Area Health Board. For example, it recommends that patients who have been treated in the nearby St. James's Hospital and other major acute hospitals and who require ongoing rehabilitative care could be transferred to Peamount Hospital for completion of their care.

In addition to the Comhairle advice on this issue, the board of Peamount Hospital has developed a strategic plan for the development of services at the hospital. The hospital employed external support to assist them in this process and advise of developments in the wider health care environment. The strategy adopted by the board proposes considerable enhancement of existing services and development of new services in the areas of rehabilitation and continuing care of older people, persons with intellectual disabilities and adults with neurological or pulmonary illness. Central to the new strategy is Peamount's duty of care to patients and the hospital's commitment to providing the highest quality care to existing and future patients.

On 22 March 2004, two of the senior medical personnel at Peamount Hospital secured interim High Court orders restraining their removal from their positions. The interim injunctions were granted to the medical director and senior medical officer at the hospital. The matter arose by virtue of the termination by the hospital board of the medical director's post and revised arrangements for the senior medical officer's post

arising from the new arrangements for the delivery of services at the hospital.

The hospital's admission policy in regard to admissions to its TB and non-TB respiratory units has been clarified following the granting of a further interim injunction by the High Court on 31 March 2004, which stated that admissions to Peamount Hospital require hospital management approval. I understand that a full hearing in the High Court is scheduled for 19 April 2004.

The admissions policy provides as follows: that all new referrals to the hospital must first have been assessed in an acute general hospital. The recent transfer of a patient with multi-drug resistant TB, MDRTB, to Peamount from the Mater Hospital where he had been stabilised is consistent with this approach; the transfer of patients from other hospitals to Peamount must be considered in the context of such patients being non-acute and on the basis of the transferring consultant being fully aware of the facilities and staff available at Peamount. This is in line with the recommendations of the Comhairle report in regard to the future organisation and delivery of respiratory and TB services. Peamount does not have a Comhairle-approved consultant respiratory physician on its medical staff; elective scheduled admissions will be postponed until after the 19 April 2004, the date set for the full High Court hearing, and re-scheduled after that date. Current patients with a diagnosis of malignancy will be admitted at the discretion of medical staff; and the outpatients department will continue to be maintained.

In light of this clarification of the hospital's admissions policy a consultative process has now been initiated by the ERHA with all referring hospitals and health boards to ensure that there is full awareness of Peamount Hospital's admissions policy. Within the functional area of the authority, hospitals are being asked to liaise with public health personnel regarding support requirements for patients with TB. The authority will also put in place contingency plans to manage patients locally.

Services in the hospital such as phlebotomy and x-ray will continue to be available to the local community and indeed much of the discussion to date has related to how Peamount can more effectively meet the primary care needs of the local population. After discussion with local GPs it is clear that key concerns have arisen in regard to the management of older people with chest infections and respiratory difficulties. The authority is in continuing discussion with Peamount in regard to how these services will be maintained. This approach will be supported by the appointment of a consultant geriatrician to Tallaght-Peamount hospitals, approved by Comhairle, with two sessions per week specifically committed to Peamount. A joint consultant post in rehabilitation medicine is also being established between the National Rehabilitation Hospital, NRH, and Peamount.

Existing day and residential services for older people, people with intellectual and physical disabilities continue to be provided.

I am advised that the direction which Peamount is now taking will see it developing its overall role and its support for acute hospitals, general practitioners and the community of the surrounding area and is in line with its duty of care to patients and its commitment to the provision of the highest quality of care to existing and future patients.

Hospital Staff.

39. **Mr. Durkan** asked the Minister for Health and Children his plans to provide adequate staffing at all levels in hospitals and throughout the health service; and if he will make a statement on the matter. [10839/04]

Minister for Health and Children (Mr. Martin):

Staffing requirements in the areas highlighted by the Deputy should be viewed in light of the substantial increases in employment levels achieved in the overall health service in recent years. The Deputy may wish to note that there has been an increase in the level of employment of 23,706, excluding home helps, in whole-time equivalence terms since 1999, or 32.6%. In this context, comparing employment levels at end-December 2003 to those at end-1999 shows that there were 26%, plus 1,407, more medical-dental personnel and 85%, plus 5,853, more health and social care professionals employed in the health services in whole-time equivalents, WTE, terms. In 1997 there were 25,233 whole-time equivalent nurses employed in the public health system. By the end of September 2003 this figure had reached 33,442. This is an increase of over 8,200 during the period or 32.5%. It is clear from these figures that the recruitment and retention measures I introduced are providing effective.

Developments such as pay increases, improvements in career structure and enhanced opportunities for professional and career development have all supported increased staffing levels for key health and social care professions. The implementation of the pay recommendations of the public service benchmarking body — subject to the successful ongoing completion of the performance verification process — is making a further important contribution to recruitment and improved retention. The continued implementation of the action plan for people management — a key action under the health strategy — has a crucial role in improving retention and reducing turnover of skilled staff.

The Deputy may wish to note that specific human resource initiatives in key areas will contribute significantly to meeting the workforce requirements of the health services. As far as medical personnel are concerned, the recently published report of the national task force on medical staffing details the number of consultants and non-consultant hospital doctors that will be

required in the coming years to provide a high quality, consultant-provided service.

The promotional structure within nursing, including the introduction of a clinical career pathway, has been substantially improved on foot of the recommendations of the commission on nursing and the 1999 nurses' pay settlement. The National Council for the Professional Development of Nursing and Midwifery has been especially active in this area and, to date, 1,522 clinical nurse specialist and advanced nurse practitioner posts have been created.

Figures from An Bord Altranais for the same period indicate that there is a steady stream of new entrants into the profession, over and above those graduating from the Irish system, thus further increasing the potential recruitment pool. Since 1998, the total number of nurses newly registered by An Bord Altranais is 19,945. Of this number, 13,658 were overseas nurses.

According to the most recent survey of nursing vacancies by the Health Service Employers Agency, the number of nursing vacancies stood at 675 at the end of December 2003. This represents a 51% reduction in the number of vacancies reported at the end of September 2000.

The current nursing vacancy rate of 1.73% has been declining steadily in recent years, and could be considered to be a normal frictional rate, given that there will always be some level of movement due to resignations, retirements and nurses availing of opportunities to change employment and locations.

Significant progress has also been achieved in doubling the total number of professional therapy training places, that is, physiotherapy, occupational therapy and speech and language therapy, in line with the recommendations of the report, Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists, commissioned by my Department from Peter Bacon and Associates and published in June 2001.

The Deputy may wish to note that responsibility for human resource planning rests with the chief executive officer, CEO, of each board. Each CEO in managing the workforce in his or her region is responsible for determining the appropriate staffing mix and the precise grades of staff to be employed in line with service plan priorities, subject to overall employment levels remaining within the approved regional employment ceiling.

Water Fluoridation.

40. **Mr. Cuffe** asked the Minister for Health and Children if the Government intends to carry out checks on fluoride levels in the blood of Irish persons; the reason this has not been done to date; and if he will make a statement on the matter. [10818/04]

Minister for Health and Children (Mr. Martin):

As the Deputy is aware, I established the forum on fluoridation to review the fluoridation of

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public piped water supplies in Ireland. The forum's report was launched on 10 September 2002 and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure.

The forum also concluded that: water fluoridation has been very effective in improving the oral health of the population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis, a form of discoloration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

In all, the report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation. The establishment of the expert body recommended by the forum is now well under way. I am pleased to announce that the chairperson of the expert body is Dr. Seamus O'Hickey, former chief dental officer with my Department. Dr. Hickey's mix of scientific knowledge, awareness of fluoridation issues and experience of administrative issues leave him well placed to chair the body. I understand that the intention is to have an inaugural meeting of the expert body at the end of this month.

The terms of reference of the expert body are: to oversee the implementation of the recommendations of the forum on fluoridation; to advise the Minister and evaluate ongoing research, including new emerging issues, on all aspects of fluoride and its delivery methods as an established health technology and as required; and to report to the Minister on matters of concern at his or her request or on own initiative.

The expert body is to have broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public as identified within the forum on fluoridation report. Letters of invitation have been issued to prospective members of the body. I am pleased to say that the body will have a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs.

The secretariat of the body will be provided by the Dental Health Foundation, an independent charitable trust which has been very much to the fore in securing co-operation between private and public dentistry and the oral health care industry in regard to joint oral health promotion initiatives.

The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage. The forum's report envisages that the work of the expert body may be subsumed into the health information and quality authority, HIQA, in due course. The support of the foundation allows us to press ahead now with the establishment of the expert body in advance of the establishment of HIQA.

A research project on fluoride delivery systems, which includes an investigation into fluoride intake in the population, is currently being undertaken at the oral health services research centre, OHSRC, in University College Cork.

As part of this project, the OHSRC is developing methods to be used when measuring fluoride ingestion in the population. One of the areas of research being pursued is the development of standardised methods for measuring fluoride content of samples of saliva, urine, serum, fingernail clippings and mineralised tissues. These studies are being undertaken in close collaboration with researchers in Europe and the US in order to make sure that the methods being used conform to international standards. The final outcomes of this project, and all ongoing research related to fluoride, will be evaluated by the expert body.

Proposed Legislation.

41. **Mr. Gilmore** asked the Minister for Health and Children if he has plans to introduce measures to control and regulate medical procedures offered for cosmetic purposes, such as the use of medical lasers; and if he will make a statement on the matter. [10807/04]

Minister for Health and Children (Mr. Martin):

As the Deputy will be aware, the Medical Council is the statutory body established to provide for the registration and control of persons engaged in the practice of medicine under the Medical Practitioners Act 1978.

Section 69 (2) of the Medical Practitioners Act 1978, states: "It shall be a function of the Council to give guidance to the medical profession generally on all matters relating to ethical conduct and behaviour."

I am informed by the Medical Council of its view that doctors have been given the privilege of regulating their own professional affairs through the Medical Council and subject to the council's ongoing ethical guidance. Independent clinical decision making by doctors on behalf of their patients is a key part of how medicine operates in Ireland and the Medical Council has no wish to interfere with its effectiveness. The Medical Council's ethical guidelines are a set of ethical principles for medical practice which doctors must apply in each unique clinical situation in which they work, together with their judgement, experience, knowledge and skills. It is the statutory duty of the council to consider all

complaints in the event of any alleged lapses from such standards.

Doctors practising medicine should be registered with the Medical Council. People who avail of health services, whether cosmetic or otherwise, should endeavour to seek the services of reputable institutions. In that regard, medical lasers in use in this country must comply with the EU Medical Devices Directive 1993/42 and Statutory Instrument 252 of 1994 — European Communities (Medical Devices) Regulations. Medical lasers are CE marked in accordance with the directive.

As the Deputy will be aware, my Department is currently carrying out a comprehensive review of the Medical Practitioners Act 1978. It is my intention that heads of a Bill for an amendment to the 1978 Act, which are at an advanced stage, will be put before Cabinet in the very near future. As part of this review process, consultations have been carried out with a number of bodies, including patient groups, medical representative organisations, and the key stakeholders in health service provision, regulation and post-graduate medical education and training. Some of the main issues which have been considered are greater public interest representation on the Medical Council, measures to improve the public accountability and transparency of the council, improved efficiencies in the fitness to practise procedures and measures to ensure the ongoing competence of all doctors to engage in their profession and the procedures they undertake.

Hospital Services.

42. **Dr. Twomey** asked the Minister for Health and Children if he has had discussions on the radical reorganisation of the major acute hospitals in the Dublin region; his views on transferring tertiary services to one major site which would only do elective work; if one or more of the five major Dublin hospitals will be designated a major acute accident and emergency referral hospital which will only deal with emergencies and not deal with elective work; if there are plans to designate one or more of these five major hospitals a general hospital as defined by the Hanly report which will only do elective work; and if he will make a statement on the matter. [10699/04]

Minister for Health and Children (Mr. Martin):

While no discussions have taken place to date regarding the matters referred to by the Deputy, these and other issues may be considered by the acute hospitals review group as part of its work. At present I have no plans to designate any hospitals as general hospitals nor to reconfigure acute hospital services so that any one of the hospitals referred to by the Deputy delivers only elective work. However, the acute hospitals review group may wish to consider these and other issues.

As the Deputy will be aware, I announced the composition of the acute hospitals review group

at the end of January. The group contains a wide range of expertise from the areas of medicine, nursing, health and social care professions and management. It also includes an expert in spatial planning and representation of the public interest.

It has been asked to prepare a plan for the interim health services executive for the reorganisation of acute hospital services, taking account of the recommendations of the national task force on medical staffing including spatial, demographic and geographic factors. During its consultation process, the group will meet with hospital, health agency and health board staff as required.

To date, the acute hospitals review group has not met because of the continued industrial action on the part of the Irish Hospital Consultants' Association. I hope that all parties return to the table to progress the work of this group as soon as possible.

Pharmacy Regulations.

43. **Mr. O'Shea** asked the Minister for Health and Children the position regarding his consideration of the report of the pharmacy review group; and if he will make a statement on the matter. [10782/04]

145. **Cecilia Keaveney** asked the Minister for Health and Children his views on the position on the pharmacy review (details supplied); and if he will make a statement on the matter. [11050/04]

Minister for Health and Children (Mr. Martin):

I propose to take Questions Nos. 43 and 145 together.

I established the pharmacy review group in November 2001 to examine the pharmacy issues raised in the OECD report on regulatory reform in Ireland. The group submitted its report on 31 January 2003. I am continuing to examine the complex legal and public health issues in the group's recommendations. The Deputy will appreciate that it would not be appropriate for me to comment on the report's recommendations before completion of this examination. The report is available on my Department's website, www.doh.ie, along with reports prepared for the group by Indecon International Economic Consultants.

Hospital Waiting Lists.

44. **Mr. P. Breen** asked the Minister for Health and Children the efforts he has made to reduce hospital waiting lists; and if he will make a statement on the matter. [10859/04]

48. **Mr. Quinn** asked the Minister for Health and Children when he expects that the next hospital waiting list figures will be published; the steps he intends to take to reduce the numbers on the lists and the waiting periods; and if he will make a statement on the matter. [10790/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 44 and 48 together.

My Department collates and publishes acute hospital waiting list data which is submitted by health agencies in respect of the position as at 31 March, 30 June, 30 September and 31 December each year. Figures in respect of the position as at 31 December 2003 are being collated at present.

Significant progress has been achieved in reducing waiting times for adults and children. The number of adults waiting more than 12 months for in-patient treatment in the nine target surgical specialties has fallen by approximately 42% from 6,273 to 3,658 between September 2002 and September 2003. The number of children waiting more than six months for in-patient treatment in the nine target surgical specialties has decreased by 39%, from 1,201 to 734 in the same period.

The national treatment purchase fund, NTPF, is continuing to target those adults and children waiting longest for treatment. It is now the case that, in most instances, adults waiting more than six months for an operation and children waiting more than three months will be facilitated by the fund. In many instances, if patients are prepared to exercise choice by travelling to where there is capacity, they can be treated more quickly. To date, the fund has arranged treatment for approximately 12,000 patients.

I decided to give a significant lead role to the NTPF in targeting waiting times for patients. In this regard I provided an increase in the level of funding for the NTPF in 2004 bringing its overall allocation to €44 million.

Health Promotion.

45. **Mr. Gormley** asked the Minister for Health and Children if the Government has managed to increase breastfeeding rates in the past two years; the strategy he has to increase the number of women who breastfeed; and if he will make a statement on the matter. [10814/04]

Minister for Health and Children (Mr. Martin): The health promotion unit of my Department published the interim report of the National Committee on Breastfeeding in May 2003. The committee, established in 2002, was charged with reviewing the 1994 national breastfeeding policy and providing recommendations on what further action is required at national, regional and local level to improve and sustain breastfeeding rates. The interim report cites that there are difficulties in accurately identifying the numbers of women who breastfeed, as currently the only national source for this data is the national perinatal reporting system, of which the most recent figures available date from 1999. The committee also identifies the need for accurate reporting of not just initiation rates but also, given the health benefits involved, duration rates. The national performance indicators project team is, at

present, working towards the development of a composite set of indicators to capture this data.

The interim report was presented to me in mid-2003 and has paved the way for the development of a strategic action framework for breastfeeding. A wide range of proposals for future actions and initiatives have been put forward by the organisations and individuals who responded to the committee's call for public submissions and these will inform the development of the strategic plan. The goal for this framework is to create a truly supportive breastfeeding culture in Ireland. I do, however, recognise that for this to happen support needs to come from all sectors of Government and all areas of public life. It is envisaged that the framework for action will be completed by late 2004.

Hospital Staff.

46. **Caoimhghín Ó Caoláin** asked the Minister for Health and Children the programme of action proposed by his Department to ensure that the target set by Comhairle na n-Ospidéal of one consultant dermatologist per 100,000 of population will be reached; when it is proposed to appoint and the places at which it is proposed to locate the additional 19 consultant dermatologists required to meet this target; and if he will make a statement on the matter. [10909/04]

Minister for Health and Children (Mr. Martin): The November 2003 Comhairle na n-Ospidéal report of the committee on dermatology services recommends an increase in the total number of consultant dermatologists from 19 to 38. This would represent a ratio of one consultant per 100,000 population.

The additional funding requirements arising from the Comhairle recommendations will be progressed in the context of the Estimates process and having regard to other competing needs.

Mental Health Services.

47. **Mr. Howlin** asked the Minister for Health and Children if his attention has been drawn to the concerns expressed by a person (details supplied) regarding the high level of compulsory committals to mental hospitals, which now amounts to more than 3,000 per year; if he has plans to review procedures for committals; and if he will make a statement on the matter. [10810/04]

Minister of State at the Department of Health and Children (Mr. O'Malley): I share the concern expressed by the chairperson of the Mental Health Commission, Dr. John Owens, and others about the high level of involuntary admissions in our mental health services. Ireland has a significantly higher rate of involuntary admission than other European countries. Approximately 11%, 2,723, of all admissions to psychiatric hospitals and units in 2002 were involuntary

admissions. However, it is anticipated that the full implementation of the Mental Health Act 2001 with its more stringent procedures for involuntary detention, will significantly reduce the number of involuntary admissions, bringing practice in this country more into line with the rest of Europe.

The Mental Health Act 2001 was enacted in July 2001 and will significantly improve safeguards for mentally disordered persons who are involuntarily admitted for psychiatric care and treatment. The Act will bring Irish law in this area into conformity with the European Convention for the Protection of Human Rights and Fundamental Freedoms.

Part 2 of the Act provides that mental health tribunals, operating under the aegis of the Mental Health Commission, will conduct a review of each decision by a consultant psychiatrist to detain a patient on an involuntary basis or to extend the duration of such detentions. The review will be independent, automatic and must be completed within 21 days. As part of the review process the mental health tribunal will arrange, on behalf of the detained person, for an independent assessment by a consultant psychiatrist. The Mental Health Commission will also operate a scheme to provide legal aid to patients whose detention is being reviewed by a tribunal.

In its recently published strategic plan for 2004-06 the Mental Health Commission has set itself a target for the establishment of the independent review process, mental health tribunals, in 2004.

Question No. 48 answered with Question No. 44.

Question No. 49 answered with Question No. 24.

Consultancy Contracts.

50. **Ms O'Sullivan** asked the Minister for Health and Children if consultants have been appointed to run a public relations and information campaign in connection with the Hanly report; the company appointed; the total value of the contract; and if he will make a statement on the matter. [10787/04]

Minister for Health and Children (Mr. Martin): My Department has arranged for a public relations and information campaign relating to the Report of the National Task Force on Medical Staffing.

In line with EU procurement guidelines, the campaign was the subject of a formal tendering process. Following evaluation of expressions of interest and tender proposals, the contract has recently been awarded to Murray Consultants. The contract price is €145,200 inclusive of all statutory charges, fees and taxes including VAT.

Cancer Care Services.

51. **Mr. Durkan** asked the Minister for Health and Children the extent to which patients

suffering from various forms of cancer can obtain treatment within their own region; and if he will make a statement on the matter. [10840/04]

Minister for Health and Children (Mr. Martin):

The Government's objective is to provide a model of cancer care which ensures that patients with cancer receive the most appropriate and best quality of care regardless of their place of residence.

Since 1997, there has been a total cumulative investment of €550 million in the development of appropriate treatment and care services for people with cancer. This includes the sum of €15 million which was provided this year to ensure that we continue to address the demands in cancer services in such areas as oncology/haematology services, oncology drug treatments, symptomatic breast disease services and to support the implementation of the Report on the Development of Radiation Oncology Services in the Southern and Western Health Board regions.

Cancer services throughout the country have benefited significantly from this investment which far exceeds the £25 million requirement which was initially envisaged under the national cancer strategy. This investment has enabled the funding of 90 additional consultant posts, together with support staff in key areas such as medical oncology, radiology, palliative care, histopathology and haematology.

Since 1997, approximately €95 million in capital funding has been allocated specifically for the development of cancer related initiatives. These include an investment of €60 million in radiation oncology, €8.75 million in the bone marrow unit at St. James Hospital and €11.9 million in BreastCheck.

My plan for the development of radiotherapy services is that the supra-regional centres in Dublin, Cork and Galway will provide comprehensive radiation oncology services to patients regardless of their place of residence. Specifically, these supra-regional centres will provide significant sessional commitments to patients in the mid-west, north-west and south-east. The current developments in the southern and western regions will result in the provision of an additional five linear accelerators. This represents an increase of approximately 50% in linear accelerator capacity. We will also provide for the appointment of an additional five consultant radiation oncologists. We currently have ten consultant radiation oncologists nationally. This will result in a significant increase in the numbers of patients receiving radiation oncology in the short term. These appointments are specifically designed to offer patients in areas such as the North West, Mid-West and south-east equity of access to radiation oncology services that are in line with best international practice. As regards symptomatic breast cancer services, the Report on the Development of Services for Symptomatic Breast Disease, recommended the

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development of specialist units throughout the country. Five of these units are now operational and a further eight are at various stages of development. Last year, I also announced the extension of the national breast screening programme to counties Carlow, Kilkenny and Wexford and also the national roll-out of the programme to the southern and western counties.

Hospital Waiting Lists.

52. **Mr. S. Ryan** asked the Minister for Health and Children if he will report on the waiting lists for public nursing home beds in view of the fact that it is alleged that in the Dublin area there is a waiting list of up to 12.5 years; if, in view of this situation, he will consider availing of the country's vacant beds in private nursing homes; and if he will make a statement on the matter. [10829/04]

Minister of State at the Department of Health and Children (Mr. Callely): As the Deputy is aware, the administration of health services, including the placement of people into long-term care is, in the first instance, a matter for the Eastern Regional Health Authority and the health boards. I am aware that the Dublin acute teaching hospitals, DATHs, have been encountering problems with delayed discharges of patients whose acute phase of treatment has been completed and who require to be discharged to more appropriate facilities. The Deputy may be interested to know that I have been meeting on a regular basis with administrative and medical representatives of the ERHA, the area boards and the DATHs and that the most recent meeting took place yesterday at which I was advised by the authority that they have commenced a programme to re-open public extended care beds. I am, therefore, fully cognisant of the issues involved.

I understand that the ERHA has been making strenuous efforts to recruit staff in recent months and that these efforts are now starting to show results. In addition, additional funding of €8.8 million has been provided to the ERHA this year to facilitate the discharge of patients from the acute system to a more appropriate setting thereby freeing up acute beds. It allows for funding through the subvention system of additional beds in the private nursing home sector and ongoing support in the community. Already, this funding has resulted in the discharge of over 240 patients from acute hospitals in the eastern region to various locations, the vast majority to private nursing homes. The ERHA is actively monitoring the situation and working with hospitals, the area health boards and the private nursing home sector to ensure that every effort is made to minimise the number of delayed discharges in acute hospitals. I will continue to monitor the situation to ensure that, to the greatest extent possible, problems encountered by older people

in the greater Dublin area in assessing services appropriate to their needs are minimised.

53. **Mr. Broughan** asked the Minister for Health and Children if, in view of the interview given by the Taoiseach on RTÉ on 7 March 2004, in which he confirmed that the commitment given on 6 May 2002 that hospital waiting lists would be cleared within two years will not be met, it is still the Government's objective that hospital waiting lists should be cleared; if he intends to set new deadlines for such an objective; and if he will make a statement on the matter. [10800/04]

Minister for Health and Children (Mr. Martin):

As the Deputy will be aware, there are two streams to hospital activity, emergency and elective activity. Pressures on the hospital system due to identified capacity constraints hinder its ability to provide elective activity in a planned way because of the urgent and unpredictable needs of emergency patients. Patients who require elective treatment may have to wait because beds, staff and operating theatres are being used to treat emergency cases. The balance to be achieved is to ensure that the available resources are used efficiently and that treatment can be delivered to patients in a reasonable time.

Due to the nature of any health care system not all treatments can be made available to patients immediately. Hospital facilities must be used to best effect and it is sometimes necessary to place patients for non-urgent treatments on a waiting list. Therefore, the significant issue from the patients perspective is the length of time spent waiting for treatment and as such my Department's objective is to reduce waiting times significantly in the short term with particular focus on those waiting longest for treatment.

This Government has maintained a particular focus on those waiting longest for hospital treatment. The establishment of the national treatment purchase fund has resulted in more active management of long waiting lists at a local level. To date, the fund has arranged treatment for approximately 12,000 patients and has sourced further capacity for procedures in orthopaedics, ophthalmology, ENT, gynaecology, plastic surgery and urology. It is now the case that, in most instances, adults waiting more than six months for an operation and children waiting more than three months will be facilitated by the fund. If patients are prepared to exercise choice by travelling to where there is capacity, they can be treated a lot quicker in many instances. As the NTPF has the available capacity, and the fact that patients or their GPs can contact the NTPF directly to arrange treatment, the majority of patients do not need to wait more than six months for treatment.

While the rate of progress in achieving the targets set out in the health strategy has been slower than anticipated, significant progress has been achieved to date. The overall target of no

patient waiting more than three months for treatment still remains a goal to be achieved.

Health Board Services.

54. **Mr. J. O’Keeffe** asked the Minister for Health and Children the reason modern digital hearing aids are not supplied to the hard of hearing through the health service; the average length of time a person has to wait before the supply of a hearing aid; and the number on the waiting lists. [10666/04]

Minister for Health and Children (Mr. Martin): The provision of community audiology services is a matter for the health boards/authority in the first instance.

The Eastern Regional Health Authority, ERHA, conducted a pilot project to evaluate the appropriateness of introducing digital and digitally programmable hearing aids into the community audiology service. The project commenced in 2001 and a final report was produced last year. Staff training was provided as part of the pilot project; digital and digitally programmable hearing aids were then issued to a selected number of cases with hearing loss.

The report concluded that in order to introduce digital and digitally programmable hearing aids into the community audiology service a number of factors would need to be considered. All staff presently engaged in hearing aid fitting would need training and updating in order to use the new technology. Appropriate technology would need to be provided to staff in order to carry out the correct programming of hearing aids. In addition, if new technology is introduced the hearing aid fitting appointments would need to be made more prolonged than at present leading to longer waiting times. These issues, along with the question of costs, are currently being examined by the authority.

Finally, the management of waiting lists for community audiology services is the responsibility of the chief executive officers of the health boards/authority. As waiting list data for all health boards is collected by the ERHA, my Department has asked the regional chief executive of the authority to provide the Deputy with the information in relation to waiting lists as requested.

55. **Caoimhghín Ó Caoláin** asked the Minister for Health and Children the way in which it is proposed to continue and to further develop Co-operation and Working Together after the end of 2004 in the context of the new health services structures including the close of co-operation between the North Eastern and North Western Health Boards and the health services in the Six Counties; and if he will make a statement on the matter. [10910/04]

Minister for Health and Children (Mr. Martin): The Secretary General of my Department met with officials from co-operation and working together, CAWT, regarding the health reform programme during phase I last November. In addition, the chief executive officer of the health boards’ executive met with CAWT on 27 February last where it was agreed that discussions would take place at an appropriate time on how best to continue the high level of existing co-operation in the new structures.

Both sides are very keen to continue these close contacts and will be working together with my Department and the new structures to further the links developed to date.

Cancer Screening Programme.

56. **Mr. Wall** asked the Minister for Health and Children his views on the proposal lodged with his Department in June 2003 by BreastCheck to extend its services nationwide; the likely completion date for the roll out of BreastCheck. [10827/04]

Minister for Health and Children (Mr. Martin): The national breast screening programme commenced in March 2000 with phase one of the programme covering the Eastern Regional Health Authority, Midland Health Board and the North Eastern Health Board region. Last year, I announced the extension of the BreastCheck programme to Counties Carlow, Kilkenny and Wexford and also the national-roll out to the southern and western counties. The national roll-out of BreastCheck requires detailed planning to include essential infrastructure.

The BreastCheck clinical unit in the western area will be at University College Hospital, Galway, with two associated mobile units. The area of coverage is counties Galway, Sligo, Roscommon, Donegal, Mayo, Leitrim, Clare and Tipperary North Riding. The BreastCheck clinical unit in the southern area will be located at South Infirmary/Victoria Hospital, with three associated mobile units. Counties covered include Cork, Kerry, Limerick, Waterford and Tipperary South Riding.

Two project teams, one in each region, have been established to develop briefs for the capital infrastructure needed for the static units in the south and west. Regarding the southern region, the south infirmary considered it necessary to commission a site strategy study to ensure the integration of the breast screening service into the present and future development of the hospital. My Department made available a capital grant of €230,000 for the study to be undertaken by professional architectural, engineering and quantity surveying experts. This study is now complete and was submitted to my Department at the end of March. It is being examined at

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present. As regards the west, BreastCheck submitted a number of options for the construction of a static unit on the grounds of University College Hospital, Galway. This is being considered by my Department in the context of the framework for capital investment 2004-08.

An essential element of the roll out of the programme is investment in education and training of radiographers. BreastCheck employs qualified and experienced radiographers who have specialised postgraduate training and qualifications related to mammography. BreastCheck and the symptomatic breast cancer services combined have a significant ongoing recruitment and training requirement in this area. I have announced the development of a training centre for radiographers and mammography at Eccles Street. Resources are being made available to BreastCheck to support this initiative which will cost in excess of €750,000 and is expected to be completed in the second half of 2004.

Animal Welfare.

57. **Mr. Sargent** asked the Minister for Health and Children the extent of licences which exist for laboratories which use live animals in tests and experiments; and if he will review these licences in the context of developments in the testing of drugs and other products which no longer require the use of live animals and of reports that a company (details supplied) in Glenamoy, County Mayo, may look to expand. [9201/04]

Minister for Health and Children (Mr. Martin):

The use of live animals in scientific research and other experimental activity is strictly controlled in accordance with the provisions of the Cruelty to Animals Act 1876 as amended by the European Communities (Amendment of Cruelty to Animals Act, 1876) Regulations 2002.

Under the Act, any establishment where animals are used for experiments must be registered with the “Authority”, i.e. the Minister for Health and Children, as a “user establishment”. There are currently 59 registered user establishments. The legislation provides that an experiment shall not be performed on an animal if another scientifically satisfactory method of obtaining the result sought, not entailing the use of an animal, is reasonably and practicably available.

An experiment may only be performed by a person who holds a valid licence, granted by the authority, authorising that person to perform a specified experiment on an animal of specified description. Each application for a licence must be signed by two statutory signatories, as specified in section 11 of the Act, certifying that

the use of animals is essential since no alternative scientific method is reasonably and practicably available.

The European Commission established the European Centre for the Validation of Alternative Methods, ECVAM, to promote the scientific and regulatory acceptance of alternative methods which are of importance to the bio-sciences and which reduce, refine or replace the use of laboratory animals. Ireland supports the work of ECVAM and is represented on its scientific advisory committee. My Department has no information regarding reports that the company referred to by the Deputy may expand.

Health Action Plan.

58. **Mr. Eamon Ryan** asked the Minister for Health and Children the level of remuneration for those on the task force for obesity; the frequency with which the task force meets; when he expects its first report; and if he will make a statement on the matter. [10822/04]

Minister for Health and Children (Mr. Martin):

The National Taskforce on Obesity was launched on 10 March 2004, the members of the taskforce do not receive any remuneration, the meetings are currently held every three weeks and an obesity strategy document is expected by December 2004.

Health Service Reform.

59. **Ms O’Sullivan** asked the Minister for Health and Children the progress made to date with regard to implementation of the Prospectus report on health structures; when he expects to introduce legislation to provide for the establishment of the four new regional health authorities; the provision there will be for democratic accountability in regard to these new authorities; when he expects that the new authorities will be operational; the plans he has for appointments to health boards in the period between the local elections in June 2004 and the establishment of the new authorities; and if he will make a statement on the matter. [10786/04]

76. **Mr. O’Shea** asked the Minister for Health and Children the progress made to date with regard to the implementation of the recommendations of the Brennan report; and if he will make a statement on the matter. [10784/04]

Minister for Health and Children (Mr. Martin):

I propose to take Questions Nos. 59 and 76 together.

The implementation of the health reform programme, which includes both the Prospectus and Brennan reports, is currently under way. The current phase of implementation consists of four distinct but inter-related strands of activity which

will take place during 2004. These strands are: the work of the interim health service executive, HSE, leading to the establishment and the orderly transfer of functions to the HSE; aspects of the reform programme for which the Department of Health and Children has lead responsibility, including legislation, the establishment of HIQA, governance, streamlining of agencies, HR/IR, financial management/service planning, etc.; the work of the Acute Hospitals' Review Group chaired by Mr. David Hanly; and the ongoing management of the health system and internal preparations for the new organisation and governance arrangements being led by the chief executive officers of health boards and the health boards executive.

A number of key bodies central to the reform programme are now in place. The national steering committee, NSC, charged with overseeing the implementation of the work programme of the four strands has been established. It provides a co-ordinating forum for actions being led in the respective strands and will ensure overall consistency with the Government's decision. It is to report on a regular basis to the Cabinet committee on the health strategy, ensuring that the Government is kept fully informed on all important issues. The first meeting of the NSC took place on 16 February.

I announced the establishment of the board of the Interim HSE last November and the board has met on a number of occasions. The interim HSE is now established as a statutory body on foot of S.I. 90/04. Under the establishment order, the interim HSE has been given the task of drawing up a plan for the Minister's approval for: the establishment of a unified management structure for the proposed new health service executive; the integration of the existing health board structures into the new health service executive; the streamlining of other statutory bodies, identified in the Prospectus report, to be incorporated in the new structure; the establishment of regional boundaries for the delivery of primary, community and continuing care services; the establishment of procedures to develop a national service plan for the delivery of health services; the establishment of appropriate structures and procedures to ensure the proper governance and accountability arrangements for the proposed health service executive; and the appointment of a chief executive officer.

The interim executive has also been given the task of making the necessary preparations to implement this plan, subject to ministerial approval, so as to ensure as smooth a transition as possible from the existing health board structure to the new health service executive structure.

The Deputy should note that there will not in fact be four regional health boards. Instead, there will be a single unitary structure, the HSE, which will be supported by three pillars, one of which will manage the delivery of primary, community and continuing care services. This pillar will be organised through four regions for administrative purposes. I have already clarified this in the House. Regional health authorities, as referred to in the question, will not be part of the new structure.

There is a need to strengthen existing arrangements in relation to consumer panels and regional co-ordinating/advisory committees in representing the voice of service users. These structures incorporate patients, clients and other users, or their advocates. They will work to provide a bottom-up approach to understanding the needs of service users at a regional planning level. These existing models are at different stages of development and will continue to be enhanced. These mechanisms will serve to bring the patients/clients' views and inputs to bear in the decision making process.

I am conscious of the concerns to ensure that there is adequate governance of the new structures in a radically restructured health system. I have agreed to bring more detailed proposals to Government on the representation arrangements shortly. I am satisfied that the new arrangements, combined with the introduction of system-wide best practice governance and accountability systems, will ensure a stronger more effective health system and an improved health service for patients and clients.

Last week, I referred to the Health (Amendment) Bill 2004 in the House which I expect to be in a position to publish shortly. I also referred to my plans for legislation to establish the HSE to replace the Eastern Regional Health Authority and the health boards and it is my intention is to have this legislation introduced by December 2004 so as to have the HSE in place in January 2005.

60. **Mr. Rabbitte** asked the Minister for Health and Children the progress made to date with regard to implementation of the recommendations of the Hanly report; and if he will make a statement on the matter. [10785/04]

Minister for Health and Children (Mr. Martin):

The key elements of current implementation of the Report of the National Task Force on Medical Staffing — the Hanly report — are as follows: negotiations with the Irish Medical Organisation in relation to the reduction of NCHD hours are continuing in the Labour Relations Commission. A number of further meetings have been scheduled over the coming weeks and every effort will be made to complete these negotiations at the earliest possible date.

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In recent weeks, a national co-ordinator and support team have been seconded to oversee the implementation process in the health agencies. Medical manpower managers are also playing a central role. A working group in each hospital is needed to implement these measures and to monitor progress in relation to the reduction in NCHD hours. The urgent need to establish these groups at both national and local level has been discussed with the Irish Medical Organisation. To date, the IMO has not agreed to the establishment or operation of these groups.

In relation to the consultant contract, a number of meetings have taken place between officials from my department, health service employers and representatives of the Irish Hospital Consultants Association and the Irish Medical Organisation. I anticipate that talks will resume when the Irish Hospital Consultants Association suspends phase 1 of its program of industrial action.

I announced the establishment of implementation groups for the Hanly report in both the east coast and mid-western regions on 27 February 2004. The groups will carry out the detailed work on identifying what services should be provided in each hospital, in line with the Hanly recommendations. I announced the composition of a group to prepare a national plan for acute hospital services on 27 January 2004. The group contains a wide range of expertise from the areas of medicine, nursing, health and social care professions and management. It also includes an expert in spatial planning and representation of the public interest.

The group has been asked to prepare a plan for the interim health services executive for the reorganisation of acute hospital services, taking account of the recommendations of the National Task Force on Medical Staffing including spatial, demographic and geographic factors. Neither the local implementation groups nor the acute hospitals review group has met as a result of the consultants' continuing industrial action. I ask that all parties return to the table to progress the work of these groups.

As regards medical education and training, the sub-group of the task force which dealt with these issues has remained in place. The group has been asked to examine and report to me on the measures required to accommodate NCHD training in all postgraduate training programmes within a 48-hour working week and safeguard both training and service delivery during the transition to a 48-hour working week. The group is also working with my Department to assist it in accommodating the integrated education and training functions proposed by the task force within the structures announced by the Government in June 2003 following publication

of the Brennan and Prospectus reports. It is anticipated that the group will report before the end of the year.

Regarding accident and emergency services, there are a number of initiatives under way at present. These include prioritised planning for the discharge of patients by acute hospitals and increased liaison with between hospital and community services; additional funds — €21.4million — to facilitate the discharge of patients from the acute system to a more appropriate setting; and additional emergency medicine consultant appointments, from 21 posts in 2000 to 51 posts approved by 1 January 2004.

Subject to resolution of outstanding legal issues associated with the required regulatory changes, I recently announced my intention to provide, at the earliest appropriate date, the necessary additional revenue funding to the Pre-Hospital Emergency Care Council, PHECC, for the rollout of the training element of the emergency medical technician — advanced, EMT-A, programme.

In the mid-west, the health board has recently advertised for a number of emergency care physicians, fully registered doctors, to complement service delivery in emergency departments. I have also recently approved the appointment of the design team to prepare an outline development control plan for Ennis General Hospital. The plan will be prepared having regard to the development brief prepared by the project team which sets out the broad scope of the proposed future development at Ennis General Hospital and identified the priority areas for development.

Tribunals of Inquiry.

61. **Ms Shortall** asked the Minister for Health and Children about his commitment to hold an inquiry into the role of multinational drug companies in the contamination of blood products. [10795/04]

Minister for Health and Children (Mr. Martin): I appointed Mr. Paul Gardiner, Senior Counsel, to produce a situation report on the position in Ireland and in the United States in respect of a possible investigation into the actions of the multinational pharmaceutical companies whose products are implicated in the HIV and hepatitis C infection of persons with haemophilia. He liaised with solicitors acting for the Irish Haemophilia Society as part of his investigations. Mr. Gardiner travelled to the United States and spoke to a number of relevant experts, including the lead counsel in the HIV haemophilic litigation there. He also received legal advice from a major New York law firm on the matters relevant to his investigations.

Mr. Gardiner furnished a report to me that consisted of a 60 page opinion and a number of appendices, one of which comprised over 50 pages of legal advice from the US lawyers. The report drew attention to the fact that there is no guarantee that the US authorities would provide judicial assistance to an Irish tribunal, either to enforce the discovery of documents or compel the attendance of witnesses. I briefed my Cabinet colleagues on the content of the report and I provided the IHS with a copy of it.

Notwithstanding the difficulties that have been identified, it would be possible to mount a useful investigation that would access publicly available material and seek the assistance of persons and bodies willing to co-operate with such an investigation. The Committees of Investigation Bill may provide an appropriate mechanism for an inquiry.

Other legal avenues are also being explored in consultation with the Attorney General and the legal representatives of the IHS. I shall maintain contact with the society on this issue.

Assisted Human Reproduction.

62. **Mr. Stagg** asked the Minister for Health and Children the progress made to date by the Commission on Assisted Human Reproduction that was established in March 2000; when he expects to receive its report; and if it was delayed by a dispute between hospital consultants and his Department. [10824/04]

Minister for Health and Children (Mr. Martin): The commission was established in March 2000 with the following terms of reference:

To prepare a report on the possible approaches to the regulation of all areas of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area.

The first commission meeting was held on 26 July 2000 and the most recent on 5 February 2004. It adopted an interdisciplinary approach to its work. Initially, each discipline — medical, legal scientific and social — prepared a report outlining its current position on assisted human reproduction. Work groups were then formed to examine specific topics and issues that needed to be addressed. They meet regularly to discuss their tasks and to progress the commission's work.

The work group structure facilitates close attention to a relatively limited range of topics by a highly specialised group. It also facilitates the detailed exploration of a range of ethical and social implications that arise from assisted human reproduction.

The commission organised a day conference in Dublin Castle in September 2001. It dealt with

the social, ethical and legal factors inherent in assisted human reproduction. Experts in the various fields from Ireland, the UK, France and Germany exchanged their views.

When the commission was established I indicated that it would be required to seek submissions from the public and to consult appropriate interests. In order to inform itself on the current state of public opinion here on assisted human reproduction the commission placed an advertisement in the newspapers inviting interested members of the public, professional or voluntary organisations, and other parties who wished to do so, to make written submissions before Wednesday, 31 October 2001. Over 1,600 submissions were received and examined.

The commission has engaged in a number of information gathering exercises that include: a survey instrument was drafted with a view to establishing the extent of the provision of assisted human reproduction services in Ireland; the commission issued a survey instrument to a random sample to 50% of GPs in all health board areas and there was a high proportion of respondents; a survey instrument to obstetricians and gynaecologists to elicit information on their level of involvement in assisted human reproduction services; and a survey of public attitudes and opinions on a range of questions on assisted human reproduction.

The commission's report was not held up by the dispute between hospital consultants and my Department. Its work is nearing completion. Unfortunately, it is not possible to say when the report will be finalised given the complex ethical, social and legal implications that arise.

Galway Hospice Foundation.

63. **Mr. M. Higgins** asked the Minister for Health and Children if he will make a statement on the recent report of the independent review group on the Galway hospice. [10804/04]

Minister for Health and Children (Mr. Martin): I have read the report of the expert review group on medication management practices of the Galway Hospice Foundation. As Minister I am concerned that patients were put at risk and I want to ensure that the errors are not repeated.

The authorities of the Galway Hospice Foundation have committed themselves to implementing the recommendations of the expert review group. Representatives from the Western Health Board and the foundation are engaged in detailed discussions aimed at agreeing conditions to recommence the admission of patients to the Galway hospice. I hope that their discussions will come to a satisfactory conclusion at an early date.

The report of the expert review group raised questions about a number of issues including

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governance, standards and guidelines, identification of roles, responsibilities and accountabilities, risk management and clinical audit. My Department is examining the report with a view to determining whether it would be appropriate to consider the application of these principles in a broader national context.

Question No. 64 answered with Question No. 14.

National Treatment Purchase Fund.

65. **Mr. Sargent** asked the Minister for Health and Children the number of persons who work for the treatment purchase fund; and the amount the fund costs to manage in terms of wages, administration, publicity and so on. [10823/04]

Minister for Health and Children (Mr. Martin): The chief executive of the national treatment purchase fund informed my Department that it employs 16 people at present.

The provisional outturn for the fund in 2003 was €30.057 million. The figure includes €3.06 million for administration costs paid by the Department on behalf of the NTPF. It includes €0.81 million for staff costs and €1.58 million for advertising and promotional activities. The administration costs include certain start-up and set-up costs for the NTPF that were of a once-off nature in 2003.

Cancer Screening Programme.

66. **Ms Lynch** asked the Minister for Health and Children when the cervical smear testing programme will be available nationwide; and the steps being taken to reduce delays in providing results. [10812/04]

Minister for Health and Children (Mr. Martin): Phase one of the national cervical screening programme has operated in the Mid-Western Health Board area since October 2000. Free screening is offered at five yearly intervals to approximately 74,000 women in the 25 to 60 age group.

The national health strategy includes a commitment to extend the programme to the rest of the country. The Health Boards Executive has initiated an examination of the feasibility and

implications of a national programme. It is a major undertaking with significant logistical and resource implications. At present part of the programme includes an evaluation of phase one, policy development and the establishment of national governance arrangements. The work has regard to both the experiences gained from the phase one programme and other international programmes as well as current best practice.

The evaluation of phase one is a key element in informing the development of a high quality cervical screening model for Ireland. The evaluation is under way and it is anticipated that it will be completed within the next few months. Once completed, HeBE has advised that it will prepare a draft roll out plan.

I shall support boards in their efforts to reduce the waiting times for cervical smear test results. Over the past number of years my Department has allocated additional funding to support the ongoing development and enhancement of cervical cytology services, including the achievement of a reduction in waiting times for smear test results. The funding has facilitated the employment of staff, provision of training, introduction of new technologies such as liquid based cytology, investment in new equipment and upgrading of facilities. The additional funding has also enabled the contracting out of cervical smear test analysis to external laboratories to assist in clearing backlogs. Further additional funding amounting to €0.5 million was allocated in 2004 as part of a programme of continued investment in cervical cytology and colposcopy services.

Medical Cards.

67. **Mr. Penrose** asked the Minister for Health and Children the number of persons who held medical cards in June 2002 and at the latest date for which figures are available; the proportion of the population it represents in respect of each date; when it is intended to implement the commitment to extend eligibility for medical cards to include over 200,000 extra persons; the new guidelines for eligibility for medical cards published in April 2004; and the number of additional persons he estimates will qualify as a result of these changes. [10789/04]

Minister for Health and Children (Mr. Martin): The details requested are as follows:

Date	No. of medical cards	No. of persons covered	Percentage of the population
			%
June 2002	783,612	1,207,096	30.81
March 2004	762,577	1,152,291	29.42

The health strategy includes a commitment that significant improvements will be made in the medical card income guidelines. The aim is to increase the number of persons on low income

who are eligible for a medical card and to give priority to families with children, particularly children with a disability. I regret that it is not possible to meet the commitment this year due to

the prevailing budgetary position. However, the Government remains committed to the introduction of the necessary changes.

The medical card income guidelines issued by the chief executive officers of the health boards for 2004 are:

Medical Card Income Guidelines

(Effective from 1 January 2004)

	€
<i>Single Person Living Alone</i>	
Aged up to 65 years	142.50
Aged between 66 to 69 years	156.00
<i>Single Person Living with Family</i>	
Aged up to 65 years	127.00
Aged between 66 to 69 years	134.00
<i>Married Couple</i>	
Aged up to 65 years	206.50
Aged between 66 to 69 years	231.00
Aged between 70 to 79 years	462.00
Aged between 80 years and over	486.00
<i>Allowances</i>	
For child under 16 years	26
For dependant over 16 years with no income maintained by applicant	27
For outgoings on house, rent and so on, in excess of	26
Reasonable expenses necessarily incurred in travelling to work in excess of	23

The medical card scheme is demand led. Medical cards may be issued by the CEOs on the basis of medical need to persons where income is above the guidelines. Therefore, it is not possible to accurately predict the numbers of persons who will qualify for a medical card in 2004.

Hospital Inquiry.

68. **Mr. Quinn** asked the Minister for Health and Children when he expects to receive the report of the independent review into the circumstances of the death of a person (details supplied) on 1 July 2003 who was sent home due to a shortage of nurses in the intensive care unit at Our Lady's Hospital for Sick Children, Crumlin. [10791/04]

Minister for Health and Children (Mr. Martin): On 23 July 2003 I announced that I had convened a review panel to conduct an independent review of the events surrounding the tragic death of the person concerned. The members of the panel are: Mr. David Hanly, management consultant; Ms Kay O'Sullivan, director of nursing at Cork University Hospital; Dr. Shakeel A. Qureshi, paediatric cardiologist at Guy's and Thomas's Hospital, London.

The panel's terms of reference are: to consider the report of the ERHA on the events of 30 June 2003 at Our Lady's Hospital for Sick Children, Dublin and to make further inquiries and conduct interviews as the panel considers necessary; to address the questions raised by the family; to examine protocols and procedures relevant to the incident having regard to prevailing standards of

best practice and to examine their application; to report to the Minister and to make recommendations as it sees fit; and both reports will be made available following the review.

The work of the review panel is ongoing. At present I am not in a position to say when its report will become available.

Community Nursing.

69. **Dr. Upton** asked the Minister for Health and Children the number of the promised 850 community nursing units now available following his announcement in July 2002; the hospitals in which they are available; and the number in each case. [10826/04]

Minister for Health and Children (Mr. Martin): I announced that 850 additional beds for community nursing units would be provided under two pilot public private partnership projects. This was to take place in 17 locations throughout the Eastern Regional Health Authority and Southern Health Board areas.

The ERHA will provide nine 50-bed CNUs, three in each of the area health boards, in the following locations: Clonskeagh Hospital, Newcastle Hospital and Tivoli Road, Dún Laoighaire in the East Coast Area Health Board; St. Joseph's Hospital, Raheny, St Mary's Hospital, Phoenix Park and Swords in the Northern Area Health Board; and St. Brigid's Hospital, Crooksling, Brú Chaoimhín, Cork Street and Cherry Orchard Hospital in the South Western Area Health Board.

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The SHB proposes to develop eight 50-bed CNU's in the following locations: St. Finbarr's Hospital, Farranlea Road and Ballincollig in the Cork south Lee area; St. Stephen's Hospital, Glanmire and St. Mary's Orthopaedic Hospital, Gurranbraher in the Cork north Lee area; Mount Alvernia Hospital, Mallow in the north Cork area; Bantry in the west Cork area; and Ballyard, Tralee, County Kerry.

At present these additional beds are not available. A health board or an authority must comply with the EU procurement legislation and national guidelines on PPPs in order to provide services.

The ERHA finalised a public sector benchmark project and my Department is consulting with the Department of Finance about it. The SHB is finalising its benchmark. On approval contract notices will be advertised by each of the awarding authorities in the Official Journal of the European Union. I expect that the CNU's will begin to come onstream in 2006.

Question No. 70 answered with Question No. 10.

Clinical Indemnity Scheme.

71. **Mr. Stagg** asked the Minister for Health and Children the progress which has been made by the working group on the development of a no-fault compensation system for birth-damaged children; when he expects the group to report; if he will seek to expedite the introduction of proposals in this area, having regard to the recent awards in the High Court and the increasing difficulties facing practitioners and especially obstetricians in finding insurance cover; and if he will make a statement on the matter. [10796/04]

Minister for Health and Children (Mr. Martin): The advisory group examining the feasibility of introducing a no-fault compensation scheme for brain-damaged infants has met regularly since its establishment in July 2001. The group has conducted an extensive investigation of the clinical and legal issues involved in the handling of those cases. It has also examined existing levels of service provision for those affected by cerebral damage. The group has had a presentation made to it by parents of children affected by cerebral damage on the day-to-day implications of providing care for them at home. It has also examined prevention strategies and the effects of reforms introduced in the United Kingdom on the handling of claims for compensation for injuries resulting from the provision of clinical care. I hope that the group will be in a position to present its final report by mid-2004. As the group has already indicated its intention of completing its work by the middle of this year, I feel that it would not be appropriate to ask it to expedite the process.

National Cancer Strategy.

72. **Mr. Gilmore** asked the Minister for Health and Children when he expects that the national cancer strategy will be published; and if he will make a statement on the matter. [10808/04]

Minister for Health and Children (Mr. Martin): The National Cancer Forum is currently developing a new national cancer strategy. This strategy will build on the progress that has been made during the implementation of the 1996 national cancer strategy and will set out the key priority areas to be targeted for the development of cancer services over the coming years. The strategy will have regard to developments and best practice in other jurisdictions and will make recommendations in regard to the organisation and structure of cancer services nationally.

A significant body of work has been undertaken in the development of the strategy to date. Representatives of the National Cancer Forum have met representatives of the ERHA and all health boards. The forum wrote to more than 90 professional bodies, voluntary bodies and other stakeholders to obtain their views on cancer treatment services. Members of the public have been consulted through advertisements placed in the media.

As part of the preparation of the new strategy, an evaluation of the extent to which the objectives of the 1996 strategy have been met has been carried out by Deloitte Consultants. This report was published in December 2003. The key goal of the 1996 national cancer strategy was to achieve a 15% decrease in mortality from cancer in the under 65 year age group in the ten year period from 1994. The Deloitte evaluation demonstrated that this reduction was achieved in 2001, which was three years ahead of target.

As part of the development of the strategy, sub-groups of the National Cancer Forum were established on generic screening, organisation of cancer services, evaluation and outcomes, evidence based medicine, genetics, nursing and patient issues. The work of these sub-groups is informing the development of the new strategy. It is expected that the strategy will be completed in July.

In regard to the implementation of the 1996 national cancer strategy, since 1997 there has been a cumulative additional investment of approximately €550 million in the development of cancer services. This includes an additional sum of €15 million which was allocated in 2004 for cancer services. This substantial investment has enabled the funding of 90 additional consultant posts in key areas such as medical oncology, radiology, palliative care, histopathology, haematology and radiation oncology. An additional 245 clinical nurse specialists have also been appointed in the cancer services area.

The benefit of this investment is reflected in the significant increase in activity which has occurred. For example, the number of new

patients receiving radiotherapy treatment has increased from 2,402 in 1994 to 3,809 in 2000. This means that an additional 1,407 patients are accessing these services, representing an increase of 58% nationally. The number of new patients receiving chemotherapy treatment has increased from 2,693 in 1994 to 3,519 in 2000, representing an increase of 30% nationally. Breast cancer is the individual site-specific cancer which has received the most investment in recent years and in-patient breast cancer procedures have increased from 1,336 in 1997 to 1,839 in 2001. This is an increase of 37% nationally.

Ambulance Service.

73. **Mr. J. O’Keeffe** asked the Minister for Health and Children the way in which he proposes to improve and develop the ambulance service in the country; and the EU rules which affect his proposals. [10665/04]

Minister for Health and Children (Mr. Martin): The Eastern Regional Health Authority, ERHA, and each of the seven health boards are responsible for the provision of ambulance services in their functional areas.

The policy on the development of emergency medical services in Ireland is set out in a number of documents including: Quality and Fairness — A Health System for You; Building Healthier Hearts, the Government’s cardiovascular health strategy; the Strategic Review of the Ambulance Service 2001; and the National Task Force on Medical Staffing — the Hanly report.

Funding provided by my Department in recent years has facilitated significant advancements in the development of the ambulance service in line with the recommendations of these reports including: a major upgrading in training and standards; the equipping of emergency ambulances with defibrillators and the training of ambulance personnel in their use; the introduction of two person crewing; and an upgrading of the ambulance fleet and equipment and improvements in communication equipment and control operations.

The Report of the Strategic Review of the Ambulance Service 2001, which forms the basis for the development of pre-hospital emergency medical services into the future, identifies aspects of the current emergency ambulance service which need to be addressed to bring it into line with best international practice to ensure effective and quality driven practices.

The report recommends that the service be developed at a number of levels. Principal among the proposed developments are: the elimination of on-call as a means of providing emergency cover; improved fleet reliability; and the roll-out of the emergency medical technician-advanced, EMT-A, programme.

The elimination of on-call is designed to facilitate further improvement in response times. I was pleased to be in a position to provide funding in excess of €3 million in the current year

to facilitate the continuing phasing out of on-call in a number of regions. This is a programme which I hope to be in a position to extend. With regard to improved fleet reliability, my Department provided additional capital funding of €2.5 million in December 2003 to enable the boards/authority to continue with fleet and equipment replacement programmes which are essential pre-requisites for enhanced speedy and appropriate care.

In addition, I have announced policy approval for the development of the emergency medical technician-advanced, EMT-A, programme. Considerable work has been done by the Pre-Hospital Emergency Care Council in conjunction with my Department in preparing the legislation necessary to give effect to the introduction of this programme in the current year.

The EU directive which impacts directly on the development of the emergency ambulance service is the CEN, Comite European de Normalisation, Directive. The CEN directive relates to the standardisation of specifications in regard to the design, performance and equipping of road ambulances used for the transport of sick and injured persons. The Eastern Regional Health Authority and the health boards have a fleet management system in place which incorporates a formal vehicle replacement policy. My Department is advised that the design specifications laid down by the authority/health boards for replacement vehicle purchase are in full compliance with the specifications of the CEN directive.

I assure the Deputy that the Government is fully committed to the development of our emergency ambulance service and that my Department will continue to pursue a policy of improving key aspects of the emergency medical service to ensure that those calling on the service receive timely and appropriate care.

Birth Statistics.

74. **Ms Burton** asked the Minister for Health and Children the number of births in the State in 1980 and in the latest year for which figures are available; the average length of stay of mothers giving birth for the years in question; the steps he has taken to establish the nationality of mothers who give birth at the Dublin maternity hospitals; if he has received a request for additional resources for the Dublin maternity hospitals; if he has satisfied himself with the level of resources available to the Dublin maternity hospitals; and if he will make a statement on the matter. [10801/04]

Minister for Health and Children (Mr. Martin): Data on births are compiled by the Central Statistics Office and published in the Annual and Quarterly Reports on Vital Statistics. The total number of births in 1980 was 74,064 and the provisional total for 2002 was 60,521.

Returns to my Department for 1980 from publicly funded hospitals show an average length

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of stay for all maternity patients of 5.9 days compared with 3.4 days in 2002.

Services at the Dublin maternity hospitals are provided under an arrangement with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to investigate the matters raised by the Deputy and to reply to her directly.

Nuclear Safety.

75. **Ms Burton** asked the Minister for Health and Children the cost of the purchase and distribution to 2.1 million households of iodine tablets during 2002; if it is planned to withdraw these tablets in view of reports that they would be useless in the event of an incident at Sellafield and could even pose a health risk to some persons; and if he will make a statement on the matter. [10802/04]

Minister for Health and Children (Mr. Martin):

The Eastern Regional Health Authority, which managed this contract, has indicated that the cost of purchase and distribution of iodine tablets to households during 2002 was approximately €2.2 million.

One packet containing six potassium iodate tablets BP 85 milligrams was to be delivered to each household; this is sufficient to provide a single dose for each member of an average sized household. Iodine tablets offer protection by saturating the thyroid gland with safe, stable iodine in order to prevent it from accumulating any radioactive iodine that may have been released into the environment arising from a nuclear incident. The persons for whom the tablets are recommended are pregnant women, women who are breast-feeding, newborn infants and infants, children and adolescents up to the age of 16 years. The benefit to other population groups is limited.

While the Calder Hall reactors based on the Sellafield site were closed in March 2003, other operational reactors in the UK and elsewhere still pose a potential risk and it is therefore not proposed to recall the iodine tablets already distributed.

In rare instances there may be an allergic response to iodine including fever, joint pain, facial swelling and breathlessness, which may require medical attention. Available evidence indicates that adverse effects associated with stable iodine are uncommon and generally minor. These may include dermatologic and sensitivity reactions. However, when potassium iodate is consumed as a prophylactic agent such adverse effects are unlikely because of its low dose and single use. The information leaflet provided with the iodine tablets contains information regarding those persons for whom the tablets are contraindicated.

Question No. 76 answered with Question No. 59.

Alcohol Abuse.

77. **Mr. Gogarty** asked the Minister for Health and Children his plans to curb binge drinking; if he intends to place health warnings on alcoholic beverages; and if he will make a statement on the matter. [10819/04]

Minister for Health and Children (Mr. Martin):

I established a Strategic Task Force on Alcohol whose remit is to provide evidence-based measures to Government to prevent and reduce alcohol related harm. The task force produced an interim report and an inter-departmental group has been established to co-ordinate the responses to its recommendations. Progress has been made on a number of issues.

The issue of health warnings on alcohol products and promotional materials is currently being considered by the task force. The next report of the task force is due to be published in the near future.

Vaccination Programme.

78. **Ms B. Moynihan-Cronin** asked the Minister for Health and Children the level of take-up of the MMR vaccine in each health board area for the latest period for which figures are available; the steps being taken to promote fuller take-up; and if he will make a statement on the matter. [10781/04]

Minister for Health and Children (Mr. Martin):

Data provided by the National Disease Surveillance Centre, NDSC, indicate that MMR uptake rates for children of 24 months of age per health board region for the third quarter of 2003 are as follows:

	Quarter 3, 2003*
	%
ERHA	75
MHB	88
MWHB	82
NEHB	83
NWHB	85
SEHB	84
SHB	79
WHB	77
Ireland	80

*The most recent period for which uptake figures are available from the NDSC.

The MMR vaccine protects against measles, mumps and rubella and, in accordance with the recommendations of the Immunisation Advisory Committee of the Royal College of Physicians of Ireland, can be administered to children between 12 and 15 months of age. A vaccine uptake rate of 95% is required in order to protect children from the diseases concerned and to stop the spread of the diseases in the community. Measles, in particular, is a highly infectious and serious disease; approximately one in 15 children who contract measles suffer serious complications.

I am concerned about the unsatisfactory MMR immunisation uptake rates because of the risk of unimmunised children contracting the potentially serious diseases concerned. The outbreak of measles in 2000, which resulted in approximately 2,000 cases and three deaths, is evidence of the consequences of insufficient immunisation uptake.

Based on information available from the National Disease Surveillance Centre, NDSC, there was a significant increase in 2003 in the number of reported measles cases. In 2002, 243 cases of measles were reported but provisional returns for 2003 indicate that there were 586 measles cases during that year. This underlines the importance of raising the immunisation uptake level to the optimal level of 95% against measles and the other potentially serious infectious diseases. However, I am encouraged by the most recent statistics from the NDSC which show that for the third quarter of 2003 MMR uptake for children up to 24 months of age was 80% — this uptake rate had increased from 77% in the previous quarter in 2003 and from 73% in the comparative quarter in 2002.

In 2003, CEOs in all health boards and the ERHA were asked to ensure that specific immunisation measures were prioritised in all regions in order to prevent a serious measles outbreak. A National Immunisation Steering Committee was established to address a wide range of issues relating to the childhood and other immunisation programmes including the identification of issues that are hampering the achievement of uptake targets. I launched the report of the steering committee in April 2002 and a National Implementation Group was subsequently established to draw up a phased national implementation plan based on the report's recommendations.

Following consideration of proposals in regard to childhood immunisation which were submitted by the National Implementation Group through the Health Boards Executive, HeBE, on behalf of the health boards, €2.116 million was allocated by my Department in 2003 to fund initiatives to improve childhood immunisation uptake. A further €2.778 million has been allocated for that purpose this year.

There is concern among some parents in regard to the measles, mumps and rubella, MMR, vaccine. Negative coverage on this issue has added to the confusion of parents in deciding whether to vaccinate their children. In April 2002, I launched the MMR vaccine discussion pack — an information guide for health professionals and parents. The pack was produced by the NDSC and the department of public health, Southern Health Board and was published by HeBE on behalf of the health boards. The pack sets out the facts in regard to the most common concerns about MMR in a way that will help health professionals and parents to explore these concerns together, review the evidence in regard

to MMR and provide the basis for making an informed decision. The information is presented in such a way as to allow full discussion between health professionals and parents on each issue. The pack also contains an information leaflet for parents. The pack is set out in question and answer format and addresses such issues as the alleged link between MMR and autism and Crohn's disease, the safety and side effects of the vaccine, the purpose of a second dose of vaccine, combined vaccine versus single doses and contraindications to the vaccine. The pack will enable health professionals to respond to the very real concerns of parents.

There is a sound evidence basis for the use of the MMR vaccine. Since the original publication of UK research from Dr. Andrew Wakefield about a possible causal link between MMR vaccine and autism, many researchers have investigated the proposed causal relationship and concluded that there is no link between MMR vaccine and autism or inflammatory bowel disease. My Department's submission to the Oireachtas committee contained further details on the scientific evidence in this regard. In Ireland, this issue has been examined by the Immunisation Advisory Committee of the RCPI and the Irish Medicines Board. The conclusions are: there is no evidence to support the association between MMR vaccines and the development of autism or inflammatory bowel disease; the vaccine is safer than giving the three component vaccines separately; and the Oireachtas committee has also endorsed the safety of the MMR vaccine.

The international consensus from professional bodies and international organisations is that the MMR is a safe and effective vaccine. The institutions include the Medical Research Council Expert Committee and the British Committee on Safety of Medicines in the UK, the Centres for Disease Control and Prevention, CDC, and the American Academy of Paediatrics in the USA as well as the World Health Organisation. Studies by the United States Institute of Medicine concluded that there is no link between the vaccine and autism or inflammatory bowel disease. A large Finnish study involving 1.8 million individuals demonstrated that no case of inflammatory bowel disease or autism was linked to the MMR vaccine. A recent UK study where researchers analysed 2,000 studies from 180 countries found no evidence of a causal link between MMR vaccine and autism or inflammatory bowel disease. A similar Swedish study found no increase in cases of autism in the ten years during which MMR vaccine was introduced. In late 2002, the New England Journal of Medicine published details of a study of more than 500,000 children born in Denmark between January 1991 and December 1998 which indicated that the risk of autism was the same for children regardless of whether they were vaccinated with MMR. The World Health

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Organisation, WHO, strongly endorses the use of MMR vaccine on the grounds of its convincing record of safety and efficacy.

Dr Simon Murch of the Centre for Paediatric Gastroenterology, Royal Free and University College Medical School, London, who had originally questioned the safety of the MMR vaccine, categorically supports use of the MMR vaccine; in the November 2003 edition of the *Lancet* he states that “..by any rational standards of risk/benefit calculation, it is an illogical and potentially dangerous mistake for parents to be prepared to take their children in a car on the motorway or in an aeroplane on holiday, but not to protect them with the MMR vaccine. An unprotected child is not only at personal danger, but represents a potential hazard to others, including unborn children”.

I am aware that the editor of the *Lancet* has said recently that the journal had learned of a “fatal conflict of interest” concerning the research carried out by Dr. Wakefield. I understand that the British General Medical Council is to examine this matter.

I understand that some health boards have undertaken measures in their regions to improve vaccine uptake which include: information sessions for professionals, for example, doctors and nurses in the area; information sessions for parents; distribution of information to the public, for example, leaflets on MMR available in public areas; advertisements taken out in local papers; advertisements on local radio stations; advice regarding immunisation, including MMR, which forms part of every public health nurse consultation with parents; information leaflets displayed prominently in all health centres; information given to schools regarding the booster MMR; follow up of parents by letter and telephone where children have not been vaccinated; follow up with GPs and nurses regarding children in their area who have not been vaccinated; and information sessions for staff. Discussions are ongoing between my Department and HeBE in regard to targeted and focused local/regional initiatives to bring about improvements in MMR uptake levels.

I take this opportunity to again urge all parents to have their children immunised against the diseases covered by the childhood immunisation programme in order to ensure that both their children and the population generally have maximum protection against the diseases concerned. This is particularly important at present in light of the increase in reported measles cases.

Bombings Investigations.

79. **Mr. B. Smith** asked the Taoiseach when the report of Mr. Justice Barron into the Belturbet

bombing will be published; and if he will make a statement on the matter. [10956/04]

The Taoiseach: I understand that Mr. Justice Barron will report next, in the coming months, on the Dublin bombings of 1972 and 1973, together with the Clones, Belturbet and Pettigo bombings of 28 December 1972 and four other bombing incidents that took place before May 1974 as well as the murder of Brid Carr in November 1971 and the murders of Oliver Boyce and Brid Porter.

Corporate Law Enforcement.

80. **Mr. Howlin** asked the Tánaiste and Minister for Enterprise, Trade and Employment the measures that are taken by her Department to ensure that company accounts that require a statutory audit are audited by registered auditors as defined in the Companies Acts, particularly in view of the recent related prosecutions brought by the Office of the Director of Corporate Enforcement; and if she will make a statement on the matter. [11040/04]

Tánaiste and Minister for Enterprise, Trade and Employment (Ms Harney): It is an offence under section 187 of the Companies Act 1990 for a person to act as an auditor while not qualified.

Responsibility for the enforcement of company law generally — including the enforcement of section 187 — has been vested by the Oireachtas in the Director of Corporate Enforcement. I understand that the director successfully prosecuted two cases in each of the years 2002 and 2003 for breaches of section 187. Section 12(5) of the Company Law Enforcement Act 2001 provides that the director shall be independent in the performance of his functions. As such it would be inappropriate for me to comment on the day-to-day activities of the director.

The Companies Registration Office, CRO, maintains a register of qualified auditors for inspection by the public so that companies can check to make sure that the person or firm that they have appointed as auditor to the company is properly qualified. I understand that this register will shortly be made available online on the CRO website which will facilitate public access to the register.

EU Regulations.

81. **Mr. Howlin** asked the Tánaiste and Minister for Enterprise, Trade and Employment if, further to Questions Nos. 40 and 63 of the 23 October 2003, she will indicate when she intends taking a decision in respect of the application of international financial reporting standards here; the outcome of the consultation process her Department was engaged in on this issue; and if she will make a statement on the matter. [11041/04]

Minister of State at the Department of Enterprise, Trade and Employment (Mr. M. Ahern): Regulation (EC) No 1606/2002 of the European Parliament and of the Council on the application of international accounting standards provides for the mandatory application of international accounting standards adopted in accordance with the procedure contained in the regulation to the consolidated accounts of listed companies.

The regulation also contains member state options regarding the application of these standards to the annual accounts of listed companies or to the consolidated and/or annual accounts of non-listed companies. Before adopting a final decision on the options, I have sought and am awaiting the views of the Company Law Review Group, and I expect to receive these in the immediate future, after which I propose to take a final decision on this matter.

In this regard, however, I wish to repeat what I said in response to the previous questions mentioned, that, in line with my stated inclination, I expect to provide that companies will be permitted to elect to avail or not to avail of the options in question, but without making it mandatory for them to comply with these options.

Farm Retirement Scheme.

82. **Mr. N. O'Keefe** asked the Minister for Agriculture and Food if his attention has been drawn to the fact that a deduction in respect of a spouse's old age pension is being made from a farm retirement pension in respect of a person (details supplied) in County Cork whose spouse died in November 2003; and if the deductions will be refunded to this widow. [10957/04]

Minister for Agriculture and Food (Mr. Walsh): My Department has no record of being notified of the death of the husband of the person named. My officials will now contact her and make arrangements to refund the appropriate amounts.

83. **Mr. Perry** asked the Minister for Agriculture and Food, further to Question No. 258 of 10 June 2003, if his attention has been drawn to the circumstances outlined in the enclosed submission; the plans he has to address the issues (details supplied); and if he will make a statement on the matter. [10959/04]

Minister for Agriculture and Food (Mr. Walsh): The person named wrote to me in May 2003 outlining her concerns about the effects of the mid-term review proposals on some participants in the schemes of early retirement from farming. She had entered the current early retirement scheme in October 2002.

Under the detailed implementing rules for the new single payment system that have now been agreed, the person named, who was engaged in farming during the reference period, will be in a position to have entitlements established for her

in 2005 under the new single payment system. These entitlements can then be leased with the land provided that a lease agreement is in place at that time whereby the entitlements can then be leased to the lessee.

84. **Ms Enright** asked the Minister for Agriculture and Food the reason a the person (details supplied) in County Laois who entered the 1999 early retirement scheme is being refused the scheme on the basis of letting her land for a nine month period for two years; and if he will make a statement on the matter. [10960/04]

Minister for Agriculture and Food (Mr. Walsh): The person named lodged an application under the 1994 scheme of early retirement from farming with my Department on 10 December 1999. Following consideration, her application was rejected and she was informed of the reasons. My Department was not aware at that time that the person named had let her land for a nine month period in two of the years before her application, and this was not among the reasons for rejection of her application.

The person named subsequently sought to apply for the current early retirement 2000 scheme which was introduced in November 2000. It is a condition of the scheme that applicants must lease or transfer their land to eligible transferees after 1 January 2000 and have engaged in farming for the ten years prior to the date of the transfer or lease. Using a provision that forms part of the current scheme, she sought exemption from this condition on the grounds of ill health. That exemption was refused. My Department was already aware that she had transferred her land before January 2000, but the critical factor in my Department's view was the length of time she was out of farming. She had last farmed in 1996 and had then rented out her land. In view of the fact that she had not actively farmed since 1996, my Department concluded that it was at that point that she had ceased farming and transferred her holding. To grant an exemption from the rules in these circumstances would, in the considered opinion of my Department, have stretched the provisions of the scheme beyond reasonable limits.

Departmental Offices.

85. **Mr. Timmins** asked the Minister for Finance the progress of the proposed district veterinary office for County Leitrim, based at Drumshambo; if it has progressed from the Chief State Solicitor's office for legal approval; when this much anticipated proposed office will be up and running; and if he will make a statement on the matter. [10953/04]

Minister for Finance (Mr. McCreevy): The Commissioners of Public Works have agreed a purchase price for a site for the Department of Agriculture and Food, in Drumshanbo, County Leitrim and they hope to be in a position to sign

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the contract for sale in the near future. It is not possible, at this stage, to say when the office will be up and running.

Disabled Drivers.

86. **Mr. O'Shea** asked the Minister for Finance the position regarding the final report and recommendations of the interdepartmental group on the disabled drivers' and disabled passengers' (tax concessions) scheme; and if he will make a statement on the matter. [11063/04]

87. **Mr. Durkan** asked the Minister for Finance the position in regard to the interdepartmental review of the 1994 disabled drivers' and disabled passengers' (tax concessions) scheme; when it is expected to extend the limits of the scheme; and if he will make a statement on the matter. [11064/04]

Minister for Finance (Mr. McCreevy): I propose to take Questions Nos. 86 and 87 together.

As I said in a reply to a previous question, the Interdepartmental Report of the Review Group on the Disabled Drivers' and Disabled Passengers' (Tax Concessions) Scheme is under consideration in my Department. The report is a substantive one and needs to be studied carefully. On completion of this process, I envisage that the report will be made available publicly.

Schools Building Projects.

88. **Ms Enright** asked the Minister for Education and Science if he will sanction the application on behalf of a school (details supplied); and if he will make a statement on the matter. [10980/04]

94. **Ms Enright** asked the Minister for Education and Science if he will sanction the application on behalf of a school (details supplied); and if he will make a statement on the matter. [10968/04]

Minister for Education and Science (Mr. N. Dempsey): I propose to take Questions Nos. 88 and 94 together.

Gaelscoil Portlaoise is currently located in temporary accommodation on the grounds of Portlaoise GAA Club. My Department grant-aids 95% of the rental costs of these premises.

The school authority has submitted a proposal to relocate the school to a site in the Kilminchy area of Portlaoise. This application is currently under consideration and a decision will issue to the school authority as soon as possible.

Teachers' Remuneration.

89. **Mr. Deenihan** asked the Minister for Education and Science when the benchmarking award will be made to primary school secretaries employed under the 1978 scheme; and if he will make a statement on the matter. [11101/04]

Minister for Education and Science (Mr. N. Dempsey): The terms of Sustaining Progress provide that the final two phases of the benchmarking increase and the general round increases is dependent, in the case of each grade, sector and organisation on verification of co-operation with flexibility and change, satisfactory implementation of the agenda for modernisation, maintenance of stable industrial relations and absence of industrial action on matters covered by the agreement.

IMPACT issued an instruction to its members who are school secretaries not to make any supervision/substitution payments to teachers in respect of absences now covered by the revised supervision/substitution scheme. This instruction is related to a claim for additional payments and re-gradings for school secretaries for work associated with the scheme.

The position of my Department is that work associated with the revised scheme for supervision and substitution is within the scope of the Sustaining Progress agreement and is comprehended by clause 19.6 which precludes strikes or other forms of industrial action in respect of matters covered by the agreement. The agreement also provides for full co-operation with the introduction of new schemes and initiatives and changes to existing schemes which are a routine feature of the work of public service organisations.

The agreement further provides that implementation of initiatives in the areas of flexibility and change will not give rise to claims for increased rewards for staff in the form of promotions, re-gradings, allowances or other benefits, clause 21.2, and contemplates disputes being resolved by agreement or adjudication rather than by industrial action, clause 19.8.

In the circumstances it is considered that the union action represents a breach of the Sustaining Progress agreement and accordingly prevents payment of the associated wage increases.

This matter was the subject of discussions locally and at the Labour Relations Commission, in accordance with terms of the Sustaining Progress agreement, but remains unresolved. The matter has now been jointly referred to the Labour Court for a determination, the outcome of which will be accepted by both sides.

Schools Building Projects.

90. **Mr. N. O'Keeffe** asked the Minister for Education and Science the position regarding an application (details supplied) for funding to develop additional facilities at a secondary school. [10964/04]

Minister for Education and Science (Mr. N. Dempsey): The position in regard to the school to which the Deputy refers is that an application for grant-aid to develop additional facilities has been received from the management authority.

When publishing the 2004 school building programme, I outlined that my strategy going

forward will be grounded in capital investment based on multi-annual allocations. My officials are reviewing all projects which were not authorised to proceed to construction as part of the 2004 school building programme, with a view to including them as part of a multi-annual school building programme from 2005 and I expect to be in a position to make further announcements on this matter in the course of the year.

The application from the school referred to will be considered in this regard.

State Examinations.

91. **Ms Enright** asked the Minister for Education and Science his views on the failure rate for a school (details supplied); if his attention has been drawn to the fact that the failure rate is rising; when he intends to take some action on this matter; and if he will make a statement on the matter. [10965/04]

Minister for Education and Science (Mr. N. Dempsey): The failure rate in the Scrúdú le hAghaidh Cáilíochta sa Ghaeilge fluctuates from year to year. I am aware that the failure rate in the examination in 2003 was somewhat higher than in recent years. My officials monitor such results and strive to detect the underlying reasons. They are clearly of the opinion that the level of readiness of candidates sitting the examination is the main factor which influences the failure rate.

The purpose of the Scrúdú le hAghaidh Cáilíochta sa Ghaeilge is to enable primary teachers who qualify outside the State to acquire accredited qualification to teach Irish or teach through Irish in primary schools in Ireland. A standard of Irish is required which is similar to that acquired by teachers who gain a pass in the Cúrsa Gairmiúil sa Ghaeilge in the Colleges of Education here. I wish to maintain that standard. The Scrúdú le hAghaidh Cáilíochta requires study and careful preparation.

I am currently studying the report of the SCG review body which has been published on the Department's website. As a result I propose to introduce some additional support systems to help candidates prepare for the examination. Education centres already use some of their annual budget to provide part-time courses for candidates. I am examining options for improving the supports for course provision for SCG candidates. I am also considering structural changes to the examination.

Schools Building Projects.

92. **Ms Enright** asked the Minister for Education and Science the way the multi-annual capital envelopes enabled his Department to adopt a multi-annual framework for the school building programme; the method in which the envelope operates; and if he will make a statement on the matter. [10966/04]

Minister for Education and Science (Mr. N. Dempsey): The Deputy will appreciate that planning and implementation of a major capital programme such as the school building programme covers all stages of the development of a project. These range from the initial forward planning stage, through site acquisition, if required, the architectural planning and design phases leading to the final construction stage. In most projects it normally takes at least more than one financial year for a project to be progressed through these stages to the final point of construction.

Arising from the budgetary announcement an agreement exists between the Department of Finance and my Department in respect of the capital investment framework 2004 to 2008. This agreement identifies the level of funding available for the years 2004 to 2008 and thus allows my Department to plan and manage more efficiently and effectively the capital investment programme. While the detailed elements of the agreement are currently being finalised between the two Departments, the certainty which the capital investment framework brings to the building programme is a most welcome and appropriate development.

Educational Provision.

93. **Ms Enright** asked the Minister for Education and Science the status of the McCarthy Report in the provision of education in County Laois; when he expects it will progress in relation to this matter; and if he will make a statement on the matter. [10967/04]

Minister for Education and Science (Mr. N. Dempsey): The Deputy will be aware that a facilitator, Dr Tom McCarthy, was appointed to assist in the development of a long-term plan for the provision of primary and post-primary infrastructure in the Portlaoise area.

Following receipt of his recommendations, it was decided that educational provision at post primary level required to be addressed as a matter of urgency. This matter has now been finalised with the decision to provide three new post-primary schools in Portlaoise — two voluntary secondary schools and a VEC school. The new VEC school is due to go to construction this year and discussions in regard to the provision of the other two schools are ongoing with the trustees.

Officials in the school planning section of my Department are now examining educational provision at primary level with a view to establishing the best way forward. The school authorities will be kept informed of developments.

Question No. 94 answered with Question No. 88.

Higher Education Grants.

95. **Ms Enright** asked the Minister for Education and Science if funding is available for a person (details supplied) in County Meath who has been accepted on the basis of an accreditation of prior learning onto a masters degree programme; and if he will make a statement on the matter. [10969/04]

Minister for Education and Science (Mr. N. Dempsey): The statutory framework for the maintenance grants scheme, as set out in the Local Authorities (Higher Education Grants) Acts 1968 to 1992, provides for means-tested higher education grants to assist students to attend full-time third level education.

An approved course, for the purposes of the higher educational grant scheme is, generally speaking, a full-time undergraduate course of not less than two years duration or a full-time postgraduate course of not less than one-year duration pursued in an approved third level institution. The institutions approved under the scheme are, generally speaking, publicly funded third level colleges offering full-time courses at undergraduate and postgraduate level.

Similarly under the terms of the free fees initiative, whereby the State meets the tuition costs of eligible students, an approved course is defined as a full-time undergraduate course of a minimum duration of two years in an approved third level institution.

Part-time courses are not approved courses under the terms of the maintenance grant schemes or the free fees initiative.

Tax relief is, however, available on third level tuition fees in respect of approved part-time courses in approved colleges. Further information in this regard is available from the local tax offices.

Departmental Property.

96. **Mr. Deenihan** asked the Minister for Education and Science if he will provide a right of way to Kerry County Council over its property at the Grove Dingle; and if he will make a statement on the matter. [10970/04]

Minister for Education and Science (Mr. N. Dempsey): My Department is currently considering the issue of providing a right of way to Kerry County Council over the site at Grove, Dingle. As soon as a decision is made on the matter the Department will be in contact with the local authority.

Child Care Services.

97. **Mr. Deenihan** asked the Minister for Education and Science if he will provide a site on their property at the Grove Dingle for a local child care group; and if he will make a statement on the matter. [10971/04]

Minister for Education and Science (Mr. N. Dempsey): My Department is currently

considering the question of ceding a portion of land to a local group for the purpose of building a child care centre in Dingle. As soon as a decision is made on the matter the Department will be in contact with the local authority and the child care group.

Special Educational Needs.

98. **Dr. Cowley** asked the Minister for Education and Science when a person (details supplied) can expect to obtain five hours weekly resource teaching, as recommended by his Department; when their sibling can expect to receive learning support; when this service is implemented that the older sibling will not lose out in order to facilitate their siblings; and if he will make a statement on the matter. [10972/04]

Minister for Education and Science (Mr. N. Dempsey): I can confirm that my Department has received applications for special educational resources, SER, from the school referred to by the Deputy, including an application for the first and second named child.

SER applications received between 15 February and 31 August 2003 are being considered at present. In all, more than 5,000 such applications were received. Priority was given to cases involving children starting school last September and all of these cases were responded to before or soon after the commencement of the current school year.

The balance of more than 4,000 applications has been reviewed by a dedicated team comprising members of my Department's inspectorate and the National Educational Psychological Service. These applications are being further considered in the context of the outcome of surveys of SER provision conducted over the past year or so. Account is also being taken of the data submitted by schools as part of the recent nationwide census of SER provision.

The processing of the applications is a complex and time-consuming operation. However, my Department is endeavouring to have this completed as quickly as possible and my officials will then respond to all applicant schools. Pending a response, schools are advised to refer to circular 24/03, which issued in September 2003. This circular contains practical advice on how to achieve the most effective deployment of resources already allocated for special educational needs within the school.

The arrangements for processing applications received after the 31 August 2003, including the applications for the first and second named pupils in question, will be considered in the context of the outcome of discussions on a weighted system of allocation of resource teaching support. A further communication will be sent to schools in this regard.

The school currently has the services of a shared learning support teacher. It is a matter for the school principal, together with the learning

support teacher, to allocate appropriate time to pupils requiring learning support assistance.

My Department is at present reviewing existing arrangements for the allocation of special educational supports to primary schools. In that context, my officials have initiated discussions on the matter with representative interests. At this stage, it would be premature to anticipate the outcome. I can confirm, however, that the basic purpose of that review is to ensure that each school has the level of resources required to cater for its pupils with special educational needs.

Adult Literacy Service.

99. **Mr. Crowe** asked the Minister for Education and Science the Government's position on rectifying the over reliance on volunteers in the adult literacy service, NALA, in view of the fact that there has been no increase in funding this year. [10973/04]

Minister for Education and Science (Mr. N. Dempsey): The national adult literacy service is provided by the vocational education committees with funding from my Department. The VEC service is separate from the National Adult Literacy Agency, NALA, which is a voluntary organisation, concerned with national co-ordination, training and policy development in adult literacy work, rather than with direct provision of literacy tuition.

Some literacy tutors in the VEC service are professional but about 80% are volunteers. A quarter of the 28,000 learners are working with the volunteer tutors on a one to one basis. As the number of voluntary tutors is about 4,200, the cost of payment for their services would be considerable.

The Government recognises the unique and valuable contribution of volunteers in the development of the adult literacy service. It is concerned that this contribution be retained in the future and that it be validated and acknowledged. The White Paper on Adult Education, Learning for Life, published in 2000, envisages that volunteers should be provided with the opportunity to upgrade their knowledge, attitude and skills and to gain certification through flexible procedures.

100. **Mr. Crowe** asked the Minister for Education and Science the Government's commitment to funding the literacy service beyond 2006. [10974/04]

Minister for Education and Science (Mr. N. Dempsey): Adult literacy is my top priority in adult education. Since the publication of a report of an international adult literacy survey in 1997, which found that 25% of the adult population have literacy problems, the annual funding of the national adult literacy service has increased considerably and is now of the order of €19 million.

The service is delivered through the vocational education committees throughout the country, with funding from my Department. The national development plan committed €93.5 million to the service in the period 2000-2006, with a target of reaching 113,000 clients over that period. This target is likely to be exceeded.

My Department has been funding the adult literacy service since 1985. Having regard to the high priority accorded to the service, and the scope for developing it on the evidence of the 1997 report, it is envisaged that the Government will continue to make provision for adult literacy beyond 2006 to the extent that resources permit.

Home Tuition.

101. **Mr. O'Dowd** asked the Minister for Education and Science if home tuition can be arranged for a person (details supplied) in County Louth who cannot attend school due to medical problems. [10975/04]

Minister for Education and Science (Mr. N. Dempsey): I wish to advise the Deputy that my Department has no record of having received an application for home tuition for the pupil in question. However, should such an application be received in my Department, it will be given full consideration.

Special Educational Needs.

102. **Mr. McHugh** asked the Minister for Education and Science when a special needs assistant will be provided at a school in Tuam, County Galway for the benefit of a person (details supplied) in County Galway as per application submitted to his Department in December 2003; and if he will make a statement on the matter. [10976/04]

Minister for Education and Science (Mr. N. Dempsey): My Department allocates resource teaching support and special needs assistants support to second level schools and vocational educational committees to cater for students with special educational needs. Applications for such support are made to my Department by the relevant school authority or VEC. Each application is considered on the basis of the assessed needs of the pupil/pupils involved and the nature and level of support provided is determined on the advice of the psychological service.

My Department has allocated 1.75 whole time equivalent resource posts plus 1.47 special needs assistant posts to address the needs of students attending this school including the pupil the Deputy is referring to. It is a matter for the school to deploy this allocation and also review this deployment in line with the evolving needs of the students.

School Curriculum.

103. **Mr. Ó Fearghail** asked the Minister for

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Education and Science the number of students currently participating in transition year programmes; if he has satisfied himself with the type of programme on offer throughout the country; and if he will make a statement on the matter. [11036/04]

Minister for Education and Science (Mr. N. Dempsey): The transition year programme is being offered in the current school year to almost 24,000 students. It is operated in accordance with guidelines issued to schools by my Department. The choice of whether to offer the transition year programme is a matter for the individual school.

A unique feature of transition year is that it does not have a prescribed national curriculum. Schools design their own individual programmes according to a recommended curriculum framework laid down by my Department. Each school should have an up-to-date transition year programme document that defines the school's curriculum for the year. Control over curriculum content enables teachers to design programmes and courses tailored to the needs and interests of students. It also enables parents, the community and local enterprise to bring new kinds of learning opportunities to the students.

I am broadly happy with how the current arrangements for the transition year programme are operating. A major evaluation of the transition year programme was carried out by the inspectorate of my Department in 146 schools offering the programme in the 1994-95 school year. This showed that most schools offering the programme used the freedom afforded in a responsible and creative manner. My Department has followed up on this evaluation report in a number of ways including ongoing evaluation of the programme in schools and support to schools in the area of assessment of pupils' work and evaluation of the programme by schools themselves.

A longitudinal study carried out for the National Council for Curriculum and Assessment, NCCA, by the Education Research Centre, Drumcondra, on 1994 junior certificate students who sat their leaving certificate examination in 1997 provides useful evidence that the transition year programme enhances students' performance at leaving certificate level by 26 points, offsets the handicap of disadvantage and makes students more ready to attempt higher level papers in their leaving certificate examinations.

104. **Mr. Ó Feargháil** asked the Minister for Education and Science if he has satisfied himself with the number of students currently pursuing science and IT courses at second and third level; and if he will make a statement on the matter. [11037/04]

Minister for Education and Science (Mr. N. Dempsey): At leaving certificate level there are three main science subjects, biology, chemistry

and physics. Biology remains a popular subject with 40.3% of the cohort sitting the examination in June 2003, an increase from 39.8% in 2002. The uptake of physics and chemistry has been a cause of concern for some time. The decline in uptake of these subjects started in the 1980s and continued until recently. There has been a reversal of the trend in 2002. In the leaving certificate examination in June 2002, 15.6% of the cohort took physics — up from 14.1% in 2000 — and 11.7% took chemistry — up from 11.1% in 1999. In 2003, 15.7% took physics and 11.9% took chemistry. At junior certificate level there is one science subject and the uptake of this subject has been consistently high; 85.7% of the cohort took it in 2003.

A range of actions are being taken to promote an increased uptake of science and IT. In particular, important progress is being made in regard to: curricular reform and inservice support, with new syllabi already implemented in leaving certificate biology, physics and chemistry; revised syllabi in primary science and junior certificate science beginning in schools in 2003-04; and work is under way on a new leaving certificate physical sciences syllabus to replace the physics and chemistry combined syllabus. All of these developments are being or have been supported by national inservice programmes for teachers.

Progress is being made in regard to: resourcing, with substantial grants issued to schools at primary level in 1999, 2001 and 2002; an additional *per capita* grant for physics and chemistry at leaving certificate; a capital grants programme for senior cycle science ICT and science equipment; and allied with the announcement in 2003 of a once-off grant scheme, likely to cost of the order of €12 million to support the implementation of the new junior certificate science syllabus. To date some 614 schools in the free education scheme have opted to provide the revised junior certificate science syllabus from 2003-04, grants of €5.1 million were issued to these schools at the end of January 2004 and a further tranche of payments to certain schools is currently being processed. The revised junior certificate science syllabus provides for a more investigative approach to science education with some 30 experiments and investigations which have to be carried out over the period of the programme. This hands-on approach is seen as critically important to enhance the attractiveness of the subject and encourage more students to choose the physical sciences at senior cycle.

Progress is being made on ICT integration projects in teaching and learning under the schools IT initiative and the new TV Scope programme in partnership with RTE, NCCA and the National Centre for Technology in Education; on the provision of materials and publications to schools to promote the attractiveness and relevance of science for students as a subject

option and career path; on reviews on mathematics, grading of subjects in the leaving certificate, gender equity issues in science, and initial reports on teacher training undertaken; on awareness measures supported by industry and third level colleges linking with schools; on the launch of the new discover science and engineering programme in October 2003 bringing together all the existing awareness activities in a unified strategy; and on the announcement by the Tánaiste in December 2003 of plans for Ireland's first interactive learning centre for children and adults, designed to give visitors a hands-on experience and understanding of science, and to be an education and outreach centre for teachers and pupils. The Exploration Station is due to open in 2006 and will be sited in the OPW Heuston gate development in Kilmainham, Dublin.

This work continues to be progressed and enhanced as resources permit in collaboration and consultation with the Department of Enterprise, Trade and Employment, Forfás and industry. My Department is fully committed to strengthening the quality of science teaching and learning, promoting increased scientific literacy and encouraging more students to choose science subjects at senior cycle and progress to third level options in this critical area as a vitally important part of the national strategy to support competitiveness and employment.

The CAO data show small declines in first preference applications for technology/engineering and science degree courses and somewhat larger declines in these areas for diploma/certificate courses. I am concerned at this trend, particularly given the longer term requirements for skilled graduates. In its fourth report, published last year, the Expert Group on Future Skills Needs reported that the ICT industry would return to growth and that by 2006 a skills gap in ICT would re-emerge. Clearly, this points to the importance of strong enrolment on these courses.

As part of a response to this issue, the Higher Education Authority has this year, in conjunction with the ICT sector, launched an active publicity campaign to support students in considering the value of ICT when making their higher education choices through the CAO. This is in addition to measures, which have been taken in all the third level institutions, to reduce the non-completion rates on ICT courses. It is hoped that these measures will help to stimulate the supply of graduates in these areas over the medium to long term. These measures, in addition to those I have already identified at second level, will support and enhance Ireland's innovative capacity through the availability of a strong supply of technologically skilled graduates over the longer term.

Corporal Punishment.

105. **Mr. R. Bruton** asked the Minister for Education and Science if he will indicate whether

there were guidelines issued by the Department of Education and Science with regard to the proper use of corporal punishment in primary schools and in industrial schools during the years 1950-1970; and if he will make a statement on the matter. [11038/04]

Minister for Education and Science (Mr. N. Dempsey): In September 1956 my Department issued circular 17/56 to managers and teachers of national schools in regard to corporal punishment.

I am arranging for a copy of the circular to be issued to the Deputy.

School Transport.

106. **Ms Enright** asked the Minister for Education and Science the number of students who have used the school transport service provided by, or grant aided by, his Department for each year since 1997; and if he will make a statement on the matter. [11039/04]

Minister for Education and Science (Mr. N. Dempsey): The information requested by the Deputy is being collated by my Department and will be forwarded to her as soon as possible.

Schools Building Projects.

107. **Mr. Kehoe** asked the Minister for Education and Science the estimated cost of the proposed new extension for a school (details supplied) in County Wexford; if he will allow the school to go ahead with its own proposed builder; and if he will make a statement on the matter. [11058/04]

108. **Mr. Kehoe** asked the Minister for Education and Science the action he will take following correspondence from a school (details supplied) in County Wexford; and if he will make a statement on the matter. [11059/04]

109. **Mr. Kehoe** asked the Minister for Education and Science when a school (details supplied) in County Wexford will receive the go ahead for a new extension; and if he will make a statement on the matter. [11060/04]

Minister for Education and Science (Mr. N. Dempsey): I propose to take Questions Nos. 107 to 109, inclusive, together.

An application for grant-aid towards improvement works has been received from the management authority of the school referred to by the Deputy. The application is being examined in the school planning section of my Department.

As I announced in the 2004 school building programme, a key strategy going forward will be grounded on the budget day announcement of multi-annual allocations for capital investment in education projects. All projects that are not going to construction as part of the 2004 school building programme will be re-evaluated with a view to including them as part of a multi-annual building programme from 2005 onwards. The application

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from the school in question will be considered in this context. My Department will also, however, consider the alternative delivery method proposal from the school. This will be done in the context of my Department's obligations under public procurement procedures.

School Recognition.

110. **Mr. J. Bruton** asked the Minister for Education and Science if a site will be allocated to the Educate Together school in Navan; and if he will make a statement on the matter. [11086/04]

Minister for Education and Science (Mr. N. Dempsey): Navan Educate Together national school opened with provisional recognition from my Department in September 2002. The school is currently located in temporary accommodation at Rock Lodge, Flowerhill, Navan, County Meath.

My Department has received an application for permanent recognition for the school. This is currently under consideration.

Schools with temporary recognition do not have an entitlement to capital grant aid. Accordingly, until such time as permanent recognition is granted to the school, my Department is not in a position to consider purchasing a site for a permanent location for the school. If and when permanent recognition is granted, budgetary factors will then determine the rate of progress on the acquisition of a site and on the delivery of permanent accommodation. In the meantime, it is the responsibility of the board of management to ensure that suitable temporary accommodation is available to meet the needs of the school.

Rural Housing.

111. **Dr. Cowley** asked the Minister for Communications, Marine and Natural Resources the definition of so-called "one off housing" as used by the ESB; and to explain how precisely the ESB distinguishes between rural one off housing and urban one off housing; and if he will make a statement on the matter. [11043/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): The matter to which the Deputy refers is a day to day operational matter for ESB and not one in which I have a function.

Post Office Network.

112. **Ms Enright** asked the Minister for Communications, Marine and Natural Resources his policy in relation to post offices in rural areas; and if he has satisfied himself with agency services replacing post offices; and if he will make a statement on the matter. [10962/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): The Government is committed to a viable and sustainable rural post office network. However, consideration must be given to the current climate in which An Post is operating, bearing in mind the serious operational losses the company has suffered and the measures which need to be implemented if the company is to reverse its current situation. All stakeholders recognise that An Post, and its network, must adapt to its customer needs within the financial constraints in which it now finds itself.

An Post has secured additional business for the network, including bill pay facilities for the ESB, phone top-ups through its PostPoint service and a contract with the AIB under which the banks' customers can access their accounts through the network.

Parallel with these developments, under an agreement between the Irish Postmasters' Union and An Post, the conversion of sub-post offices from a fixed contract to an agency basis, whereby payments are linked to transactions, is being implemented on a voluntary basis. The key requirement, that a service is provided locally, is being met by the new agency arrangement.

Fisheries Protection.

113. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB plans to sell the Shannon Fisheries; his views on this speculation; and if he will make a statement on the matter. [11104/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): I am advised by the ESB that they have no plans to sell the Shannon Fisheries.

Electricity Generation.

114. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB has lowered or breached the statutory limits (details supplied) set down by the Houses of the Oireachtas since the 1930s for Lough Allen, Lough Ree and Lough Derg; and if he will make a statement on the matter. [11105/04]

115. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources the number of years during which the ESB has breached the statutory limits set down (details supplied) for Lough Allen; if records can be provided; if they are available for public inspection; and if he will make a statement on the matter. [11106/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): I propose to take Questions Nos. 114 and 115 together.

I am advised by the ESB that it has always endeavoured to meet its obligations under the

Electricity Supply Acts in regard to water levels in Lough Allen, Lough Ree and Lough Derg.

I am also informed, however, with regard to Lough Allen that on rare occasions in the past, due to unfavourable weather conditions and in attempting to maximise flood storage, water levels occasionally fell below the lower limit for short periods in early autumn. I am assured by the ESB that records of these occurrences are available for public inspection.

Fish Stocks.

116. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB provides a licence on Lough Allen for the smolt farm; the person who operates the venture; if the ESB obtains an annual fee; and if he will make a statement on the matter. [11107/04]

117. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if members of the ESB are involved in the smolt farm venture on Lough Allen; and if he will make a statement on the matter. [11108/04]

118. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB intends to carry out a comprehensive survey on Lough Allen to examine the consequences of the smolt farm; and if he will make a statement on the matter. [11109/04]

119. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources the ESB's views on whether the smolt farm may have caused disease in a number of native fish; his own views on the matter; and if he will make a statement on the matter. [11110/04]

121. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB ever carried out a survey of fish stocks in Lough Allen; and if he will make a statement on the matter. [11112/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): I propose to take Questions Nos. 116 to 119, inclusive, and 121 together.

The licence in force in respect of the cultivation of salmon in Lough Allen was granted by my Department to Hibernor Atlantic Salmon Ltd., Derryclare Hatchery, Recess, Connemara, County Galway. The company in question went into receivership last year and an application to assign the licence to a new company has been made to my Department recently.

I am advised by the ESB that none of its staff is involved in the smolt farm venture on Lough Allen. The advice from the ESB is that it has not carried out a survey of fish stocks in Lough Allen and has no plans to do so.

ESB Operations.

120. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if he has a statutory duty with regard to the ESB; and if he will make a statement on the matter. [11111/04]

122. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources his views on whether the ESB is reluctant to provide operational details to his office; if he will obtain answers to previous questions; and if he will make a statement on the matter. [11113/04]

123. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB fisheries division provides him, under the Electricity (Supply) (Amendment) Act 1961, with an annual financial breakdown of profits in detail and operating costs; his views on the matter; and if he will make a statement on the matter. [11114/04]

124. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources if the ESB fisheries division operated third party companies to reduce its accountability in relation to its statutory duties, namely fisheries protection and research; and if he will make a statement on the matter in view of the previous questions. [11115/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): I propose to take Question No. 120 and Questions Nos. 122 to 124, inclusive, together.

I do not have any statutory powers to intervene in the day-to-day operations of the ESB. Overall corporate governance responsibilities relate in the main to appointment of the chairperson and board members; submission of annual report and accounts; approval of the board's overall capital expenditure programme; approval of the board's borrowing requirements; and approval of the establishment and acquisition of companies by the board.

Under the Shannon Fisheries Acts, the ESB has the statutory duty of managing, conducting and preserving the Shannon fisheries, subject and without prejudice to, the primary function of maintaining, working and developing the Shannon hydro-electric works. No profit accrues from the board's fisheries operations and their activities in this regard are focused on stock conservation.

Under the Electricity (Supply) (Amendment) Act 1961, the proceedings of the board regarding the fisheries and fishing rights vested in it is, without prejudice to the performance or exercise by the board of their duties, powers and functions, subject to general supervision of the Minister. The 1961 Act also provides that the board shall furnish to the Minister an annual

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report, statistics, returns and accounts in relation to fisheries under its management. The ESB has published its fisheries conservation annual report for the year ending December 2002 which sets out details of turnover, expenditure, payroll, operational costs and net loss figures in relation to fisheries which have been extracted from the financial statements of the ESB for the year ended 31 December 2002.

I am advised by the ESB that it has always provided protection for the fisheries of the River Shannon and that it currently employs a specialist security service for this purpose. I am further advised that the ESB also engages the services of the Shannon Regional Fisheries Board on contract to assist in the cover of peak periods and that NUIG provides its facilities and expertise to carry out any research required by the ESB. It is the view of the ESB that these contractual arrangements do not reduce or affect accountability in relation to the performance of these statutory duties and functions which are explicitly proper to the ESB under the legislation in question.

Question No. 121 answered with Question No. 116.

Questions Nos. 122 to 124, inclusive, answered with Question No. 120.

Water Quality.

125. **Mr. Perry** asked the Minister for Communications, Marine and Natural Resources his views on the decline in water quality on the southern end of Lough Allen; if his Department proposes to carry out a survey; and if he will make a statement on the matter. [11116/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): My colleague, the Minister for the Environment, Heritage and Local Government has primary responsibility for policy and legislation regarding water quality issues. Statutory responsibility for water management and protection rests primarily with the local authorities. Regional fisheries boards, as part of their fisheries management function, are also in a position to take prosecutions for water pollution offences. The Shannon Regional Fisheries Board advises me that they have been made aware of a deterioration in water quality in Lough Allen by Leitrim County Council. The board, in consultation with the county council, is presently monitoring water quality on the lake in order to identify the source of the problem.

Allergies Incidence.

126. **Mr. Gormley** asked the Minister for Health and Children if he will consider setting up

a task force on allergies and asthma with a view to initiating a strategy on these matters in order to reduce the number of persons suffering from allergies and asthma and to help those who do suffer to manage their problem; and if he will make a statement on the matter. [10917/04]

Minister for Health and Children (Mr. Martin):

My Department is aware of a number of recent references both in the general media and in the medical literature to an increase in the prevalence of conditions which may be related to allergies. These conditions include food allergies resulting in gastrointestinal symptoms, allergies to substances in the environment which may lead to a variety of skin conditions, and the one which has been most widely researched and reported, that of an apparent increase in the prevalence of asthma in both children and adults. It is accepted that some of the factors which may influence this include environmental factors, not only smoking and workplace exposure to respiratory irritants, but a more general level of exposure to environmental substances which cause allergies to occur.

The Deputy may wish to note that the Competitiveness, Internal Market, Industry and Research, Council on 22 September 2003 approved a directive regarding the labelling of the ingredients present in foodstuffs. In particular, the new labelling rules aim to ensure that consumers suffering from food allergies, or who wish to avoid eating certain ingredients for any other reason, are informed of the ingredients present. The new directive also establishes a list of ingredients liable to cause allergies or intolerances. The new rules will also extend to alcoholic beverages if they contain an ingredient on the allergens list.

The European Commission is currently developing an action plan on environment and health which is expected to be adopted later this year. The plan is intended to reduce the disease burden caused by environmental factors in the EU with special emphasis on children, to identify and to prevent new health threats caused by environmental factors and to strengthen EU capacity for policy making in this area. Officials of my Department and of the Department of the Environment, Heritage and Local Government are involved in this issue.

An expert workshop on childhood asthma organised by the joint research centre of the European Commission will be held in Cork on 22-23 April 2004. This will examine approaches to research on childhood asthma from a genetic and environmental perspective, which is part of a major research initiative ongoing at EU level. It is hoped to agree Council conclusions on this issue at the June Employment, Social Protection, Health and Consumer Affairs Council.

At the recent meeting of EU chief medical officers, the chief medical officer of my Department placed the issues of food and asthma on the agenda in order to share experiences, information and knowledge with our EU partners on these issues. In addition, my Department has contacted the Health Research Board to discuss the issue of research into the incidence of asthma in the Irish population and the establishment of an asthma register is under discussion between professionals dealing with asthma and the ERHA. These initiatives should help to clarify some of the causative factors relating to these conditions and, more specifically, to identify contributing factors. Thus, preventative and treatment strategies can be more effectively developed and implemented.

Health Boards Funding.

127. **Mr. Neville** asked the Minister for Health and Children if his attention has drawn to the fact that a new health centre in Ballymun cannot be opened due the Northern Area Health Board's lack of funds; if he intends to provide the NAHB with the relevant funds to ensure that the centre is fully operational; and if he will make a statement on the matter. [10921/04]

Minister for Health and Children (Mr. Martin): As outlined in my reply to a previous Dáil question concerning this development, my Department is working with the Eastern Regional Health Authority and the Northern Area Health Board in an effort to resolve a range of issues relating to this project. The issues relate to matters such as the scope of the project, compliance with procurement procedures, securing value for money and the issue of funding for the project. A new and revised proposal has very recently been submitted to my Department in this regard and this is currently under consideration.

Psychiatric Services.

128. **Mr. Neville** asked the Minister for Health and Children if the implementation of the recommendations of the reports of the working group on child and adolescent psychiatry was considered in the context of the Estimates process for 2004; and if he will make a statement on the matter. [10922/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The development of child and adolescent psychiatric services has been a priority in recent years. Since 1997, additional funding of almost €19 million has been provided to allow for the appointment of additional consultants in child and adolescent psychiatry, for the enhancement of existing consultant-led multi-disciplinary teams and towards the establishment of further teams.

Further development of this much improved service, as recommended in the reports of the working group on child and adolescent psychiatry, was considered in the context of the Estimates process for 2004 and will be considered again in the context of the Estimates process for 2005 and subsequent years.

Hospital Services.

129. **Mr. N. O'Keeffe** asked the Minister for Health and Children if transportation can be made available to transfer a person (details supplied) from Dublin to a hospital in Cork. [10924/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of hospital services to residents of County Cork is a matter for the Southern Health Board. My Department has, therefore, asked the chief executive officer of the board to reply to the Deputy directly in relation to the issue raised.

130. **Mr. N. O'Keeffe** asked the Minister for Health and Children the steps he intends to take to ensure that a service (details supplied) continues to be provided at Cork University Hospital. [10925/04]

Minister for Health and Children (Mr. Martin): Provision of the specific services referred to by the Deputy is a matter for the Southern Health Board. My Department has, therefore, asked the chief executive officer of the board to reply to the Deputy directly in relation to the issue raised.

131. **Mr. P. McGrath** asked the Minister for Health and Children when the dialysis unit at the Midland Regional Hospital, Tullamore, was set up; the cost of setting up the unit; the training that was undertaken by staff for the unit; the number of staff appointed to run the unit and their grades; when the unit became operational; the number of persons who utilise the unit weekly; and if he will make a statement on the matter. [10926/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at the Midland Regional Hospital at Tullamore rests with the Midland Health Board. My Department has, therefore, asked the chief executive officer of the board to examine the issues raised by the Deputy and to reply to him directly.

132. **Mr. P. McGrath** asked the Minister for Health and Children the hospitals in which there are dialysis units; and the doctor complement in each of the units. [10927/04]

Minister for Health and Children (Mr. Martin): The information requested by the Deputy concerning the location of dialysis units is outlined in the table below:

[Mr. Martin.]

Health Board/Authority	Hospital
Eastern Regional Health Authority	Beaumont Hospital; Mater Hospital; St Vincent's University Hospital; Adelaide & Meath Hospital incorporating the National Children's Hospital at Tallaght; St James's Hospital (acute only); Children's University Hospital, Temple Street.
Mid-Western Health Board	Limerick Regional Hospital.
North Eastern Health Board	Cavan General Hospital.
North Western Health Board	Sligo General Hospital; Letterkenny General Hospital
South Eastern Health Board	Waterford Regional Hospital.
Southern Health Board	Cork University Hospital; Tralee General Hospital.
Western Health Board	University College Hospital, Galway; Mayo General Hospital.

In addition, the Deputy will be aware that funding has been allocated to the Midland Health Board to facilitate the commissioning of a new unit at the Midland Regional Hospital at Tullamore. My Department is advised that the unit is scheduled for commissioning in 2004.

Data in respect of the complement of doctors in each dialysis unit are not routinely collected by my Department. My Department has, therefore, requested the regional chief executive of the Eastern Regional Health Authority and the chief executive officers of the health boards to collate the information requested and to forward it directly to the Deputy.

Health Services Reports.

133. **Mr. P. McGrath** asked the Minister for Health and Children the progress made to date on the implementation of the Hanly Report; the way in which this will impact on the Midlands area; and if he will make a statement on the matter. [10928/04]

Minister for Health and Children (Mr. Martin): The Hanly report makes specific recommendations for reorganising hospitals in two regions, the east coast and mid west, and sets out a series of principles for the future organisation of hospital services nationally. It also proposes measures to reduce junior doctors' average working hours and improve medical education and training. The current and future role of acute hospitals in the Midland Health Board and other regions will be examined as part of the preparation of a national hospitals plan by the acute hospitals review group which I appointed recently.

Negotiations with the Irish Medical Organisation in relation to the reduction of NCHD hours are continuing in the Labour Relations Commission. A number of further meetings have been scheduled over the coming weeks and every effort will be made to complete these negotiations at the earliest possible date.

In recent weeks, a national co-ordinator and support team have been seconded to oversee the implementation process in the health agencies. Medical manpower managers are also playing a central role. A working group in each hospital is needed to implement these measures and to

monitor progress in relation to the reduction in NCHD hours. The urgent need to establish these groups at both national and local level has been discussed with the Irish Medical Organisation. To date the IMO has not agreed to the establishment or operation of these groups.

As regards the consultant contract, a number of meetings have taken place between officials of my Department, health service employers and representatives of the Irish Hospital Consultants Association and the Irish Medical Organisation. I anticipate that talks will resume when the Irish Hospital Consultants Association suspends phase one of its programme of industrial action.

I announced the establishment of implementation groups for the Hanly report in both the east coast and mid-western regions on 27 February 2004. The groups will carry out the detailed work on identifying what services should be provided in each hospital, in line with the Hanly recommendations.

I announced the composition of a group to prepare a national plan for acute hospital services on 27 January 2004. The group contains a wide range of expertise from the areas of medicine, nursing, health and social care professions and management. It also includes an expert in spatial planning and representation of the public interest. The group has been asked to prepare a plan for the interim health services executive for the reorganisation of acute hospital services, taking account of the recommendations of the national task force on medical staffing including spatial, demographic and geographic factors. Neither the local implementation groups nor the acute hospitals review group has met as a result of the consultants' continuing industrial action. I ask that all parties participate to progress the work of these groups.

As regards medical education and training, the sub-group of the task force which dealt with these issues has remained in place. The group has been asked to examine and report to me on the measures required to accommodate NCHD training in all postgraduate training programmes within a 48-hour working week and safeguard both training and service delivery during the transition to a 48-hour working week. The group is also working with my Department to assist it

in accommodating the integrated education and training functions proposed by the task force within the structures announced by the Government in June 2003 following publication of the Brennan and Prospectus reports. It is anticipated that the group will report before the end of the year.

As regards accident and emergency services, there are a number of initiatives under way at present. These include prioritised planning for the discharge of patients by acute hospitals and increased liaison between hospital and community services; additional funds €21.4 million to facilitate the discharge of patients from the acute system to a more appropriate setting; and additional emergency medicine consultant appointments, rising from 21 posts in 2000 to 51 posts approved by 1 January 2004. Subject to resolution of outstanding legal issues associated with the required regulatory changes, I recently announced my intention to provide, at the earliest appropriate date, the necessary additional revenue funding to the pre-hospital emergency care council for the roll-out of the training element of the emergency medical technician-advanced programme.

In the Mid-West, the health board has recently advertised for a number of emergency care physicians, fully registered doctors, to complement service delivery in emergency departments. I have also recently approved the appointment of the design team to prepare an outline development control plan for Ennis General Hospital. The plan will be prepared having regard to the development brief prepared by the project team which sets out the broad scope of the proposed future development at Ennis General Hospital and identified the priority areas for development.

Hospitals Building Programme.

134. **Mr. P. McGrath** asked the Minister for Health and Children if he will report on progress on Phase 2B of Mullingar Hospital; and the expected date for the coming on stream of additional beds at this hospital. [10929/04]

Minister for Health and Children (Mr. Martin): The development control plan for phase 2B of Longford-Westmeath General Hospital is currently being examined in my Department and will be considered for progression to tender stage in the context of the Midland Health Board's capital development priorities in line with overall funding resources available for 2004 and beyond. The project is currently programmed for completion in three stages, under a single building contract, with the final stage scheduled for completion in late 2008. Almost all bed accommodation is included in stages one and two of the development which are currently programmed for completion in early 2007 and mid 2008 respectively. More accurate project construction and stage completion dates will only be available when tenders are received.

Nursing Home Subvention.

135. **Mr. P. McGrath** asked the Minister for Health and Children the rate of nursing home subvention payable to a single person in the highest dependency category in a nursing home, who has an old age contributory pension at the maximum rate and approximately €25,000 in the bank as their only means. [10930/04]

Minister of State at the Department of Health and Children (Mr. Callely): The Nursing Home (Subvention) Regulations 1993 are administered by the health boards and the Eastern Regional Health Authority. There are currently three rates of subvention payable, namely, €114.30, €152.40 and €190.50 for the three levels of dependency which are medium, high and maximum. Included in these payments is an increase of 25% which came into effect in April 2001.

Means are assessed for this scheme to ensure that the available funding is directed at those people who have the greatest need of financial assistance. Means for the purpose of the regulations relates to any income that person might have, and includes a costing of assets derived as a weekly figure. Given the amount of information given by the Deputy, it is not possible to give a definitive answer. If the Deputy has a specific case in mind, he should contact the local area health board in the first instance.

Ambulance Service.

136. **Mr. O'Shea** asked the Minister for Health and Children his proposals to provide the funding sought by the South Eastern Health Board to construct a new ambulance station for Waterford (details supplied); and if he will make a statement on the matter. [10931/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of ambulance services in Waterford rests with the South Eastern Health Board. The provision of a new ambulance station at Waterford is one of a number of capital development projects proposed by the board under the national development plan. The proposal will be considered by my Department in conjunction with the board in the context of its capital priorities and in line with overall funding resources available in 2004 and beyond.

Suicide Incidence.

137. **Mr. Neville** asked the Minister for Health and Children further to Parliamentary Question No. 148 of 16 November 2003, if he will give details so the report of the clinical director on the death by suicide of a person on ward 5B of the Mid Western Regional Hospital. [10932/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): It would not be appropriate for me to release details of the report referred to by the Deputy. My Department has therefore asked the chief executive officer of the

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Mid-Western Health Board to examine the request and reply directly to the Deputy in this matter.

138. **Mr. Neville** asked the Minister for Health and Children the number of suicides in each quarter of 2000, 2001, 2002 and 2003. [10933/04]

Number of deaths from suicide by quarter 2000-03

Quarter	2000#	2001#	2002*	2003*
January-March	120	120	67	71
April-June	128	148	132	111
July-September	130	128	114	116
October-December	108	123	138	N/A
Total	486	519	451	298

* Provisional figures based on year of registration.

Figures based on year of occurrence.

N/A Indicates 'Not Available'.

Source: Central Statistics Office.

Consultant Appointments.

139. **Mr. Perry** asked the Minister for Health and Children his plans to appoint a nephrologist for the North Western Health Board; and if he will make a statement on the matter. [10934/04]

Minister for Health and Children (Mr. Martin): I am pleased to advise the Deputy that my Department recently granted approval to the North Western Health Board to proceed with the recruitment process for the appointment of a consultant nephrologist to Letterkenny and Sligo General Hospitals.

Organ Donation Scheme.

140. **Mr. English** asked the Minister for Health and Children if, in view of the proposals to introduce a plastic card formatted driving licence, he will consider the introduction of an organ donation scheme using these cards in an opt-out format as in an operation in many EU countries; and if he will make a statement on the matter. [10936/04]

Minister for Health and Children (Mr. Martin): Two systems can be used to ascertain an individual's wishes on organ donation: the opt-in system and the opt-out system. The former system, which operates in this country, requires that the specific consent to donation of each person, or their relatives, be obtained before organs or tissues are removed. The opt-out system presumes that all citizens consent to donation unless they have specifically expressed a wish to the contrary.

The practice in this country is that where a person has indicated his or her willingness to donate organs by way of carrying an organ donor card, or a driving licence marked accordingly, the consent of the next-of-kin is always sought.

Even where opt-out systems are in operation, the relatives of the deceased are approached as

Minister for Health and Children (Mr. Martin):

Data on mortality are compiled by the Central Statistics Office and published in the annual and quarterly reports on vital statistics. The latest period for which data are available is January to September 2003 and these figures are set out in the table below in addition to figures for years 2000 to 2002.

part of the donor screening process to seek a medical history of any high-risk behaviour. Thus, the relatives will always be aware that a donation is being considered and can register an objection to the donation.

I understand that the European Commission is considering the question of legislation in respect of organ transplantation, including the issue of consent, and proposes to conduct a thorough scientific evaluation of the situation. It will present a report to the Council of the European Union on its analysis as soon as possible.

In the meantime I propose to establish, in the near future, an expert group to examine organ donation, procurement and utilisation policy in Ireland as part of the national health strategy's commitment to develop organ transplantation services with a view to increasing donation and utilisation rates. I would be happy to have the issue raised by the Deputy considered by the group in the course of its work.

National Treatment Purchase Fund.

141. **Mr. Gregory** asked the Minister for Health and Children if there is evidence available to his Department to indicate that certain consultants in certain health board areas are not accepting individual patients under the national treatment purchase fund; if delaying accepting individual patients until the NTPF provides them with additional patients; and if he will make a statement on the matter. [11045/04]

142. **Mr. Gregory** asked the Minister for Health and Children if he will have examined the take up from the NTPF in each health board area; and the waiting lists in each health board area to establish if the NTPF is being responded to in the manner for which it was intended in each area. [11047/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 141 and 142 together.

The national treatment purchase fund, NTPF, was established as one of the key actions for dealing with public hospital waiting lists arising from the health strategy Quality and Fairness: A Health System for You. Significant progress has been achieved by the NTPF in targeting those patients who have been waiting longest for treatment. To date some 12,000 patients have already had treatment arranged by the NTPF. It is now the case that, in most instances, adults waiting for a procedure for six months, or three months in the case of children, are now being facilitated by the fund. If patients are prepared to travel outside of their local area, their treatment can be arranged more quickly.

The NTPF has reported that there are some difficulties with patient referrals from certain hospitals and within certain specialities, particularly in the eastern region. The NTPF is continuing to work with the individual hospitals concerned to try to ensure that patients who are waiting longest for treatment are in a position to avail of the fund. The fund has run an extensive media campaign and operates a lo-call telephone line so that patients and their general practitioners are fully aware of the services available. It is open to both patients or their general practitioners to contact the NTPF directly to inquire about treatment and to make the necessary arrangements if necessary.

I would like to assure the Deputy that the take up of the fund in each health board area continues to be kept under review by my Department in conjunction with the NTPF.

Personal Assistance Service.

143. **Mr. Durkan** asked the Minister for Health and Children when the South Western Area Health Board will provide a wheelchair for a person (details supplied) in County Kildare whose child urgently requires same; and if he will make a statement on the matter. [11048/04]

Minister for Health and Children (Mr. Martin): The provision of aids and appliances, including wheelchairs, is a matter for the relevant health board. Accordingly, the Deputy's question has been referred to the regional chief executive officer, Eastern Regional Health Authority with a request that he examine the matter and reply directly to the Deputy as a matter of urgency.

Community Care.

144. **Mr. R. Bruton** asked the Minister for Health and Children his proposals for the development of community care; and if he will describe, in particular, the likely implications of these proposals for patients in the catchment of St. Ita's, Portrane, County Dublin. [11049/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of the services

referred to by the Deputy rests with the Eastern Regional Health Authority. My Department has therefore asked the regional chief executive officer to investigate the matter raised by the Deputy and reply to him directly.

Question No. 145 answered with Question No. 43.

Question No. 146 withdrawn.

Hospital Staff.

147. **Mr. Durkan** asked the Minister for Health and Children when and the extent to which he expects to provide sufficient staff to enable Maynooth community hospital become fully operational; and if he will make a statement on the matter. [11067/04]

Minister for Health and Children (Mr. Martin): As the Deputy will be aware, the provision of health services in the Kildare area is, in the first instance, the responsibility of the South Western Area Health Board acting under the aegis of the Eastern Regional Health Authority. The chief executive of the authority has informed my Department that efforts are ongoing to recruit the necessary additional staff to enable the unit to become fully operational and that interviews are currently taking place in this regard.

Hospital Funding.

148. **Mr. Durkan** asked the Minister for Health and Children when he proposes to provide the necessary funding to allow the Naas General Hospital become fully operational; and if he will make a statement on the matter. [11068/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at Naas General Hospital rests with the Eastern Regional Health Authority. The additional revenue funding required to complete the commissioning of additional services at the hospital is the subject of consideration by my Department in conjunction with the authority.

Psychological Service.

149. **Mr. Durkan** asked the Minister for Health and Children if he has satisfied himself regarding the adequacy of numbers of psychologists available through the various health boards; if he has plans to increase the numbers in line with current demands; and if he will make a statement on the matter. [11069/04]

Minister for Health and Children (Mr. Martin): There has been an increase of more than 50% over the period from end-1999 to end-2003 in the number of fully qualified psychologists working in the health service. Numbers have increased by 150 from 291 to 441 in whole-time equivalent, WTE, terms. This has contributed to a significant increase in the volume of psychological services provided.

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The Department, together with the directors of human resources in the health boards, is currently prioritising support for the implementation of a key recommendation of the report of the joint review group on psychological services in the health service, which was published in March 2002, relating to human resource planning through the provision of a substantial number of additional postgraduate training places in clinical psychology.

At present, 52 students are enrolled on the Psychological Society of Ireland's clinical psychologist postgraduate training diploma, 24 are enrolled on the doctoral programme in clinical psychology at TCD, 12 in second year and 12 in third year, and 21 are enrolled on the doctoral programme in clinical psychology at UCD, ten will graduate in 2004 and 11 in 2006. The National University of Ireland, Galway commenced a new postgraduate doctorate in the 2003-04 academic year with an enrolment of 12 students.

The Department remains committed to working on an ongoing basis with health agencies, educational providers and the education authorities to ensure adequate provision of training places in clinical psychology, having regard to the important recommendations on investment in training and education detailed in the action plan for people management published in November 2002.

Question No. 150 answered with Question No. 28.

Primary Care Services.

151. **Mr. Durkan** asked the Minister for Health and Children if consideration will be given to the upgrading of services available through health centres thereby eliminating some of the overcrowding at accident and emergency services; and if he will make a statement on the matter. [11071/04]

165. **Mr. Durkan** asked the Minister for Health and Children if he will consider upgrading the various health centres throughout County Kildare with a view to addressing the issue of bed shortages in general hospitals; and if he will make a statement on the matter. [11085/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 151 and 165 together.

The primary care strategy, *Primary Care: A New Direction*, aims to shift the emphasis from the current over-reliance on acute hospital services to one where patients will be able to access an integrated multidisciplinary team of general practitioners, nurses, health care assistants, home helps, occupational therapists, physiotherapists and social workers in their local community.

Primary care is the first port of call for the majority of people who use health services and all but the most complex and acute health care needs of individuals, families and groups may be effectively met within the primary care setting. Appropriately structured, it can meet 90% to 95% of all health and personal social service needs.

As the new primary care model is implemented, a wider primary care network of other professionals, including speech and language therapists, community pharmacists, dietitians, dentists, chiropractors and psychologists will also provide services for the population served by each primary care team. The provision of a wide range of services in this way will allow a higher proportion of people's care requirements to be met in the community. The strategy also envisages the development of extended-hours and out-of-hours cover for defined primary care services. The management of this wide range of care within the primary care setting represents the most appropriate, effective and user-friendly approach to the organisation of service delivery.

Primary care, planned and organised on this basis, can lessen the current reliance on specialist services and the hospital system, particularly accident and emergency and out-patient services. Based on available evidence, it has the potential to reduce the requirement for specialist services, reduce hospitalisation rates, reduce lengths of stay for those who are hospitalised, promote more rational prescribing and improve efficiency.

In order to give effect to the new model, I gave approval to the establishment of ten initial primary care implementation projects — one in each health board area — in October 2002. These projects build on the services and resources already in place in the locations involved so as to develop a primary care team in line with the interdisciplinary model described in the strategy. There has been substantial progress to date with the development of primary care teams in the chosen locations and the experience gained in the initial group of implementation projects will provide valuable learning which can inform the wider implementation which is to follow.

The primary care strategy also recognises that the provision of modern, well-equipped, accessible premises will be central to the effective functioning of the primary care team. One of the Government's key objectives is to facilitate and encourage the development, where appropriate, of modern, well-equipped, user-friendly buildings in which the broad range of primary care services, including general practice, can be delivered. The strategy also emphasises the need to gain full benefit from existing buildings and to fully exploit any opportunities for public-private partnerships in implementing the development programme. I am committed to developing policy in such a way as to maximise the opportunities to attract private sector interests into the provision of facilities to

support delivery of primary care service in accordance with the new interdisciplinary model.

The identification, prioritisation and provision of health centres, including the upgrading of such facilities, to meet the health and personal social service needs of local communities are matters for the health boards or the Eastern Regional Health Authority, ERHA. In the case of health centres in County Kildare, this responsibility rests with the ERHA. I have asked the regional chief executive of the ERHA to reply direct to the Deputy on this matter.

National Treatment Purchase Fund.

152. **Mr. Durkan** asked the Minister for Health and Children the costs to date of the treatment purchase scheme; the number of patients treated; the way in which this compares with the cost involved in conventional patient treatment; and if he will make a statement on the matter. [11072/04]

Minister for Health and Children (Mr. Martin): The cost of the national treatment purchase fund to date is as follows:

	€m	
2002	5.012	
2003	30.057	Provisional Outturn
2004	44.00	Allocation

The NTPF purchases procedures from private and public hospitals in Ireland. Where it is not possible to treat patients within a reasonable period in Ireland, either in public or private hospitals, arrangements can be made to refer the public patients for treatment abroad, having regard to quality, availability and cost. If patients are prepared to exercise choice by travelling to where there is capacity, they can be treated a lot quicker in many instances. To date the fund has arranged treatments for over 12,000 patients.

The majority of procedures funded by the NTPF to date have been carried out in private hospitals in Ireland. With regard to the cost of these procedures, the NTPF has informed my Department that it has not released individual procedure prices paid, for reasons of commercial sensitivity. However, my Department has been assured by the fund managers that the prices negotiated by the NTPF compare favourably with the comparative benchmarks available for the costs of the vast majority of procedures.

Nursing Staff.

153. **Mr. Durkan** asked the Minister for Health and Children the reasons for the increased use of agency nurses throughout the health services with consequent increased costs; and if he will make a statement on the matter. [11073/04]

Minister for Health and Children (Mr. Martin): The Health Services Employers Agency carries out quarterly national surveys of the nursing

resource, including use of agency nurses. The numbers of agency nurses used in the public health service for the months mentioned are as follows:

Month	Average Number of Agency Nurses Used per Day
September 2000	414
January 2001	423
April 2001	499
July 2001	417
October 2001	397
January 2002	459
April 2002	384
September 2002	416
December 2002	346
March 2003	307
June 2003	294
September 2003	317
December 2003	329
Average 2001	434
Average 2002	401
Average 2003	312

While these figures demonstrate significant fluctuations, a comparison of the averages for 2001, 2002, and 2003 clearly shows a continuous and substantial downward trend. The average number of agency nurses used per day during 2003 was 122 less than the number used during 2001, and 187 less than that used during April 2001, the highest monthly number recorded since the surveys began.

As regards the use of agency nurses, the position is that they have always been a feature of the system. Use of agency nurses has been declining in recent years, but there are sound operational reasons why their use continues. These reasons include making up for unexpected absences and dealing with short-term fluctuations in workflows.

Question No. 154 answered with Question No. 23.

Hospital Services.

155. **Mr. Durkan** asked the Minister for Health and Children the number of surgical beds unoccupied due to staff or other logistical reasons throughout the country; and if he will make a statement on the matter. [11075/04]

Minister for Health and Children (Mr. Martin): The information requested by the Deputy, on the number of surgical beds unoccupied due to staff or other logistical reasons throughout the country is not routinely collected by my Department.

My Department has, therefore, asked the chief executive officer of the Eastern Regional Health Authority and the chief executive officer of each health board to respond directly to the Deputy with regard to the information requested.

Questions Nos. 156 to 158, inclusive, answered with Question No. 38.

Hospital Waiting Lists.

159. **Mr. Durkan** asked the Minister for Health and Children the length of time a person has to wait in respect of heart surgery, hip replacement and cataract removal; and if he will make a statement on the matter. [11079/04]

162. **Mr. Durkan** asked the Minister for Health and Children the extent to which waiting lists in respect of cataract removal have increased or decreased in the past 12 months. [11082/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 159 and 162 together.

The total number of people reported to be on public hospital in-patient waiting lists for cardiac surgery as at 30 September 2003, the latest date for which figures are available, was 228. This includes 78 adults waiting over 12 months for cardiac surgery.

The total number of adults reported to be waiting for orthopaedic procedures, either as an in-patient or as a day case was 3,023. The total number of adults waiting more than 12 months for in-patient treatment in the specialty of orthopaedics was 794, which represents a decrease of 42% between September 2002 and September 2003.

The total number of adults reported to be waiting for ophthalmology procedures, either as an in-patient or as a day case was 3,656. The total number of adults waiting more than 12 months for in-patient treatment in the specialty of ophthalmology was 448, which represents a decrease of 16% between September 2002 and September 2003.

The national treatment purchase fund has been successful in locating additional capacity and arranging treatments for approximately 12,000 patients to date. It is now the case that, in most instances, adults waiting more than six months for an operation and children waiting more than three months will now be facilitated by the fund. The fund has reported that patients willing to be treated outside of their local area can have their treatment arranged more quickly.

Orthodontic Service.

160. **Mr. Durkan** asked the Minister for Health and Children the plans to address the increasingly serious problem of lack of services and facilities in respect of orthodontic treatment; and if he will make a statement on the matter. [11080/04]

Minister for Health and Children (Mr. Martin): As the Deputy is aware, the provision of orthodontic services is a matter for the health boards or health authority in the first instance.

The aim of my Department is to develop the treatment capacity of orthodontics in a sustainable way over the longer term. Given the

potential level of demand for orthodontic services, the provision of those services will continue to be based on prioritisation of cases based on treatment need — as happens under the existing guidelines.

The guidelines were issued in 1985 and are intended to enable health boards to identify in a consistent way those in greatest need and to commence timely treatment for them. Patients in category A require immediate treatment and include those with congenital abnormalities of the jaws such as cleft lip and palate, and patients with major skeletal discrepancies between the sizes of the jaws. Patients in category B have less severe problems than category A patients and are placed on the orthodontic treatment waiting list. The number of cases treated is dependent on the level of resources available, in terms of qualified staff, in the area, and this is reflected in the treatment waiting list. The provision of orthodontic services is currently severely restricted in some health boards due to the limited availability of trained specialist clinical staff to assess and treat patients.

However, I am pleased to advise the Deputy that I have taken a number of measures to address the shortage of specialists and so increase the treatment capacity of the orthodontic service on a national basis.

The grade of specialist in orthodontics has been created in the health board orthodontic service. In 2003, my Department and the health boards funded 13 dentists from various health boards for specialist in orthodontics qualifications at training programmes in Ireland and at three separate universities in the United Kingdom. These 13 trainees for the public orthodontic service are additional to the six dentists who commenced their training in 2001. Thus, there is an aggregate of 19 dentists in specialist training for orthodontics. These measures will complement the other structural changes being introduced into the orthodontic service, including the creation of an auxiliary grade of orthodontic therapist to work in the orthodontic area.

Furthermore, the commitment of the Department to training development is manifested in the funding provided to both the training of specialist clinical staff and the recruitment of a professor in orthodontics for the Cork Dental School. This appointment at the school will facilitate the development of an approved training programme leading to specialist qualification in orthodontics. The chief executive officer of the Southern Health Board has reported that the professor commenced duty on 1 December 2003. In recognition of the importance of this post at Cork Dental School my Department has given approval in principle to a proposal from the school to further substantially improve the training facilities there for orthodontics. This project should see the construction of a large orthodontic unit and support facilities which will ultimately support an enhanced teaching and treatment service to the

wider region under the leadership of the professor of orthodontics.

Orthodontic initiative funding of €4.698 million was provided to the health boards and authority in 2001 and this has enabled health boards to recruit additional staff, engage the services of private specialist orthodontic practitioners to treat patients and build additional orthodontic facilities.

In June 2002, my Department provided additional funding of €5 million from the treatment purchase fund to health boards, specifically for the purchase of orthodontic treatment. This funding enables boards to provide both additional sessions for existing staff and purchase treatment from private specialist orthodontic practitioners.

Finally, the chief executive officers of the health boards and authority have informed my Department that at the end of the December quarter 2003, there were 21,727 children receiving orthodontic treatment in the public orthodontic service. This means that there are over twice as many children getting orthodontic treatment as there are children waiting to be treated and 4,432 extra children are getting treatment from health boards and authority since the end of 2001.

Cancer Treatment Services.

161. **Mr. Durkan** asked the Minister for Health and Children the extent to which adequate facilities are available for the treatment of cancer patients; and if he will make a statement on the matter. [11081/04]

Minister for Health and Children (Mr. Martin): The Government's objective is to provide a model of cancer care which ensures that patients with cancer receive the most appropriate and best quality of care regardless of their place of residence.

Since 1997, there has been a total cumulative investment of €550 million in the development of appropriate treatment and care services for people with cancer. This includes the sum of €15 million which was provided this year to ensure that we continue to address the demands in cancer services in such areas as oncology/haematology services, oncology drug treatments, symptomatic breast disease services and to support the implementation of the report on the development of radiation oncology services in the Southern and Western Health Board regions.

Cancer services throughout the country have benefited significantly from this investment which far exceeds the £25 million requirement which was initially envisaged under the national cancer strategy. This investment has enabled the funding of 90 additional consultant posts, together with support staff in key areas such as medical oncology, radiology, palliative care, hispathology and haematology.

Since 1997, approximately €95 million in capital funding has been allocated specifically for

the development of cancer related initiatives. These include an investment of €60 million in radiation oncology, €8.75 million in the bone marrow unit at St. James's Hospital and €11.9 million in BreastCheck.

My plan for the development of radiotherapy services is that the supra-regional centres in Dublin, Cork and Galway will provide comprehensive radiation oncology services to patients regardless of their place of residence. Specifically, these supra-regional centres will provide significant sessional commitments to patients in the mid-west, north-west and south-east.

The current developments in the southern and western regions will result in the provision of an additional five linear accelerators. This represents an increase of approximately 50% in linear accelerator capacity. We will also provide for the appointment of an additional five consultant radiation oncologists. We currently have ten consultant radiation oncologists nationally. This will result in a significant increase in the numbers of patients receiving radiation oncology in the short term. These appointments are specifically designed to offer patients in areas such as the north-west, mid-west and south-east equity of access to radiation oncology services that are in line with best international practice.

As regards symptomatic breast cancer services, the report on the development of services for symptomatic breast disease recommended the development of specialist units throughout the country. Five of these units are now operational and a further eight are at various stages of development. Last year, I also announced the extension of the national breast screening programme to counties Carlow, Kilkenny and Wexford and also the national roll-out of the programme to southern and western counties.

Question No. 162 answered with Question No. 159.

Hospital Services.

163. **Mr. Durkan** asked the Minister for Health and Children the extent to which he expects the hospital services to be able to meet demands in respect of heart operations and hip replacements in the future; and if he will make a statement on the matter. [11083/04]

Minister for Health and Children (Mr. Martin): There has been a significant increase in the consultant manpower needed to deliver cardiac surgery and orthopaedic services in the past ten years. Based on figures provided by Comhairle na nOspidéal the number of cardiothoracic surgeons has increased from six to 11 between 1993 and 2003 and the number of orthopaedic surgeons has increased from 52 to 76 in the same period.

Plans and developments are in place which will increase the capacity for cardiac surgery. For example, the theatre and critical care complex, completed as part of the phase 2 development at

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University College Hospital Galway, includes provision for cardiac surgery facilities. Approval has also been given to the Southern Health Board to proceed with the planning and construction of a new €82 million cardiac and renal dialysis building at Cork University Hospital.

With regard to orthopaedic services, the North Eastern Health Board has reorganised its orthopaedic services in moving trauma services to Drogheda and creating additional capacity for elective services in Navan. A new orthopaedic service will be provided at Mayo General Hospital. This new service will serve the people of the western region and increase orthopaedic capacity for the region. Building and equipping of the new facility has been completed.

The single most important factor for admission to hospital is bed availability therefore increasing the bed capacity of the acute hospital system is of particular priority for my Department. The first phase of this process commenced in January 2002 where capital and revenue funding was provided for an additional 709 beds. This represents an increase of 6% on existing capacity. Some 568 of these beds have been commissioned to date.

164. **Mr. Durkan** asked the Minister for Health and Children the full bed complement at James Connolly Memorial, Blanchardstown, Dublin; the capacity of the hospital in respect of each category of patient; the extent to which adequate staff and back-up facilities and services are available; his plans to address the issue; and if he will make a statement on the matter. [11084/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at James Connolly Memorial Hospital, Blanchardstown, rests with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to investigate the matter raised by the Deputy and reply to him directly.

Question No. 165 answered with Question No. 151.

Health Board Services.

166. **Ms O. Mitchell** asked the Minister for Health and Children if any of the family circumstances concerning a person (details supplied) in County Meath or their child or other member of their family ever came to the attention of the social services prior to the crime which has resulted in a life sentence; and if so, the action which was taken and the support which was given to the family. [11103/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan): Responsibility in respect of the matter to which the Deputy refers rests with the North Eastern Health Board. I am aware that the person referred to previously resided in the area served by the Northern Area

Health Board. Accordingly, my Department has asked the chief executive officers of the North Eastern Health Board and the Eastern Regional Health Authority to reply to the Deputy directly.

Air Services.

167. **Mr. Eamon Ryan** asked the Minister for Transport if his attention has been drawn to negotiations between Aer Lingus and other companies regarding potential future investment within the company or a potential working agreement with the company; when he expects the Government to decide on the future ownership structure of the company; and if an analysis has been done within his Department comparing the possible merits of the company being able to issue its own share offering as against the possible trade sale of part or all of the company. [10951/04]

Minister for Transport (Mr. Brennan): I have been assured by Aer Lingus that no negotiations are ongoing between it and other companies regarding potential future investment in the company or a potential working agreement with the company. I have explained to the House on previous occasions that, in the light of the continuing turnaround in the company's finances and the continually changing environment, last July I asked the chairman of Aer Lingus to examine and report back to me on the future options for the company. The chairman furnished his report to me at a meeting on 16 September 2003 in which it was indicated that a private sector investment process should be initiated without delay.

I also commissioned an independent corporate finance consultant to examine the sale options for Aer Lingus, taking account of the Aer Lingus report. In summary, he has supported the case made by the chairman.

I recently advised my Cabinet colleagues of the current state of my deliberations concerning the future of Aer Lingus and in particular, my concerns relating to maintaining the *status quo*. I also advised that I will be reverting to Government on specific options for the company in the near future. My deliberations involve detailed consideration of the reports from Aer Lingus and the independent corporate finance consultant as well as a thorough examination of all options for the future of the company.

Residency Permits.

168. **Mr. Timmins** asked the Minister for Justice, Equality and Law Reform the position regarding an American citizen who wishes to come here to stay for a number of years to be with their child; the way in which they should go about this; and if he will make a statement on the matter. [10954/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): It is not possible, based on the information provided, to state whether the person

concerned would qualify for residency in the State for a number of years. The person concerned should write to the immigration division of my Department, which is located at 13-14 Burgh Quay, Dublin 2, giving details of his or her plan to stay in Ireland to enable my officials to decide on the application.

Criminal Convictions.

169. **Mr. Andrews** asked the Minister for Justice, Equality and Law Reform if he will consider introducing legislation on the rehabilitation of offenders who have served short custodial sentences and have not been convicted in a defined period since completing their sentence; if he will obtain the views on the Law Reform Commission; his views on the impact of such legislation on employment law, defamation law and the issuing of visas; and if he will make a statement on the matter. [11052/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I understand that the Deputy's question refers, in particular, to the expunging of the criminal record of an offender where that person is considered to have been rehabilitated, having served a short custodial sentence and not having been convicted of an offence again.

In general, there is no provision in Irish law allowing for the lapsing or non-disclosure of records of criminal convictions. The Employment Equality Act 1998 came into operation on 18 October 1999. The Act outlaws discrimination in relation to employment on nine grounds, namely, gender, marital status, family status, sexual orientation, religion, age, disability, race and membership of the travelling community. A review of the Act was carried out in 2001 in accordance with section 6(4) of the Act. During the course of the review, a number of new grounds were suggested for inclusion: socio-economic status-social origin, trade union membership, criminal conviction/ex-offender/ex-prisoner and political opinion. It was decided that a detailed examination of the implications of extending the employment equality legislation to the suggested complex new grounds was necessary. The law department of UCC was awarded the contract to carry out a detailed comparative examination of international legislation in relation to the four grounds. The final report will be published shortly. The findings of the research and the information obtained through the Department's consultations in respect of the review will provide the knowledge base necessary for any future policy decisions in this area.

With the introduction of the Children Act 2001, provision was made for a limited wiping of the slate in respect of most offences committed by persons under 18, once certain conditions have been met. This provision, which came into operation on 1 May 2002, limits, as far as possible, the effects of a finding of guilt, where those conditions have been met, by treating the person

for all purposes in law as a person who has not committed, been charged with, prosecuted for, found guilty or dealt with for an offence.

The second programme of the Law Reform Commission for the period 2000 to 2007 proposes, as part of an examination of the law on privacy, to consider longevity of criminal records and expunging of certain offences from the records. In addition, the Deputy may wish to note that the Law Reform Commission in its consultation paper on the court poor box, published in March this year, raised the issue of spent conviction schemes and indicated that it would welcome submissions on the issue with a view to a future publication dedicated to a full consideration of whether such a scheme should be introduced in this jurisdiction. I should caution that any proposal for a general clean slate provision would raise complex and difficult issues which would need to be addressed but I will certainly carefully consider any recommendations which the Law Reform Commission may make on the matter.

Garda Deployment.

170. **Mr. Crowe** asked the Minister for Justice, Equality and Law Reform if he will increase the number of Garda and Garda undercover patrols in the Mount Pilleary, St. Bricin's Park and surrounding areas of Dublin. [10937/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I have been informed by the Garda authorities responsible for the detailed allocation of resources, including personnel, that these areas are the subject of regular foot and mobile patrols by both uniformed and plain clothes gardaí. I have been further informed that additional plain clothes gardaí have recently been assigned to the areas concerned. Local Garda management is satisfied that the current level of resources, personnel and patrols are adequate to meet the policing needs of these areas.

Visa Applications.

171. **Mr. P. Breen** asked the Minister for Justice, Equality and Law Reform, further to Question No. 515 of 23 March 2004, the grounds on which the appeal was upheld in respect of the temporary visa sought by a person (details supplied) in County Clare. [10938/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): Following the appeal against the refusal of the application in question the visa appeals officer re-examined the application, taking into account the information supplied in the application and at appeal. The visa appeals officer was not satisfied that the concerns of the visa officer had been addressed by the appeal and upheld the decision to refuse the application for the reasons as outlined in my reply to the Deputy's Question No. 515 of 23 March 2004. It is still open to the applicant to make a fresh application with up to date supporting

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documentation and the matter will be considered anew.

Deportation Orders.

172. **Mr. Cassidy** asked the Minister for Justice, Equality and Law Reform if consideration will be given to an application made by a person (details supplied) in County Westmeath to be allowed to remain here; and when a decision will be made in this matter. [10939/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The person to whom the Deputy refers was initially admitted to the State on 13 September 2002 and subsequently granted permission to remain until 9 September 2003, on the basis of a work permit granted to a particular employer in County Leitrim.

The Garda national immigration bureau became aware in July 2003 that the person concerned was working for a different employer in County Kildare without a valid work permit. As a consequence of this a notice of intention to deport was issued by my Department on 25 July 2003. The Immigration Act 1999 sets out the procedures involved in deporting a person. Where the Minister proposes to deport a person he or she is given the options of making representations within 15 working days setting out the reasons he or she should not be deported, that is, be allowed to remain temporarily in the State, leave the State before the order is made or consent to the making of a deportation order. No representations for leave to remain were received from the applicant. His case will be examined shortly in the context of a consideration under section 3 of the Immigration Act 1999, as amended, and section 5 of the Refugee Act 1996 — prohibition of *refoulement*. When a decision has been reached it will be communicated to the applicant.

Visa Applications.

173. **Mr. Wall** asked the Minister for Justice, Equality and Law Reform the reasons a person (details supplied) in County Carlow was refused a holiday visa; and if he will make a statement on the matter. [10940/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The person in question made a visa application in February, 2004. The application was refused because it had not been established, on the basis of the documentation supplied to my Department, that the applicant would observe the conditions of the visa. In particular it was felt that the applicant had not displayed sufficient evidence of her obligations to return home following the proposed visit. There were also inconsistencies in the visa application. The applicant indicated that she would not be accompanied by members of their family to Ireland. It transpires, however, that the applicant's brother had also made a visa

application in which he indicated he would be travelling with the applicant. It is open to the applicant to appeal against the refusal by writing to the visa appeals officer in my Department.

Prisoner Transfers.

174. **Dr. Upton** asked the Minister for Justice, Equality and Law Reform if a person (details supplied) will be facilitated in serving their sentence here; and if he will make a statement on the matter. [10955/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I have given my consent to this transfer. My Department has also received consent for the transfer from both the United Kingdom authorities and the person referred to by the Deputy. Our transfer legislation requires that an application be made to the High Court for a warrant authorising both the transfer into the country of a prisoner and for his or her continued detention in this jurisdiction. The State's legal officers are currently preparing an application to the High Court for the necessary warrant. On receipt of a warrant, final arrangements for the transfer will be made.

Electoral Franchise.

175. **Aengus Ó Snodaigh** asked the Minister for Justice, Equality and Law Reform his views on the decision by the European Court of Human Rights that denying prisoners the opportunity to vote in elections breaches Article 3 of Protocol 1 of the European Convention on Human Rights; the steps and timetable for action his Department will implement to ensure that the Government is in full compliance with this decision. [11088/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The European Court of Human Rights, ECHR, in a judgment adopted on 9 March, 2004, found that a breach of Article 3 of Protocol 1 to the European Convention on Human Rights had occurred in a case taken by a prisoner in the United Kingdom. The prisoner, who is serving a sentence of life imprisonment, had complained that, as a convicted prisoner, he was subject to a blanket ban on voting in elections. This was as a result of legislation in the UK, section 3 of the Representation of the People Act 1983, which prohibits a convicted person from voting in a parliamentary or local election during the term of his or her detention in a penal institution. There is no such legislation in this country which prohibits a sentenced person from voting.

The Supreme Court, while taking cognisance of the fact that there are no statutory provisions which prohibit a convicted prisoner from voting, has held that the State is under no constitutional obligation to facilitate prisoners in the exercise of that franchise. I have, however, brought the recent ruling of the ECHR to the attention of both the Attorney General and the Minister for the Environment, Heritage and Local

Government, who has primary responsibility for electoral legislation. I will consider the implications of the court's judgment in consultation with my colleagues.

Residency Permits.

176. **Mr. Gilmore** asked the Minister for Justice, Equality and Law Reform the position regarding the application for residency by a person (details supplied) in County Dublin which was made to his Department in July 2003; the reason it has taken so long to process this application; if he has made a decision on the application; and if he will make a statement on the matter. [11097/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The person in question arrived in the State in July 2002, whereupon he made an application for permission to remain based on parentage of a child born in the State on 30 April 1999. Following the decision of the Supreme Court in the cases of L and O, the separate procedure which then existed to enable persons to apply to reside in the State on the sole basis of parentage of an Irish born child ended on 19 February 2003. The Government decided that the separate procedure would not apply to cases which were outstanding on that date. There are a large number of such cases outstanding at present, including the case to which the Deputy refers.

Since the person in question does not have an alternative legal basis for remaining in this jurisdiction the issue of permission to remain will be considered but only in the context of a ministerial proposal to make a deportation order. In that context, a notification of a proposal to make a deportation order will be issued to the person in question and he will be given an opportunity to make representations in relation to it. If, in the light of those representations and the range of factors set out in section 3(6) of the Immigration Act 1999, the Minister decides not to make a deportation order he will be given leave to remain on a humanitarian basis. Due to the large number of such cases on hand, I am unable to say at this stage when the file will be further examined.

Asylum Applications.

177. **Mr. Gilmore** asked the Minister for Justice, Equality and Law Reform the position regarding the application for residency by a person (details supplied) in Dublin 1 who has been living here for the past four years; the reason it is taking so long to process this application; if he has made a decision on the application; and if he will make a statement on the matter. [11098/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The person in question arrived in the State in June 2000 under the work permit

scheme and was granted permission to remain on that basis.

In January 2003 the person applied for permission to remain in the State based on parentage of an Irish born child. Following the decision of the Supreme Court in the cases of L & O, the separate procedure which then existed to enable persons to apply to reside in the State on the sole basis of parentage of an Irish born child ended on 19 February 2003. The Government decided that the separate procedure would not apply to cases which were outstanding on that date. There are a large number of such cases outstanding at present, including the case to which the Deputy refers. Where such persons have an alternative legal basis to remain in the State their applications are simply returned to them, as in the case of the person concerned.

I understand that the person's work permit is pending renewal by the Department of Enterprise, Trade and Employment, whereupon he may seek a further extension of his permission to remain in the State.

Question No. 178 withdrawn.

Animal Welfare.

179. **Mr. R. Bruton** asked the Minister for the Environment, Heritage and Local Government if he intends to introduce legislation to regulate the operation of puppy farms here; his commitments to recent adverse publicity concerning the operation of this industry to date; if he has had discussions with the Kennel Club about this issue; and if he will make a statement on the matter. [10958/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The main focus of action by local authorities under the Control of Dogs Acts 1986 and 1992 has been on the control of stray dogs and dangerous dogs, such as guard dogs, which could present nuisance or danger to the general public or to other animals.

In light of recent concerns, my Department is currently engaged in discussions with relevant interests, including the Irish Kennel Club, regarding the proper management of kennels in relation to the provisions of the Control of Dogs Acts. These discussions are continuing and are intended to inform my Department whether, or to what extent, revised legislation or regulatory administrative measures are desirable in this area.

Election Management System.

180. **Mr. N. O'Keeffe** asked the Minister for the Environment, Heritage and Local Government if his attention has been drawn to the difficulties being placed on certain persons under a Bill (details supplied); and if he intends to make an amendment to this section. [10977/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The Electoral (Amendment) Act 2002 provides that a non-party

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candidate at a local election must have his or her nomination paper assented to by 15 persons registered in the register of electors for the area. The form is left in a local authority office for the assentors to sign and who must produce a specified photographic identification document. Details will be included in the notes to the nomination form. There are no proposals to amend the legislation.

Planning Issues.

181. **Mr. Durkan** asked the Minister for the Environment, Heritage and Local Government if he or his Department have set out guidelines appertaining to the prevention of potential pollution by applicants for planning permission; and if he will make a statement on the matter. [10978/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The current standard for domestic effluent treatment and disposal from single dwelling houses is set out in Recommendation SR6: 1991, which was drawn up by the National Standards Authority of Ireland and which was issued by my Department by way of circular letter to each planning authority on 8 January 1992. In another circular letter of 31 July 2003 on groundwater protection and the planning system, guidance was given on best practice in regard to development plan policies and development control and enforcement standards and practices to ensure protection of groundwater quality. I am generally satisfied that planning authorities bring these requirements substantively to the attention of prospective applicants for planning permission.

The Environmental Protection Agency has published a draft manual on treatment systems for single houses in 2000 which was designed to help planning authorities, builders and others to deal with the complexities of on-site systems, including packaged systems. I understand that the EPA is currently reviewing the draft manual in the light of comments received from interested parties. My intention is to call up the revised EPA manual, when available, in technical guidance document H — Drainage and Waste Water Disposal — on the national building regulations. I also understand that the National Standards Authority of Ireland intends, at that stage, to withdraw SR6: 1991 in favour of the revised manual.

As well as complying with the requirements of the planning code, applicants for planning permissions may, particularly in the case of larger developments, be required to comply with a range of legislation relating to the prevention of pollution, including the Water Pollution Acts 1977 and 1990, the Waste Management Acts 1996 to 2003 and the Air Pollution Act 1987. Many larger developments may also be required to comply with the integrated pollution prevention and control licensing system under the

Environmental Protection Agency Acts 1992 and 2003.

Water and Sewerage Schemes.

182. **Mr. B. O’Keeffe** asked the Minister for the Environment, Heritage and Local Government when he expects to be in a position to approve, to go to planning, the application to extend and upgrade the waste water treatment plant and collection system at Clonea Power, County Waterford; and if he will make a statement on the matter. [10979/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The Clonea Power scheme is an element of a proposed villages sewerage scheme ranked sixth in the list of water and sewerage schemes submitted by Waterford County Council in response to my Department’s request to all local authorities in 2003 to produce updated assessments of the needs for capital works in their areas and to prioritise their proposals on the basis of the assessments. The assessment will be taken into account in the framing of the next phase of my Department’s water services investment programme in due course.

Planning Issues.

183. **Dr. Cowley** asked the Minister for the Environment, Heritage and Local Government the number of valid planning applications for so called one-off housing in relation to urban and rural areas respectively which are withdrawn by the applicant before a final discussion is made, expressed as a percentage of the total, for each year for the past five years; and if he will make a statement on the matter. [11042/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The information requested is not available in my Department. While planning authorities publish information on the total number of planning applications that they receive and the nature of decisions made, statistics are not provided in relation to the numbers of applications withdrawn before a decision is made by the planning authority.

Grant Payments.

184. **Mr. Kehoe** asked the Minister for the Environment, Heritage and Local Government if his Department has provided grant aid to a company (details supplied) in County Louth over the past year; if so, the amount of same; and if he will make a statement on the matter. [11062/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): No grant-aid has been made available to the company in question in the past year.

The company has made an application for grant assistance under the waste management infrastructural grants scheme for private waste facilities. However, having regard to the

significant levels of investment and growth in scale of the private waste industry in recent times, the process of waste industry consolidation which is in evidence and which is likely to continue, and the competing priorities for the resources available in the environment fund, I have announced earlier this week that I do not now intend to proceed with this grants scheme. Instead, I intend to divert the funding to a number of other areas including increased waste enforcement activities, which are crucial to providing the confidence that current and future investment in the legitimate waste sector will not be undermined by illegal activities competing against fully compliant operators.

Legislative Programme.

185. **Mr. Stanton** asked the Minister for the Environment, Heritage and Local Government the sections of the Planning and Development Act 2000 which have yet to be implemented; the time scale for same; and if he will make a statement on the matter. [11100/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): All sections of the Planning and Development Act 2000 have been commenced, with the exception of section 261. My Department is currently finalising detailed guidance for the assistance of planning authorities on the implementation of section 261 on the control of quarries. It is intended to commence this section of the Act following the publication of the guidance which is expected shortly.

Question No. 186 withdrawn.

Stádas na Gaeilge.

187. **D'fhiafraigh Aengus Ó Snodaigh** den Aire Gnóthaí Pobail, Tuaithe agus Gaeltachta cé mhéid uair atá an Coiste Idir-Rannach maidir le ceist Stádas na Gaeilge san Aontas Eorpach tar éis bualadh le chéile ó bunaíodh é; cén uair a bhuaileadar le chéile agus cé a bhí ag an gcrúinniú; cad é toradh an phlé sin; agus cén fáth nach bhfuil na heagraíochtaí agus baill thofa Thithe an Oireachtais á gcoimeád ar an eolas maidir leis an bplé sa Choiste go dtí seo. [11089/04]

188. **D'fhiafraigh Aengus Ó Snodaigh** den Aire Gnóthaí Pobail, Tuaithe agus Gaeltachta cé hiad na baill den Choiste Idir-Rannach maidir le ceist Stádas na Gaeilge san Aontas Eorpach; an bhfuil sé i gceist go mbeidh ionadaithe ó na heagraíochtaí deonacha nó ó Fhoras na Gaeilge mar bhaill den Choiste nó fiú ag suí isteach ar na cruinnithe. [11090/04]

189. **D'fhiafraigh Aengus Ó Snodaigh** den Aire Gnóthaí Pobail, Tuaithe agus Gaeltachta tuairisc a thabhairt ar cén dul chun cinn atá déanta go dtí seo ag an gCoiste Idir-Rannach maidir le ceist

Stádas na Gaeilge san Aontas Eorpach. [11091/04]

190. **D'fhiafraigh Aengus Ó Snodaigh** den Aire Gnóthaí Pobail, Tuaithe agus Gaeltachta an fíor nár bhuail an Coiste Idir-Rannach maidir le ceist Stádas na Gaeilge san Aontas Eorpach le chéile ach uair amháin ó bunaíodh é seacht seachtain ó shin; agus cad iad na céimeanna a ghlacfaidh sé le fuadar a chur faoina chuid oibre. [11092/04]

191. **D'fhiafraigh Aengus Ó Snodaigh** den Aire Gnóthaí Pobail, Tuaithe agus Gaeltachta an bhfuil sé i gceist miontuairiscí chruinniú an Choiste Idir-Rannach maidir le ceist Stádas na Gaeilge san Aontas Eorpach a scaipeadh ar na hurlabhraithe agus na heagraíochtaí atá ag cur na Gaeilge chun cinn. [11093/04]

Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív): Tógfaidh mé Ceisteanna Uimh. 187 go dtí 191 go huile le chéile.

Dírím aird an Teachta ar an bhfreagra a thug mé ar Cheisteanna Dála Uimh 114, 178 & 183 aá 9 Márta 2004 maidir áe stádas na Gaeilge san Aontas Eorpach.

Mar a cuireadh in iúl san fhreagra sin, agus mar a dúirt mé arís le linn na díospóireachta le déanaí sa Teach seo faoin gceist, tá grúpa oibre bunaithe ag an Rialtas chun anailís a dhéanamh ar an méid gur féidir a bhaint amach agus na féidearthachtaí atá ann chun dul chun cinn a dhéanamh. Bhí trí chruinniú ard-leibhéil ag an ngrúpa oibre seo go dtí seo agus beidh cruinniú eile ann ar 15 Aibreán 2004.

Toisc gur bunaíodh an grúpa oibre chun comhairle a ullmhú don Rialtas, níl sé i gceist go mbeidh cruinnithe an ghrúpa oscailte d'ionadaithe eile nó go bhfoilseofar miontuairiscí. É sin ráite, bhí cruinniú amháin go dtí seo idir ionadaithe ó mo Roinn féin agus ionadaithe ó Chomhdháil Náisiúnta na Gaeilge leis an gceist a phlé agus tá sé i gceist go gcasfar leo arís go luath ach cruinniú an ghrúpa oibre ar 15 Aibreán a bheith thart.

Faoi mar is eol don Teachta, is ar an Rialtas atá an fhreagracht cinneadh a dhéanamh ar an gceist seo — tar éis an taighde agus an anailís chuí a bheith déanta — agus ní ar an ngrúpa oibre. Ar an mbonn sin, agus ag cloí le nósanna imeachta an Oireachtais, ní dóigh liom gur ceart dom sonraíocht maidir le hainmneacha na n-oifigeach a lua ar thairfead an Tí.

Táim lán-sásta go bhfuil dul chun cinn fiúntach á dhéanamh ag an ngrúpa oibre agus go mbeifear in ann dul thar n-ais chuig an Rialtas le moltaí dea-bhreithnithe in am tráth. Níl sé i gceist agam, mar sin, a thuilleadh a rá faoi na torthaí a d'fhéadfadh a bheith ar an obair seo go léir go dtí go mbeidh tuairisc réitithe ag an ngrúpa oibre agus scrúdú iomlán déanta uirthi.

Social Welfare Benefits.

192. **Mr. Durkan** asked the Minister for Social and Family Affairs if a person (details supplied)

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in County Kildare will be reinstated to previous rent allowance payment, who is currently on a community employment scheme payment €182.20 per week; and if she will make a statement on the matter. [11054/04]

Minister for Social and Family Affairs (Mary Coughlan): The South Western Area Health Board has advised that payment of rent supplement is being revised as a consequence of the increased level of household income arising from participation, by the person concerned, in a community employment scheme. This person who is in receipt of a one-parent family payment may retain that payment in addition to her community employment payment.

Under standard supplementary welfare allowance rules, rent supplements, which are subject to a means test, are normally calculated to ensure that a person, after the payment of rent, has an income equal to the rate of supplementary welfare allowance appropriate to his or her family circumstances, less a minimum contribution, currently €13, which recipients are required to pay from their own resources.

In addition to the minimum contribution, recipients are also required to contribute, towards their rent, any additional assessable means that they have over and above the appropriate basic supplementary welfare allowance rate. Up to €50 per week of income from part-time employment may be disregarded in this means test.

People on community employment schemes may retain a portion of their rent supplement for up to four years subject to a gross household income limit of €317.43 per week. The supplement may be retained at 75% in year one, 50% in year two and 25% in years three and four.

A participant in community employment may opt to be assessed in accordance with that tapered withdrawal system or standard supplementary welfare allowance rules and will be entitled to whichever option is more beneficial. In this case the board has advised that, as the level of household income exceeds the €317.43 limit applicable to the tapered withdrawal system, the amount of rent supplement to be put into payment has been calculated in accordance with standard supplementary welfare allowance rules. By participating in a community employment scheme the person's net income increases by €50 per week. Payment of rent supplement at the revised rate will be made shortly.