



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

Leaders' Questions	446
Order of Business	454
Health Service Executive (Governance) Bill 2012 [Seanad]: Second Stage (Resumed)	464
Topical Issue Matters	485
Ceistanna - Questions	486
Priority Questions	486
Garda Resources	486
Garda Remuneration	489
Garda Transport Data	492
Garda Industrial Relations	494
Garda Complaints Procedures	496
Other Questions	498
Criminal Legal Aid	498
Garda Deployment	499
Domestic Violence Refuges	551
Road Traffic Offences	553
Road Traffic Offences	555
Topical Issue Debate	558
Road Safety	558
Mental Health Services Report	561
Special Educational Needs Services Provision	564
Miscanthus Industry	568
Health Service Executive (Governance) Bill 2012 [Seanad]: Second Stage (Resumed)	570
Health Service Executive (Governance) Bill 2012 [Seanad]: Referral to Select Committee	591
Message from Seanad	591
Defence Forces (Second World War Amnesty and Immunity) Bill 2012 [Seanad]: Second Stage	591
Health Insurance: Motion (Resumed) [Private Members]	604

DÁIL ÉIREANN

Dé Céadaoin, 6 Márta 2013

Wednesday, 6 March 2013

Chuaigh an Leas-Cheann Comhairle i gceannas ar 10.30 a.m.

Paidir.
Prayer.

Leaders' Questions

Deputy Micheál Martin: Inné, chosain an Taoiseach comhaontú nua Pháirc an Chrócaigh agus dúirt sé go raibh sé chomh cothrom agus gur féidir leis a bheith agus gurbh iad na daoine atá ag déanamh an t-airgead is fearr san earnáil phoiblí a íocfaidh an méid is mó. Ach, tá baill i measc An Garda Síochána atá i gcrúachas maidir lena morgáistí a íoc, mar gur chuir siad na préimh íocaíochtaí san áireamh mar chuid dá gcroíphá do na bainc. Tá dílseacht agus tiomantas na ngardaí don bpobal agus dá gcomhghleacaithe le feiceáil ag gach éinne gach lá ar fud na tíre. Tá sé riachtanach go léiríonn meoin an Rialtais tiomantas na ngardaí.

Tá gardaí ag tabhairt aghaidh ar dhúshlán an-mhór ar fad, ar nós daoine faoi airm lá i ndiaidh lae, 365 lá den bhliain. Tá siad go hiomlán míshásta leis an margadh is déanaí atá le fáil ó chomhaontú Pháirc an Chrócaigh. Ní raibh spiorad na ngardaí riamh chomh híseal agus atá sé anois. Don chéad uair riamh i stair ardchomhairle an GRA, tá vóta mímhúiníne tógtha acu san Aire Dlí agus Cirt, an Teachta Shatter. Is léir anois nach bhfuil aon rogha ag na gardaí ach comharthaí dea-thola a tharraingt siar mar agóid i gcoinne an Rialtais.

Is bealach náireach agus brónach é seo le bheith ag déileáil leis An Garda Síochána, go háirithe agus an Rialtas ag dúnadh níos mó ná 100 stáisiún thart timpeall na tíre agus ag bagairt laghdú ar mhéid an fórsa de bharr gearradh siar ar phá an fhórsa ar fad. Tá coirpigh anois níos gnóthaí ná riamh, agus tá robáil tithe méadaithe timpeall na tíre. Mar shampla, i ndáilcheantar an Mhí Thoir amháin, tá sé suas 28% ó thosaigh an Taoiseach a réim dhá bhliain ó shin, gan trácht ar an méadú i gníomhachtaí easaontach atá go mór i mbéal an phobail faoi láthair.

Anuas ar na dúshláin a mbaineann lena bpoist laethúil, tuigeann gardaí go bhfuil margadh déanta ag an Rialtas leis na hoifigigh phríosúin, a thugann ráta dúbailte dóibh ar an Domhnach. Ag an am céanna, tá an Rialtas ag rá leis An Garda Síochána go bhfuil gardaí chun pá níos ísle a fháil. Conas an bhfuil sé seo cóir? Cén comhartha an bhfuil an Taoiseach ag tabhairt do gardaí na tíre?

The Taoiseach: Tá a fhios ag gach duine sa tír faoin jab atá á dhéanamh ag An Garda Síochána le blianta anuas. Aontaím go mór go dtugann an fórsa cabhair agus cosaintí do mhuintir na tíre an t-am ar fad. Labhair an Teachta faoi chomhaontú nua Pháirc an Chrócaigh agus na díospóireachtaí atá ar siúl faoi láthair ag na ceardchumann ag éirí as an pháipéar a chuir an coimisiún os a gcomhair. Tá fios maith ag an Teachta go bhfuil sé curtha san áireamh go gcaithfidh iad siúd atá ar na tuarastail is mó agus atá na háiseanna is fearr acu an méid is mó a íoc. Ní hamháin go bhfuil sé seo deacair do gardaí, tá sé deacair do chuile duine atá ag obair sa tír, go háirithe iad siúd a dhírítear orthu leis an cainteanna seo, na banaltraí, múinteoirí agus chuile duine eile a thugann seirbhísí sonracha do mhuintir na hÉireann.

Ní cóir don Teachta díriú isteach ar phointe amháin anseo, mar is ábhar an-leathan ar fad atá i gceist. Le linn na díospóireachtaí agus iad ar siúl, cuireadh ceist orm go minic faoi cén fáth nach raibh comhrá ar siúl leis an GRA, na cigirí agus cumann na sáirsintí. Tá a fhios ag an Teachta cén chaoi atá an scéal le blianta anuas agus go ndeirtear gur ceart go mbeadh An Garda Síochána agus na hargóintí agus na díospóireachtaí atá le déanamh acu páirteach sna díospóireachtaí. Ach ní ceardcumann iad baill An Garda Síochána. Ag an am céanna, le blianta anuas bhí cead ag gardaí, cigirí agus cumann na sáirsintí a gcuid tuairimí a phlé agus a nochtadh.

Maidir leis na díospóireachtaí atá thart, chuir na ceardchumann a d'fhan istigh sna comhráití béim ar chúrsaí bainistíochta agus íocaíochtaí deireadh seachtaine, go mórmhór ar an Satharn agus an Domhnach. Ag éirí as na díospóireachtaí sin, níor ghlacadh leis an moladh a chuir taobh na bainistíochta ar an mbord agus laghdaíodh an gearradh siar a bhí i gceist. Tá na cainteanna ar siúl agus na téarmaí á iniúchadh ag an ceardchumann agus déanfaidh siadsan suas a n-aighe go luath. Má ghlactar leis an comhairle agus leis an páipéar ón gcoimisiún, beidh na téarmaí sin i gceist do gach éinne thar an seirbhís poiblí ar fad.

Tá an Teachta ag caint faoi gardaí amháin agus ag díriú isteach ar na gearrthacha siar ar phá atá i gceist, ach caithfear breathnú ar an scéal ar fad ina iomlán. Mar atá a fhios aige freisin, le blianta anuas, tá áiseanna á dhíriú ar agus á iarraidh ag gardaí chun go mbeidh siad in ann a gcuid jabanna a dhéanamh. Mar shampla, sin an fáth gur cuireadh €5 milliún breise ar fáil i mbliana le haghaidh carranna agus áiseanna. Tá a fhios agam go maith cé chomh cruinn agus atá an t-eolas atá ag An Garda Síochána agus an PSNI faoi iad siúd atá ag iarraidh ár dtír a thabhairt thar nais go dtí am na Trioblóide, ach tá súil agam nach dtarlóidh sin.

Tá na ceardchumann ag plé an chomhaontuithe faoi láthair agus déanfaidh siad suas a n-aighe go luath. Tá súil agam go nglacfaidh siad leis an bpáipéar ón gcoimisiún i dtreo agus go mbeimid in ann déileáil leis na fadhbanna caiteachais poiblí a bhí os ár gcomhair nuair a thán-gamar isteach in oifig dhá bhliain ó shin an tseachtain seo.

Deputy Micheál Martin: Tá mé ag díriú ar na gardaí ar maidin. Is ceart agus is cóir é sin. Mar is léir do gach éinne - buailim le gardaí gach lá - agus mar a dúirt mé cheana, ní raibh spiorad na ngardaí riamh chomh íseal is atá sé anois. Níl aon dul as - tá an spiorad laistigh den fhórsa go dona ar fad faoi láthair. Is léir gur dhein an Rialtas margadh speisialta do na hoifigigh príosúin agus na comhraiceoirí dóiteáin, ach scéal eile atá ann do na gardaí. Conas a bhfuil sé sin cóir? Níl sé cóir in aon chor. Gheobhaidh na hoifigigh príosúin ráta dúbailte ar an Domhnach, ach ní gheobhaidh na gardaí an ráta céanna. Is léir go bhfuil dúshlán mór roimh gardaí na tíre seo. Mar a dúirt mé inné, caillfidh gardaí thart ar €80 sa tseachtain de dheasca an comhaontú seo. Is é sin bun agus barr na faidhbe. Tá gardaí ar fud na tíre i gcruachás faoi láthair maidir leis na morgáistí atá acu. Cuireadh na premium payments seo san áireamh mar chuid de chroíphá na gardaí nuair a bhí na morgáistí sin á fháil acu. Is é sin an fáth go bhfuil fadh

faoi leith acu an mbabhta seo. Chuala mé ar maidin nach bhfuil an tAire, an Teachta Howlin, sásta bualadh la baill an Gharda maidir le comhaontú Pháirc an Chrócaigh. Ní dóigh liom go bhfuil sé sin maith a dhóthain. Impím ar an Aire ciall a bheith aige agus meas a thaispeáint do na gardaí. Ba cheart dó bualadh leo gan mhoill. An mbeidh an Taoiseach sásta labhairt leis an Aire agus a rá leis go bhfuil sé riachtanach dó bualadh leis na gardaí? Go dtí seo, tá diúltaithe aige ar an gcuireadh a tugadh dó.

The Taoiseach: Tá neart ciall ag an Aire, an Teachta Howlin. Tá a fhios ag an Teachta Martin, a bhí mar Aire anseo le fada an lá, céard a déarfadh na ceardchumann a d'fhan istigh ag na díospóireachtaí dá mbuailfeadh an tAire leo siúd nár fhan istigh.

Deputy Micheál Martin: Níl ceardchumann i gceist anseo. Is ceist speisialta í.

The Taoiseach: Tá a fhios aige go maith go bhfuil áiseanna ann a thabharfadh deis do na gardaí agus na grúpaí eile a shiúl amach ó na díospóireachtaí a chuid argóintí, tuaraimí agus conspóidí a lua. Tá roinnt gardaí i dtrioblóid lena morgáistí, ach tá daoine eile i dtrioblóid freisin. Is í sin an fhadhb lena bhfuil an Rialtas ag déileáil. Nuair a bhí an Teachta Martin sa Rialtas, níor ghlac sé leis an fhírinne a bhí á nochtú os a chomhair chuile lá. Dúirt sé nach raibh sé seo ag tarlú ar chor ar bith - nach raibh deacracht ar bith ann. Dúirt an Taoiseach a bhí ann ag an am gur chóir do dhaoine a cheap go raibh deireadh ag teacht leis an tsórt infheistíocht a bhí ar siúl rud éigin eile a dhéanamh.

Deputy Jerry Buttimer: An bhfuil na Teachtaí ar an taobh eile ag éisteacht?

The Taoiseach: Tá an Rialtas agus Banc Ceannais na hÉireann ag déileáil le cúrsaí bainc i dtreo is go mbeidh brú ar na bainc----

Deputy Micheál Martin: Tá an Taoiseach i gcoinne na ngardaí faoi láthair.

The Taoiseach: ----déileáil le daoine a bhfuil deacrachtaí morgáistí acu. Tá súil agam go mbeidh struchtúr curtha ina leith----

Deputy Micheál Martin: N'fheadar cén fáth.

The Taoiseach: ----i dtreo is go mbeidh brú ar na bainc déileáil leo.

Deputy Dara Calleary: Cad faoi fadhbanna na ngardaí?

The Taoiseach: Tá a fhios ag na Teachtaí gur tugadh isteach dlí an-chasta i dtaobh na daoine nach bhfuil airgead ar bith acu sa reachtaíocht i dtaobh personal insolvency.

Deputy Micheál Martin: Níl faic déanta ag an Rialtas faoin gceist sin.

The Taoiseach: Tá brú á chur ar na bainc rud éigin a dhéanamh chun cúnaimh a thabhairt dóibh siúd a bhfuil deacrachtaí morgáistí acu, gardaí ina measc. Is í sin go díreach an fhadhb a bhí ag an Rialtas nuair a tháinig muid isteach. Níor ghlac an Rialtas deiridh leis an fhírinne ar chor ar bith.

Deputy Micheál Martin: An bhfuil tú ag magadh?

The Taoiseach: Ní raibh tú in ann an fhírinne a rá.

Deputy Micheál Martin: Bhí tú i gcoinne gach aon cáinainéis.

6 March 2013

The Taoiseach: Níor ghlac tú go raibh sé seo ag tarlú.

Deputy Micheál Martin: Tá sé in am don Taoiseach cúnadh a thabhairt do ghardaí na tíre seo.

The Taoiseach: Dúirt an Rialtas sin go raibh gach rud i gceart agus go leanfadh ár dtír ag déanamh mar a bhí á dhéanamh leis na blianta anuas. Ní raibh sé sin fíor. Is í sin an deacracht atá ag an Rialtas. Táimid ag glacadh leis na fadhbanna seo. Tá an plean seo ag obair. Tá a fhios agam go bhfuil deacrachtaí ag neart daoine. Is é sin an fáth gur tugadh isteach an dlí a luaigh mé. Tá brú á chur againn ar Bhanc Ceannais na hÉireann agus ar na bainc ionas go mbeidh siad in ann deacrachtaí morgáistí a ghlacadh leo.

Deputy Micheál Martin: Níl aon bhrú orthu.

The Taoiseach: Is í sin an fhírinne.

Deputy Micheál Martin: Níor chuir an Rialtas aon bhrú orthu.

The Taoiseach: Nílimid ach ag déileáil leis an fhírinne.

Deputy Aengus Ó Snodaigh: Thug tú veto dóibh.

Deputy Micheál Martin: Níl faic déanta ag na bainc.

The Taoiseach: Cé go bhfuil daoine i dtrioblóid, tá a fhios agam go bhfuil an chuid is mó de na daoine in ann déileáil leis na fadhbanna seo. Glacfaimid leo siúd.

Deputy Micheál Martin: Ní cheart go mbeadh an Taoiseach ag magadh.

The Taoiseach: Tá cruth láidir infheistíochta ag teacht thar n-ais i gcúrsaí eacnamaíochta na tíre seo de bharr an bealach ina bhfuilimid ag imeacht faoi láthair.

Deputy Gerry Adams: Níl brú ar bith ar na bainc. Tá brú ar na saoránaigh. Tá veto ag na bainc.

Bliain amháin ó shin, ghlac achan páirtí sa Dáil le rún chun dualgas a chur ar an Rialtas comhoibriú leis an Aontas Eorpach chun plean cosanta do na portaigh ardaithe a réiteach. Cad atá déanta ag an Rialtas ó shin? Tá ceathrar bainteoirí móna os comhair na cúirte i mBaile Locha Riach maidin inniu. Tá sé curtha ina leith gur bhain siad móin ar phortaigh cosanta in aghaidh dlí na hEorpa. Is é seo an chéad cás dá leithéid. Má fhaightear ciontach iad, is féidir fineáil de €1,500, nó téarma príosúin de sé mhí, a ghearradh orthu. Is cosúil gur shocraigh an Rialtas ar raic, seachas réiteach, sa chás seo. Is ábhar iontach conspóide é seo do na fir agus na mná atá ag baint móna leis na glúinte. Chuaigh ionadaithe ó Shinn Féin go dtí an Bhruiséil i mí na Samhna seo caite chun bualadh leis an gCoimisiún Eorpach. Dúirt an Aontas Eorpach go raibh moltaí an Turf Cutters and Contractors Association mar bhunús an réiteach. Creidim go bhfuil baill an ghrúpa sin ag lorg réiteach. Tuigeann siad go gcaithfear aire a thabhairt don dúlra, chomh maith leis na daoine atá ag iarraidh slí bheatha a bhaint amach. An aontaíonn an Taoiseach go bhfuil go leor spás i dtreoir an Aontas Eorpach chun an cás seo a réiteach? Má aontaíonn, cá bhfuil an plean cosanta do na portaithe ardaithe?

The Taoiseach: Tá a fhios ag an Teachta nach féidir liom rud ar bith a rá faoi chás atá os comhair na cúirte. Ar feadh na céadta bliain, bhí muintir na hÉireann ag baint móna as na portaigh leis an sleán, srl. Níl sé sin i gceist anseo. Maidir le cúrsaí san Eoraip agus anseo ó

thaobh dúlra de, tá portaigh ar fud na tíre agus is limistéir chaomhantais speisialta iad. Sin an fáth gur tugadh isteach an scéim go mbeadh gearradh siar agus ansin deireadh le baint na móna sna portaigh sin. Ní dhearnadh rud ar bith faoi seo le 13 bliana anuas cé gur dúirt na hiar-Airí go ndéanfaí rud éigin faoi. Ag éirí as sin, bhí pionós gearrtha ar Rialtas na hÉireann, agus de thoradh air sin ar mhuintir na hÉireann, toisc nach ndearnadh rud ar bith.

Thug an tAire Ealaíon, Oidhreacht agus Gaeltachta scéim isteach go mbeadh liúntas ar fáil dóibh siúd a ghlac páirt sa scéim agus go mbeadh portaigh nua le fáil ag an chuid eile ionas go mbeidís in ann leanúint ar aghaidh le baint na móna. Dóibh siúd atá ag dul anonn in aois, beidh móin ar fáil saor in aisce acu agus tabharfar sin díreach dá dtithe chuile bliain. Tá ag éirí go maith leis an scéim sin.

Tá a fhios agam go bhfuil díomá ar líon beag daoine mar gheall air seo. Tá an tAire agus foireann na Roinne ag obair ionas go mbeidh réiteach leis seo agus go mbeidh an scéim ar fáil ionas go mbeidh daoine in ann glacadh leis – airgead a fháil má éiríonn siad as móin a bhaint, portaigh nua a chur ar fáil dóibh siúd a mbeidh gá acu agus fonn orthu leanúint ar aghaidh le baint na móna agus móin ó phortaigh eile a thabhairt díreach do thithe na ndaoine eile.

Beidh cead ag na daoine seo leanúint ar aghaidh lena bportach féin. Beidh cead acu dul air agus turasóirí a thabhairt ann. Fadhb chasta í seo agus cé nach bhfuil an tAire ag déileáil leis ach le dhá bhliain anuas, tá obair mhaith déanta aige san am sin.

Níor mhiste liom go mbeadh duine ar bith os comhair na cúirte mar gheall air seo ach tá a fhios ag gach duine céard é an dlí agus céard ba chóir a dhéanamh. Nílím ag caint faoi fheirmeoirí agus faoi dhaoine áitiúla atá ag baint móna le sleán. Tá innill mhóra ag obair ar na portaigh seo agus le cuid acu, rinneadh an-damáiste. Tá na cásanna seo os comhair na cúirte agus ní féidir liom focal a rá fúthu. Tá an dlí soiléir agus ba mhaith liom go mbeadh chuile duine in ann glacadh leis an dlí sin.

Deputy Gerry Adams: Tá a fhios agam nach féidir leis an Taoiseach trácht a dhéanamh ar chás atá os comhair na cúirte. Is rud dona é, áfach, go bhfuil daoine os comhair na cúirte ar maidin ar aon chaoi. Mar a dúirt mé, bhí achan pháirtí anseo ar aon intinn faoi phlean a chur le chéile. Dúirt an Taoiseach go bhfuil an tAire agus a fhoireann ag obair ar an chás seo. Bhí lucht bainte móna sna Tithe anseo an tseachtain seo caite agus dúirt siad go han-soiléir nach bhfuil an tAire ag obair leo. Creidim go bhfuil spás ann faoi láthair idir an Aontas Eorpach, lucht bainte móna agus an Rialtas chun rudaí a shocrú. Níl aon chúis raice idir an Stát agus na daoine seo. Tá aithne mhaith ag an Taoiseach ar a lán de na daoine atá ag gearán faoi seo agus is daoine uaisle iad atá ag baint móna leis na blianta.

Tá deis sa treo ón AE chun an chás seo a réiteach. Má aontaíonn an Taoiseach leis seo, cá bhfuil an plean cosanta? Mar a dúirt mé, bliain ó shin bhí achan pháirtí ar aon intinn air seo so cad chuige nach bhfuil plean ann inniu?

The Taoiseach: Tá níos mó ná €3.5 milliún íoctha faoin scéim a tugadh isteach. Tá suas le 766 iarrthóirí a bhfuil suim acu bheith páirteach sa scéim seo agus is maith an rud é sin. Tá suas le 53 portach ardaithe ag a bhfuil limistéar caomhantais speisialta agus caithfear go gcuirfear plean faoi leith os comhair na hEorpa faoi gach ceann acu. Ní furasta sin ó thaobh cúrsaí uisce agus cúrsaí forbartha na bportach sin. Tá obair ar siúl ar na portaigh atá i gceist anseo agus obair ar siúl ó thaobh plean leathan maidir leo. Beidh gach portach ag teacht isteach faoin bplean san am atá le teacht. Tá jab mór le déanamh ag an Roinn anseo.

6 March 2013

Cuireadh comhairle do na portaigh ar bun, ar a raibh iar-bhreitheamh i gceannas, agus rinne an chomhairle sin a lán oibre. Is cúis díomá dom é go bhfuil daoine os comhair na cúirte ach ní féidir cur isteach ar obair na Stiúrthóra Ionchúiseamh Poiblí. Tá an scéim an-tábhachtach agus tá trí phointe maidir leis: portaigh eile a thabhairt dóibh siúd ar a bhfuil fonn leanúint ar aghaidh, airgead a thabhairt dóibh siúd atá sásta glacadh leis an scéim, agus móin saor in aisce a thabhairt do dhaoine eile atá ag dul anonn in aois.

Leis an obair atá á dhéanamh ag an Aire agus a fhoireann, beidh siad in ann leis an chomhairle tailte móna déileáil le daoine ionas go mbeidh muinín acu sa méid atá ar siúl. Níl daoine a bhaineann móin le sleán i gceist anseo. Níl a fhios agam an ndearna an Teachta an obair sin é féin i riamh.

Deputy Gerry Adams: Is as Baile Uí Mhurchú mé.

The Taoiseach: Tá fhios agam go maith faoi agus tá athrú béime tugtha isteach leis na hinill ollmhóra atá ag obair ar phortaigh áirithe faoi láthair.

Deputy Gerry Adams: An mbuailfidh an tAire le lucht bainte móna?

The Taoiseach: Tá an chomhairle tailte móna ann agus casadh ar an Aire na hinnealltóirí agus conraitheoirí in éineacht leo siúd ag a bhfuil portaigh. Tá conraitheoirí ann agus baineann siad móin ar na portaigh dóibh siúd gur leo na portaigh. Bhí raic ar siúl ag cuid acu nuair a casadh orm iad.

Deputy Mattie McGrath: I dtús báire, ba mhaith liom a rá go gcuirim fáilte roimh seachtain na Gaeilge sa Teach seo agus ar fud na tíre freisin mar is deis mór é seo ár dteanga dhúchais a labhairt. Ní minic a chloistear an Ghaeilge sna sráideanna nó sa Dáil agus áiteanna eile, agus is mór an trua é sin. Ba cheart go mbainfimis úsáid aisti chomh minic agus is féidir chun í a choinneáil beo agus ár ndúchas freisin.

As well as that, Seachtain na Gaeilge reminds us that we are a united, democratic and independent nation. We are a proud nation and are very interested in our future. Therefore, we ought to have the same objectives to keep our teanga, culture and heritage alive, as well as protecting our citizens. Our citizens ought to be fairly treated but they are not and is mór an trua é sin. It would appear that there is a hierarchy sa tír seo. There is a hierarchy in Ireland today and, sadly, morality does not even come into the picture sa tír seo. It would appear that this Government sees no difference between right and wrong any more. Is rud uafásach é sin.

11 o'clock In referring to comhaontú Páirc an Chrócaigh II, an tUasal Walter Cullen, who is a spokesperson for the UNITE trade union, stated the cuts being proposed cannot be sustained by the workers nor can they be anything other than disastrous for jobs ar fud na tíre. This comment came from one of the country's leading trade unionists. In addition, it is not justifiable that na banaltraí agus na gardaí on the front line should be obliged to accept such savage cuts. It has been proposed under this agreement that those earning between €35,000 and €40,000 per annum would be obliged to accept a cut of up to 8%. This is not acceptable but it does not simply stop there. Those who earn more than €100,000 per annum only stand to lose 6%. Tá sé sin uafásach ar fad and is totally unjust. Tá na daoine ar fud na tíre ag feitheamh, which leads me to mo cheist.

Why did the Taoiseach return to the Croke Park agreement and start these cuts with na daoine beaga? Why should they stand to lose more? They have worked and strived so hard down

all the years and did nothing wrong. Is daoine an-mhaith ar fad iad. I believe the Taoiseach perceives the ordinary taxpayers as simple scapegoats to pay for the sins of the bankers, the Government's predecessors, regulators agus daoine mar sin.

An Leas-Cheann Comhairle: Go raibh maith agat, a Theachta.

Deputy Mattie McGrath: However, the taxpayer is a lot stronger than the Taoiseach might believe. Why did the Government not start with na daoine láidre who are earning €100,000 per annum or more? It is always the same with the Taoiseach, who looks at the ordinary people, appears to see a euro sign and thinks they will take all the pain. Chuala mé an Tánaiste ar an raidió ar maidin agus silím go bhfuil sé suas sna scamail nó suas san aer. Tá sé ann since an toghchán dhá bhliain ó shin. In light of the austerity the Government is visiting on the people at the behest of our European friends, should Members be promoting German in the Chamber today or perhaps the language of other people to whom we are bound? Why did the Taoiseach not start with those who could take the cuts before ever revisiting Croke Park? Is maith leis an Taoiseach an pheil and he is a good footballer. While he likes Croke Park from that perspective, why did he not go after those who can take the pain, namely, senior public servants, former politicians, retired taoisigh agus daoine mar sin before going after the ordinary people? Cén fáth?

Deputy Finian McGrath: Hear, hear.

The Taoiseach: Ar dtús, ba mhaith liom mo chomhghairdeas a ghlacadh leis an Teachta as ucht an iarracht atá á dhéanamh aige an teanga a fhoghlaim. Mar is eol dom, cé go raibh Gaeilge na scoile ag an Teachta nuair a tháinig sé isteach anseo, bhí sí cailte aige agus tá sé ag déanamh tréan iarrachta an teanga a fhoghlaim arís. Is maith an rud é sin dó mar Theachta agus mar Éireannach. Gabhaim comhghairdeas leis agus molaim dó leanacht ar aghaidh leis na ceachtanna agus an cleachtadh agus tiocfaidh an Ghaeilge thar nais chuige.

Maidir le comhaontas Pháirc an Chrócaigh, séard atá i gceist ná go mbeidh iad siúd a bhfuil an méid is mó acu ag íoc an méid is mó. Sin an fáth go bhfuil an gearradh siar suas go 10% dóibh siúd atá ag fáil níos mó ná €180,000 mar thuarastal. Tá a fhios ag an Teachta nach dtosaíonn an gearradh siar ar phá ach ar thuarastail atá níos mó ná €65,000. Tosaíonn an gearradh siar ar 5.5% agus éiríonn sé chomh hard le 10%. Mar sin, níl gearradh siar ar bith ó thaobh pá de do seirbhísí poiblí atá ar thuarastal níos lú ná €65,000.

Freisin, thar an tseirbhís phoiblí ar fad, de réir an páipéar atá curtha os comhair na gceardchumann ag an coimisiún, ta an comhaontú seo féaráilte thar an réim ar fad. Ní mar a chéile chuile duine atá ag obair sa chóras poiblí, cibé banaltraí, múinteoirí, daoine ag obair sna comhairlí áitiúla, gardaí nó duine ar bith eile iad. Aontaítear sa pháipéar ón gcoimisiún go bhfuil an comhaontú féaráilte thar an réim ar fad agus is iad siúd atá an méid is mó acu a bheidh ag íoc an méid is mó. Mar is eol don Teachta, tar éis an bhuiséid, tá suas le €500 milliún le fáil uathu siúd atá na tuarastail is mó ar fáil acu.

Tá am anois ag na ceardchumann an páipéar a scrúdú agus díospóireacht a bheith acu faoi céard is brí leis na téarmaí do chuile duine agus a n-aigne a dhéanamh suas faoi. Tá súil agam go nglacfaidh siad leis an comhairle seo. Má ghlacann, beidh deireadh leis ansin go dtí deireadh an chláir agus ní bheidh an Rialtas ag teacht ar ais le gearradh siar eile ar bith a chur orthu. Is maith an rud é sin mar beidh gach duine in ann a chúrsaí a phleanáil as seo amach. Tá an t-am ag teacht agus tá cinneadh le déanamh ag na ceardchumann. Tá cuid acu ag rá gur maith an rud é seo agus gur mhaith leo go nglacfaí leis, agus tá cuid eile nach bhfuil sásta leis.

Caithfidh siad a n-aighe a dhéanamh suas, agus tá súil agam go nglacfaidh siad leis.

Deputy Mattie McGrath: Ba mhaith liom mo bhuíochas a ghabháil leis an Taoiseach as ucht an mhéid a bhí le rá aige. However, the Taoiseach still is not getting it in respect of na daoine go léir atá ag obair. They are waiting and tá siad go léir ag léamh na nuachtáin. Members are giving it time and no Member on this side of this House is being reckless with regard to this agreement. However, there is no justification and one cannot, either as Gaeilge no i mBéarla, equate a 10% cut on a person earning €150,000 with a 5% cut on a person earning €40,000 to €50,000 nor can one suggest it is fair. Sin rud an-dána ar fad. One cannot justify that in any tír nó i dteanga ar bith. Is it fair to those people on the front line, such as na gardaí agus na banaltraí a oibríonn go crua gach lá? They are out on the front line and are being singled out by some Ministers who have stated that even though they left the talks, they are not being “penalised”. However, they are being penalised, victimised and singled out. Moreover, one should be clear that the representative body of members of An Garda Síochána, namely, the Garda Representative Association, was not and cannot be invited. It can only be a fairy godmother at the talks waiting from the crumbs ón tábla. That is all it can be as it cannot be involved. As all Members are aware of and understand this point, one should be fair and should acknowledge that gardaí are being treated unjustly in this regard. They are the people who are needed to keep that líne beag which separates this country from anarchy, and one can see the impact this is having.

An Leas-Cheann Comhairle: Go raibh maith agat, a Theachta.

Deputy Mattie McGrath: It is unfair for Airí to be ar an raidió agus ar theilifís ag rá rudaí ar nós while they left, they will not be punished, but those who remained inside will be rewarded. That is not a just system and such comments should not come from any Cabinet Minister. However, I note an tAire, an Teachta Varadkar, agus cuid eile acu freisin have made such comments. This is not fair and the old, bad way of dividing and conquering is being employed. It is the old way that was used when we were under the dominance of na Sasanaigh, and that is wrong.

The Taoiseach: Séard atá an Teachta ag rá ná go bhfuil difríocht ann idir seirbhísigh poiblí agus iad siúd atá ag obair sna seirbhísí poiblí. Is daoine sa líne tosaigh iad múinteoirí atá ag obair inniu. Is duine sa líne tosaigh é freisin aon innealtóir atá ag obair don chomhairle áitiúil. Ní hiad na gardaí ná na banaltraí amháin nó na dreamanna eile a luann daoine go minic amháin atá ag obair sna línte tosaigh. Tá jab le déanamh ag chuile seirbhíseach poiblí agus tugann siad seirbhís do mhuintir na hÉireann nuair a dhéanann siad an jab atá acu le déanamh. Táthar, don chuid is mó ag obair i línte tosaigh.

Tá an Teachta ag caint faoi daoine agus ag rá go bhfuil gearradh siar níos mó á dhéanamh orthu, cé nach bhfuil tuarastal an-ard acu, ach tá an Teachta ag tabhairt san áireamh ansin an obair atá á dhéanamh acu ar an Satharn agus ar an Domhnach. Ach maidir le seo agus na ceardchumann a d’fhan istigh ag na díospóireachtaí, gearradh siar ar an moladh a rinne an córas bainistíochta agus aontaíodh go dtabharfaí pá ráta de 1.75% thar nais do na hoibríthe, de thoradh ar an soiléiriú agus an argóint a rinne na ceardchumann i leith iad siúd atá ag obair sna seirbhísí poiblí. Níl ceardchumann ag na ngardaí, ach le blianta anuas bhí siad in ann a n-argóint a dhéanamh agus na fadhbanna agus an míshástacht a bhí acu a lua cé nach raibh siad sa chóras go díreach mar ceardchumann. Má ghlacann na ceardchumann leis an bpáipéar, beidh sé thar bhráid an tseirbhís poiblí ar fad. Níl sé i gceist ar chor ar bith go ndéanfar díriú mífhéarálte ar dhaoine áirithe atá ag obair sa tseirbhís phoiblí. Tá sé i gceist go mbeidh sé féarálte thar an réim ar fad. Is é sin an rud atá sa pháipéar seo.

Deputy Mattie McGrath: Mar focal scoir, ní neart go cur le chéile.

Order of Business

The Taoiseach: Tá sé i gceist Uimh. 28, an Bille um Fheidhmeannacht na Seirbhíse Sláinte (Rialachas), 2012 [*Seanad*] - An Dara Céim (atógáil); Uimh. 1, an Bille Fórsaí Cosanta (Ilphardún agus Díolúine maidir leis an Dara Cogadh Domhanda), 2012 [*Seanad*] - An Dara Céim; agus Uimh. 2, an Bille um Cheartas Coiriúil (Ciontuithe Spíonta), 2012 [*Seanad*] - An Dara Céim, a ghlacadh inniu. Tógfar Uimh. 97, tairiscint maidir le árachais sláinte (atógáil) mar Ghnó Comhaltáí Príobháideacha, le tabhairt chun críche ag a 9 a' chlog anocht muna gh-lactar leis roimhe sin.

An Leas-Cheann Comhairle: There are no proposals to put to the House.

Deputy Micheál Martin: The programme for Government included a commitment “to tackle the huge overuse of guillotines to ram through non-emergency legislation”. For the past year and, again last evening, the Taoiseach decided to use the guillotine to ram through non-emergency legislation. The latest instalment was the Finance (Local Property Tax) (Amendment) Bill. The upshot of that was no discussion took place on amendments and the Minister for Finance made it clear he would not accept amendments that had not been debated. Not one amendment, therefore, was debated last evening. That follows a long line of other measures. A property tax Bill was rammed through before Christmas in a matter of hours and a social welfare Bill was rammed through also before Christmas in approximately two hours. We could not even discuss the cut to the respite care grant and so on.

The status of this Parliament is at a low ebb. The Government is treating it with contempt.

Deputy Emmet Stagg: There was a two-hour filibuster last night on the Title of the Bill.

An Leas-Cheann Comhairle: Ciúnas.

Deputy Micheál Martin: Members wanted to discuss amendments last night, for example, relating to exemptions for those in mortgage arrears or negative equity, social welfare recipients, people on low incomes and those who paid stamp duty between 2000 and 2012 from the impact of the property tax. Yesterday, there was a big row about this. It is a serious issue for the entire Dáil. Members do not want to disrupt the House in the manner that happened yesterday. However, on the other side, it is not difficult to understand why people are moved to object in the strongest terms to how the Dáil is organised and structured in terms of a political input to the extent that anything that seems to be unpopular or whatever is gotten out of the way as quickly as possible without any capacity to debate anything or to hear arguments and counterarguments.

Deputy Paul Kehoe: We copied Fianna Fáil.

Deputy Micheál Martin: That has been going on for the past year and a half. The Taoiseach promised a democratic revolution.

Deputy Arthur Spring: We got rid of 60 Fianna Fáil Members.

Deputy Micheál Martin: The programme for Government has a commitment to tackle the huge overuse of guillotines to ram through non-emergency legislation. A total of 67 amend-

ments were tabled to last night's Bill and not one of them was discussed.

Deputy Emmet Stagg: The Opposition filibustered on the Bill's Title.

An Leas-Cheann Comhairle: Order, please.

Deputy Willie O'Dea: The Government filibustered on the social welfare Bill.

Deputy Micheál Martin: In terms of how the House was ordered, the reason for this, according to the Taoiseach yesterday, was that the Revenue Commissioners will issue letters relating to the property tax next Monday. That suggests that the Parliament is some way down on the lower rung of the ladder in terms of priority in that the administration of something is more important than the policy context and before the Bill has even been put through, the letters have been lined up to be sent out and elected Members do not count. In other words, there is no point in having it debated in the House because the letters are ready to go out.

Deputy Bernard J. Durkan: It is a bit late to be appealing for democracy. When the Deputy was in government, the guillotine was used every day.

Deputy Willie O'Dea: It let us leaflet drop.

Deputy Brendan Ryan: The Opposition spent two hours on the Title of the Bill.

Deputy Micheál Martin: That is not good enough and I say this as a Member of the Dáil as well as a leader of a political party in the Dáil.

Deputy Brendan Ryan: Since when?

Deputy Micheál Martin: When will the Taoiseach implement that aspect of the programme of Government to which he signed up?

The Taoiseach: Sometimes I wonder about-----

Deputy Timmy Dooley: Yourself.

The Taoiseach: -----Deputy Martin coming in and making these Second Stage speeches.

Deputy Willie O'Dea: Ditto.

Deputy Timmy Dooley: The Taoiseach should answer the question.

The Taoiseach: Does he not remember just over two years ago when he was on this side of the House?

Deputy Peadar Tóibín: The Taoiseach is a mirror image.

The Taoiseach: Deputy Martin comes in here with his rant every week about the property tax.

Deputy Micheál Martin: I never used the guillotine as a Minister.

Deputy Emmet Stagg: The Deputy should respect the Parliament now and listen to the answer.

The Taoiseach: In Fianna Fáil's national recovery plan in November 2010 before the troika

arrived there, Fianna Fáil planned to introduce a property tax in 2012 and to raise €530 million from it in 2013. That is a fact.

Deputy Arthur Spring: Shame on Deputy Martin.

The Taoiseach: The Deputy wants to forget this fact conveniently.

Deputy Willie O’Dea: It would have been debated.

The Taoiseach: Later in 2010 during its negotiations with the IMF, about which it did not tell anybody, Fianna Fáil agreed that the introduction of the property tax before the end of 2011 and to increase it again in 2012. The Deputy comes in here and mouths off about all the amendments he wanted to put down to the property tax.

Deputy Micheál Martin: Is that not fair?

The Taoiseach: I recognise that last Friday, two extra hours were offered for debate on this.

Deputy Micheál Martin: That was Second Stage.

The Taoiseach: An hour was wasted yesterday with the semantics and game playing that went on. The fact of the matter is that when he had his opportunity, he was not to be trusted on these matters.

I will answer his question on the guillotine. I do not like to do this but the Deputy and the House will have to consider this. We are going to have to look at the way we can do business more effectively in here. Later in the autumn-----

Deputy Micheál Martin: The Government does not talk to anybody. It just rams everything through.

Deputy James Reilly: Will the Deputy listen?

The Taoiseach: Hold on a second. The Deputy does not want to listen. That was his problem when he was in government. He did not listen.

Deputy Micheál Martin: I am listening too much to nothing two years on.

The Taoiseach: We are going to have to make a decision. The people will make their decision later in the year about the abolition of the Seanad but I consider that we need to look at the way legislation is drafted here, the priorities accorded to the legislation in the country’s interest and what it is that really is a priority.

Deputy Micheál Martin: But we do not even get a chance to discuss legislation.

The Taoiseach: It may well be that the House might have to sit five days a week.

Deputy Micheál Martin: That is all blather out of the Taoiseach. He is never here five days a week, obviously.

The Taoiseach: It is not all blather because if the Deputy believes that he wants all the time to debate all the legislation-----

Deputy Micheál Martin: Not all the time, just a reasonable amount.

6 March 2013

The Taoiseach: It is not possible to do it within the hours we currently operate.

Deputy Micheál Martin: The Government had three days two weeks ago on a motion of self-congratulation but only two hours last night on an issue that affects everybody in this country.

The Taoiseach: We are going to have to operate differently. The Deputy rises every morning and he wants further time to debate further issues. He will have to make his mind up and if he continues not to listen, as he has always done, that is his prerogative.

Deputy Micheál Martin: The Government is organising the House to suit itself and the Taoiseach should not give any pretence about that because he does not believe in reform.

The Taoiseach: It has been his trademark to talk everybody down if he can. If the Deputy does not want to listen, that is his prerogative.

Deputy Micheál Martin: That is the Taoiseach's prerogative. That is what the Taoiseach is at, misleading people on a continuous basis.

The Taoiseach: I am quite prepared to discuss with him and the House how he and everyone else can consider how we can get the best effect out of the time we have.

Deputy Micheál Martin: The Taoiseach is not prepared to discuss it.

The Taoiseach: Deputies want to take a stand and have their say on various issues, none more frequently than Deputy Martin.

Deputy Micheál Martin: He is not being in the least sincere.

The Taoiseach: The Deputy was the arch-architect of a property tax that was to bring in €530 million. He now denies this.

(Interruptions).

An Leas-Cheann Comhairle: I call Deputy Gerry Adams.

Deputy Brendan Griffin: Fianna Fáil left a mess for us to clean up. I cannot believe its Deputies can come into the Chamber, day after day, and make these accusations, having destroyed the country.

Deputy Micheál Martin: I am elected. That is the reason I am here.

An Leas-Cheann Comhairle: Deputies, please.

Deputy Brendan Griffin: Deputy Martin should be ashamed of himself.

Deputy Micheál Martin: Does the Deputy want democracy?

Deputy Brendan Griffin: Every day, we have the same three stooges, Deputies Martin, Ó Cuiv and O'Dea, on the Opposition Front Bench.

(Interruptions).

An Leas-Cheann Comhairle: Deputies, please calm down. I called Deputy Adams and I

ask other Members to show respect to the speaker.

Deputy Micheál Martin: I am not a communist by the way.

Deputy Timmy Dooley: Someone should give Deputy Griffin his Weetabix.

Deputy Gerry Adams: Bhí mé ag éisteacht leis an Taoiseach agus ba mhaith liom a smaointe a chloisint faoi conas is féidir linn leanacht ar aghaidh le díospóireacht ar Bhillí anseo, mar tá Sinn Féin an-míshásta leis an tslí ina bhfuil an Rialtas ag cur stop le díospóireachtaí anseo agus ag baint úsáide as an gilitín. Tá a lán leasuithe le cur ag Sinn Féin, ach ní féidir linn caint fúthu ná ní féidir linn iad a chur. Sin mo bharúil faoin méid adúirt an Taoiseach bomaite ó shin.

Ba mhaith liom ceist a chur faoi reachtaíocht atá forógraithe, ceist an-tábhachtach don Aire Sláinte maidir leis an Bille Sláinte (Earraí Liachta a Phraghsáil agus a Sholáthar). Tá tuairisc san meáin go bhfuil seirbhísí sláinte sa Stát seo ag íoc suas le 24 uair níos mó le haghaidh drugaí generic ná mar atá an NHS ag íoc i Sasana. Sin bearna an-mhór, suas le 24 uair níos mó. Tá othair Éireannacha agus íocóirí cánach á scríosadh le seo. Cén uair an mbeidh an reachtaíocht seo os comhair na Dála arís agus cén uair a cuirfear í i bhfeidhm?

The Taoiseach: Tá sin le teacht, ach táthar ag feitheamh faoi láthair ar Chéim an Choiste. Tabharfaidh an Bille cead don Aire praghasanna a réiteach i dtaobh druganna. Ní hamháin sin, ach tá Billí eile ar an ábhar seo le teacht isteach freisin.

Ní theastaíonn uaimse go mbeadh cosc ar bith ar díospóireachtaí anseo agus tabharfaidh mé isteach moltaí faoi sin don chéad seisiún eile i dtreo agus go mbeimid níos éifeachtaí maidir le cúrsaí gnó anseo. Beidh mé sásta déileáil leis an Teachta Adams ansin agus le Teachtaí eile.

Deputy Mattie McGrath: Tá dhá ceist agam. Maidir leis an céad ceann, I refer to the Financial Emergency Measures in the Public Interest (Amendment) Act 2011. Nobody is sorry to see Anglo Irish Bank imithe and not many were present for its sochraid or funeral. However, two issues arise, the first of which is a human issue. Some of the workers at Anglo Irish Bank visited the House twice in the past two weeks and related traumatic stories about how they are being abused. There are 140 staff and the receiver-----

An Leas-Cheann Comhairle: Is legislation promised on this issue?

Deputy Mattie McGrath: Yes, only cúpla seachtaine ó shin we passed legislation on this issue in the middle of the night. There is a human story in this. We spoke about fairness this morning agus gach rud mar sin. The staff of Anglo Irish Bank must be treated fairly. They have given sterling service and, as such, they are entitled to be respected. They are now helping the receiver to recoup what he can for taxpayers. Surely they are entitled to some dignity, respect and appreciation for what they did? We also have na duine eile, the significant number of people who have instigated proceedings against Anglo Irish Bank, as they are entitled to do. I am not referring to Sean Quinn but other cases before the courts. What kind of democracy allows us, with a stroke of a pen, to banish legal cases that are costing a great deal of money from the courts? We cannot do this at the stroke of a pen. I put this ceist to the Taoiseach and an tAire Airgeadais, Deputy Michael Noonan, ar an oíche sin when I approached the former and asked him about individuals whose court cases were being dismissed, put on hold or forgotten. They are also citizens who should be protected by the Constitution, as should the workers in Anglo Irish Bank.

6 March 2013

The Taoiseach: Tá a fhios ag an Teach go bhfuil IBRC imithe agus gur cuireadh isteach bainisteoir speisialta. Tá conradh sealadach tugtha ag an bainisteoir speisialta do na daoine a bhí ag obair le IBRC agus tá súil agam, agus de réir an bhainisteora speisialta, tar éis am cuí beidh an cuid is mó dóibh siúd a bhí ag obair le Anglo Irish Bank agus IBRC in ann obair nua a fháil sa chóras nua. Maidir leis na daoine a bheidh ag obair i NAMA, is daoine speisialta iad agus tá siad ag obair ar chúrsaí speisialta airgeadais. Mar adúirt an Teachta, maidir leis an méid nach bhfaigheann obair leis an gcóras nua nó seans obair a fháil ar chúrsaí NAMA, tá súil agam go gcuirfear córas sásúil ar bun dóibh.

Deputy Mattie McGrath: The workers have been told they cannot work for Allied Irish Banks. They are being denied the right to work elsewhere.

The Taoiseach: Tuigeann an Teachta gur tharla an t-athrú seo iontach tobann agus bhí brú ar an Rialtas an bainisteoir speisialta a chur isteach láithreach. Tá súil agam go mbeidh sé in ann déileáil le inní na ndaoine a bhí ag obair i IBRC agus atá ag obair i NAMA faoi láthair.

Deputy Ray Butler: When is it expected that the companies Bill will be published? The purpose of this important legislation is to strengthen and streamline the functions of certain company law enforcement agencies and make other necessary amendments to the Companies Acts. In light of the meltdown of the Celtic tiger economy, it is necessary to introduce new company laws.

The Taoiseach: There are two Bills here. The first has been published with 1,400 sections, while the second will not take effect until the first has been dealt with. We have some distance to go in this regard as these matters are highly complex and technical.

Deputy Éamon Ó Cuív: Tá dhá cheist agam don Taoiseach. Maidir leis an Bille a bhaineann le foraoiseacha, cén uair a fhoilseofar é agus cén uair a thiocfaidh sé os comhair an Tí? An mbeidh moltaí ann maidir le díol na gcrann atá ag Coillte Teoranta? Mar is eol don Taoiseach, tá amhras mór ar an bpobal maidir leis an moladh atá ag an Rialtas na crainn atá ag Coillte a dhíol agus an dochar a dhéanfaidh sé sin.

Baineann an dara cheist leis an mBille i dtaobh tomhaltóirí agus iomaíocht, Bille Uimh. 13 atá le foilsiú an seisiún seo. Tá fíor thábhacht ag baint leis an mBille seo ach níl ach cúig seachtain fágtha sa seisiún seo. An bhfoilseofar an Bille sin i rith an tseisiúin seo?

The Taoiseach: An bhfuil an Teachta ag caint faoi an Consumer and Competition Bill?

Deputy Éamon Ó Cuív: Sea, Bille Uimh. 13.

The Taoiseach: Tá an Bille sin casta. Bhí sé ar intinn go bhfoilseofaí é an seisiún seo, ach ag bpointe seo ní dóigh liom go n-éireoidh linn é sin a dhéanamh de bharr na deacrachtaí atá tar éis teacht os ár gcomhair. Maidir leis an mBille a bhaineann le cúrsaí foraoiseachta, foilseofar é an seisiún seo.

Deputy Éamon Ó Cuív: An ndéanfaidh sé plé le díol na gcoillte?

Cad a dhéanfaimid feasta gan adhmaid?

Tá deireadh na gcoillte ar lár;

Níl trácht ar Chill Chais ná a teaghlach

Is is ní chluinfear a cling go brách.

The Taoiseach: Déanfaidh sé, cinnte.

An Leas-Cheann Comhairle: Baineann sin leis an content.

The Taoiseach: Beidh cead ag an Teachta siúl amach arís chomh fada le Tuar Mhic Céadaigh agus glacadh le cé chomh hálainn agus atá sé.

Deputy Joe Higgins: Tá sé ráite le seachtain anuas i cuid mhaith de na meáin cumarsáide go bhfuil an Rialtas chun reachtaíocht a thabhairt chun cinn chun cumhacht níos leithne a thabhairt do na bainc agus institiúdí morgáistí tithe a thógaint ó teaghlaigh atá i dtrioblóid le aisíoc morgáistí. Mar is eol don Taoiseach, chuir an tArd Chúirt cosc ar na bainc daoine a dhíbirt as a dtithe má tógadh na cásanna cúirte i ndiaidh 1 Nollaig 2009. An bhfuil an reachtaíocht seo le tabhairt chun cinn? An bhfuil sé seo i gceist mar réiteach ar an gcrúachas ina bhfuil gnáthdhaoine de bharr polasaithe tubaisteacha déine an Rialtais? An bhfuil an Rialtas chun reachtaíocht den tsaghas seo a thabhairt chun cinn, seachas na fiacha agus na aisíocaíochtaí a laghdú, chun cumhacht a thabhairt do na bainc daoine a chaitheamh amach as a dtithe? An bhfuil sé fíor go bhfuil an reachtaíocht seo ag teacht?

The Taoiseach: Caithfear déileáil leis an gceist seo ag éirí as an mbreithiúnas Ard Chúirte le blianta anuas. Tá sé i gceist againn reachtaíocht a thabhairt isteach chun an córas dlíthiúil atá anseo - an Dunne judgment - a réiteach. Foilseofar an Bille sin sa seisiún seo. Ní rud nua é seo. Nuair a bhí mé mar chomhairleoir ar údarás áitiúil na blianta fada ó shin, i mbeagán cásanna nuair nach raibh aon iarracht á dhéanamh an t-airgead a íoc thar n-ais, tógadh an teach ón duine agus bhí teach eile le tabhairt dóibh. Ní miste liom go mbainfí teach as duine ar bith. Caithfear an dlí a réiteach de réir an mbreithiúnas Ard Chúirte. Tá sé ráite ag na bainc nár mhiste leo teach ar bith a thógáil as duine ar bith. Tá sé i gceist againn go mbeidh an próiseas soiléir agus féaráilte. Ní cheart go mbeadh banc ar bith in ann teacht anuas an bóthar agus a rá “táimid chun an teach seo a thógáil uait” gan próiseas soiléir agus féaráilte a leanúint. Caithfidh an Rialtas glacadh leis an mbreithiúnas Ard Chúirte ina leith seo. Foilseofar an Bille sin go luath.

Deputy Willie O’Dea: I am informed that today is the second anniversary of the Government’s formation. Happy anniversary. The document that accompanied the Government’s formation, namely, the programme for Government, contains an unambiguous and easily understandable commitment on page 22. It states: “We will complete and publish a strategy to tackle fuel-poverty.” Since that commitment was made in writing to the Irish public two years ago, the period for which fuel allowance is payable has been drastically reduced and allowances to help people who are vulnerable, elderly or in receipt of social welfare payments to pay for their gas, ESB, etc. have also been slashed. Is that the fuel strategy or will a new strategy be produced in the indeterminate future?

The Taoiseach: The answer to that question is: “No, it is not.”

Deputy Bernard J. Durkan: Does that answer the Deputy’s question?

Deputy Willie O’Dea: When will the new strategy be published?

Deputy Arthur Spring: It was the right answer.

The Taoiseach: The programme for Government is for the period of the Government, that is, a period of five years.

6 March 2013

Deputy Micheál Martin: It will be the end of the term, so.

The Taoiseach: We just ended the second year after the election of the Government. We have three years to run. We expect to have---

Deputy Micheál Martin: Year five.

The Taoiseach: There are some things in the programme for Government that we have been unable to do, for example, the review of upward-only rent allowances - we have said that that is because of constitutional difficulties - and a number of others. The answer to Deputy O'Dea's question is: "No, it is not."

Deputy Robert Dowds: Cathain a mbeidh an reachtaíocht i dtaobh an tSeanaid os ár gcomhair? Cathain a mbeidh an reifreann ar bun? An mbeidh reifreann amháin i gceist, nó níos mó ná sin?

The Taoiseach: Foilseofar an Bille sin sa chéad seisiún eile, tar éis na Cásca. Beidh an reifreann ann roimh deireadh na bliana. Níl an dáta socruithe go fóill. Ní bheidh an reifreann seo ar siúl ina n-aonar. Beidh reifreann nó dhó eile ag dul leis. Níl sé sin socruithe ag an Rialtas ag an bpointe seo. Beidh neart ama ag gach éinne na hábhair seo a phlé agus na cásanna éagsúla a iniúchadh go géar.

Deputy Robert Dowds: Beidh an reifreann i ndiaidh an tsamhraidh

The Taoiseach: Yes. Tarlóidh sé i ndiaidh an tsamhraidh ach roimh deireadh na bliana.

Deputy Seán Ó Feargháil: Ba mhaith liom dhá cheist ar reachtaíocht geallta a chur ar an Taoiseach. Tá suntas ar leith ag baint leis an mBille um leachtanna náisiúnta i gcomhthéacs an comóradh 100 bliain a tharlóidh sa bhliain 2016, go háirithe timpeall Sráid Uí Mhórdha. Cathain a fhoilseofar an reachtaíocht sin? Baineann an cheist atá agam i dtaobh cúrsaí tithíochta leis an gceist a bhí ag an Teachta Ó hUiginn. Tugaim faoi deara ón eolas a thug an tAire Stáit dom le déanaí go bhfuil a lán daoine i gContae Chill Dara á dhíbirt as a dtithe ag Comhairle Chontae Chill Dara. Tá athsheilbh á ghlacadh ag Comhairle Chontae Chill Dara ar níos mó tithe ná mar atá á dhéanamh ag aon comhairle chontae eile sa tír. Conas mar a sheasann Bille na dtithe? An gelúdóidh sé an sórt rud atá ar siúl i gContae Chill Dara?

The Taoiseach: Is dóigh liom go mbeidh an reachtaíocht tithíochta foilsithe níos déanaí sa bhliain. Níor tháinig cinnlínte an Bhille roimh an Rialtas go dtí seo. Cuirfidh mé scéal chuig an Teachta i dtaobh cathain a bheidh sé ar chumas an Aire, an Teachta Deenihan, plean a fhoilsiú faoi Sráid Uí Mhórdha. Is tábhachtach an rud é seo. Bhíomar ag caint inné faoi tábhacht na sráide agus nithe eile a bhaineann le láithreacha eile i gcathar Bhaile Átha Cliath.

Deputy Bernard J. Durkan: Important criminal legislation has been promised for a considerable time, namely, the bail Bill. It is regarded as a fundamental element in the fight against organised crime. When is it expected to lay the Bill before the House and has it been approved by the Cabinet?

Similarly, the criminal justice (proceeds of crime) Bill is an important element in the fight against crime. Have its heads been discussed and-or approved by the Cabinet and will the Bill be laid before the House?

The Taoiseach: These are two important Bills. The bail Bill has not come before the Gov-

ernment yet in terms of the heads being discussed. The situation in so far as the criminal justice (proceeds of crime) Bill is concerned is that those discussions with the Criminal Assets Bureau are still ongoing and it will not come before the Government until they are concluded.

Deputy Michael Healy-Rae: I wish to ask the Taoiseach about two issues. The housing adaptation grants for people with disabilities, the mobility aids for housing grants and housing aid for older people were announced in recent days. Last year, County Kerry received €3.2 million. This year, we will receive €1.4 million, a reduction of more than 50%. Not only will this hurt people who are disabled, vulnerable or need assistance in their homes, but also it will have a knock-on effect for small builders who rely on such work to carry them over the summer months into the winter. Those builders will be robbed of that-----

An Leas-Cheann Comhairle: On what legislation?

Deputy Michael Healy-Rae: The housing Bill.

An Leas-Cheann Comhairle: We do not discuss the details, though.

Deputy Michael Healy-Rae: I just want the Taoiseach to comment on the matter. The Government is hurting two sectors of society by cutting the grants. Some €1.4 million this year after €3.2 million last year represents a significant cut.

The other promised legislation relates to young nurses. As the Taoiseach knows, the Minister for Health introduced his new programme, under which he wants new nurses to work for 80% of other nurses' pay. In other words, the days of same work for equal pay are gone under the Minister for Health. Recently, a sinister development has seen young nurses called into meetings and threatened that their contracts will not be renewed unless they are willing to accept the Minister's new scheme. This is wrong. I raise this matter under the welfare at work Bill.

An Leas-Cheann Comhairle: Many other Deputies wish to contribute. I will ask the Taoiseach.

Deputy Michael Healy-Rae: The welfare of people is being hurt.

The Taoiseach: In respect of the graduate nurses, the changes that have been made in recent discussions are because we want to lead to a position where young graduate nurses can have an assurance that it can lead on to full-time permanent nursing positions. If Deputy Healy-Rae has information about a young nurse being threatened by somebody then I would like to have it because that is not the way business should be conducted. Everybody is entitled to courtesy and to have their case heard. Nobody is being threatened to accept anything in which the Minister for Health, Deputy Reilly, is involved.

On the question about the adaptability of housing for persons with a disability, the Minister of State with responsibility for housing, Deputy Jan O'Sullivan, who is sitting beside me, issued the details of the grants being expended and responded to a Topical Issue matter on the issue yesterday. The grants were awarded fairly but no more than anything else in the current economic circumstances there has been an overall reduction in the amount available for such capital grants. Deputy Healy-Rae's county, no more than any other, received a fair allocation on a reduced basis from the Minister of State.

Deputy Brian Stanley: I wish to ask the Taoiseach about the commitment in the pro-

6 March 2013

gramme for Government on reliefs for low-income households for refuse collection charges. It was promised two years ago. I wish the Government another happy anniversary but it is two years on and next Monday the same low-income households will get letters about the property tax and they face water charges next year. I refer to widows, pensioners, the disabled and the blind. They all face the taxes and charges. People in Laois are paying refuse charges to private companies for the past 26 years. We are waiting that long for a waiver scheme.

An Leas-Cheann Comhairle: We are discussing legislation.

Deputy Brian Stanley: The Government promised a waiver scheme when it came into office. I have raised the issue with the Taoiseach and the Tánaiste on several occasions. When will a waiver scheme commence? All households are under pressure but low-income households are in dire straits.

An Leas-Cheann Comhairle: Go raibh maith agat. I ask the Taoiseach to respond.

Deputy Brian Stanley: I appeal to the Taoiseach to introduce a national waiver scheme for refuse collection for such households, including those in County Laois who are waiting for it for 26 years.

The Taoiseach: I take the Deputy's point and I will come back to him with the details.

Deputy Aengus Ó Snodaigh: Sula labhraím faoi roinnt reachtaíocht atá fógraithe, ba mhaith liom aird an Taoisigh a tharraingt ar rud a luadh anuraidh. Nuair a bhíomar ag gearán nach mbíonn reachtaíocht foilsithe i nGaeilge agus i mBéarla ag an am céanna, dúirt an tAire, an Teachta Burton, go ndéanfaidh an Rialtas smaoineamh ar na meamraim míniúcháin, ar a laghad, a fhoilsiú as Gaeilge ag an am céanna. Dá mbeadh an meamram, seachas an Bille, ar fáil trí mheán na Gaeilge, cabhródh sé le Teachtaí ar an taobh seo cur le díospóireachtaí i nGaeilge. Ba mhaith an rud é freisin na teidil a fhoilsiú as Gaeilge sa phlean reachtaíochta, ionas go mbeadh sé níos éasca dúinn ceisteanna a chur as Gaeilge.

Tá sé fógartha ag an Rialtas go bhfoilseofar an Bille um aitheantas inscne - the gender recognition Bill - i mbliana. Measaim go raibh sé i gceist ag an Aire, an Teachta Burton, an Bille a fhoilsiú roimh na Cásca. An bhfuil sé sin fós le tarlú?

Tuigim gur fhógair Fine Gael agus Páirtí an Lucht Oibre le linn toghchán na bliana 2011 go ndéanfar reachtaíocht chun déileáil le achoimrí cíosanna a théann in airde amháin, nó upward-only rent reviews. Fuair Páirtí an Lucht Oibre comhairle ón Ard-Aighne gur féidir é seo a dhéanamh, ach fuair an Rialtas comhairle nár féidir é a dhéanamh toisc go mbeadh sé míbhun-reachtúil. Is cosúil go mbeidh reafrainn againn i mí Deireadh Fómhair. An féidir déileáil leis an gceist seo, atá ag cur stop ar an Rialtas, ag an am céanna? An féidir an Bunreacht a athrú ionas go mbeidh an Rialtas in ann an reachtaíocht seo a thógaint isteach?

D'iarr mé cúpla seachtain ó shin cathain an mbeidh an reachtaíocht os ár gcomhair atá ag teastáil chun ospidéal náisiúnta na leanaí nua a thógáil. An bhfuil aon dul chun cinn déanta sa chomhthéacs sin? Táimid ag tnúth le reachtaíocht chun bord nua - national paediatric hospital development board - a bhunú. Níl a fhios againn cén uair i mbliana a bheidh an reachtaíocht sin os ár gcomhair. Tá fógra curtha amach faoin ospidéal nua, ach níl an reachtaíocht ann faoi láthair chun bord a chur i gceannas ar an project.

The Taoiseach: Tá cúig nithe luaite ag an Teachta. Beidh tuarascáil le fáil faoin obair

leanúnach atá ar siúl i dtaobh an ospidéal nua. Má chuireann an Teachta ceist ar an Aire, tabharfaidh sé freagra dó.

Tá Bille i dtaobh na leanaí ó na náisiúin nua foilsithe le fada. Ní dóigh liom go bhfuil sé oiriúnach don lá atá inniu ann. Táthar ag smaoineamh ar an mBille sin a athfhoilsiú agus leasú a chur leis. Cuirfidh mé scéal chuig an Teachta faoi sin fresin.

Níl sé i gceist go mbeidh reifreann ann faoi ardú riaracháin. Bhí sé luaite sa chlár Rialtas nach rabhamar in ann é sin a dhéanamh. Níl sé i gceist go mbeidh reifreann ann.

Tá obair ar chinnlínte an Bhille um aitheantas inscne ar siúl ag an bpointe seo. Níor tháinig siad chuig an Rialtas go fóill. Sílim go mbeidh an reachtaíocht foilsithe roimh deireadh na bliana.

Níl a fhios agam céard go díreach a dúirt an tAire faoi na míniúcháin agus na teidil a fhoilsiú as Gaeilge ag an am céanna. Breathnóidh mé ar an méid atá ráite ag an Teachta.

Deputy Mary Lou McDonald: Cuirfidh Mr. Justice Quirke redress scheme do na Magdalen laundries os comhair an Rialtais agus os comhair na Dála i gceann cúpla mí. Cén fáth nach bhfuil Summerhill ar liosta na hinstitiúidí atá á scrúdú ag Mr. Justice Quirke? Cén fáth nach bhfuil aon fhreagra faighte againn go fóill i dtaobh an Bethany Home?

The Taoiseach: B'iad na Magdalen laundries, go díreach, a bhí i gceist sa tuarascáil a scríobh an Dr. Máirtín Mac Giolla Íosa.

Deputy Mary Lou McDonald: Tá Stanhope Street ar an liosta. Cén fáth nach bhfuil Summerhill?

The Taoiseach: Is é sin an rud a bhí i gceist agus is é sin an fáth go bhfuil an breitheamh ag díriú ar na fadhbanna atá luaite sa tuarascáil.

Deputy Brendan Griffin: Cathain a bheidh an offshore gas storage Bill os comhair na Dála? Cad é an scéal leis an climate Bill?

The Taoiseach: Tháinig cinnlínte an dara Bille os comhair an Rialtais an tseachtain seo caite. Beidh an reachtaíocht pléite sa choiste agus níos déanaí sa Dáil. Beidh an Bille a bhaineann le cúrsaí gáis foilsithe roimh deireadh na bliana. Tá obair ar an reachtaíocht sin ar siúl faoi láthair.

Health Service Executive (Governance) Bill 2012 [Seanad]: Second Stage (Resumed)

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

Deputy Catherine Murphy: The Title of the Bill is the Health Service Executive (Governance) Bill but it should really be titled the Health Service Executive (partial governance) Bill because it deals predominantly with new directorates rather than a reform of a whole governance approach to the HSE.

The big myth about the HSE when it was established was that it would replace the old health

board system. In fact, what occurred was that public representatives were removed from the boards and a new administrative tier was placed above what was a dysfunctional health board system, which was really a product of the 19th century poor law system. The top-down system remained in place but there was a need for the whole organisation to be reformed. Despite good people working in it, the structure and culture ended up being a failure. It is beyond question that there were abuses by public representatives on the boards. While I do not stand over that, they did, however, perform an oversight role which was lost when they were removed and that has never been properly replaced. The HSE, instead of simplifying things, introduced a new level of bureaucracy that has proven to be extremely difficult to interact with for the citizen, which feeds into clientelism. An organisation cannot have a clientelist approach unless its systems of governance are inaccessible to the public, meaning that people have to go through a middle man or woman. That is one of the dysfunctional things about Irish politics.

A good citizen interface for any organisation is essential in any reform process and this must be underpinned by the services being available. A website is now the shop window for any service and I challenge anyone to make sense of the HSE's website. A website is a mirror image of the organisation it represents. The processes, culture and services can all be seen and to me it looks like chaos. It looks like an organisation that is inwardly focused and process driven. It is a tall order to expect that the changes proposed in this legislation, namely to replace the board with a new directorate, can deliver the kind of change that is needed. This was the approach that was taken with local government, where directors of service were introduced but it did not change the culture because what was underpinning it was not changed. Much more substantial reform is required. I accept that this might be done on an incremental basis but we need to see what is the overall blueprint. The people who work within the system and the citizens have a right to expect that.

The HSE was also a very useful vehicle for Ministers in the past in terms of blaming the organisation rather than accepting responsibility for failings. The HSE served as a kind of teflon for the Minister for Health. Parliamentary questions often took a ridiculously long time to answer and there is still a difficulty with accountability. Responses from the HSE take longer than other parliamentary replies. Another difficulty is that several Deputies are often asking the same question of the HSE. There is duplication by virtue of the fact that one has to look in another location to determine what questions have been asked previously by others. There is room for efficiency in this area, in terms of improving accountability and taking a simpler approach to finding out what is happening.

The provisions of this Bill are intended to change all that but it will require a change in both structure and the organisational culture to achieve this. The existing accountability arrangements under the Health Act 2004 are retained and they relate to service plans and annual reports but in many cases these are deficient. There is no point in having service plans if there are no services available and I wish to cite a number of examples in this regard. People often criticise politicians for spending time in their constituencies once or twice a week and accuse us of fixing potholes. I wish it was only potholes that we were attending to but the issues are much more complex. Deputies can see the failures in the system. I was approached by a family with a 12 year old child who was ready to begin secondary school. She has been on the waiting list for a tonsillectomy for the last two and a half years. She is missing school regularly and on antibiotics frequently, which is not the kind of case management one would want. She is not well and is losing weight. She has been waiting for an appointment in Tallaght hospital for over two years and her parents have no private health insurance. They asked if she could be moved to

the waiting list for another hospital because if she was on the list for the actual procedure, rather than for just an appointment, she might be able to get treatment under the National Treatment Purchase Fund. This is the reply her parents received from Crumlin hospital: “Thank you for your referral to the ENT department. Currently the outpatient waiting time is two years for a routine ENT appointment”. The hospital refused her referral. We are busy talking about building a children’s hospital, which is desperately needed, but while we are waiting for that, we are seeing the failures. That child is being failed. There is no point in having service plans unless there are services behind them. We need real reform that will impact on people.

Access to services can often depend on one’s address, which is a lottery I frequently come across. In many cases, this affects children who need essential services such as occupational therapy. Again, I have one of many examples of this. The HSE informed me that the paediatric occupational therapy service was developed in Kildare, west Wicklow in 2009. It added that the resources have been depleted in recent years due to resignations and it has not been possible to replace the staff due to the moratorium on recruitment. This is penny rich and pound foolish because, in many cases, children will miss out on the developmental opportunities provided by occupational therapy and we will pick up the tab later by way of disability payments and so forth. This is stupid. Service availability is very much dependent on where one is in the country and for children living in a different part of the country, this is not a problem. I do not see how a new directorship will make a difference in this regard. Will people be moved from Cork to Louth or from Galway to Kildare? We need a whole-of-organisation approach to understand where people are, where the gaps are and how we can plug those gaps.

I have another example of an eight year old who is falling through the cracks. He struggles to dress himself, cannot hold a knife and fork and needs occupational therapy but he cannot even be put on the list. He was diagnosed by the Child and Adolescent Mental Health Service, CAMHS, with Asperger’s syndrome and attention deficit disorder but his parents were told that he would not be seen because there was no list for him to be put on. The CAMHS does not have an occupational therapist, even if he was to be referred back to it and community treatment is not an option any longer. This may well be a local play-out of this problem but it is impacting negatively on the child. A new directorship and service plans will not resolve this issue if the people are not in place and I cannot emphasise this strongly enough.

I have another example of a child who has a specific learning and language difficulty. Speech and language therapy will not be provided in the school in Tallaght that specialises in treating the small number of children who have this disorder. He is emotionally impacted by this but is also impacted badly in terms of his educational prospects. When the particular service is provided, a child is taken out and given intensive occupational therapy for two years and then returns to mainstream school. The experience of children who have gone through that route is very good. In my view not having those services in place is criminal. I have come across several children who need behavioural therapies. I have had parents tell me that their big fear is that if their children do not receive the necessary treatment, they will end up in prison. They are displaying violent tendencies at primary school. They clearly have some difficulties and need behavioural therapies to modify their behaviour. Their parents have said to me, bluntly that their child will end up in prison. We talk about the past, about failures and the kind of Ireland we used to live in but this is the Ireland of now. These are people I am coming across regularly and I do not suppose that Kildare is different to other parts of the country. It may well be that there is a more deficient service in my area by virtue of the fact that the population increased rapidly in a very short space of time and the services did not keep pace with that. We are now

struggling with that and people are being lost in the system.

Another issue of major concern, which is not being provided for, is the fact that we have younger cohort of people working in our public services. Older people have tended to be the ones who have opted out when retirement packages were put in place. Approximately 50% of these younger people are women as more women need to work these days because of large mortgages and so forth but no cover is being given for maternity leave.

12 o'clock We cannot be serious about providing a service unless we cover something like maternity leave, as that is where gaps occur. The coverage of maternity leave is essential.

A huge number of good people are employed in the HSE and most of the workers are not responsible for the structure of the organisation. I am sure these people are frustrated by the service within which they work but any change must occur with their co-operation. I am concerned about the top-down approach. We are told new directors will have a critical role to play and I hope that ends up as the case. It is not just a question of hiring good people to fill those directorates, and the process must be underpinned by values and objectives.

As an example, the robotic approach to the home help system in recent months flies in the face of the objective of trying to keep people living independently within their own homes for as long as possible. It cannot purely be about financial outcomes and I am concerned about the market and management language being used. People who use the health services are not customers but they are citizens who pay their taxes if they are lucky enough to be able to do so. They have an entitlement to a service when it is required. We should stop the management speak. A 12-year-old waiting for an emergency medical procedure is not a customer but a citizen of the country who is entitled to be cared for. Citizens must be put at the heart of redesigning the process, as the outcomes are for these people.

Nevertheless, it is essential that we get best value from the limited funds available and it is clear from the leaked reports in recent years that internal audits are extremely lax when it comes to oversight of spending by the HSE. This is unacceptable and it must change because we cannot afford waste. What is proposed is limited and there is a need to see the shape of the organisation that will run our health services. This piecemeal approach is not convincing.

There was a very useful paper delivered some years ago at the MacGill summer school, with Mr. Eddie Molloy talking about Ireland's sixth crisis involving a severe implementation of deficit disorder. For those of us who want to see significant or radical reform in many of our institutions, we can identify with the idea. Mr. Molloy indicates that the main carriers of the disorder are organised groups with strong bargaining power. He includes in this senior public servants, executives, medical consultants and board members who have reached the top of their respective organisations. They are a good cultural fit for the board and unlikely to question the prevailing culture, amounting to a safe pair of hands, with a core value of loyalty to a group or circle, golden or otherwise.

Mr. Molloy argues that we need to strengthen the strategic centre and that we need to establish the discipline of real, edgy, transparent strategic management. Public agencies publish strategic plans approximately every three years but the track record in implementation is poor; we know this because they are all on shelves. Mr. Molloy argues that there is a belief that a job is done once a report is published and people can read it but there is no effective system of strategic review and transparent reporting. He also seeks the formation of senior public servants,

which means they should not merely be trained in administrative and sector-specific skills and there should be inculcation of a value system. He identifies institutional culture as the root cause of failure and the biggest obstacle to reform, highlighting several concrete steps that can be taken, including boards and senior executive teams giving quality time on a regular basis to engaging with an organisation's values and culture. A cultural audit must be an integral element of strategic planning, with a section of culture a requirement in all annual reports.

Culture can be very difficult to change in an organisation but if it is not on the agenda, there is no chance of changing it. Mr. Molloy also speaks about initiating a major multi-year programme to reappropriate and breathe life into the foundational values of the public service. We must be deliberate in the kind of change being sought. These are elements in a longer paper that has a wider scope but it is nonetheless relevant to this proposal.

We have an old poor law model that we are trying to tweak, which is not good enough. What is beneath the directorships requires radical reform. The structure and culture of the executive are in need of reform, with a whole-of-organisation reform required. The top-down model was an intended change in the HSE and we can see that it did not work. I do not understand why it continues to be the favoured approach when a whole-of-organisation approach is required. It does not matter how good this organisational vehicle becomes if we do not have people with the right skills in the right places to deliver services to the public. It does not matter how good the management system is in that case and there are serious deficiencies that will cost both money and opportunities. These must be addressed and to give the impression that this is a big reform, with addressing such issues, will be seen as a failure for people who present with the kind of examples I used. I wish these were the only examples I could use but unfortunately every one of us has a group of people seeing deficiencies in service delivery. I am able to put my hands on just a few in order to give an example.

I am not opposed to the Bill but it is very limited in what is being done. We need to see urgently what will be the overall shape of the HSE in future.

Deputy Joe Carey: I welcome this opportunity to speak on the Bill. This legislation provides for three elements, the first of which is the abolition of the board structure of the HSE and for a directorate to be the new governing body for the HSE in place of the board, headed by a director general. The second element is further accountability arrangements for the HSE, with the third element being related matters, including a number of technical amendments to take account of the replacement of the board structure by the directorate structure.

The HSE was established in 2005. It is a large organisation providing a broad range of services which are essential to the individuals who are in receipt of them. The programme for Government commits to the abolition of the HSE but the abolition, as the Minister said in his opening statement on Second Stage, will require careful planning, sequencing and complex further legislation. This Bill is an important step on the road to replacing the HSE with a new health governance structure that places the patient at the centre.

When the HSE was set-up by Fianna Fáil it was believed that a centralised health service would perform much better than the previous health board structure. The health boards were much criticised but gave public representatives a meaningful role in holding the health authorities to account. We currently have health regional fora for elected members, which were effectively established as an afterthought. In recent times, fora members have complained about ineffectiveness and the lack of accountability from the HSE. One of the main areas of concern

for the public is the amount of administrators within the HSE structure. The HSE created these positions following the amalgamation of the health boards. Effectively, an increasing number of management positions were created on the establishment of the HSE to the detriment of front-line staff, such as nurses and doctors, and ultimately to the detriment of patients.

The Government has a mandate to reform and reorganise our health services fundamentally in a way that places the patient at the centre. This Bill is an important building block on the way to the introduction of a universal health insurance system where money follows the patient.

The creation of six national directorates is to be welcomed. They will focus on the areas of hospital care, primary care, mental health, child and family care, social care and public health. We need to bring services closer to people so that they can be treated in their own communities. Day care services, for example, are an important component of our health system. In my community, Clarecastle in County Clare, we have a thriving district day care service which serves a catchment area with a ten-mile radius. Fifty people attend the centre daily and they are provided with a broad range of health services and social activities. This community-led day care centre represents exceptional value for money and has dramatically improved the quality of life of those who attend and their families. In a nutshell, the centre enables people to live in their community for longer and to live independently.

The recently published HSE mid-west area service plan for non-acute services, 2013, confirms further enhancements of services at Clarecastle and serves as recognition of the range of competencies, including that of dementia-specific care, with the creation of a new development fund to support these important activities. This is most welcome news. I wish the hard-working board, manager and staff of Clarecastle day care centre well as they further develop the services. I also wish the board and management of the new Carrigoran day care centre in Newmarket-on-Fergus well as it launches its new service. It is a most impressive building that will offer a three-day service to its clients.

I acknowledge the process of change in the mid-west regional hospital network with the creation of a single hospital system incorporating six hospital sites, namely Limerick regional hospital, Ennis General Hospital, Nenagh General Hospital, St. John's Hospital, Limerick, the Mid-Western Regional Maternity Hospital and Croom orthopaedic hospital. The primary focus in 2012 was on strengthening governance in the hospital network. This was achieved through the establishment of clinical directorates and a new model of corporate and clinical governance. Key areas of patient safety concerns were focused on, in addition to achieving efficiency through the creation of a single hospital system in the mid-west region. This approach breaks down traditional barriers and makes it possible to utilise the total capacity of the hospital network in the region, which is leading to progress in the delivery of targets for scheduled and unscheduled care.

I welcome the opening of the new 50-bed ward block at Ennis General Hospital, which is a huge shot in the arm of health service provision in County Clare and the mid-west. In the coming weeks, a new site manager will be appointed at Ennis general hospital following the promotion of former manger Mr. Frank Keane to manager of the new maternity and child health directorate. Ennis has been accredited as a colorectal screening site, and this service is due to commence in the not-too-distant future.

There is ongoing commissioning of the critical care block at Limerick regional hospital with the opening of a state-of-the-art cardiology section backed up with the appointment of

five cardiologists. I welcome the commencement of work on the new emergency department at Limerick regional hospital and look forward to its opening in the next 18 months. The mid-west hospital group also received an increase in the funding allocation this year of 10%. That is an increase from €216 million to €238 million. There are still funding challenges but this is certainly a boost.

I welcome this legislation as it is an important step towards achieving the goal of a single-tier health system together with universal health insurance.

Deputy Thomas Pringle: I am sharing my time with Deputy Finian McGrath.

As the Minister said when introducing the Bill, it is a building block. It is a transitional Bill that is part of the Government's programme to reform the health service. Apparently the intention is to give the Minister more control over the health services. In the past year, we have seen what more control of the health services means in practice for the Minister. We witnessed the debacle of the prioritisation of primary health care centres that led to the resignation of a Minister of State at the Department of Health. New areas in the Minister's constituency were added at the last minute to the list without the knowledge of any of his Cabinet colleagues or, it seems, the HSE.

Two hospitals building programmes were announced by the Minister for the Environment, Community and Local Government, Deputy Hogan, and the Minister for Public Expenditure and Reform, Deputy Howlin, before the HSE even knew they were being prioritised. Is this the type of governance that the Minister is talking about? I have no doubt that we will continue to see this type of action from the Minister. If the examples I have given are not bad enough, it should be noted they are not what the Minister intends in this Bill. The Bill will provide for the establishment of a new management structure in the health service, creating a tier of directorships that will operate alongside the existing HSE structure of national directorships while he prepares to abolish the HSE. We are told this will be done without any extra cost to the Exchequer. What will happen in the transitional period? Will there be a freeze in the work of the health service as staff wait to see how the structural will emerge? We saw this before when the HSE was established. This led to years of inertia during which many workers and decision-makers at local level were unable to determine where decisions should be made or by whom.

A change of the magnitude that the Minister is proposing needs to be managed, and an organisation such as the HSE should have a change management team in place. This should cost money if it is done right. How can an organisation of almost 100,000 people change fundamentally without incurring any cost? The building block that this Bill is supposed to be a part of is a move to the universal health insurance model that the Government wants to introduce in the image of the Dutch model. In this system, we are told money will follow the patient. I remind the Minister of what his predecessor, Ms Mary Harney, said when introducing the Health Bill 2004:

It is our generation's chance to put patients first in the design of the management of health services. It is our chance to put in place modern, effective management to make the best use of these tremendous resources we are applying to health and to get clear value and clear results for that money. It is our chance to create a system where money can follow patients and where outcomes can be measured.

Those words will sound very familiar on the Government side of the House. They have been uttered by the current Minister, Deputy Reilly, on many occasions and have been the

mantra of Fine Gael Members for years. I, for one, hope the Minister's plans go the way of the previous Minister's plans and that, in years to come, the health service will be reformed to move away from the universal health insurance model.

Universal health insurance will not be part of a system that will enjoy the faith of the people and I will not support the Government's effort to introduce it. Unfortunately, the Government is moving on the road to create the system, and this Bill is one part of that programme. The rolling out of the hospital groups is also a step, with the English system of trusts being established. This will drive the move to privatising the health system and handing over control to private health insurance companies. The programme for Government sets out that the hospital purchasing arm will merge with the National Treatment Purchase Fund to become a new purchaser of public patient care in the period of transition. It seems the Department of Health will purchase hospital care for public patients from the hospital groups, and this will fit nicely into the model of the universal health insurance companies.

For many reasons, the move to universal health insurance will mean health care will become more expensive and access will be restricted for citizens. When universal health insurance was introduced in the Netherlands in 2006, there were 13 health insurance companies operating there. Today, there are five. This is in a country with a population of 18 million. What do we expect to see in a country with 4.5 million people? The State will provide limited care for people who cannot afford it, with perhaps two companies operating and profiteering to the detriment of those who have no choice but to purchase from them. In 2006, in the Netherlands, the average health cover cost approximately €1,000 per citizen. Today, it costs over €3,000 per citizen. How does that equate to progress? In the Netherlands universal health insurance buys a basic package of healthcare and it now has a system where citizens must buy top-ups to increase their cover. We will see the same happening here, but probably more quickly.

In discussing this Bill in the House, many Fine Gael members have complained that we are spending over €13 billion on the health services and that this cannot continue. There is much talk from them about how the health services must spend the funding in better ways and must achieve more for less, but all they are doing is using these fancy phrases. I have not heard any of them identify where is this waste and give concrete examples of where savings can be made.

By all accounts, there has been tension between the HSE and the Department of Health on where savings can be made. The Department and politicians claim that there are billions of euro to be saved from the elusive "efficiencies", and that other great mantra of "getting rid of waste". The HSE claims that it cannot do much more and maintain services without the Government tackling the matters over which the HSE has no control. The response of the Minister has been to introduce the so-called graduate nursing scheme, and that will be rolled out to other health professionals, cutting the wages of front-line health workers in order to save peanuts.

If there is to be one good outcome from this Bill, it will be that the Department of Health would not be able to hide behind the HSE and accept that the Department is not funding the service adequately. I believe the Minister should have more control over the health services and he should also be accountable for how the health services work. So should healthcare providers. The real problem with the HSE is that there is no accountability and there is a lack of clear information, and in a country of our size the type of treatment one can expect to receive depends on where one lives. One need only look at the debacle over catchment areas in Dublin hospitals that I highlighted in this House last year.

The health services may have reached, or even gone beyond, the level of cuts that they can sustain, unless, of course, there is this considerable waste and inefficiencies, of which we hear mention but of which we never hear any detail. In my county, for example, Letterkenny General Hospital is probably one of the most efficient hospitals in the country. Over 90% of procedures in the hospital are non-elective, yet the hospital has started each of the previous two years with a budget millions of euro short of what it needed to maintain services. This has been softened slightly this year with an increase in the budget allocation. This year Letterkenny General Hospital will only start the year €1 million short of what it needs to maintain the services. The fact is if we want a health service that is up to the standard of the best in Europe, it must be paid for. If the health service improves outcomes and becomes more efficient by treating more patients and ending waiting lists, then it will cost more, and there is no way of getting away from that.

The Government should be driving a debate about what type of health service we want and how much it would cost to provide it. Do we want a health service that is driven by private health insurance providers charging thousands of euro per citizen and driving the levels of treatment available with the State picking up the cost for those who cannot afford the premium? Or do we want a health service that is free at the point of contact where every citizen can access treatment as required in a system that is led by medical need where citizens can access it based on equality, not wealth? The second option may cost more but I believe that the Irish people would be willing to pay for it if they believed that it would be implemented.

Deputy Finian McGrath: I thank the Acting Chairman for the opportunity to speak on this legislation. Before I start, I offer my sympathy and condolences to the family of the great President Hugo Chávez of Venezuela who died yesterday evening, and also my support and solidarity to the people of Venezuela. Hugo Chávez was a great man and a great president who looked after the poor in Latin America and in his own country, and his record in reducing poverty by 50% and his improved health services over the past ten years have shown that he was a magnificent leader. I offer my deepest support and solidarity to his family and to all the people of Venezuela. There are many Irish, both at home and abroad, who would agree with this position. I express my condolences to the people.

It is important that we welcome and look at the broader debate on this legislation, the Health Service Executive (Governance) Bill 2012. This is an important debate on the way we run the health service. This is also an important debate on reform and change in the health service. Change and reform are what we all, not only the Government parties, promised at the last election, given what had happened to politics in Ireland in the previous five to six years. Nobody denies that we need change, nobody denies that we need radical reform and nobody denies that we need a quality health service. To do this, the Government needs to bring the citizens and the staff in the health service with it, otherwise it is doomed to failure. Reform and change are part of the agenda and if people are not up for it, they should not be involved in politics.

There are certain aspects of this legislation which are a step in the right direction. I welcome strong aspects of the Bill. It is important when one sees sensible proposals coming from the Government, even though I am an Opposition Deputy, to look at them and support them because we all want to improve the health services for citizens. We all will be aware that we are spending €13 billion on the health service. We all want to achieve efficiencies, we all want quality staff and we all want to deliver an efficient service in a professional way. There is no contradiction and no opposing view on that issue. My personal broader view is that in the long term I would like to see a universal health service paid for out of taxation. At present, we are looking at the idea of universal health insurance and I will speak about that as well because

there are aspects in this legislation which will be positive.

The Bill abolishes the current board structure governing the Health Service Executive, HSE, and replaces this with a directorate system, headed by a director general. The Bill also provides for additional accountability arrangements in the HSE. The directorate structure is intended to be an interim measure, pending the ultimate dissolution of the HSE, which will require further legislation. This Bill does not change the legal status of the HSE under the Health Act 2004. Basically, that is what the legislation is about.

This is where I welcome it. It replaces the board with a directorate system, headed by a director general. I want to see directors leading change and bringing in the necessary radical reform. There has been too much bureaucracy. From past experience, when I was pushing the issue with the previous Government, I am aware that there were cock-ups and delays, for example, in the provision of the cystic fibrosis unit in St. Vincent's Hospital where there was a turf war between the HSE, the Department of Health and the Minister's office. With everything like that going on, those who suffered in the end were the patients with cystic fibrosis. Thankfully, that unit was eventually built. I welcome the fact that was done but I remember dealing with those families every day and the trauma it caused. We need decisive leadership and if there are good proposals in this legislation, I will support them. I make no apologies for that. We need to ensure that there are drivers for change within these structures and I see the role of the director general in that light.

The one measure I very much welcome in the Bill is the additional accountability arrangements for the HSE. That is something that we all support. Whether it is a patient on a trolley or somebody with a disability, there must be accountability and there must be staff who take responsibility for the jobs. In a previous job, I worked as a principal in a disadvantaged school in the north inner city. I often laugh when I hear of the bankers and developers wasting money and speculating, and all kinds of things going wrong. I remember doing our books every June to have them ready for the cigire. As the Minister of State, Deputy O'Dowd, will be aware, the inspector would come in and if one was €10 over budget, he would be down on one like a ton of bricks. If I was €40 over budget, I had to go to the parents' council and ask could I take €40 from it to put into the school merely to ensure that books were in order. I always remember the efficiency of the inspector. I welcome accountability. When I saw what some others did, for example, in the regulation of the bankers, it blew my mind away. The poorest schools in Ireland and the DEIS schools now were more efficient in managing public money than a lot of people who squander it. Public servants, whom I strongly support, have to deal with this issue of reform and take responsibility. Those in the HSE need to take responsibility and that is why the additional accountability arrangements for the HSE in the Bill represent an important reform. If people do not want to take responsibility or do not want to be accountable, they should forget the day job. We need people in jobs where they love their jobs. We also need to look at the idea of the good old-fashioned quality public servants such as teachers, gardaí, nurses and postal service workers, who like to serve their community and know they are paid out of public money and thereby develop accountability. Sadly over the past ten years that has not been in place in the HSE. There are positive aspects in the HSE. We have brilliant professional staff, but we also have major flaws and inefficiencies. People should do their best at all times in this regard. If 20 people are on trolleys in Beaumont Hospital tomorrow, I want the Minister to be accountable, but I also want the managers to be accountable and accountability should also come from the HSE.

In my speech I mentioned the late President Hugo Chávez, who spent much of his oil money

on developing the health services and reducing poverty in Venezuela. We also need to ensure the €13 billion is spent in a sensible way. On the broader reform of the health service, we need to stop people going to emergency departments as much as possible because we need to ensure there are efficiencies there. Part of that policy must include dealing with the GP issue but also dealing with the medication issue. I disagree with the Government on issues such as cutting the respite care grant for people with a disability by €325. I do not accept that cut was acceptable at a financial level or from a human rights level. If we take money from people who are out in the community, at some stage they will end up involved professionally in the system and will cost more money.

Prevention is a very important part of any health strategy. Let us make sure that somebody surviving with a disability, for example, with a few extra bob through a respite care grant or something similar, is looked after. Many parents of children with disabilities regularly come to me and say that despite paying their taxes every week, when they go looking for a service they have to reduce service or take a hit. That is not acceptable - people forget about that. Some 13% of families are directly affected by a disability and I will be their voice in Dáil Éireann. They are telling me they go to work every week - those who have jobs - and pay their taxes, and so are entitled to look for a service. I do not believe it is acceptable. A very disabled young man in my constituency was getting a service five days a week in the CRC in Clontarf, but he is now reduced to three days. That is not acceptable in any society, regardless of what people say. With a €13 billion budget, I do not accept that some reasonable way cannot be found to fund that issue.

I support the reform proposals in the legislation. I have a broader view of the health service - I would lean more towards the Cuban model - I know the Minister of State, Deputy O'Dowd, will be interested in that.

Deputy Fergus O'Dowd: I have looked at it and it is not that good.

Deputy Finian McGrath: A week in Cuba might do him good. It might cheer him up and he could have a look at the health service and see the efficiencies they have there.

Deputy Fergus O'Dowd: I never saw such poverty anywhere as I saw in Cuba. Everybody was begging.

Deputy Finian McGrath: That is understandable for a country being hammered by a blockade. I have been there as well and I saw-----

Deputy Fergus O'Dowd: The Deputy was there on an official visit.

Deputy Finian McGrath: I was not there on an official visit.

Deputy Fergus O'Dowd: He was a guest of the state.

Deputy Finian McGrath: No, I was not.

Deputy Fergus O'Dowd: I was having a look at it from the outside.

Deputy Finian McGrath: I saw the health service and the primary school service.

Deputy Fergus O'Dowd: Who paid for his fare?

Deputy Finian McGrath: I saw a service for disabled children from the cradle to the grave,

which I did not see in this country.

On the broader issue, the Government Members should open their minds and open their eyes-----

Deputy Fergus O'Dowd: Our eyes are open.

Deputy Finian McGrath: Certain things are done well in some countries - let us look at them and follow good practice.

Deputy Fergus O'Dowd: Not Cuba.

Deputy Finian McGrath: I do not say I have the solution to every economic and social problem in the world, but if we listen to some of the ideas of great people like the late President Hugo Chávez we will not go wrong, particularly in the area of health.

Deputy Paschal Donohoe: Now that Deputy Finian McGrath has successfully made the link between the death of President Chávez and HSE corporate governance, I will also touch on the point. He is correct in saying our minds should be open to new ideas and things that work well in other countries. We should consider models that work well elsewhere to see if they are applicable to Ireland. The most dangerous threat to the concept of representative politics is the idea that all politicians are the same, that ideology and policy do not matter, and that regardless of whom we vote for we will get the same outcomes and the same policy. That is something that is particularly relevant to Ireland at the moment as we struggle with terrible financial difficulty and look to exit a bailout programme later in the year. I believe it is also a concern across Europe as people look at the relationship individual nation states have with the European Union and their interaction abroad that regardless of the government, the outcomes will be the same.

In that spirit, I accept that the late President Chávez offered a different view of how his country could be run and the role government could play. Even though I had concerns over some of the things he did and some of the directions he wanted to take, he clearly mattered deeply to the people of Venezuela and showed that politics could matter and make a difference. Therefore, his demise should be recognised and sympathy should be extended. Deputy Finian McGrath is correct in that regard.

This debate is about the role of the HSE and its future. The opening ceremony for the London Olympic Games was a fantastic ceremony orchestrated by one of Britain's leading film directors. A striking point was the prominent role given to recognition of the NHS in that ceremony. People were celebrating the role of the NHS and of nurses, doctors and the people who run it. The vision of the people, such as Ernest Bevin, Clement Atlee and William Beveridge, who set up that organisation, regarding a welfare state and the difference it could make and the war on the four evils, as they described it, clearly resonates with the people of Britain to the degree that they wanted to celebrate it in the opening ceremony of the Olympic Games. The acting director general of the HSE was asked if a similar ceremony was organised in Ireland for the opening of a sporting event like the Olympic Games whether the HSE would receive that kind of recognition and get that kind of celebration. He was forced to reluctantly conclude that the answer to that question was that it would probably not, and I believe he is right.

We need to ask why that is. Is it because of the quality of our nurses and doctors? Absolutely not. I believe anybody who attends a GP or goes to a hospital or primary care centre comes away impressed by the quality of care and compassion they get from the people with whom

they engage. Is it because of the quality of the people who are leading our hospitals? I have dealt with many of those people and I must conclude that the answer to that question is also “No”. I have met the chief executive of the Mater hospital on a number of occasions and have met the people who run Temple Street Hospital and seen the work they do. They are second to nobody in terms of the commitment they have to patient care and to doing all they can to ensure their hospitals offer the best possible environment for people who need care and want to recover. At the opening of the new Phoenix Care Centre in Grangegorman, which I attended and the Minister may recall for another reason, the Minister spoke about heritage and the tradition of compassion and care in such facilities on the part of staff there in terms of caring in the best way possible, despite the limitations on them, for people who are vulnerable. I also attended the Minister’s opening of the new extension to the Mater hospital, which is an extraordinary new facility in the centre of the inner city. On that occasion, I again heard staff speak of the type of care they want to give people in that new facility.

In seeking to reconcile the difference between the quality of staff within our health service, the €13 billion being invested in it and the resonance, despite this, of the HSE with the people of Ireland, I am forced to conclude that there are difficulties in terms of the manner in which our health care services are designed and delivered and in the structure of the link between money invested in the health care system and the quality of care received by the patient. That said, despite the difficulties we are experiencing, huge progress is being made. There has been a reduction in the number of people on trolleys in our hospitals this year versus last year despite that, regrettably, less money is being allocated in this regard; the number of people awaiting operations for more than three months has also decreased and the number of children awaiting urgent medical attention, who should not have to wait for it, has also decreased, as has the number of adults on such waiting lists. Despite our difficulties, progress is being made in many areas.

This Bill deals with the design of the Health Service Executive and how we can change it further to ensure we get more from the enormous compassion and financial resource that exists in our health care service. I am certain that the direction in which this legislation proposes to move the HSE is the right one. Does any Member of this House believe that if he or she had the privilege of doing the job of the Minister for Health, Deputy Reilly, taking account all of the challenges and opportunities to deliver, he or she would be better placed to do that job following publication of this legislation? In my view, the answer to that question is, yes. The reason he or she would be better placed to do the job following enactment of this legislation is because it seeks to ensure a more consistent and coherent decision-making process within the Department of Health and its impact on care on the ground. It also seeks to strengthen accountability and the links of control around decisions made at policy level and how they are implemented.

I would like to focus on a number of additional areas I would like to see improved and believe will be improved in the coming years. I make the following suggestions based on my interaction on a number of occasions as a member of the Committee of Public Accounts with the Secretary General of the Department of Health and acting director general of the Health Service Executive. It strikes me that there are a number of areas worthy of further work and focus, the first of which is how we track and monitor through the systems in use within the Health Service Executive. During a meeting of the Committee of Public Accounts I asked Mr. O’Brien about the level of wages in the HSE, who is doing what, how allowances are allocated and efficiencies within the system. He made the point that despite its best efforts the HSE still does not have a single system that is capable of tracking the allocation of moneys in the health care system. In saying this, I am aware that the caveat in this regard is that many of our hos-

pitals are voluntary hospitals. In other words, they are not directly run by the State and therefore extension of IT systems in it, as compared with their extension into hospitals run directly by the State, is difficult. That being said, many of the pay-roll systems currently in operation have been in operation since the previous health board system. This is despite the fact that the Health Service Executive has been in operation for many years. As we grapple with the issues of consultant pay and implementation of the new Croke Park agreement, if supported by the unions, greater progress in the aforementioned areas is essential if this type of legislation is to make the difference needed.

Another issue of concern is the role of early intervention teams in dealing with many of the health and quality of life difficulties faced by citizens. I am particularly aware - I am glad the Minister is in the House as I make the following point - of the role of early intervention teams in the area of speech and language therapy. Many parents have raised with me the difficulties they are experiencing accessing the services needed for their children. While their children are in primary schools and are in receipt of support from their teachers, they need further support in terms of diagnosis of their conditions and early intervention in terms of the provision of appropriate care. The Minister, having been a general practitioner and having experience in this area, will know better than I that the earlier children receive care and support the better the outcome in terms of their quality of life and the opportunity to realise their full potential. The State also benefits and not only because the children realise the potential their families and we want them to achieve but because this the right way to run our health system and schools. I urge the Minister - I understand this will be difficult given all of the other issues he is currently managing - to ensure that as money becomes available - I am certain it will through the changes we are making - and our recovery accelerates everything possible is done to prioritise the care of these young children and their families. I also deal with people on the other side of the coin, namely, the young men and women we have trained in the area of speech and language therapy and who have enormous expertise in terms of diagnosis of the conditions from which children suffer. These people are currently unable to find employment in this country.

My final point relates to reform. I agree with Deputy Finian McGrath that there is no politician who does not favour reform. I have spoken on this issue many times in the past. In my view, we must reach a point of no more change. We need to put in a place a system and allow it to bed down and work. As much as I believe reform is required and will be implemented by Government I believe also that an agenda of continual reform and upheaval for those working in our hospitals is not good. Staff working in our hospitals, general practitioners, nurses and consultants are entitled to know, following reform, that they will be allowed to work for a reasonable period in that new environment and that further reform will not be sought until such time as there has been a review of how the new system works. The Minister has worked as a doctor in various parts of the health service and I am certain he knows the value of this. In the United Kingdom the reform agenda was championed in particular by people such as civil servant Anthony Barber, and Tony Blair, Gordon Brown and David Cameron have also done work on this. They always speak about reform and seek to introduce radical change. When this change is introduced, and fundamental changes have been made with regard to money following the patient, governance and how we want to structure and merge the HSE and the Department of Health, we should let it be for a while to allow our energies and the attention of the Minister and the people working in our hospitals focus on how to make these processes work as opposed to continually looking at how the processes need to change radically.

In a discussion such as this it is vital to acknowledge the big progress made and the new

facilities being opened. A primary care centre will be opened in Grangegorman within a few years. This is a gigantic change for the people I represent. I am sure a primary care centre will open in Summerhill in the inner city on a piece of land the late Tony Gregory identified. This is a colossal change and offers huge opportunities for the people we serve, in the same way the roll-out of the D-Doc service has provided a choice for people in where to go at weekends if they do not want to go to the Mater hospital accident and emergency department because, while their problem is serious, it is not serious enough for a hospital. D-Doc has given them an option as to where to go and it has made a big difference. Many of the waiting lists and the number of people on trolleys and awaiting particular operations are reducing due to intervention by the Minister and due to continued work by the people who really care, namely, staff, nurses and doctors. I look forward to seeing the Bill continuing this work and clarifying the lines of accountability in our health care system to ensure we come up with a system which reflects the aspirations of the people working in it and meets the needs of the people we look to serve. I am sure the Bill will represent progress on this.

Deputy Michael Healy-Rae: I acknowledge the presence of the Minister and I sincerely thank the Technical Group for allowing me time to speak on this important Bill. Many years ago I started out as a young politician on the old Southern Health Board and I believed in the structures of the board at the time. I learned many valuable lessons from other board members because, as the Minister remembers, at the time the structure of the board was very different from what exists at present, and consultants and national and local public representatives, who had a wealth of experience, attended the meetings. I would be neglectful if I did not mention one great friend I had at the time and perhaps the Minister knew him also. His son, Deputy Sean Sherlock, is a Minister of State. Joe Sherlock was a man for whom I had tremendous respect and I am sorry he is gone to his eternal reward. I know he is above in heaven looking down. He brought passion to health board meetings and fought in a forceful way. I remember him shaking and trembling when fighting for Mallow Hospital like it was yesterday. He brought a real sincerity to meetings which I valued and appreciated.

I had respect for the structures of the board at the time because we had an input into the budget which, as everybody knows, is very important because to influence change one must influence the budget. I thought the old Southern Health Board was a good model. Unfortunately, doctors differ and patients die. The new HSE was brought into being and one of the first things it did in its infinite wisdom was to remove politicians. I remember thinking at the time this was wrong because I believed politicians brought to meetings their own expertise and local knowledge from dealing with constituents. They were able to raise important local, national and regional issues. When we speak about the old health boards we are speaking about regions and we are not being parochial. I immediately saw a very big problem with the set-up of the new HSE and I was proven right, because after a while it was decided to bring back the politicians. I was one of these politicians and I immediately saw an awful change in how the structures worked. We were virtually toothless. We attended meetings, but it was not the same and the new structure did not have the same effect or bite as the old Southern Health Board. I know the Minister must move on and I appreciate there must be change. Excellent speeches have been made today on the need for change. I know in today's world the structure of the old Southern Health Board would not be fit for the practice, but change for the sake of it is not something I welcome.

I must say something about accountability. I remember when the Minister was an excellent Opposition spokesperson on health and he attacked and berated the then Minister at every op-

portunity, which was his right and his job. He did it very effectively which in turn ensured he was the new Minister for Health. I must be honest, and the Minister knows that for personal reasons I do not like being critical of him above anybody else on that side of the House-----

Deputy James Reilly: The Deputy is waving the knife around for a long time before sticking it in.

Deputy Michael Healy-Rae: I will be very kind to the Minister but at the same time I must make this point, and I know he cannot disagree with me for making it. If a Deputy wants to tackle the Minister for Health on an issue by tabling a parliamentary question, he or she receives the response that the Minister has referred the matter to the HSE. It is maddening and the Minister would agree if he were on this side of the House and wanted to engage with a Minister for Health who was looking at him as though he had four heads and telling him to go away and take up the matter with the HSE. At the end of the day he is the Minister for Health. The buck should stop with whoever is the Minister and the Minister knows I am not being personal. I absolutely hate the idea of a Minister putting up the shutters of the HSE. It is like a shield with the Minister stating: "Please, go away, this is not my problem. I am just the Minister for Health. You must take your problem up with the HSE." This is absolutely not good enough. The Minister was very forceful when Mary Harney was the Minister. I remember him berating her, telling her she was the Minister and that it was her responsibility and she should not hide behind anyone else. What is he doing now that he is in the role himself? He is doing the exact same thing. Why does he not change?

I o'clock **Deputy James Reilly:** That is what this Bill is about. It is about getting rid of the HSE so that I do take responsibility.

Deputy Michael Healy-Rae: Yes, but there were plenty of times the Minister could have handled situations differently, yet he used the system in the same way as previous Ministers did. I will save criticism also for past Ministers who were from parties other the Minister's one.

It is nationally and internationally recognised that our community hospitals are not just essential, but also vital in delivering health care throughout the country. The Minister is a lot older than I am, so he can remember when we had Government Ministers who thought it was a good idea to close down our community hospitals. In the county that I represent, we once had a Minister who thought it was a great idea to close down the hospitals in Kenmare, Killarney, Caherciveen, Skibbereen, Millstreet and a couple of others, at one stroke of a pen. That Minister thought this would be better for the delivery of health care. If that had been allowed to happen it would have been one of the most disastrous political decisions ever made. Thankfully, however, there was a very forceful chairman of the old Southern Health Board at the time. His name happened to be Jackie Healy-Rae and he laid it on the line to the then Minister that those hospitals would only close over his dead body. A determined argument was put up against their closure and consequently they were saved.

The current Minister knows that every Deputy works on a daily basis with community hospitals in their areas. They know how important they are. They provide long-stay beds for people who are not fit to enter nursing homes because they need special medical care. They also offer physiotherapy services and respite care. In addition, patients in larger hospitals who are not fit to go home can be cared for in step-down facilities in community hospitals.

I wish to pay a special tribute to the matrons and nurses in those community hospitals who

do Trojan work. I know the Minister would also wish to pay them tribute. They really work above and beyond the call of duty. We should realise what it means to be a nurse or other front-line health worker today. Every day I am contacted by people working in the health service who highlight problems and inadequacies in their workplaces. They are under great strain and genuine hardship in carrying out their daily work. It is staggering. We are dealing with an ageing population which brings added pressures to the system.

Younger nurses have their own troubles with high mortgages and husbands who may not be working as they did in the past. Therefore, they are under strain at home and when they go to work they are under severe strain. I am no different from other elected representatives who know people in such predicaments personally. Such people are really feeling the strain, but they keep saying that there is no accountability at the top. They say that everything is being thrown at them and it is up to them to deliver the service with very limited resources, so they are being put through the mill.

I would not be doing my job properly if I did not also highlight the issue of psychiatric services and how the HSE system works in that regard. A change has been made recently with regard to assisted admissions. In the past, they were done through the Kerry health services but they must now go through a company in Kildare. The Minister should think about this matter. Instead of doing an assisted admission within County Kerry, we are employing a company from Kildare to do the work. I have nothing against Kildare, they are great people there, but why must we employ people in Kildare to work on assisted admissions in Kerry? Perhaps the Minister can prove me wrong, but I estimate that it will cost five times as much to carry out an assisted admission through this company rather than doing it locally in Kerry. The difference however - it is like a three-card trick - is that the cost will not be borne by the Kerry services. It will be borne nationally by the HSE, so it will not as though the budget for admissions in Kerry is going through the roof, but the exact opposite. The cost will go down because it is not being charged to Kerry but is being absorbed nationally by the HSE. This is one of the many examples of changes that are being made but to no good purpose. It does not make sense to me. Can the Minister deal with this matter? I tabled a parliamentary question about it, but I was certainly not happy with the reply I received. It does not make financial sense and neither does it make for good work practices.

In every constituency, health staff are being taken out of day centres to fill the required staff levels in hospitals. This, in effect, is leaving day care centres short staffed. By their very nature, such centres are assisting predominantly elderly people. It is a vicious circle, however, because such people are being kept out of community hospitals. We have always been told that it is better to take care of people's needs at home or as near to home as possible. That is why our day care services are invaluable. I work closely with many day care and health centres in County Kerry and I see at first hand the excellent service they provide. Less than a few hundred metres from where I live there is an Alzheimer's unit which provides an invaluable service to the wider community in my region. I can see the positive impact that unit has on elderly people in the early stages of Alzheimer's. I compliment the management and staff who provide great care in all such centres around the country.

It is great that the Minister for Health is also a medical doctor because he can appreciate and understand that the patient must come first at all times. We must recognise, however, that we cannot squeeze any more from health service staff. One can only squeeze so much and no more.

6 March 2013

In recent months, certain situations have dogged the health system. One only has to examine the Government's decision to centralise the processing of medical cards. One may ask what that has to do with the delivery of health care locally, but it does have an effect. People with medical problems that require treatment want to obtain a medical card, yet they are unable to do so because the connectivity that was there in the past in local regions has been centralised. There was a brilliant system in place, in which the people who processed the cards were able to deal with community welfare officers and community welfare nurses and could get information about locals. They were able to work together to ensure the speedy and timely delivery of a medical card. If this did not happen and if a person could not afford to get his or her health care taken care of because of the delay arising from the Government's centralising of the processing of the cards, it meant the health of the person in question would deteriorate. What might have been a problem that could have been dealt with in a community hospital would worsen suddenly and the person would be obliged to attend a regional hospital and take up an acute bed. More than anyone else in this House, the Minister knows the cost of an acute bed in one of the main hospitals. It costs enormous sums of money and as one wishes to avoid having people lying in trolleys, it again comes down to early intervention, while always remembering that the patients' concerns and health come first. I acknowledge the Minister appreciates this point.

In the future, the great working relationship with the general practitioners must be continued as by using their common sense at all times, they do their best to get people the care they require while avoiding unnecessary admissions.

Acting Chairman (Deputy Olivia Mitchell): One minute remains to the Deputy.

Deputy Michael Healy-Rae: In that case, I must speed up. I have seen the health service from both sides because approximately 20 years ago, I was a long-term patient in hospitals and saw the great work that is done on a personal basis. Until the day I die, I will never be able to say enough good things for the people who were with me at that time. Accountability starts both at the bottom and the top and everyone must be accountable, including the Minister for Health. Massive sums of money are being spent on health and if at all possible, to save on the budget, efforts should be made to treat people at home. This is the reason I told the Taoiseach this morning of my horror that the grants available for disabled and elderly people in County Kerry have been slashed from €3.6 million last year to €1.4 million this year, which is a reduction of 50%. This may well lead to people who could have stayed at home on foot of the installation of downstairs bedrooms and bathrooms ending up by taking up room in a community hospital. Good oversight and good governance are important. I also compliment the SouthDoc service on its excellent work in my region, as well as all the other networks that perform similar functions throughout the country.

Acting Chairman (Deputy Olivia Mitchell): I thank the Deputy, that is grand.

Deputy Michael Healy-Rae: I wish the Minister well and welcome the fact he will join me in opening a new hospital in Kenmare in the near future and next year, a new 40-bed unit for psychiatric services in Killarney.

Acting Chairman (Deputy Olivia Mitchell): I understand Deputy Penrose is sharing time with Deputy Nolan.

Deputy Willie Penrose: Yes, I am sharing my time with Deputy Nolan.

Acting Chairman (Deputy Olivia Mitchell): The Deputies will have ten minutes each.

Deputy Willie Penrose: I am glad to have the opportunity to contribute today to this important debate on the Health Service Executive (Governance) Bill 2012. I am glad the Minister is present in the Chamber, as it shows the importance he attaches to trying to sort out this problem in a forward way.

Were I sitting in the Minister's seat today and taking account of the Government's efforts to set out a clear vision for the future of the health services and the fundamental and extremely important objective of ensuring greater accountability by the HSE to the Minister directly as Minister for Health and to his successors, I straight away would abolish and dissolve not just the board of the HSE. I would put in place a new streamlined governance structure, which basically would comprise directorates or heads, as the Minister has pointed out. I would abolish them straight away and would not have any interim steps, as I have good reason to have no confidence in the structure that has evolved and emerged since 2004, when the old health board structures were abolished. Many Members expressed their fears of what might emerge when this out-of-control bureaucratic labyrinthine structure was set in place and it gives me no pleasure to state their worst fears have been and are being confirmed. In effect, this was a pyramid of bureaucracy with well-paid managers put in place, all of whom were located well away from the local management sites in which they should have been placed, being based in Dublin, Naas or wherever. However, this structure was built in a pyramidal fashion upon the old health board management structure and, worst of all, effectively removed all decision-making functions and abilities from the local managers and administrators who always were best placed with intimate and detailed knowledge and who held the most ability to make critical and ongoing decisions at the level of the coalface, that is, right at the counter, face-to-face with the user or the customer of the service. Moreover, these decisions always were decisive and quick and notwithstanding the fact that one may not always have concurred with or liked all those decisions, nevertheless in general they were correct and one must acknowledge that. I reiterate they were decisive and correct and dealt with the problem there and then.

This clearly was the position during my almost 30 years of experience as a public representative when dealing with senior health board management officials in Longford, Mullingar or Tullamore. One had people who were familiar with the problems, backgrounds and circumstances, be they financial or relating to the health of a person involved, as well as the nature or degree of the emergency at issue. I pay tribute to these people, who epitomised everything one expects in public servants. They provided a top-class, efficient and effective public service. Moreover, it always was given with a smile, even if the decisions may well have been ones other than what the person who sought their help desired. I refer to people like the late Tommy O'Hara, a superb administrator with the Midland Health Board based in Mullingar. Similarly, Dorrie Mangan, Dick Stokes, Donie Murtagh, Derry O'Dwyer and Finbar Murphy - I could go on and on - all were extraordinary individuals who made thousands of decisions over the years in a highly efficient, productive, thoughtful and caring way, reflecting all that is good in respect of the ethos of public service and public servants. Moreover, they were aided and abetted by great assistance from their staff from the clerical officers right up through the ranks. However, I will cite an example of what the HSE then did in one area to which I also heard Deputy Healy Ray refer earlier, that is, the General Medical Services, GMS, and medical cards. The HSE took the processing away from this efficient form of local administration and centralised it at a post office address in Finglas - clearly removed from the people they needed to serve - thereby showing a disdainful disregard and disrespect for the people affected. This clearly was a retrograde step, which did not involve significant savings and which epitomised and encapsulates the reason the HSE has lost the confidence of the people and the broad mass of public represen-

tatives who come into contact with it.

In another example, people come to Members' clinics with various health issues, such as the need for urgent operations, dental or orthodontic issues in respect of young children, outcrops and everything else, schoolchildren under 14 years of age with significant dental problems and a host of other personal issues. If one raises such issues in the Dáil via parliamentary question, the Minister will reply to the effect it is a matter for the parliamentary division of the HSE to deal with and the Minister will refer it on. It is sent to the HSE, where it disappears into a black hole from which it may never emerge. Even if it does, the people may have borrowed money from the credit union - if they can get it now, given the new restrictions on them and on other financial institutions - or wherever and have the procedure carried out or they may have died in the interim. What kind of service is that?

In the good old days of the health boards, for all of their reputed faults and I agree it was necessary to have them upgraded, refurbished and brought into the modern era, they nevertheless still were highly efficient. One would have a reply within the week and could advise one's constituents accordingly. I would abolish this monster today and revert back to a system with an upgraded or modernised health board structure, which at least would have a local input and which would listen. What is wrong with politicians having an input, as well as various representatives of professional organisations and the staff? This is the way it was and in effect, Members had a representative role. People did not talk down to one, lecture one or make one feel like nobody. Above all, they had respect for one as a public representative. I have a sheaf of letters I could show the Minister that I sent to senior managers in the HSE, none of which were afforded the courtesy of a reply. I believe the biggest issue they had was wondering how I had got such accurate information. The Minister expects me on behalf of the constituents of Longford-Westmeath, whom I am proud to represent, to have any faith in this body. I have none whatsoever when I am treated in such a disrespectful fashion. I always personally reply to people who make the effort to contact me. It is a fundamental precept of courtesy and respect even if I disagree fundamentally with them.

How could I have confidence in a structure that so blatantly colluded in depriving MRH Mullingar, one of the top three hospitals in the country for the past decade in efficiency, effectiveness, throughput, output and outcomes, of its rightful share of funding and which engaged in spiriting it off to other hospitals. The executive is implementing a policy that is contrary to what the Minister has advocated - I have heard him say so at Cabinet - which is that the money will follow the patient where there is a clear and demonstrable increase in activity, effectiveness, quality, treatment and outputs. These parameters have all not only been achieved, but clearly exceeded in MRH Mullingar, which the Minister has acknowledged on radio and television, and that is why I have no belief in the HSE and I will continue to defy the Minister, no matter the intent of sections 5 and 6 and other amendments concerning the relationship between the HSE and the Minister and his successors. I wish him well in his ambition and I acknowledge he has put a great deal of thought into this. He will have my support to make HSE officials accountable, to make sure they reply to Members and to make sure the money follows the patients. That is the Minister's concept and that is what officials should ensure but I can give him examples where they do not do this and they refuse to reply. He will be aware of one or two examples. I do not spare the rod but I believe in being truthful; they do not. That is why I have no time for them.

The budget for MRH Mullingar was supposed to be €58 million in 2012 and the administrators spent €59 million. The budget has been reduced by another 4.4%, which means the num-

ber of people looked after has been reduced by more than 50. The hospital has lost 70 nurses with only 19 replaced, which means a net loss of 51. We have done our job. The accident and emergency department has experienced a 50% increase in clients, with people travelling from Roscommon, Leitrim and other areas. The acuteness of patients' conditions is also higher. Why did the HSE not give the hospital an additional allocation as it copes with a significant additional intake of such patients to ensure they are afforded the appropriate treatment they deserve? If the executive gave the hospital the amount it deserves, if only to provide limited accommodation for patients from outside its catchment area, there would not have been an overrun of €1 million in 2012. The overrun was clearly related to looking after people from other areas. It is clear from any objective analysis that the hospital was punished for being efficient whereas the opposite should have been the case.

This is why I look forward to the new hospital groups the Minister will announce shortly, which will see our excellent hospital grouped with the Mater hospital and St. Vincent's hospital in Dublin, two excellent hospitals. This is a clear recognition that MRH Mullingar will be the top hospital in north Leinster. If the Minister gives us a few additional resources, a major rehabilitation centre and approximately €30 million, which is required for new theatres and to refurbish current theatres, the excellent staff from consultants, doctors, nurses, paramedics to attendants will not let him down. They will deliver the next phase of the health reform programme he has planned in a positive and proactive way and we will play a constructive role in that.

Deputy Derek Nolan: Previous contributions, including the passionate contribution from Deputy Penrose, highlight that HSE is a damaged brand lacking credibility in which people have little faith. I do not say the organisation's staff are branded with that because anybody I talk to who has dealt with the health services speak highly of the staff they deal with. However, the organisation's bureaucratic structure, the way people interact with it and the way it operates infuriates people and is causing severe problems and issues for people across the country. That is why I welcome the Bill, which is a step in the right direction.

The Bill intends to be a step on the way to the UHI model. Of all the priorities in the programme for Government, our desire, intention and plan to introduce UHI and to finally take economics, ability to pay and personal circumstances out of access to health care is one of the reasons I support the Government so strongly. Anybody, regardless of their background or circumstances, will never have to worry about money in their pocket when accessing health care. If we achieve that during this term in government, we will have achieved something monumental. It is one of the issues on which I am particularly proud to support the Government.

There are a number of problems with the structure of the HSE, which were alluded to more eloquently by Deputy Penrose, but the accountability of expenditure is crucial. Earlier, I had a discussion with an official in HSE west about allocations for disability services. It is my understanding that a pot of money has been allocated for disability services nationally and the reduction of 1.2% in the allocation negotiated nationally is working its way down. However, the budget, as it has been allocated, is being interpreted differently in various HSE regions so much so that I still do not have a figure for the cutback in HSE west and it may differ from the percentage negotiated nationally. The concept of directorates, whereby the money will be disbursed to a single directorate and would mean, for example, the disability budget would go to the disability directorate, which would allocate and monitor the money to ensure value for money, is welcome. The HSE was a fake corporate veil. It was used to give the Minister the opportunity to say, "That is not my problem. That is for the HSE". It created an artificial

6 March 2013

wall between those responsible for the health service, which are public representatives and the Government, and the corporate entity at whose door we could lay accountability. That needs to change and this legislation is acknowledged by the Minister and his Department as a step along the way to the abolition of the HSE, which I welcome.

I refer to a positive development in the health service, for which I would like to give the Minister credit because he gets many knocks. He deserves credit for the way in which the health service in Galway has been transformed positively as part of the Galway and Roscommon hospital group. The new chief executive, Bill Maher, who came from St. Vincent's hospital, Dublin, and Tony Canavan, whom I know in Galway, are working hard to change the entire management concept of how the hospitals are run. They have a network of four hospitals Galway University Hospital, GUH, including Merlin Park, Portiuncula Hospital in Ballinasloe and Roscommon County Hospital and rather than saying every hospital has to provide every service, they have said GUH will be the acute centre, Merlin Park, the step down centre and the other two hospitals will be responsible for other functions. They are using their resources cleverly and properly, which is something we have not experienced previously. They are also introducing concepts, which anybody working in the private sector or cutting edge public service bodies knows should have been introduced a long time ago, such as key performance indicators, management plans, target and clinical director meetings where people administrating the service sit down with the staff and put plans together and follow through on them.

The people who are most impressed and heartened by this are the staff because they have worked for so long in a leaderless environment. To the shame of the previous Government, it was often said that GUH was the worst run hospital in the State but it is turning this perception around because it is putting in place a proper management plan and examining how it implements initiatives. The Government is only two years old but some of the changes that have been introduced in a short period have meant that, despite a massive increase in accident and emergency department activity - GUH has the second busiest such department in the State - trolley waiting times have reduced significantly. They have not been eliminated but they have been reduced and progress has been made. The hospital had one of the worst records for inpatient targets. It hit the nine-month target this year and is on course to meet the eight-month target in June 2013. There are 43,000 people on outpatient waiting lists. By simply going through them and analysing them, staff have taken 3,000 people off them.

Debate adjourned.

Topical Issue Matters

Acting Chairman (Deputy Olivia Mitchell): I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 27A and the name of the Member in each case: (1) Deputy Luke 'Ming' Flanagan - the future for Harristown House, Castlerea, County Roscommon; (2) Deputies Simon Harris, Andrew Doyle and Billy Timmins - the future of St Catherine's Special Needs Services, Newcastle, County Wicklow; (3) Deputy Jonathan O'Brien - the need to discuss the findings and recommendations of the report Fee Charging Schools - Analysis of Fee Income; (4) Deputy Thomas P. Broughan - the need to approve funding in respect of the Howth Sutton Community Council drugs and alcohol prevention and education project; (5) Deputy Marcella Corcoran Kennedy - the delays

in the Garda vetting process; (6) Deputy Maureen O'Sullivan - funding for community and residential mental health services since implementation of A Vision for Change; (7) Deputy Patrick O'Donovan - the need for the introduction of changes to the social welfare code that will allow for provision of social insurance cover for self-employed persons; (8) Deputy Dan Neville - the bypass for Adare, County Limerick; (9) Deputy Brian Stanley - the effects of cutbacks announced in recent budgets on disabled people as well as other incidental cuts; (10) Deputy Michael McCarthy - the need to award family income supplement to a person (details supplied) in County Cork; (11) Deputy Mary Lou McDonald - the need to urgently reinstate the child minding advisory officer posts withdrawn by the HSE across the country on 28 February 2013; (12) Deputy Joan Collins - the imminent closure of St. Catherine's Foyer CARA project in Dublin 8; (13) Deputy Peter Fitzpatrick - the reduction in Garda resources in the Dundalk district; (14) Deputy Michelle Mulherin - the need to direct EirGrid to implement "Smart Grid" technical solutions as a pilot project to stretch the network capacity and minimise constraints in north Mayo and to facilitate the number of wind and biomass electricity generating projects; (15) Deputy Jerry Buttimer - the diet of patients, and the nutritional and procurement policy of hospital groups; (16) Deputy Dessie Ellis - the need for measures to deal with street harassment particularly of a sexual or threatening nature levelled at women in public as highlighted by the global Hollaback movement; (17) Deputy Clare Daly - the contribution of Hugo Chávez; (18) Deputy Mick Wallace - the passing of Hugo Chávez; (19) Deputy Mattie McGrath - the need to rebalance Garda numbers within the Tipperary division; (20) Deputy Michael Moynihan - the need to ensure a viable future for the miscanthus industry by fully implementing the REFIT scheme; (21) Deputy Ann Phelan - the need to ensure, by way of additional legislation if necessary, an adequate quality of windscreens in vehicles; (22) Deputy Brendan Smith - the current status of planning for the Slane bypass, County Meath; and (23) Deputy Éamon Ó Cuív - last night's "Spotlight" programme on the role of the Department of Agriculture, Food and the Marine in the horsemeat controversy.

The matters raised by Deputies Anne Phelan; Maureen O'Sullivan; Simon Harris, Andrew Doyle and Billy Timmins; and Michael Moynihan have been selected for discussion.

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

Ceisteanna - Questions

Priority Questions

Garda Resources

1. **Deputy Niall Collins** asked the Minister for Justice and Equality the discussions he has held with the Garda Commissioner on the funding available for the Garda; the total number of gardaí he expects in the force by 2013, 2014 and 2015; and if he will make a statement on the matter. [11769/13]

6 March 2013

Minister for Justice and Equality (Deputy Alan Shatter) (Deputy Alan Shatter): I have regular discussions with the Garda Commissioner, including discussions on Garda resources. It goes without saying that no Minister would choose the appalling financial position in which I have had to operate. In that context, the legacy the previous Fianna Fáil-led Government bequeathed to me was a series of expenditure ceilings for the justice sector which, if applied, would have resulted in devastating cuts in Garda services which I, as Minister, would not and could not stand over.

The Fianna Fáil national recovery plan of November 2010 was unacceptable and would certainly have put the Garda Commissioner in an impossible position. Fortunately, I was able to secure additional funding over the three year period, from 2012 to 2014, to ensure the Garda Commissioner and Garda Síochána could continue to deliver an effective policing service. Specifically, I secured €2.243 billion for the justice sector for 2012, which was €118 million more than had been allocated by Fianna Fáil. For 2013, I secured funding of €2.2 billion, which was €191 million more than the Fianna Fáil allocation. For 2014, I secured €2.065 billion, which was €105 million more than the original Fianna Fáil allocation. Overall, had I not obtained this additional finance, the Garda would have stood to lose an average of €90 million each year under the Fianna Fáil plan for the years 2012 to 2014.

In 2013, the Garda financial allocation, which in gross terms amounts to more than €1.4 billion, is a substantial amount. I assure the Deputy and House that this allocation will be spent in the most effective way with the emphasis on the delivery of front-line services. In that general context, a budget of €5 million has been made available in 2013 for the purchase of additional Garda vehicles. The modernisation of the Garda fleet is a crucial part of supporting policing operations throughout the State.

Garda numbers have been reducing owing to the moratorium on recruitment introduced by the previous Government and the current strength is just under 13,400. My objective, despite the enormous financial issues facing the Government, is to ensure Garda numbers will not fall below 13,000 and I will bring relevant proposals to Cabinet in the coming weeks.

I am determined, as Minister for Justice and Equality, that the resources of the Garda Síochána will be used in the best, most effective and most efficient way possible. Overall, the primary Garda objective of combating crime will continue to be achieved. Despite the pressure on the public finances, it will be possible for the force to operate to the optimum benefit of our communities in a manner that will facilitate the prevention and detection of offences.

Deputy Niall Collins: The Minister appears to be content to remain hamstrung by what he perceives was agreed by the Fianna Fáil Party when it was in office previously. I listened this morning to the Tánaiste, Deputy Eamon Gilmore, as he tried, in self-congratulatory mode, to outline what the Government has achieved, or failed to achieve, in the past two years. Three times, the Tánaiste indicated the Government had renegotiated aspects of the agreement with the troika. The Minister does not appear to have renegotiated anything for the benefit of the Garda Síochána.

On 5 January last, Tom Brady reported in the *Irish Independent* that the Garda payroll budget was sufficient to pay only 12,000 Garda members. Similar reports by the same journalist featured in the same newspaper on 9 and 15 January. Given that Tom Brady does not make up his reports, there must be some substance to them.

I submitted a freedom of information request to the Department seeking copies of the documents that have passed between the Department and Garda Síochána on this matter. The former denied that the payroll budget allocated to the Garda was inadequate. My request was refused this week on the basis that access to the records concerned could, in the opinion of the head, reasonably be expected to disclose positions taken or to be taken or plans to be used or followed for the purpose of any negotiation to be carried out or being carried out. It is obvious that some form of negotiation is taking place between the Department and Garda Síochána. Does the Garda have an adequate payroll budget to pay the approximately 13,400 members of the force? Will the Department enter into negotiations with the Garda representative associations to reduce Garda numbers by as many as 1,400 members by offering a three year career break, as has been reported? The Department has denied this is the case, the Minister has not spoken on the issue and my freedom of information request has been refused. Will the Minister shed some light on this matter? When I raised the issue previously he was less than clear about what was the position.

Deputy Alan Shatter: The Deputy obviously has listening difficulties. He stated I appeared to be hamstrung-----

Deputy Niall Collins: Hang on a moment. The Minister should not personalise the issue.

An Ceann Comhairle: Deputy Collins must resume his seat.

Deputy Niall Collins: The Minister should address the issue.

An Ceann Comhairle: Resume your seat, Deputy.

Deputy Niall Collins: This is an immature failing on your part.

An Ceann Comhairle: The Deputy should show some manners in the House.

Deputy Niall Collins: The Minister should learn some manners.

An Ceann Comhairle: This is not a shouting match. The Deputy should resume his seat.

Deputy Niall Collins: I will do so.

Deputy Alan Shatter: The Deputy stated I appeared to be prepared to be hamstrung by Fianna Fáil's financial allocation.

Deputy Niall Collins: I stated the Minister was happy to be hamstrung.

An Ceann Comhairle: Resume your seat, Deputy, and stay quiet.

Deputy Alan Shatter: What the Deputy chose to ignore was that I explained I was not prepared to be hamstrung by Fianna Fáil's financial allocation.

Deputy Niall Collins: The Minister did not renegotiate anything.

Deputy Alan Shatter: We negotiated the financial figures and, as a consequence, I have an additional €90 million available, on average, in 2012, 2013 and 2014, respectively, to fund the Garda force. The Deputy should be clear that I was not prepared to be hamstrung in any shape or form by Fianna Fáil's failure to provide adequately for the funding of the Garda.

Deputy Niall Collins: The Minister is reducing Garda numbers to 12,000.

6 March 2013

Deputy Alan Shatter: I will not be put off by the Deputy shouting across the Chamber at me.

Deputy Niall Collins: It is as if the Minister did not engage in personal insults.

Deputy Alan Shatter: The hypocrisy in which he is engaging in trying to pretend that Fianna Fáil was not about to undermine the capacity of the Garda to-----

Deputy Niall Collins: The Minister is undermining the Garda by reducing its strength to 12,000.

Garda Remuneration

2. **Deputy Pádraig Mac Lochlainn** asked the Minister for Justice and Equality if he plans to meet with the representatives of Garda representative organisations in order to address their concerns; and if he will make a statement on the matter. [11758/13]

(Deputy Alan Shatter): I am always available to meet the Garda associations to discuss issues of concern, as is the Garda Commissioner. The Commissioner met the executive committees of all the representative bodies in recent days to discuss issues arising from the recent negotiations on extending the Croke Park agreement.

I am disappointed both the Garda Representative Association, GRA, and Association of Garda Sergeants and Inspectors, AGSI, chose not to participate in these negotiations which were facilitated by the Labour Relations Commission. This was the opportunity for the associations to raise issues of concern and put their point of view on how best savings could be achieved in the Garda Síochána. I understand that anything that impacts on the pay and-or conditions of their members is a matter of grave concern for the GRA, AGSI and every member of the force, but that is the case for all unions and associations. It would have been far better if both associations had stayed at the table, talked through these options and engaged in the process of negotiation.

It is not the case, as has been suggested, that the associations were in some way excluded from real negotiations. It is true they are not trade unions and are not, therefore, represented by the Irish Congress of Trade Unions. While this means there must be parallel negotiations with the associations, it does not make, nor would it have made, such negotiations any less real, and they have not been any less real in the past. Exactly the same position applied to the Defence Forces associations and they concluded a deal with their management counterparts which was facilitated by the Labour Relations Commission. Parallel negotiations were also conducted with the Prison Officers Association, even though they are represented by congress, because of the unique issues which arise in the Prison Service. No one is saying the prison officers were disadvantaged by such sectoral talks or that the Prison Officers Association was not serving the best interests of its members by remaining engaged in the talks.

The GRA and AGSI chose to leave this process. Despite repeated calls from the Taoiseach, myself and others, they refused to re-enter the talks where they may have shaped the outcome in the best interests of their members, as did other unions and associations.

Additional information not given on the floor of the House

In the words of the Garda Representative Association, “the GRA executive rejected all such proposals that included a cut in Garda pay and decided we would not participate in any process that proposed such cuts”. In the case of AGSI, its executive stated: “removing AGSI from the talks was in the best interest of members to protect core pay which includes allowances”. It is only in recent days that it has been suggested the associations were excluded from the talks.

Both the Commissioner and I are always available to engage in constructive and meaningful discussions on matters affecting members of the Garda Síochána. However, it must be clearly understood that any such engagement in the context of these proposals most certainly cannot be interpreted as representing an attempt to re-open negotiations on the proposals which emerged from the talks in Lansdowne House from which the AGSI and the GRA withdrew. Those proposals stand as they are.

I recognise the important role that members of the Garda Síochána play in society. It is especially praiseworthy that they have shown this dedication and commitment in these most difficult times. At an individual level, there have been pay reductions, and for the force in general there are constraints on its budget. I fully understand how difficult this is at an individual and operational level and I earnestly wish things were different. The Government’s aim in engaging in the negotiations was to achieve the necessary €1 billion in savings in the public sector payroll, to try to protect the basic pay of public servants at the lower end of the scale and to ensure an equitable contribution from all. We must cut our cloth to suit our measure and no sector of the public service can argue it is different from everybody else and the cuts cannot apply to them.

Deputy Pádraig Mac Lochlainn: The Minister was the Fine Gael spokesperson on justice a couple of years ago when he sat on this side of the Chamber. He would have asked the questions that I am asking and would have had contacts with the Garda Representative Association, GRA, and spoken to gardaí on the ground. He knows the type of relationship that Opposition spokespersons have with gardaí.

Ignoring the political football, there is a crisis of morale in the Garda. These negotiations were the final straw. Gardaí will see an 8% cut in their take-home pay. These are not premium payments. They work unsocial hours and often put themselves in danger to protect the public. We need the Minister to intervene. He needs to meet the GRA and the Association of Garda Sergeants and Inspectors, AGSI, to probe through the issues and determine whether there is any common ground on which their concerns can be addressed.

I will conclude on my next point, as I wish to ask a second question.

An Ceann Comhairle: Do, please.

Deputy Pádraig Mac Lochlainn: Will the Minister clarify the proposal on the five vans? Some 143 Garda stations have closed and there has been a significant reduction in the number of gardaí and vehicles. There are reports that many of those vehicles are not up to standard, yet the response is five vans. This demonstrates that someone at a high level is badly out of touch. Will the Minister address these two issues, please?

An Ceann Comhairle: Just over two minutes are remaining.

Deputy Alan Shatter: I have genuine concerns about the position in which members of the force now find themselves. I believe the force was very ill-served by the conduct of the GRA

6 March 2013

and the AGSI in stepping outside the talks. They had a very important contribution to make to shaping the outcome of those talks and to addressing specific issues that related to members of An Garda Síochána with which I am personally familiar. Unfortunately, the GRA and the AGSI took a different course. In the words of the GRA, “The GRA executive rejected all such proposals that included a cut in Garda pay, and decided we would not participate in any process that proposed such cuts”. It could have been involved in the talks but it chose not to be involved.

In the case of the AGSI, its executive stated that removal of the AGSI from the talks was in the best interests of members, namely, to protect core pay, including allowances. It was not. Rather, it was in the best interests of members that the AGSI engaged. Members of the Garda force should ask themselves whether the representative bodies of the Defence Forces engaged, whether the Prison Officers Association engaged, and whether those engagements achieved outcomes, which they did, that were sure to shape the architecture of what was agreed. Why did their representative bodies not make this contribution?

An Ceann Comhairle: We have just under one minute remaining.

Deputy Alan Shatter: It was only in later days that the suggestion was put forward that they had been excluded from the talks.

I want to say in direct response to the point raised by the Deputy that both the Commissioner and I are always available to engage in constructive and meaningful discussions on matters affecting members of An Garda Síochána. However, it must be clearly understood that, in any such engagement, the context of these proposals most certainly cannot be interpreted as representing an attempt to re-open negotiations on the proposals that emerged from the talks at Lansdowne House from which the AGSI and the GRA withdrew. These proposals stand as they are, but I totally acknowledge and recognise the important role played by members of the Garda force in our society. It is especially praiseworthy that they have shown dedication and commitment in these most difficult times. I know that, at an individual level and in the context of pay reductions, members of the force are finding this difficult.

An Ceann Comhairle: I am afraid that our time has concluded.

Deputy Alan Shatter: I understand those difficulties but similar difficulties are being experienced by people across the public service. They are unfortunately a consequence-----

An Ceann Comhairle: I am sorry, but we have gone over time for this question.

Deputy Alan Shatter: -----of the enormous financial difficulties with which the State is confronted.

Deputy Pádraig Mac Lochlainn: I will be brief.

An Ceann Comhairle: I am sorry, Deputy, but we have gone over time.

Deputy Pádraig Mac Lochlainn: I did not eat into my time.

An Ceann Comhairle: The four minutes for supplementary questions have concluded. I am sorry.

Deputy Pádraig Mac Lochlainn: I am respectful of the Ceann Comhairle’s steer, but I am losing-----

An Ceann Comhairle: I appreciate that, but I am only applying the rules. The Standing Orders have been changed. They have not been approved by the Dáil yet, but they have been brought to the Committee on Procedure and Privileges.

Deputy Pádraig Mac Lochlainn: I will revisit the matter later.

Deputy Alan Shatter: To be of help to the Deputy, we will have an opportunity to respond to his other questions later.

Deputy Pádraig Mac Lochlainn: Yes.

Garda Transport Data

3. **Deputy Catherine Murphy** asked the Minister for Justice and Equality if, in view of recent assurances that highly visible mobile Garda units will be deployed to cover wider geographic areas after station closures come into effect, he will explain the way this is intended to be facilitated in view of the existing wide disparity in the deployment of Garda vehicles and the shortage of vehicles in many parts of the country; and if he will make a statement on the matter. [11772/13]

Deputy Alan Shatter: The decision to close 100 Garda stations in 2013 was the result of a comprehensive operational assessment carried out by the Garda Commissioner over a 12-month period and proposed in the Commissioner's policing plan for 2013, which I laid before both Houses of the Oireachtas. The plan contained the Commissioner's proposals for the continued re-organisation and consolidation of the Garda station network. It is, of course, a matter for the Commissioner to put the necessary policing measures in place to take account of the closure of Garda stations.

In that context, the Garda authorities have indicated that, where stations have been closed in 2013, a comprehensive set of revised structures has been put in place. In particular, the Garda authorities have emphasised that the force is continuing to support the relevant communities through the clustering of services at policing hubs. This centralisation has facilitated the introduction of enhanced patrolling arrangements that, in turn, provide increased Garda visibility as well as maintaining existing links with communities, both rural and urban. The objective is to ensure that the best possible policing service will be made available to our communities. I should add that the closures yielded the freeing up of over 160 Garda members in 2012 for operational policing duties. Moreover, the Garda authorities have indicated that the consolidation measures for 2013 will result in an extra 61,000 Garda patrol hours. The overall result is that a very wide range of measures have been implemented to take account of the closure of stations and I am confident that, arising from the consolidation process which is taking place, An Garda Síochána will continue to provide a professional, efficient and effective service to communities throughout the country.

With regard to the provision and deployment of Garda vehicles, the Deputy will appreciate that decisions in these areas are a matter for the Garda Commissioner in the context of his identified operational demands and in the light of available resources. In that regard, the Deputy may be aware that currently the Garda authorities are rolling out a supply of 170 new vehicles, which have been procured by means of an additional allocation of €3 million that I made available in 2012. These vehicles are being deployed on the basis of operational needs, including

the revised policing arrangements for areas.

Additional information not given on the floor of the House

In addition, I am advised by the Garda authorities that the financial provision of €5 million in the Garda budget for the purchase and fit-out of Garda transport in 2013 will enable the Garda to obtain a significant number of new vehicles. Arrangements are being made to place the order for the new vehicles, which the Deputy can be assured will be deployed as effectively as possible in line with the Garda's operational requirements.

This represents a considerable financial investment in Garda transport, particularly at a time when the level of funding available across the public sector is severely limited. It is a clear indication of my commitment to ensure that, to the greatest extent possible, the Garda is provided with sufficient resources to enable it to provide an effective and efficient policing service.

Deputy Catherine Murphy: As I have pointed out to the Minister several times, there is not an even distribution of gardaí around the country. There are also wide differences in the ways Garda cars are deployed. I have asked for information on that matter a number of times, but the Minister keeps giving me the same answer, that being, he cannot tell me because he does not have a function in that regard. If he is going to close Garda stations and if we are to have so-called smarter policing, it is essential that cars be available.

I was particularly concerned when I read the comments made by the independently appointed head of the Garda Síochána Inspectorate, Mr. Robert Olson, this morning when he referred to the plan as a Band-Aid. I accept that the fleet was allowed to move away from a position of being renewed on an incremental basis. Many Garda vehicles are at the 300,000 km limit.

How can the Minister avoid the very circumstance that he claims smarter policing is supposed to prevent, namely, desk-bound gardaí, if Garda cars are not available to transport gardaí from hubs to remote areas? If a station's only car is lost, an entire peripheral area would not get the type of coverage he has described.

An Ceann Comhairle: I am sorry, but we are running out of time.

Deputy Catherine Murphy: How can this be avoided in the fleet's absence, particularly in areas that have lost police stations?

Deputy Alan Shatter: The Garda currently has 2,436 vehicles, which is roughly equivalent to the numbers it had in 2007 at the height of the Celtic tiger. An additional €5 million has been made available to it this year for the purchase of additional vehicles. Indeed, it may come to pass that if we can achieve the same effective financial approach to work in 2013 in my Department that we achieved in 2012, there will be some additional funding available for Garda vehicles when we come to the autumn.

There are substantial numbers of Garda vehicles but I am sure that the Deputy will appreciate that, under the Garda Síochána Acts, the operational decisions are made by the Garda Commissioner. When it comes to the allocation of members of the force to particular locations in the country and when it comes to the allocation of Garda cars, those decisions must be made on the basis of operational need. It is the Commissioner and those working under him who make those decisions. They do so in a manner that is also flexible because as the operational needs change, the allocation of members of the force to particular locations may change and the provi-

sion of vehicles may change. It is not the job and cannot be the role of the Minister for Justice and Equality to determine in what part of the country each Garda vehicle that is acquired should be located. That is simply not feasible.

Deputy Catherine Murphy: Reference was made to 100 cars in 2004. A significant number of those cars are close to the 300,000 km limit. I do not buy what the Minister said. I do not ask him to micro-manage but the regional approach to the deployment of Garda personnel is discriminatory in that what one has, one holds. I indicated to the Minister on numerous occasions that there are wide variations and they cannot be accounted for by low rates of crime because it is obvious that is not the case in some of the regions.

Garda Industrial Relations

4. **Deputy Niall Collins** asked the Minister for Justice and Equality the discussions he has had with the Garda representative bodies since 22 February 2013 in view of the withdrawal of co-operation of voluntary duties; the number of meetings; the issues discussed; and if he will make a statement on the matter. [11770/13]

(Deputy Alan Shatter): I have not met with any of the Garda representative bodies since 22 February 2013. The Garda Commissioner, whose function it is, under the Garda Síochána Act of 2005, to direct and control the Garda Síochána, has kept me fully briefed on developments as they arise in this particular matter. In fact, the Commissioner has recently met with the executive committees of all four of the Garda representative associations to discuss with them their concerns arising from the recent discussions on an extension of the Croke Park agreement.

While the withdrawal of voluntary service from non-public duty events is a regrettable and unfortunate development, I am informed by the Commissioner that an effective policing service continues to be provided right across our communities. Indeed, the recent successes of Operation Fiacla highlight the consequences of targeted, intelligence-led policing which has focused on the criminal activities of a minority in our society. I am confident that members of the force will continue, as they have for more than 90 years, to provide a professional policing service right across the country.

Deputy Niall Collins: It is well recognised both in this country and the world over that one should have a healthy tension between the Minister of the day and some of the agencies under his or her remit. Unfortunately, what we have at the moment is an unhealthy tension. All of the issues are in the public domain and have been well aired. We need political leadership to clear the air and get us back to a healthy situation in terms of the tension that should exist between the representative associations and the Minister.

Before the Croke Park II agreement was even published, the Minister and his colleagues were spinning the story that it was fair and proportionate and that the higher paid were taking the pay cuts. However, that is not the case. It was insulting not alone to public servants, but to the country as a whole to say that what was contained in the agreement was fair and proportionate before the detailed document was published.

I speak in the interests of restoring morale and goodwill. As the Minister and Members are aware, we rely on the goodwill of members of An Garda Síochána every single day of the week. They bring a level of dedication to their job that goes far above the call of public service

6 March 2013

and public duty. They are effectively on duty on a 24-7 basis. Any garda who is worth his or her salt, which is the case with the vast majority of them, give such dedication to the job. The Minister said he was in touch with the representative associations on 22 February.

Deputy Alan Shatter: I did not say that.

Deputy Niall Collins: Is that what the Minister said?

Deputy Alan Shatter: No, I said I have not met any of them since 22 February.

An Ceann Comhairle: There is a time constraint.

Deputy Niall Collins: Will the Minister initiate contact with the representative associations in order to clear the air? Morale and goodwill are intangible. One cannot quantify them financially or numerically. It is important to the policing function that is provided in this country. I say that constructively.

Deputy Alan Shatter: I am conscious that there has always been some degree of tension between whoever is Minister for justice of the day and the Garda representative bodies. Personally, I do not take that aspect of matters seriously. What I do take seriously is that the gardaí do their work well, which is the case, and that I do what I can to be supportive of them in the work they do. That is why I was so disappointed that the two Garda organisations withdrew from the talks process, failed to engage constructively, failed to set out through the aegis of the Labour Relations Commission and its good offices issues of genuine concern to members of the force and failed to do what was necessary to moderate the outcome of negotiations so as to shape them in a manner that may have addressed issues that they believe should have been addressed.

I was not the person during the course of the talks who said anything untoward or to cause upset or distress. I constantly urged both bodies to engage in the talks. I did not respond to some personal abuse and criticism that was voiced at me by members of both associations during the weeks leading to the outcome of the talks. The Deputy can check the record. All he will discover is that I engaged in a number of broadcasts and made a number of statements in the print media urging that the representative associations engage, participate and address the concerns of their members. It is a bitter disappointment to me that they chose not to do so. It is disingenuous that both bodies are now making a presentation to their members to mislead them into believing that they could not have participated because that is far from the truth.

I repeat again what I said earlier, which is that I am always available to meet with the representative bodies to discuss issues of concern to them, but what I cannot do in any such discussions is re-open in any shape or form the outcome of the negotiations that were completed in Lansdowne House in which a number of trade unions and representative bodies fully participated and which have produced an outcome that must now be voted upon by the members of various unions and by those whom the bodies represent. As to whether I will meet with bodies, of course I will. I met with the Association of Garda Sergeants and Inspectors, AGSI, in the late autumn. I do not have the date on my file. Had the Garda Representative Association, GRA, been willing to meet with me I would have met it in the autumn period as well.

An Ceann Comhairle: I am afraid the time has expired.

Deputy Alan Shatter: That is all I can do. My door is always open to meet and discuss issues but in the context of those coming through the door I cannot renegotiate the outcome of

the talks.

Garda Complaints Procedures

5. **Deputy Mick Wallace** asked the Minister for Justice and Equality the number of complaints received by the Garda Síochána Ombudsman Commission since its inception in 2007; the number of these complaints submitted for investigation; the number of cases which resulted in criminal prosecutions; the number of cases which resulted in disciplinary processes against individual members of An Garda Síochána; if he will indicate if he is satisfied that the Ombudsman Commission provides sufficient independent oversight of An Garda Síochána; and if he will make a statement on the matter. [11851/13]

(Deputy Alan Shatter): The Garda Síochána Ombudsman Commission commenced operations in May 2007. From May 2007 to the end of January 2013 the Garda Síochána Ombudsman Commission has received 13,673 complaints of which 7,718 were deemed to be admissible in accordance with the provisions of the Act of 2005. During this period the ombudsman advised that the commission referred 149 cases to the Office of the Director of Public Prosecutions which has directed prosecutions in relation to 41 of these cases.

The application of discipline to members of the Garda Síochána is the responsibility of the Garda Commissioner. The information on the number of complaints to the Garda Síochána Ombudsman Commission under the 2005 Act which resulted in the imposition of disciplinary processes against individual members of the Garda Síochána has been requested from the Commissioner but was not available for today's answer. I will revert separately to the Deputy in this regard when the information is to hand.

The Garda Síochána Ombudsman Commission is an independent body established under the Garda Síochána Act 2005. While funding for the ombudsman commission is channelled through my Department, as the Minister for Justice and Equality, I have no function in relation to the processing of individual complaints which are referred to the commission for investigation. The commissioners are nominated by the Government and appointed under presidential warrant following the passage of resolutions by both Houses recommending their appointment.

I am satisfied that the Garda Síochána Ombudsman Commission has been provided with appropriate powers under the 2005 Act to ensure independent oversight of the Garda Síochána and that it has effectively discharged its functions to date.

Deputy Mick Wallace: The Minister referred to the Garda Síochána Act 2005. The objectives of the commission were set out as being to establish a system for dealing with complaints that is efficient, effective and fair to all concerned, and, second, to promote public confidence in the system. Does the Minister admit that the recent comments of the UN rapporteur following her visit in November 2012 demonstrate that the institution of the ombudsman has failed to achieve both of those objectives?

3 o'clock There were over 13,000 complaints but only 149 of those were referred to the DPP, which does not seem like a great turnover. The UN human rights report expressed concerns over the excessive dependence by the Garda Síochána Ombudsman Commission on the Department of Justice and Equality. The rapporteur called for the creation of an entirely independent Garda ombudsman. The type of over-reliance on the Department of Justice and Equality referred to

6 March 2013

by the rapporteur was demonstrated recently when the Minister refused to order an ombudsman inquiry, under section 106, into the penalty points controversy, leaving the hands of the ombudsman tied. In that context, does the Minister have a date for the completion of the internal inquiry into that issue? We have been receiving reports that the Assistant Commissioner who is carrying out the investigation into the penalty points controversy is retrospectively trying to legitimise the malpractice that was rampant among senior gardaí. I am very worried about the transparency and accountability in this regard, especially given the fact that the Commissioner himself has pretty much rubbished the whole exercise.

I would be very surprised if the Minister could say that he is very happy with the functioning of the ombudsman's office. There are about 80 people working in the commission, occupying three different premises in the country. The commission is very costly but we are not really getting much bang for our buck. Does the Minister agree?

Deputy Alan Shatter: The Deputy managed, during the course of those questions, to make a variety of allegations against a variety of people, all of which were incorrect. The first allegation he made was that the Garda Commissioner has sought to rubbish the inquiry into ticket charges. I am not aware that the Commissioner has done that. I am aware that he is taking the matter very seriously and has required that it be fully investigated. In reply to the Deputy, I expect during the course of this month to receive the outcome of that investigation and I intend to publish it. That is the position in that regard.

The Deputy has made an allegation against another member of the force and said that he is trying to retrospectively justify what he refers to as unlawful conduct. I have no information to that effect but if the Deputy has such information, perhaps he will set it out in writing and furnish it to me, telling me on what basis he is making that allegation. It is unfortunate that a Member of this House should use the House to make allegations against individuals who are not in a position to respond.

As the Deputy knows, under the Garda Síochána Act 2005, the Garda Síochána Ombudsman Commission is independent and is not dependent on me, as Minister. Any individual can make a complaint to the commission, which will then independently determine whether there is *prima facie* basis for investigating a complaint and will then determine that an investigation, if appropriate, takes place. I have no hand, act or part in that determination and the Deputy is well aware of that. I cannot comment on what it is reported some UN rapporteur has said, given the manner in which it is quoted by the Deputy. However, in so far as anyone has reached a conclusion that the Garda Síochána Ombudsman Commission is not independent, he or she has clearly not read the legislation and does not know the manner in which the commission operates. Clearly, it would be completely inappropriate if I, as Minister, was in a position to interfere in any investigation that it undertakes.

An Ceann Comhairle: The time has run out.

Deputy Mick Wallace: If I may respond ---

An Ceann Comhairle: We are out of time. I gave the Deputy a warning that we were running out of time. I am only applying the rules here.

Dáil Éireann
Other Questions

Criminal Legal Aid

6. **Deputy Seamus Kirk** asked the Minister for Justice and Equality his plans, if any, for the reform of the free legal aid scheme; and if he will make a statement on the matter. [11672/13]

(Deputy Alan Shatter): The current legislation governing the criminal legal aid scheme is the Criminal Justice (Legal Aid) Act 1962 and a series of regulations made thereunder. The Act provides that an applicant for criminal legal aid must establish to the satisfaction of the court that his or her means are insufficient to enable him or her to pay for legal representation him or herself. The Court must also be satisfied that by reason of the gravity of the charge or exceptional circumstances, it is essential in the interests of justice that the applicant should have legal aid. The constitutional right to legal aid was established in 1976 in the *Healy v. Donoghue* case. In addition, Article 6(3)(c) of the European Convention on Human Rights provides that every person charged with a criminal offence is entitled to defend him or herself in person or through legal assistance of his or her own choosing or, if he or she has insufficient means to pay for legal assistance, to be given it free when the interests of justice so require.

A new criminal legal aid Bill is planned to update and strengthen the system of granting legal aid including transferring responsibility for the administration of the scheme to the Legal Aid Board. Consideration is being given to including in the Bill provisions to, *inter alia*, regulate better the taking of statements of means, increase the sanction for false declarations, allow the board to verify the means of applicants and to prosecute cases of abuse. Provision to give power to the Legal Aid Board to recover the costs of criminal legal aid or to make application to a court to revoke a criminal legal aid certificate are also under consideration. These provisions must have regard to a person's rights to the presumption of innocence, to a fair trial and to be given legal aid, where appropriate. I hope it will be possible to publish the Bill during the course of this year.

An Ceann Comhairle: As we are no longer dealing with Priority Questions, I remind Deputies that there is a one minute limit in respect of supplementary questions and replies to same.

Deputy Niall Collins: We would all agree with what the Minister has just said in terms of people being entitled to the presumption of innocence and to a fair trial. That is a cornerstone of our criminal justice system. However, an issue which arises time and again and which grates with the public, as the Minister is well aware, is that of serial re-offenders who are availing of the free legal aid system. The point is regularly made that these people make no contribution whatsoever. Perhaps that is a failure of the means test within the system. It has been pointed out by the public, quite rightly, that the local property tax can be collected directly by the Revenue Commissioners. Revenue can access people's employers or their bank accounts to collect the property tax but, at the same time, the recovery of money for the subscription towards free legal aid does not seem to be possible. This issue must be addressed because the wider public is hugely concerned about this.

When does the Minister hope to introduce the proposed legislation? Will the heads of a Bill be published before the Committee Stage debate?

An Ceann Comhairle: I will allow Deputy O'Donovan to ask a quick supplementary ques-

tion before the Minister replies.

Deputy Patrick O'Donovan: According to the Minister's reply to a question I tabled last September on criminal legal aid in 2011, 148 practitioners were paid a minimum of €100,000 each, out of a total of 1,565 practitioners, which would equate to about 26% of the total budget of €56 million. This is based on the assumption that they each only received €100,000 although I presume some would have received more than that sum. In the context of the promised legislation, will the Minister look at the costs associated with the free legal aid scheme? A budget of €56.1 million is quite considerable and 148 practitioners received €14.8 million between them, which is a lot of money in these times.

Deputy Alan Shatter: Just to take the last question first, as the Deputy may recall, we reduced the fees payable under the criminal legal aid scheme on two occasions since we have been in office. The effect of that was that considerable savings were made last year. The out-turn for 2012, which is to be finally confirmed, was that the cost of the legal aid scheme fell to €50 million, representing a saving of some €6 million over the preceding year. I would stress that this is a tentative figure. I will have the definitive figure very shortly and will forward it to the Deputy then.

The reality is that under Irish Statute, our Constitution and the European Convention, people have a right to legal aid and a right to be represented in circumstances where they cannot afford to pay their own legal fees. It is inevitable that there are number of law firms and counsel who would earn substantial fees under the scheme because they are specialists in criminal law, are part of the panel system and because of the volume of people they represent.

Garda Deployment

7. **Deputy Pearse Doherty** asked the Minister for Justice and Equality the number of Garda personnel whose specific role is the detection of crime, on a district basis for the years 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012. [11571/13]

12. **Deputy Pearse Doherty** asked the Minister for Justice and Equality the number of dedicated drug units operational in An Garda Síochána on a division by division basis for the years 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012. [11572/13]

Deputy Alan Shatter: I propose to take Questions Nos. 7 and 12 together.

All gardaí have a responsibility in the prevention and detection of criminal activity whether it be in the area of burglary, drug offences or otherwise. Specifically with regard to drugs, I can assure the Deputy that An Garda Síochána continues to proactively and resolutely tackle all forms of drug crime in this jurisdiction. The Garda national drugs unit works closely with dedicated divisional and district drug units and other national units, including the organised crime unit, as well as the Criminal Assets Bureau in targeting persons involved in the illicit sale and supply of drugs.

Regarding levels of crime across the country, the crime statistics for the 12 months ending on 30 September 2012 indicate reductions in 12 of the 14 crime groups. Crimes against the person, including homicide offences, are down 17.9%; sexual offences are down 0.7%; and assault and related offences are down 9.5%. Public order and damage to property offences are

also down by 12% and 9.3% respectively, with drug offences down 7.1% and weapons and explosives offences down 17.4%. Burglaries, however, increased by 7.9% during the period. On the particular issue of burglaries, last year the Commissioner launched Operation Fiacla and as of the end of February 2013, 4,226 persons have been arrested and 2,327 persons have been charged under this operation.

The two separate tables show the strengths of the divisional drugs units at the end of each year from 2009 onwards and the Garda strength on a district basis from 2005 to 2012. Deputies will find that interesting. Details of the strengths of the divisional drugs units from 2005 to 2008, inclusive, are not readily available.

Divisional Drugs Units 2009-2012

Division	2009	2010	2011	2012
DMR South Central	18	19	16	13
DMR North Central	16	15	18	20
DMR North	31	34	21	31
DMR East	9	30	15	13
DMR South	26	11	31	30
DMR West	35	26	35	28
DMR NSS	0	0	2	6
Waterford	12	12	10	10
Wexford	12	12	11	6
Kilkenny/Carlow	8	11	8	7
Tipperary	10	10	9	8
Cork City	25	27	24	26
Cork North	8	9	7	9
Cork West	5	6	7	5
Kerry	11	10	10	6
Limerick	19	22	20	12
Donegal	10	8	12	10
Cavan/Monaghan	10	11	8	5
Sligo/Leitrim	8	2	7	8
Louth	6	7	6	7
Clare	8	9	9	7
Mayo	6	7	5	5
Galway	13	12	12	11
Roscommon/Longford	8	7	7	6
Westmeath	7	9	9	7
Meath	10	10	7	6
Kildare	5	6	7	2
Laois/Offaly	10	13	6	3
Wicklow	11	11	11	3
TOTAL	357	378	361	310

Statistics 2005-2008

Region/Division/District	Strength 31/12/05	Strength 31/12/06	Strength 31/12/07
D.M.R. South Central			
District "A"			
Kevin St.	122	127	139
Kilmainham	81	87	87
District "B"			

6 March 2013

Pearse St	253	260	268
Harcourt Tce.	74	85	87
District "E"			
Donnybrook	121	125	136
Irishtown	56	54	56
TOTAL	707	738	773
D.M.R. North Central			
District "C"			
Store St.	271	281	296
District "D"			
Bridewell	162	165	180
Fixed Penalty Office		6	2
District "U"			
Fitzgibbon St.	119	118	117
Mountjoy	90	92	99
TOTAL	642	662	694
D.M.R. South			
District "G"			
Crumlin	87	98	108
Sundrive Rd.	65	73	78
District "M"			
Rathfarnham	70	72	80
Tallaght	167	178	181
District "P"			
Rathmines	70	76	75
Terenure	97	98	101
TOTAL	556	595	623
D.M.R. North			
District "H"			
Santry	119	130	121
Whitehall	34	40	48
Ballymun	62	56	75
Dublin Airport	21	21	21
District "R"			
Coolock	88	98	117
Malahide	40	45	46
Swords	65	68	79
District "J"			
Raheny	59	69	68
Clontarf	63	71	71
Howth	49	42	42
District "Y"			
Balbriggan	32	32	50
Skerries	10	11	11
Lusk	4	4	3
Rush	6	7	6
Garristown	3	3	3
TOTAL	600	640	761
D.M.R. West			
District "K"			
Blanchardstown	167	174	180
Cabra	69	68	71
Finglas	76	87	97
District "Q"			
Lucan	68	70	84

Dáil Éireann

Leixlip	25	25	24
Ronanstown	88	92	87
District "L"			
Ballyfermot	80	88	87
Clondalkin	81	92	104
Rathcoole	25	23	24
TOTAL	679	719	758
D.M.R.East			
District "F"			
Dun Laoghaire	99	96	109
Dalkey	26	26	32
Kill-O-Grange	33	35	33
Cabinteeley	39	38	36
District "N"			
Bray	88	103	103
Enniskerry	5	5	7
Shankhill	60	63	62
Greystones	29	35	42
District "W"			
Blackrock	75	79	83
Dundrum	75	76	79
Stepaside	29	35	32
TOTAL	558	591	618
Eastern Region			
Louth/Meath			
District: Drogheda			
Drogheda	93	93	97
Castlebellingham	4	4	3
Clougherhead	1	2	2
Dunleer	4	4	4
Laytown	8	10	12
District: Dundalk			
Dundalk	101	109	115
Carlingford	3	3	3
Hackballscross	12	11	11
Dromad	9	7	7
Omeath	10	7	5
Louth	2	2	2
Blackrock	5	5	4
District: Kells			
Kells	32	37	45
Crossakeel	0	0	0
Athboy	6	6	6
Oldcastle	3	4	4
Nobber	3	3	3
District: Trim			
Trim	23	25	30
Kilmessan	0	0	1
Summerhill	2	1	2
Longwood	1	2	1
Enfield	13	14	12
Ballivor	2	2	3
District: Ashbourne			
Ashbourne	37	49	44
Dunboyne	14	14	16

6 March 2013

Dunshaughlin	9	9	21
Kilcock	5	5	5
District: Navan			
Navan	45	48	57
Ardee	10	9	9
Collon	2	2	2
Duleek	3	3	3
Slane	4	3	4
TOTAL	466	493	533
Carlow/Kildare			
District: Naas			
Naas	80	89	98
Celbridge	19	20	21
Clane	5	8	7
Kill	3	3	3
Maynooth	15	17	16
District: Kildare			
Kildare	26	31	30
Robertstown	3	3	5
Kilcullen	3	3	4
Monasterevan	3	3	5
Newbridge	32	33	33
Rathangan	3	2	4
Carbury/Derrinturn	2	2	4
District: Carlow			
Carlow	54	60	71
Leighlinbridge	1	1	1
Ballon	1	1	1
Myshall	1	1	1
Muinebheag	6	7	10
Athy	18	19	18
Castledermot	2	2	2
District: Baltinglass			
Baltinglass	23	24	30
Blessington	14	18	16
Dunlavin	1	1	1
Hollywood	1	1	1
Donard	0	1	1
Shillelagh	1	1	1
Tinahely	2	2	2
Hacketstown	1	2	2
Rathvilly	1	1	1
Ballymore Eustace	0	1	1
Tullow	9	9	11
Ballytore	1	1	1
TOTAL	331	367	402
Laois/Offaly			
District: Portlaoise			
Portlaoise	98	103	106
Mountmellick	6	6	6
Mountrath	3	4	4
Portarlinton	11	9	11
Stradbally	2	2	2
Clonaslee	3	3	1
District: Abbeyleix			

Dáil Éireann

Abbeyleix	25	23	29
Ballacolla	1	1	1
Durrow	2	2	2
Rathdowney	3	4	4
Ballylinan	4	4	4
Arles	1	1	1
Ballinakill	1	1	1
Borris-On-Ossory	2	2	2
District: Birr			
Birr	27	25	24
Banagher	5	5	6
Cloghan	1	1	1
Ferbane	5	5	5
Kilcormac	2	2	2
Kinnitty	2	2	2
Shinrone	1	1	2
Shannonbridge	1	1	1
Lorrha	1	1	2
District: Tullamore			
Tullamore	48	58	68
Clara	5	5	6
Clonbologue	1	1	1
Daingean	3	3	3
Edenderry	13	13	12
Rhode	1	2	2
Geashill	1	1	1
TOTAL	279	291	312
Longford/Westmeath			
District: Mullingar			
Mullingar	71	87	100
Killucan	2	2	3
Kinnegad	6	7	7
Rochfortbridge	4	4	4
Castletowngeoghegan	1	1	1
Delvin	3	2	4
District: Athlone			
Athlone	48	53	61
Ballinahown	1	1	1
Ballymore	2	1	1
Glasson	1	1	1
Kilbeggan	3	2	3
Moate	4	5	12
Ballymahon	3	4	5
District: Longford			
Longford	44	52	60
Ardagh	1	1	1
Drumlish	1	1	1
Kenagh	1	1	1
Newtowncashel	1	1	1
Lanesboro	6	7	7
Tarmonbarry	1	1	1
District: Granard			
Granard	30	30	30
Ballinallee	1	1	1
Edgeworthstown	5	5	4

6 March 2013

Smear	1	1	1
Ballynacargy	2	2	2
Castlepollard	3	3	3
Multyfarnham	1	1	1
Rathowen	1	1	1
TOTAL	248	278	318
South Eastern Region			
Wicklow/Wexford			
District: Wexford			
Wexford	72	83	88
Taghmon	3	3	3
Baldwinstown	1	1	1
Castlebridge	1	1	1
Kilmore Quay	2	2	2
Glynn	1	1	1
Rosslare Strand	2	3	3
Rosslare Pier	8	7	5
District: Gorey			
Gorey	39	45	48
Bunclody	5	6	6
Courtown Harbour	4	4	4
Arklow	30	31	31
Carnew	2	1	1
District: Enniscorthy			
Enniscorthy	32	34	37
Blackwater	6	6	6
Ferns	2	2	2
Kiltealy	1	1	1
Oylegate	1	1	1
Oulart	1	1	1
Clonroche	2	2	2
District: New Ross			
New Ross	33	37	40
Ballycullane	1	2	2
Carrick-On-Bannow	2	2	2
Duncannon	3	3	3
Carrickbyrne	2	2	2
Campile	2	2	2
District: Wicklow			
Wicklow	36	44	49
Ashford	3	3	7
Rathdrum	3	3	3
Newtownmountkennedy	2	2	1
Avoca	3	3	3
Roundwood	5	4	5
Aughrim	2	2	2
TOTAL	312	344	365
Waterford/Kilkenny			
District: Waterford			
Waterford	134	149	161
Dunmore East	3	3	3
Ferrybank	6	4	4
Passage East	1	1	1
Mooncoin	2	2	2
Glenmore	0	1	1

Dáil Éireann

Kilmacow	1	1	1
District: Dungarvan			
Dungarvan	33	39	45
Cappoquin	2	2	2
Tallow	3	3	3
Ballymacarberry	2	2	2
Aglish	1	1	1
Ring	2	2	2
Lismore	4	4	5
District: Tramore			
Tramore	31	34	35
Kill	1	1	1
Kilmacthomas	4	4	4
Kilmeaden	2	1	2
Portlaw	2	2	3
Rathgormack	1	1	1
Leamybrien	1	1	1
District: Kilkenny			
Kilkenny	61	72	97
Freshford	1	1	1
Callan	4	4	4
Castlecomer	6	7	4
Ballyragget	1	1	1
District: Thomastown			
Thomastown	20	21	26
Goresbridge	0	1	1
Bennetsbridge	1	1	1
Graiguenamanagh	6	7	6
Stonyford	1	1	1
Ballyhale	1	1	1
Inistioge	1	1	1
Kilmoganny	1	1	1
Mullinavat	1	1	1
Borris	2	2	2
TOTAL	343	380	428
Tipperary			
District: Thurles			
Thurles	67	65	70
Ballingarry South	1	1	1
Holycross	1	1	1
Killenaule	2	2	2
Ballinure	0	0	0
Johnstown	1	2	1
Urlingford	2	1	2
Littleton	1	4	1
G.C.V.U.	N/A	4	5
District: Clonmel			
Clonmel	41	48	51
Kilsheelan	1	1	1
Mullinahone	2	2	2
Grangemockler	1	1	1
Fethard	2	1	2
Carrick-On-Suir	16	16	15
Piltown	2	2	2
District: Cahir			

6 March 2013

Cahir	27	36	40
Ardfinnan	1	1	2
Ballyporeen	1	1	1
New Inn	1	1	1
Cashel	14	13	12
Clogheen	1	1	1
District: Nenagh			
Nenagh	30	33	37
Ballingarry North	0	0	0
Borrisokane	4	4	3
Cloughjordan	1	1	1
Dolla	1	1	1
Portroe	2	2	2
Toomevara	2	2	2
Terryglass/Ballinderry	1	1	1
District: Templemore			
Templemore	24	27	34
Templetuohy	1	1	1
Roscrea	19	19	20
Moyne	2	2	2
Templederry	1	1	0
Borrisoleigh	1	1	1
Shevry	1	0	0
Moneygall	1	1	1
District: Tipperary Town			
Tipperary Town	30	32	32
Dundrum	1	1	1
Emly	1	1	1
Golden	1	1	1
Cappawhite	1	2	2
Bansha	1	1	1
Oola	1	1	1
Doon	1	1	1
Galbally	1	1	1
TOTAL	314	341	361
Southern Region			
Cork City			
District: Anglesea Street			
Anglesea Street	224	239	255
Barrack Street	20	20	25
Bridewell	23	22	22
Blackrock	32	28	33
District: Gurrabraher			
Gurrabraher	51	55	51
Blarney	15	15	15
Ballincollig	21	21	22
Rathduff	2	2	2
District: Mayfield			
Mayfield	45	41	46
McCurtain Street	0	0	0
Watercourse Road	52	61	55
Mallow Road	5	4	4
District: Togher			
Togher	59	55	53
Douglas	22	23	23

Dáil Éireann

Bishopstown	23	24	24
Carrigaline	17	20	19
Passage West	5	5	4
Crosshaven	3	3	3
TOTAL	619	638	656
Cork North			
District: Fermoy			
Fermoy	46	55	59
Mitchelstown	17	19	20
Ballynoe	1	1	1
Kilworth	1	1	1
Kildorrery	1	1	1
Castletownroche	2	2	2
Rathcormack	2	2	1
Ballyduff	1	1	2
District: Cobh			
Cobh	27	28	33
Carrig na Bhfear	3	2	1
Carrigtwohill	3	3	3
Glanmire	19	20	17
Watergrasshill	1	1	1
Glenville	1	1	1
District: Midleton			
Midleton	40	45	49
Ardmore	1	1	1
Ballycotton	2	1	1
Cloyne	0	1	1
Youghal	18	18	22
Whitegate	1	1	1
Killeagh	2	2	2
District: Mallow			
Mallow	32	34	44
Buttevant	3	2	2
Doneraile	1	1	1
Milford	6	3	1
Charleville	14	14	15
Glantane	1	1	1
Liscarroll	1	1	1
TOTAL	247	262	285
Cork West			
District: Bandon			
Bandon	64	76	87
Ballineen	2	1	1
Ballinhassig	2	2	2
Ballinspittle	1	0	0
Ballyfeard	1	1	1
Innishannon	1	1	0
Kilbrittan	1	1	1
Kinsale	14	14	15
Timoleague	1	1	1
District: Bantry			
Bantry	26	30	34
Adrigole	1	0	1
Ballydehob	1	1	1
Castletownbere	5	2	4

6 March 2013

Drimoleague	1	1	1
Durrus	1	1	1
Glengarrif	2	1	1
Goleen	1	1	1
Kealkil	1	1	1
Schull	3	3	4
District: Clonakilty			
Clonakilty	23	24	27
Ballygurteen	0	0	0
Baltimore	0	0	1
Castletownsend	1	1	1
Drinagh	0	0	0
Dunmanway	7	7	9
Roscarbery	2	2	2
Skibereen	10	10	9
District: Kanturk			
Kanturk	24	25	28
Ballydesmond	1	1	0
Boherbue	1	1	1
Knocknagree	1	1	1
Meelin	1	1	1
Millstreet	8	8	9
Newmarket	4	4	4
Rathmore	1	1	1
District: Macroom			
Macroom	25	27	30
Ballingeary	1	1	1
Ballyvourney	2	2	2
Coachford	2	2	2
Crookstown	5	5	6
Inchigeela	1	1	1
Stuake	1	1	1
Tarelton	1	1	1
TOTAL	251	264	295
Kerry			
District: Tralee			
Tralee	89	98	109
Ardfert	2	3	3
Fenit	0	1	1
Abbeydorney	1	1	0
Dingle	9	8	9
Clochan	1	1	1
Castlegregory	2	2	2
Annascaul	1	1	1
Ballyferriter	0	1	1
Camp	1	1	1
District: Caherciveen			
Caherciveen	21	23	23
Ballinskelligs	1	1	1
Valentia Island	1	1	1
Glenbeigh	2	2	2
Portmagee	1	1	1
Killorglin	10	10	10
Waterville	2	2	2
Sneem	2	2	2

Dáil Éireann

Castlemaine	1	1	1
District: Killarney			
Killarney	49	58	66
Kilgarvan	1	1	1
Kenmare	7	8	8
Castleisland	9	11	11
Farranfore	2	2	2
Barraduff	1	1	1
Beaufort	1	1	1
Lauragh	1	1	1
District: Listowel			
Listowel	29	32	37
Ballyheigue	2	2	2
Ballylongford	1	1	1
Ballyunion	7	8	8
Ballyduff	2	2	1
Brosna	1	1	1
Knocknagoshall	1	1	1
Lixnaw	1	1	1
Moyvane	2	2	2
Tarbert	2	2	2
TOTAL	266	295	318
Limerick			
District: Henry Street			
Henry St	191	212	226
Mary St	4	4	14
Castleconnell	4	5	5
Ardnacrusha	3	4	4
Mayorstone Pk.	49	60	81
District: Roxboro Road			
Roxboro Rd	99	105	127
Patrickswell	3	3	3
Ballyneety	2	2	2
Caherconlish	1	2	2
District: Askeaton			
Askeaton	22	24	22
Adare	3	3	3
Pallaskenry	2	2	2
Croom	4	4	4
Foynes	3	2	2
Glin	1	1	1
Shanagolden	1	1	1
Rathkeale	6	6	6
District: Bruff			
Bruff	21	25	25
Kilfinane	2	1	1
Ballylanders	1	1	1
Hospital	3	2	2
Bruree	1	1	1
Kilmallock	5	5	3
Pallas	4	3	3
Cappamore	3	3	3
Murroe	1	2	2
District: Newcastlewest			
Drumcollogher	2	2	2

6 March 2013

Newcastlewest	27	29	29
Abbeyfeale	12	13	11
Ballingarry	1	1	1
Tournafulla	1	1	1
Athea	1	1	1
Kilmeedy	1	1	1
Castletown	1	1	1
TOTAL	485	532	593

Western Region

Clare

District: Ennis

Ennis	84	95	118
Crusheen	1	1	1
Lissycasey	1	1	1
Newmarket On Fergus	3	3	4
Quin	1	1	1
Shannon	63	94	64
Sixmilebridge	2	4	3
Immigration Office		8	7

District: Kilrush

Kilrush	27	27	28
Carrigaholt	1	1	1
Doonbeg	1	1	1
Kilmihil	1	1	1
Labasheeda	1	1	1
Kildysart	3	3	2
Kilkee	3	3	3

District: Killaloe

Killaloe	21	25	30
Broadford	1	1	1
Newport	5	5	6
Scariff	6	6	6
Mountshannon	1	1	1
Tulla	1	2	2
Rearcross	1	1	1

District: Ennistymon

Ennistymon	24	22	21
Ballyvaughan	1	1	1
Corofin	1	1	1
Inagh	1	1	1
Lahinch	2	3	2
Lisdoonvarna	2	2	2
Miltown Malbay	2	3	3
TOTAL	261	318	314

Galway West

District: Galway

Galway	176	199	210
Oranmore	7	6	16
Carndolla	1	1	1
Lough George	3	3	3
Headford	5	5	5
Athenry	5	5	5
Monivea	2	2	2
Kiltullagh	1	1	1

District: Clifden

Dáil Éireann

Clifden	22	25	24
Recess	1	1	1
Letterfrack	2	0	0
Lennaun	1	1	1
Carna	2	2	2
Maam	1	1	1
Roundstone	1	1	1
District: Loughrea			
Loughrea	32	33	36
Tynagh	1	1	1
Killimor	1	1	1
Woodford	1	1	1
New Inn	1	1	1
Eyrecourt	1	1	1
Portumna	8	9	8
Kilrickle	1	1	0
District: Salthill			
Uachtarard	7	6	6
Moycullen	1	2	2
Carraroe	6	6	6
Ros Muc	1	1	1
Inverin	1	1	1
Spiddle	3	3	3
Leitir Mor	1	1	1
Salthill	43	44	43
Cill Ronain	3	3	3
District: Gort			
Gort	25	25	28
Ardrahan	1	1	1
Craughwell	2	2	2
Kinvara	2	2	2
Kilchreest	1	1	1
Peterswell	0	0	0
Kilcolgan	0	1	1
Shanaglish	1	1	1
TOTAL	374	401	424
Roscommon/Galway East			
District: Roscommon			
Roscommon	53	56	66
Athleague	2	2	2
Knockcroghery	1	1	1
Strokestown	3	3	3
Ballyforan	1	0	1
Creggs	1	1	1
Ballygar	3	3	4
District: Ballinasloe			
Ballinasloe	37	39	39
Ahascragh	1	1	1
Kilconnel	1	1	1
Kiltormer	1	0	0
Menlough	1	1	1
Mountbellew	9	10	10
Taughmaconnel	1	1	1
Clonark	0	0	0
Moylough	1	1	1

6 March 2013

District: Boyle			
Boyle	28	27	29
Ballyfarnan	2	2	2
Cootehall	1	1	1
Elphin	2	3	3
Frenchpark	2	3	3
Keadue	1	1	1
Tulsk	1	1	1
District: Castlerea			
Castlerea	30	31	33
Ballaghadereen	6	7	7
Ballinlough	2	2	2
Loughlynn	2	1	1
Ballintubber	1	1	1
Ballymoe	1	1	1
District: Tuam			
Tuam	42	47	51
Williamstown	1	1	1
Milltown	1	1	1
Kilconly	1	1	1
Glenamaddy	2	2	2
Dunmore	3	3	4
Corofin	2	2	2
Barnadearg	1	1	1
TOTAL	248	259	280
Mayo			
District: Castlebar			
Castlebar	57	66	76
Ballyvary	1	1	1
Ballyglass	1	1	1
Balla	2	2	2
Partry	2	2	2
Glenisland	1	0	1
Tourmakeady	1	1	1
Garda Info Services		3	4
District: Ballina			
Ballina	38	41	47
Killala	2	2	2
Ballycastle	1	1	1
Bonnicconlon	1	1	1
Crossmolina	3	3	4
Lahardane	1	1	1
Enniscrone	3	2	3
Easkey	3	3	3
District: Belmullet			
Belmullet	19	21	22
Blacksod	1	1	1
Bellacorrick	1	1	1
Bangor Erris	3	3	3
Ballycroy	1	1	1
Glenamoy	2	1	0
District: Claremorris			
Claremorris	21	23	27
Kilmaine	1	1	1
Ballindine	1	1	1

Dáil Éireann

Knock	4	3	4
Ballinrobe	11	9	10
Cong	1	1	1
Shrule	1	1	1
Hollymount	1	0	1
District: Swinford			
Swinford	22	26	28
Kiltimagh	3	3	3
Charlestown	2	4	6
Kilkelly	2	2	2
Ballyhaunis	8	9	9
Foxford	2	2	2
District: Westport			
Westport	25	26	30
Newport	2	2	2
Achill Sound	4	4	3
Mulranny	1	1	1
Louisburgh	2	2	2
Keel	1	1	1
TOTAL	259	279	313
Northern Region.			
Sligo/Leitrim			
District: Sligo			
Sligo	123	135	144
Collooney	4	4	4
Skreen	2	2	1
Coolaney	1	2	2
Cliffoney	2	1	2
Rosses Point	2	2	2
Grange	3	3	3
District: Ballymote			
Ballymote	21	21	23
Tubbercurry	5	4	5
Gurteen	2	2	2
Riverstown	1	2	2
Aclare	2	1	2
Bunnanadden	1	1	1
District: Carrick On Shannon			
Carrick-On-Shannon	31	40	42
Cloone	1	1	1
Dromod	1	1	1
Drumshambo	4	4	4
Keshcarrigan	1	0	1
Mohill	6	6	5
Roosky	3	3	3
District: Manorhamilton			
Manorhamilton	26	28	26
Kiltyclogher	2	2	2
Drumkerrin	3	2	3
Kinlough	8	7	7
Glenfane	1	1	1
Dromahair	3	3	3
Dowra	3	3	3
Blacklion	9	6	5
TOTAL	271	287	300

6 March 2013

Donegal			
District: Letterkenny			
Letterkenny	97	119	129
Carrigans	5	5	5
Castlefin	3	3	4
Brocach	1	1	1
Newtowncunningham	3	2	2
Raphoe	6	4	4
Lifford	14	15	15
Ballybofey	21	21	22
Convoy	3	3	4
District: Buncrana			
Buncrana	41	51	48
Burnfoot	11	12	14
Carndonagh	6	5	6
Clonmanny	3	2	2
Malin	2	3	7
Culdaff	0	0	1
Moville	9	9	9
Muff	6	4	3
District: Milford			
Milford	23	24	27
Carrigart	3	3	3
Kerrykeel	2	2	3
Kilmacrennan	2	2	2
Churchill	1	1	1
Dunfanaghy	3	4	4
Craosloch	1	1	1
Falcarragh	7	6	6
Ramelton	4	4	4
Rathmullen	1	1	1
District: Glenties			
Glenties	21	22	27
Annagry	2	2	2
Ardara	3	3	3
Bunbeag	6	7	8
Burtonport	3	1	2
Clougher	1	1	1
Doochary	0	0	0
Dungloe	7	9	8
Carrick	2	2	2
Gleann Cholmcille	1	1	1
District: Ballyshannon			
Ballyshannon	34	36	35
Ballintra	2	2	2
Bundoran	12	12	12
Donegal Town	34	32	34
Pettigo	1	1	1
Dunkineely	1	1	1
Na Cealla Beaga	7	7	7
Mountcharles	2	2	2
TOTAL	417	448	476
Cavan/Monaghan			
District: Monaghan			
Monaghan	99	101	108

Dáil Éireann

Clones	12	11	9	
Newbliss	2	1	1	
Clontibret	1	1	1	
Scotstown	5	5	5	
Emyvale	4	4	4	
Smithboro	1	1	1	
District: Carrickmacross				
Carrickmacross	40	43	44	
Ballybay	4	4	4	
Castleblaney	25	29	31	
Shantonagh	2	2	2	
Corrinshigagh	2	2	2	
Rockcorry	1	1	1	
District: Cavan				
Cavan	60	67	69	
Ballinagh	2	2	3	
Arva	2	2	3	
Stradone	1	1	2	
Redhills	1	1	1	
Kilnaleck	2	2	2	
Finea	2	1	3	
District: Baileboro				
Baileboro	29	35	40	
Kingscourt	5	5	6	
Mullagh	2	2	2	
Shercock	2	1	2	
Tullyvin	1	1	1	
Virginia	5	5	5	
Cootehill	8	7	8	
Ballyjamesduff	3	4	4	
District: Ballyconnell				
Ballyconnell	27	25	23	
Belturbet	3	3	2	
Swanlinbar	3	3	3	
Killeshandra	2	2	2	
Bawnboy	1	1	1	
Ballinamore	6	6	5	
Carrigallen	2	2	2	
TOTAL	367	383	402	
YEARLY TOTAL		10100	10805	11602

Statistics 2008

Region/Division/District	Strength 31/12/08
D.M.R.South Central	
District "A"	
Kevin St.	154
Kilmainham	88
District "B"	
Pearse St	276
Harcourt Tce.	81
District "E"	
Donnybrook	133

6 March 2013

Irishtown	61
TOTAL	793
D.M.R. North Central	
District "C"	
Store St.	308
D/Dock Immigration	8
District "D"	
Bridewell	183
Fixed Penalty Office	2
District "U"	
Fitzgibbon St.	117
Mountjoy	107
TOTAL	725
D.M.R.South	
District "G"	
Crumlin	106
Sundrive Rd.	81
District "M"	
Rathfarnham	81
Tallaght	194
District "P"	
Rathmines	78
Terenure	108
TOTAL	648
D.M.R.North	
District "H"	
Santry	85
Whitehall	49
Ballymun	112
Dublin Airport	25
District "R"	
Coolock	118
Malahide	45
Swords	82
District "J"	
Raheny	71
Clontarf	81
Howth	40
District "Y"	
Balbriggan	59
Skerries	13
Lusk	3
Rush	4
Garristown	3
TOTAL	790
D.M.R.West	
District "K"	
Blanchardstown	192
Cabra	74
Finglas	103
District "Q"	
Lucan	89
Leixlip	28
Ronanstown	89
District "L"	

Dáil Éireann

Ballyfermot	98
Clondalkin	94
Rathcoole	27
TOTAL	794
D.M.R.East	
District "F"	
Dun Laoghaire	102
Dalkey	35
Kill-O-Grange	35
Cabinteeley	38
Shankhill	64
District "W"	
Blackrock	89
Dundrum	81
Stepaside	33
TOTAL	477
Eastern Region	
Louth	
District: Drogheda	
Drogheda	104
Castlebellingham	3
Clougherhead	4
Ardee	21
Collon	7
Dunleer	4
District: Dundalk	
Dundalk	120
Carlingford	4
Hackballscross	10
Dromad	7
Omeath	5
Louth	2
Blackrock	5
TOTAL	296
Meath	
District: Kells	
Kells	48
Crossakeel	1
Athboy	6
Oldcastle	4
District: Trim	
Trim	33
Kilmessan	1
Summerhill	2
Longwood	2
Enfield	11
Ballivor	3
District: Ashbourne	
Ashbourne	49
Dunboyne	14
Dunshaughlin	22
District: Navan	
Navan	75
Nobber	3
Duleek	3

6 March 2013

Laytown	19
Slane	3
TOTAL	299
Carlow/Kildare	
District: Naas	
Naas	103
Celbridge	22
Clane	8
Kill	3
Ballymore Eustace	1
Maynooth	18
District: Kildare	
Kildare	32
Robertstown	3
Kilcullen	4
Monasterevan	6
Newbridge	35
Rathangan	4
Ballytore	2
Kilcock	8
Carbury/Derrinturn	4
District: Carlow	
Carlow	70
Leighlinbridge	1
Ballon	1
Myshall	1
Muinebheag	10
Athy	23
Hacketstown	1
Tullow	12
Rathvilly	1
Castledermot	2
TOTAL	375
Laois/Offaly	
District: Portlaoise	
Clonaslee	2
Mountmellick	6
Mountrath	4
Portarlinton	14
Portlaoise	115
Stradbally	1
District: Abbeyleix	
Abbeyleix	30
Arles	1
Ballacolla	1
Ballinakil	1
Ballylinan	4
Borris-On-Ossory	2
Durrow	2
Rathdowney	4
District: Birr	
Banagher	6
Birr	27
Cloghan	1
Ferbane	4

Dáil Éireann

Kilcormac	2
Kinnitty	2
Lorrha	2
Shannonbridge	1
Shinrone	2
District: Tullamore	
Clara	6
Clonbologue	1
Daingean	2
Edenderry	13
Geashill	0
Rhode	2
Tullamore	79
TOTAL	337
Longford/Westmeath	
District: Mullingar	
Castletowngeoghegan	1
Delvin	4
Killucan	3
Kinnegad	7
Mullingar	109
Rochfortbridge	5
District: Athlone	
Athlone	67
Ballinahown	1
Ballymahon	4
Ballymore	1
Glasson	1
Kilbeggan	4
Moate	13
District: Longford	
Ardagh	1
Drumlish	1
Kenagh	1
Lanesboro	6
Longford	64
Newtowncashel	1
Tarmonbarry	2
District: Granard	
Ballinalee	1
Ballynacargy	2
Castlepollard	4
Edgeworthstown	5
Granard	31
Multyfarnham	1
Rathowen	1
Smear	1
TOTAL	342
South Eastern Region	
Wexford	
District: Wexford	
Baldwinstown	1
Castlebridge	4
Glynn	1
Kilmore Quay	2

6 March 2013

Rosslare Pier	7
Rosslare Strand	3
Taghmon	3
Wexford	95
District: Gorey	
Bunclody	6
Courtown Harbour	3
Gorey	52
District: Enniscorthy	
Blackwater	4
Clonroche	2
Enniscorthy	37
Ferns	2
Kiltealy	1
Oulart	1
Oylegate	2
District: New Ross	
Ballycullane	2
Ballywilliam	0
Campile	2
Carrickbyrne	2
Carrick-On-Bannow	2
Duncannon	5
New Ross	41
TOTAL	280
Wicklow	
District: Baltinglass	
Baltinglass	36
Blessington	18
Carnew	2
Donard	1
Dunlavin	1
Hollywood	0
Shillelagh	1
Tinahely	2
District: Bray	
Bray	124
Enniskerry	7
Greystones	42
Newtownmountkennedy	1
District: Wicklow	
Arklow	34
Ashford	11
Aughrim	2
Avoca	3
Rathdrum	3
Roundwood	5
Wicklow	50
TOTAL	343
Waterford/Kilkenny	
District: Waterford	
Dunmore East	3
Ferrybank	5
Glenmore	1
Kilmacow	1

Dáil Éireann

Mooncoin	2
Passage East	1
Waterford	170
District: Dungarvan	
Aglish	1
Ballymacarberry	2
Cappoquin	1
Dungarvan	46
Lismore	5
Ring	1
Tallow	3
District: Tramore	
Kill	1
Kilmacthomas	4
Kilmeaden	2
Leamybrien	1
Portlaw	3
Rathgormack	1
Tramore	38
District: Kilkenny	
Ballyragget	1
Callan	5
Castlecomer	7
Freshford	1
Kilkenny	104
District: Thomastown	
Ballyhale	1
Bennetsbridge	1
Borris	2
Goresbridge	1
Graiguenamanagh	5
Inistioge	1
Kilmoganny	1
Mullinavat	2
Stonyford	1
Thomastown	32
TOTAL	457
Tipperary	
District: Thurles	
Ballingarry South	1
Ballinure	0
G.C.V.U.	6
Holycross	1
Johnstown	1
Killenaule	3
Littleton	1
Thurles	77
Urlingford	2
District: Clonmel	
Carrick-On-Suir	11
Clonmel	52
Fethard	2
Grangemockler	1
Kilsheelan	1
Mullinahone	2

6 March 2013

Piltown	2
District: Cahir	
Ardfinnan	1
Ballyporeen	1
Cahir	47
Cashel	13
Clogheen	1
New Inn	1
District: Nenagh	
Ballingarry North	0
Borrisokane	5
Cloughjordan	1
Dolla	1
Nenagh	37
Portroe	2
Terryglass/Ballinderry	1
Toomevara	2
District: Templemore	
Borrisoleigh	1
Moneygall	1
Moyne	2
Roscrea	19
Shevry	0
Templederry	0
Templemore	42
Templetuohy	1
District: Tipperary Town	
Bansha	1
Cappawhite	1
Doon	1
Dundrum	1
Emly	1
Galbally	1
Golden	1
Oola	1
Tipperary Town	34
TOTAL	384
Southern Region	
Cork City	
District: Anglesea Street	
Anglesea Street	271
Barrack Street	23
Blackrock	33
Bridewell	19
District: Gurrabraher	
Ballincollig	19
Blarney	15
Gurrabraher	54
Rathduff	2
District: Mayfield	
Mallow Road	5
Mayfield	50
McCurtain Street	0
Watercourse Road	56
District: Togher	

Dáil Éireann

Bishopstown	23
Carrigaline	19
Crosshaven	3
Douglas	26
Passage West	4
Togher	56
TOTAL	678
Cork North	
District: Fermoy	
Ballyduff	2
Ballynoe	1
Castletownroche	2
Fermoy	61
Kildorrery	1
Kilworth	1
Mitchelstown	20
Rathcormack	1
District: Cobh	
Carrig na Bhfear	1
Carrigtwohill	3
Cobh	37
Glanmire	21
Glenville	1
Watergrasshill	1
District: Midleton	
Ardmore	1
Ballycotton	1
Cloyne	0
Killeagh	2
Midleton	53
Whitegate	1
Youghal	22
District: Mallow	
Buttevant	1
Charleville	14
Doneraile	1
Glantane	1
Liscarroll	1
Mallow	48
Milford	1
TOTAL	300
Cork West	
District: Bandon	
Ballineen	1
Ballinhassig	1
Ballinspittle	0
Ballyfeard	1
Bandon	87
Innishannon	1
Kilbrittan	1
Kinsale	16
Timoleague	1
District: Bantry	
Adrigole	1
Ballydehob	1

6 March 2013

Bantry	36
Castletownbere	4
Drimoleague	1
Durrus	1
Glengarrif	1
Goleen	1
Kealkil	1
Schull	2
District: Clonakilty	
Ballygurteen	0
Baltimore	1
Castletownsend	1
Clonakilty	28
Drinagh	1
Dunmanway	9
Roscarbery	2
Skibereen	11
District: Kanturk	
Ballydesmond	0
Boherbue	1
Kanturk	34
Knocknagree	1
Meelin	1
Millstreet	9
Newmarket	4
Rathmore	1
District: Macroom	
Ballingeary	1
Ballyvourney	2
Coachford	2
Crookstown	5
Inchigeela	1
Macroom	38
Stuake	1
Tarelton	1
TOTAL	313
Kerry	
District: Tralee	
Abbeydorney	1
Annascaul	1
Ardfert	2
Ballyferriter	1
Camp	1
Castlegregory	1
Clochan	1
Dingle	9
Fenit	1
Tralee	118
District: Caherciveen	
Ballinskelligs	1
Caherciveen	23
Castlemaine	1
Glenbeigh	2
Killorglin	13
Portmagee	1

Dáil Éireann

Sneem	2
Valentia Island	1
Waterville	2
District: Killarney	
Barraduff	1
Beaufort	1
Castleisland	13
Farranfore	2
Kenmare	9
Kilgarvan	1
Killarney	70
Lauragh	1
District: Listowel	
Ballybunion	9
Ballyduff	1
Ballyheigue	2
Ballylongford	1
Brosna	1
Knocknagoshall	1
Listowel	41
Lixnaw	1
Moyvane	2
Tarbert	2
TOTAL	341
Limerick	
District: Henry Street	
Ardnacrusha	4
Castleconnell	5
Henry St	244
Mary St	18
Mayorstone Pk.	87
District: Roxboro Road	
Ballyneety	2
Caherconlish	2
Patrickswell	2
Roxboro Rd	133
District: Askeaton	
Adare	3
Askeaton	25
Croom	4
Foynes	2
Glin	1
Pallaskenry	2
Rathkeale	6
Shanagolden	1
District: Bruff	
Ballylanders	1
Bruff	29
Bruree	1
Cappamore	3
Hospital	3
Kilfinane	1
Kilmallock	3
Murroe	1
Pallas	3

6 March 2013

District: Newcastlewest	
Abbeyfeale	10
Athea	1
Ballingarry	1
Castletown	1
Drumcollogher	2
Kilmeedy	1
Newcastlewest	32
Tournafulla	1
TOTAL	635
Western Region	
Clare	
District: Ennis	
Crusheen	1
Ennis	132
Immigration Office	6
Lissycasey	1
Newmarket On Fergus	4
Quin	1
Shannon	66
Sixmilebridge	4
District: Kilrush	
Carrigaholt	1
Doonbeg	1
Kildysart	3
Kilkee	2
Kilmihil	1
Kilrush	29
Labasheeda	1
District: Killaloe	
Broadford	1
Killaloe	33
Mountshannon	1
Newport	6
Rearcross	0
Scariff	5
Tulla	2
District: Ennistymon	
Ballyvaughan	1
Corofin	2
Ennistymon	24
Inagh	1
Lahinch	3
Lisdoonvarna	2
Miltown Malbay	3
TOTAL	337
Galway West	
District: Galway	
Athenry	4
Carndolla	1
Galway	224
Headford	5
Kiltullagh	1
Lough George	3
Monivea	2

Dáil Éireann

Oranmore	24
District: Clifden	
Carna	2
Clifden	26
Lennaun	0
Letterfrack	1
Maam	1
Recess	1
Roundstone	1
District: Loughrea	
Eyrecourt	1
Killimor	1
Kilrickle	1
Loughrea	38
New Inn	1
Portumna	8
Tynagh	1
Woodford	1
District: Salthill	
Carraroe	6
Cill Ronain	3
Inverin	1
Leitir Mor	1
Moycullen	2
Ros Muc	1
Salthill	48
Spiddle	2
Uachtarard	6
District: Gort	
Ardrahan	1
Craughwell	2
Gort	27
Kilchreest	1
Kilcolgan	1
Kinvara	2
Peterswell	0
Shanaglish	1
TOTAL	453
Roscommon/Galway East	
District: Roscommon	
Athleague	2
Ballyforan	1
Ballygar	4
Creggs	1
Knockcroghery	1
Roscommon	69
Strokestown	4
District: Ballinasloe	
Ahascragh	1
Ballinasloe	44
Clonark	0
Kilconnel	1
Kilformer	0
Menlough	1
Mountbellew	9

6 March 2013

Moylough	1
Taughmaconnel	1
District: Boyle	
Ballyfarnan	2
Boyle	29
Cootehall	1
Elphin	3
Frenchpark	3
Keadue	1
Tulsk	1
District: Castlerea	
Ballaghadereen	7
Ballinlough	2
Ballintubber	1
Ballymoe	1
Castlerea	38
Loughlynn	1
District: Tuam	
Barnadearg	1
Corofin	1
Dunmore	3
Glenamaddy	2
Kilconly	1
Milltown	1
Tuam	54
Williamstown	1
TOTAL	294
Mayo	
District: Castlebar	
Balla	2
Ballyglass	1
Ballyvary	1
Castlebar	78
Garda Info Services	4
Glenisland	1
Partry	2
Tourmakeady	1
District: Ballina	
Ballina	50
Ballycastle	1
Bonnicconlon	1
Crossmolina	4
Easkey	3
Enniscrone	3
Killala	2
Lahardane	1
District: Belmullet	
Ballycroy	1
Bangor Erris	3
Bellacorrick	1
Belmullet	22
Blacksod	1
Glenamoy	1
District: Claremorris	
Ballindine	1

Dáil Éireann

Ballinrobe	10
Claremorris	27
Cong	1
Hollymount	1
Kilmaine	1
Knock	3
Shrule	1
District: Swinford	
Ballyhaunis	10
Charlestown	6
Foxford	3
Kilkelly	10
Kiltimagh	3
Swinford	28
District: Westport	
Achill Sound	3
Keel	1
Louisburgh	2
Mulranny	1
Newport	3
Westport	32
TOTAL	331
Northern Region.	
Sligo/Leitrim	
District: Sligo	
Cliffoney	2
Collooney	4
Coolaney	2
Grange	3
Rosses Point	2
Skreen	2
Sligo	166
District: Ballymote	
Aclare	2
Ballymote	23
Bunnaadden	1
Gurteen	1
Riverstown	2
Tubbercurry	5
District: Carrick On Shannon	
Carrick-On-Shannon	41
Cloone	1
Dromod	1
Drumshambo	4
Keshcarrigan	1
Mohill	4
Roosky	3
District: Manorhamilton	
Blacklion	4
Dowra	3
Dromahair	3
Drumkerrin	3
Glenfarne	1
Kiltyclogher	2
Kinlough	6

6 March 2013

Manorhamilton	26
TOTAL	318
Donegal	
District: Letterkenny	
Ballybofey	25
Brocach	1
Carrigans	5
Castlefin	4
Convoy	3
Letterkenny	132
Lifford	13
Newtowncunningham	4
Raphoe	4
District: Buncrana	
Buncrana	50
Burnfoot	15
Carndonagh	5
Clonmanny	1
Culdaff	1
Malin	5
Moville	10
Muff	4
District: Milford	
Carrigart	3
Churchill	1
Craosloch	1
Dunfanaghy	4
Falcarragh	6
Kerrykeel	3
Kilmacrennan	2
Milford	31
Ramelton	4
Rathmullen	1
District: Glenties	
Annagry	2
Ardara	3
Bunbeag	7
Burtonport	2
Carrick	2
Clougher	1
Doochary	0
Dungloe	11
Gleann Cholmcille	1
Glenties	28
District: Ballyshannon	
Ballintra	2
Ballyshannon	35
Bundoran	12
Donegal Town	34
Dunkineely	1
Mountcharles	2
Na Cealla Beaga	6
Pettigo	1
TOTAL	488
Cavan/Monaghan	

Dáil Éireann

District: Monaghan	
Clones	9
Clontibret	1
Emyvale	4
Monaghan	112
Newbliss	1
Scotstown	3
Smithboro	1
District: Carrickmacross	
Ballybay	4
Carrickmacross	50
Castleblaney	32
Corrinshigagh	2
Rockcorry	1
Shantonagh	2
District: Cavan	
Arva	3
Ballinagh	3
Cavan	72
Finea	3
Kilnaleck	2
Redhills	1
Stradone	2
District: Baileboro	
Baileboro	43
Ballyjamesduff	4
Cootehill	8
Kingscourt	5
Mullagh	2
Shercock	2
Tullyvin	0
Virginia	4
District: Ballyconnell	
Ballinamore	4
Ballyconnell	26
Bawnboy	1
Belturbet	4
Carrigallen	2
Killeshandra	2
Swanlinbar	3
TOTAL	418
YEARLY TOTAL	11607

Statistics 2009-2012

Region/Division/District	Strength			
	31/12/2009	31/12/2010	31/12/2011	31/12/2012
D.M.R.South Central				
District "A"				
Kevin St.	152	156	153	143
Kilmainham	86	83	74	78
District "B"				
Pearse St	268	266	255	310
Harcourt Tce.	82	80	79	0

6 March 2013

District "E"				
Donnybrook	129	131	122	119
Irishtown	59	55	52	50
TOTAL	776	771	735	700
D.M.R. North Central				
District "C"				
Store St.	303	291	274	268
D/Dock Immigration	8	8	6	5
District "D"				
Bridewell	178	178	167	174
Fixed Penalty Office	1	1	0	0
District "U"				
Fitzgibbon St.	122	115	113	0
Mountjoy	107	100	100	207
TOTAL	719	693	660	654
D.M.R. South				
District "G"				
Crumlin	105	107	102	98
Sundrive Rd.	79	77	71	67
District "M"				
Rathfarnham	80	76	73	74
Tallaght	202	199	194	188
District "P"				
Rathmines	70	68	66	63
Terenure	106	105	99	98
TOTAL	642	632	605	588
D.M.R. North				
District "H"				
Ballymun	130	128	113	118
Dublin Airport	23	22	33	31
Santry	85	82	81	102
Whitehall	48	44	44	0
District "R"				
Coolock	123	120	117	114
Malahide	44	37	35	34
Swords	87	84	77	77
District "J"				
Clontarf	79	79	77	72
Howth	44	38	39	42
Raheny	77	75	68	64
District "Y"				
Balbriggan	67	68	70	69
Garristown	3	3	3	2
Lusk	4	7	6	8
Rush	6	5	5	0
Skerries	12	11	11	11
TOTAL	832	803	779	744
D.M.R. West				
District "K"				
Blanchardstown	204	195	186	162
Cabra	70	68	75	85
Finglas	118	122	120	117
District "Q"				
Lucan	88	80	72	73
Ronanstown	92	96	97	93

Dáil Éireann

District "L"				
Ballyfermot	95	99	96	93
Clondalkin	98	100	98	95
Rathcoole	24	28	27	26
TOTAL	789	788	771	744
D.M.R.East				
District "F"				
Cabinteeley	40	39	38	39
Dalkey	33	31	31	0
Dun Laoghaire	109	112	104	100
Kill-O-Grange	31	28	29	25
Shankhill	62	58	57	65
District "W"				
Blackrock	96	96	91	82
Dundrum	80	78	73	74
Stepaside	32	31	29	35
TOTAL	483	473	452	420
Eastern Region				
Louth				
District: Drogheda				
Clougherhead	4	4	4	4
Drogheda	110	100	98	93
Dunleer	4	5	5	5
District: Ardee				
Ardee	30	31	28	28
Castlebellingham	3	3	4	4
Collon	7	6	7	6
Louth	1	1	1	1
District: Dundalk				
Blackrock	4	5	5	6
Carlingford	6	6	6	6
Dromad	6	7	6	7
Dundalk	118	133	130	123
Hackballscross	8	8	6	5
Omeath	5	5	5	4
TOTAL	306	314	305	292
Meath				
District: Kells				
Athboy	6	5	3	3
Crossakeel	0	1	1	0
Kells	51	52	54	47
Oldcastle	3	4	3	4
District: Trim				
Ballivor	3	3	3	3
Enfield	8	7	7	7
Kilmessan	1	1	1	1
Longwood	3	2	2	2
Summerhill	3	3	3	3
Trim	31	34	31	32
District: Ashbourne				
Ashbourne	48	48	47	46
Dunboyne	18	16	13	15
Dunshaughlin	27	24	21	21
District: Navan				
Navan	79	77	76	76

6 March 2013

Nobber	3	3	4	4
Slane	3	4	4	4
District: Laytown				
Duleek *	2	4	4	5
Laytown *	26	25	25	23
TOTAL	315	313	302	296
Kildare				
District: Naas				
Ballymore Eustace	1	1	2	2
Clane	8	10	11	9
Kilcullen	3	2	2	2
Kill	3	4	2	2
Naas	107	101	101	103
Robertstown	4	5	6	2
District: Kildare				
Athy	27	29	31	34
Ballytore	2	2	2	1
Castledermot	3	3	3	3
Kildare	32	33	26	27
Monasterevan	4	4	5	4
Newbridge	44	45	47	50
Rathangan	4	4	3	3
District: Leixlip				
Carbury/Derrinturn	5	4	4	5
Celbridge	18	18	17	17
Kilcock	8	8	9	10
Leixlip	33	35	34	30
Maynooth	15	15	13	14
TOTAL	321	323	318	318
Laois/Offaly				
District: Portlaoise				
Clonaslee	2	2	1	1
Mountmellick	7	7	6	6
Mountrath	4	3	3	3
Portarlinton	14	13	14	13
Portlaoise	112	108	101	95
Stradbally	2	2	2	2
District: Abbeyleix				
Abbeyleix	27	26	24	22
Arles	2	2	2	2
Ballacolla	0	1	1	0
Ballinakill	1	1	1	1
Ballylinan	4	4	3	2
Borris-On-Ossory	1	1	1	1
Durrow	2	2	2	2
Rathdowney	4	4	4	3
District: Birr				
Banagher	6	5	5	5
Birr	29	30	29	31
Cloghan	1	1	1	1
Ferbane	4	5	5	5
Kilcormac	2	2	2	2
Kinnitty	1	1	1	1
Shannonbridge	1	1	1	1
Shinrone	3	2	2	1

Dáil Éireann

District: Tullamore				
Clara	5	5	5	5
Clonbologue	0	0	1	0
Daingean	3	1	2	2
Edenderry	12	13	12	15
Geashill	0	0	0	0
Rhode	2	2	2	1
Tullamore	76	76	71	66
TOTAL	327	320	304	289
Westmeath				
District: Mullingar				
Ballynacargy	2	2	2	2
Castlepollard	3	3	4	3
Castletowngeoghegan	1	1	1	1
Delvin	16	14	16	12
Finea	1	1	1	1
Killucan	6	5	5	5
Kinnegad	6	6	5	5
Mullingar	122	131	123	128
Multyfarnham	1	1	1	1
Rathowen	1	0	1	1
Rochfortbridge	5	5	4	3
District: Athlone				
Athlone	68	67	66	67
Ballinahown	1	1	1	0
Ballymore	2	2	1	1
Glasson	2	2	2	2
Kilbeggan	4	4	5	5
Moate	17	17	17	17
TOTAL	258	262	255	254
Carlow/Kilkenny				
District: Carlow				
Ballon	1	1	1	1
Borris	2	2	2	2
Carlow	77	77	77	74
Hacketstown	1	1	1	1
Leighlinbridge	2	2	2	2
Muinebheag	9	11	12	12
Myshall	1	1	1	1
Rathvilly	1	1	1	1
Tullow	17	18	17	17
District: Kilkenny				
Ballyragget	1	0	1	1
Callan	4	6	6	6
Castlecomer	12	14	14	13
Freshford	1	1	1	0
Johnstown	1	3	2	1
Kilkenny	110	105	98	101
Urlingford	2	1	1	1
District: Thomastown				
Ballyhale	1	1	1	1
Bennetsbridge	1	1	1	1
Glenmore	1	1	0	1
Goresbridge	2	2	2	2
Grauguenamanagh	7	7	5	5

6 March 2013

Inistioge	1	1	0	1
Kilmacow	1	1	1	1
Kilmoganny	1	1	1	0
Mooncoin	8	8	14	13
Mullinavat	4	6	1	2
Piltown	2	1	1	1
Stoneyford	1	1	1	0
Thomastown	42	42	38	36
TOTAL	314	317	303	298
Roscommon/Longford				
District: Boyle				
Boyle	28	28	25	26
Cootehall	1	1	0	0
Elphin	2	2	1	1
Keadue	1	1	1	1
Roosky	3	3	3	5
Strokestown	4	4	3	3
Tarmonbarry	2	2	2	0
District: Castlerea				
Ballaghaderreen	6	7	8	8
Ballinlough	2	2	2	2
Ballintubber	1	1	0	0
Castlerea	35	35	33	32
Frenchpark	3	3	2	2
Loughglynn	1	1	0	0
Tulsk	1	1	1	1
District: Granard				
Ardagh	1	1	1	1
Ballinallee	2	2	1	1
Drumlish	1	2	2	2
Edgeworthstown	6	7	8	8
Granard	31	29	28	26
Smear	1	1	1	1
District: Longford				
Ballymahon	5	6	6	5
Kenagh	1	1	1	1
Lanesboro	4	6	6	6
Longford	65	62	60	60
Newtowncashel	1	1	1	1
District: Roscommon				
Athleague	2	2	1	1
Ballyforan	1	1	1	0
Clonark	0	1	7	8
Knockcroghery	9	9	1	0
Roscommon	71	78	79	77
Taughmaconnell	1	1	1	1
TOTAL	292	301	286	280
South Eastern Region				
Wexford				
District: Wexford				
Baldwinstown	1	1	1	0
Castlebridge	3	3	2	3
Glynn	1	1	1	0

Dáil Éireann

Kilmore Quay	2	2	2	4
Rosslare Pier	7	7	6	6
Rosslare Strand	2	2	2	2
Taghmon	2	3	3	3
Wexford	96	95	92	88
District: Gorey				
Bunclody	8	8	8	8
Courtown Harbour	3	2	4	3
Gorey	53	53	50	47
District: Enniscorthy				
Blackwater	4	3	3	2
Clonroche	2	2	2	2
Enniscorthy	41	40	40	39
Ferns	3	3	3	2
Kiltealy	1	1	1	0
Oulart	1	1	1	1
Oylegate	1	3	2	1
District: New Ross				
Ballycullane	2	2	2	2
Ballywilliam	0	0	0	0
Campile	2	2	1	0
Carrickbyrne	2	2	2	2
Carrick-On-Bannow	2	1	1	1
Duncannon	4	4	4	4
New Ross	43	40	40	40
TOTAL	286	281	273	260
Wicklow				
District: Baltinglass				
Baltinglass	36	39	37	35
Blessington	19	17	17	18
Carnew	3	4	4	4
Donard	1	1	1	1
Dunlavin	2	2	2	2
Hollywood	1	1	1	1
Shillelagh	1	1	1	1
Tinahely	2	2	2	2
District: Bray				
Bray	135	133	125	124
Enniskerry	7	6	6	6
Greystones	39	36	35	33
Newtownmountkennedy	3	3	4	4
District: Wicklow				
Arklow	38	36	33	34
Ashford	12	12	11	9
Aughrim	2	2	2	2
Avoca	3	3	2	2
Rathdrum	5	5	5	4
Roundwood	4	4	4	4
Wicklow	47	48	47	48
TOTAL	360	355	339	334
Tipperary				
District: Thurles				
Ballingarry South	1	2	2	1
Ballinure	0	0	0	0

6 March 2013

G.C.V.U.	6	5	NA	NA
Holycross	1	1	0	0
Killenaule	5	5	4	4
Littleton	1	1	1	1
Thurles	78	75	74	78
District: Clonmel				
Carrick-On-Suir	16	15	16	16
Clonmel	55	51	52	47
Fethard	3	3	3	3
Grangemockler	1	1	1	1
Kilsheelan	1	1	1	1
Mullinahone	1	0	1	1
District: Cahir				
Ardfinnan	2	2	2	2
Ballyporeen	1	1	1	1
Cahir	48	43	42	48
Cashel	13	14	14	14
Clogheen	1	1	1	1
New Inn	1	1	1	0
District: Nenagh				
Ballingarry North	0	0	0	0
Borrisokane	7	6	6	6
Cloughjordan	1	1	1	1
Dolla	0	0	0	0
Lorrha	2	1	1	1
Nenagh	36	38	38	38
Newport	10	11	11	11
Portroe	2	1	1	1
Terryglass/Ballinderry	0	0	0	0
Toomevara	2	2	2	1
District: Templemore				
Borrisoleigh	1	1	2	2
Moneygall	0	1	1	1
Moyne	1	2	1	0
Rearcross	0	1	1	1
Roscrea	21	20	19	20
Shevry	0	0	0	0
Templederry	0	0	0	0
Templemore	40	38	40	32
Templetuohy	1	1	1	1
District: Tipperary Town				
Bansha	1	1	1	1
Cappawhite	1	1	0	0
Dundrum	1	1	1	2
Emly	1	1	1	1
Golden	1	1	1	1
Tipperary Town	31	32	31	31
TOTAL	395	383	376	371
Waterford				
District: Dungarvan				
Aglish	2	1	1	1
Ardmore	2	2	2	2
Ballyduff	2	1	1	0
Ballymacarberry	2	2	1	1

Dáil Éireann

Cappoquin	2	2	2	2
Dungarvan	27	50	46	45
Lismore	5	5	4	4
Ring	1	1	1	1
Tallow	3	3	3	3
District: Tramore				
Kill	1	1	1	0
Kilmacthomas	4	5	5	5
Kilmeaden	2	2	1	1
Leamybrien	1	1	1	1
Portlaw	3	3	2	1
Rathgormack	1	1	1	1
Stradbally	0	0	0	0
Tramore	41	38	36	36
District: Waterford				
Dunmore East	2	3	3	2
Ferrybank	5	7	6	6
Passage East	1	1	1	1
Waterford	182	173	172	171
TOTAL	309	302	290	284
Southern Region				
Cork City				
District: Anglesea Street				
Anglesea Street	283	275	274	271
Barrack Street	24	21	22	17
Blackrock	31	30	29	33
Bridewell	15	22	24	24
District: Gurrabraher				
Ballincollig	23	23	25	24
Blarney	15	16	17	16
Gurrabraher	60	60	55	55
Rathduff	2	2	2	2
District: Mayfield				
Mallow Road	5	5	5	6
Mayfield	57	59	53	51
McCurtain Street	0	0	0	0
Watercourse Road	50	48	52	50
District: Togher				
Bishopstown	25	22	24	22
Carrigaline	20	21	20	19
Crosshaven	3	3	3	3
Douglas	22	27	27	26
Passage West	4	4	3	3
Togher	61	60	55	55
TOTAL	700	698	690	677
Cork North				
District: Fermoy				
Ballynoe	1	1	1	1
Castletownroche	2	2	2	2
Fermoy	54	60	56	59
Kildorrery	1	1	1	1
Kilworth	2	2	2	2
Mitchelstown	22	23	23	22

6 March 2013

Rathcormack	1	1	1	1
District: Cobh				
Carrig na Bhfear	1	1	1	2
Carrigtwohill	3	3	3	3
Cobh	37	39	38	37
Glanmire	22	21	22	23
Glenville	1	1	1	0
Watergrasshill	1	1	1	1
District: Midleton				
Ballycotton	1	1	1	1
Cloyne	1	1	1	1
Killeagh	1	1	1	1
Midleton	55	54	51	50
Whitegate	1	1	1	1
Youghal	25	24	24	23
District: Mallow				
Buttevant	2	2	1	1
Charleville	17	18	17	17
Doneraile	1	2	2	2
Glantane	1	1	1	1
Liscarroll	1	0	1	1
Mallow	46	46	49	49
Milford	3	2	2	1
TOTAL	303	309	304	303
Cork West				
District: Bandon				
Ballineen	2	2	2	2
Ballinhassig	2	2	2	2
Ballinspittle	0	0	0	0
Ballyfeard	1	1	1	0
Bandon	85	85	84	82
Innishannon	1	1	1	1
Kilbrittan	1	1	1	1
Kinsale	16	16	15	16
Timoleague	1	1	1	1
District: Bantry				
Adrigole	1	1	1	0
Ballydehob	1	1	0	0
Bantry	34	35	35	34
Castletownbere	4	4	4	5
Drimoleague	1	1	1	1
Durrus	1	1	1	1
Glengarrif	1	1	1	1
Goleen	0	1	1	0
Kealkil	0	1	1	1
Schull	3	4	4	4
District: Clonakilty				
Ballygurteen	0	0	0	0
Baltimore	1	1	1	1
Castletownsend	1	0	0	0
Clonakilty	26	28	28	26
Drinagh	1	1	1	1
Dunmanway	9	8	9	9
Roscarbery	2	2	2	2
Skibereen	10	10	10	12

Dáil Éireann

District: Kanturk				
Ballydesmond	0	0	0	0
Boherbue	1	1	1	1
Kanturk	31	32	33	28
Knocknagree	1	1	1	0
Meelin	1	1	1	1
Millstreet	12	12	9	13
Newmarket	3	3	3	1
Rathmore	0	1	1	2
District: Macroom				
Ballingeary	1	1	1	2
Ballyvourney	2	3	3	3
Coachford	2	2	2	2
Crookstown	6	6	5	5
Inchigeela	1	1	1	0
Macroom	37	43	42	41
Stuake	1	1	1	1
Tarelton	1	1	1	1
TOTAL	305	318	312	304
Kerry				
District: Tralee				
Abbeydorney	1	1	1	1
Annascaul	1	1	1	1
Ardfert	1	2	2	2
Ballyferriter	1	1	1	1
Camp	1	1	1	0
Castlegregory	1	1	2	2
Clochan	1	1	1	0
Dingle	10	9	10	10
Fenit	1	1	1	1
Tralee	118	118	109	99
District: Caherciveen				
Ballinskelligs	0	1	1	1
Caherciveen	23	24	21	19
Castlemaine	1	1	1	1
Glenbeigh	2	1	1	1
Killorglin	13	13	12	12
Portmagee	1	1	1	1
Sneem	2	2	2	1
Valentia Island	1	1	1	1
Waterville	1	1	1	0
District: Killarney				
Barraduff	1	0	0	0
Beaufort	1	0	1	1
Castleisland	13	12	11	24
Farranfore	1	2	2	2
Kenmare	9	9	9	9
Kilgarvan	1	1	1	1
Killarney	73	70	66	53
Lauragh	1	1	0	0
District: Listowel				
Ballybunion	10	10	7	6
Ballyduff	1	1	1	1
Ballyheigue	2	2	2	1
Ballylongford	1	1	1	0

6 March 2013

Brosna	1	1	1	1
Knocknagoshall	1	1	1	1
Listowel	39	38	38	41
Lixnaw	1	1	1	1
Moyvane	2	2	1	0
Tarbert	1	1	1	2
TOTAL	339	334	314	298
Limerick				
District: Henry Street				
Ardnacrusha	3	3	4	4
Castleconnell	4	4	5	5
Henry St	254	262	252	243
Mary St	18	21	18	14
Mayorstone Pk.	84	86	84	75
District: Roxboro Road				
Ballyneety	0	0	2	2
Caherconlish	1	1	3	2
Patrickswell	0	0	1	1
Roxboro Rd	140	139	142	132
District: Askeaton				
Adare	3	2	2	2
Askeaton	26	22	20	23
Croom	3	4	4	4
Foynes	1	1	1	2
Glin	1	1	1	1
Pallaskenry	1	1	1	0
Rathkeale	4	7	7	6
Shanagolden	1	1	1	0
District: Bruff				
Ballylanders	1	1	1	1
Bruff	25	24	24	26
Bruree	1	1	1	1
Cappamore	2	2	2	3
Doon	2	1	1	0
Galbally	1	1	1	0
Hospital	2	1	1	2
Kilfinane	1	1	1	1
Kilmallock	3	6	6	6
Murroe	3	3	3	3
Oola	1	1	1	1
Pallas	2	2	2	2
District: Newcastlewest				
Abbeyfeale	8	9	10	9
Athea	1	1	1	1
Ballingarry	2	1	1	1
Castletown	1	1	1	1
Drumcollogher	2	2	2	2
Kilmeedy	1	1	1	0
Newcastlewest	32	28	28	28
Tournafulla	0	1	1	1
TOTAL	635	643	637	605
Western Region				
Clare				

Dáil Éireann

District: Ennis				
Crusheen	2	2	1	1
Ennis	129	125	119	110
Immigration Office	6	6	5	4
Lissycasey	1	1	1	0
Newmarket On Fergus	4	4	3	3
Quin	2	2	1	1
Shannon	67	61	62	62
Sixmilebridge	4	4	4	4
District: Kilrush				
Carrigaholt	1	1	0	0
Doonbeg	1	1	0	0
Kildysart	3	3	1	2
Kilkee	3	3	2	3
Kilmihil	1	1	1	1
Kilrush	31	29	32	31
Labasheeda	0	1	0	0
District: Killaloe				
Broadford	1	1	1	1
Killaloe	37	32	33	30
Mountshannon	1	1	1	0
Scariff	5	5	5	4
Tulla	2	2	2	2
District: Ennistymon				
Ballyvaughan	1	1	1	1
Corofin	2	2	1	1
Ennistymon	25	23	25	28
Inagh	1	1	1	1
Lahinch	3	3	2	0
Lisdoonvarna	1	2	1	1
Miltown Malbay	2	3	3	2
TOTAL	336	320	308	293
Galway				
District: Galway				
Athenry	5	5	5	5
Carndolla	1	1	1	0
Galway	234	214	210	212
Kiltullagh	0	0	1	1
Lough George	2	1	4	4
Monivea	1	1	1	1
Oranmore	29	34	35	34
District: Clifden				
Carna	2	2	2	2
Clifden	27	30	28	28
Lennaun	1	1	1	1
Letterfrack	1	1	1	1
Maam	2	2	2	2
Recess	1	1	1	1
Roundstone	1	1	1	1
District: Loughrea				
Eyrecourt	1	1	1	1
Killimor	1	1	0	1
Kilrickle	0	1	1	1
Loughrea	41	39	40	41
New Inn	1	1	1	0

6 March 2013

Portumna	9	9	8	8
Tynagh	1	1	1	1
Woodford	1	1	1	1
District: Salthill				
Carraroe	4	4	6	6
Cill Ronain	3	3	3	3
Inverin	1	1	1	1
Leitir Mor	1	1	1	1
Moycullen	3	2	2	2
Ros Muc	1	1	1	1
Salthill	44	57	55	54
Spiddle	2	3	3	3
Uachtarard	6	6	6	5
District: Gort				
Ardrahan	1	1	1	1
Craughwell	2	6	6	5
Gort	30	28	31	29
Kilchreest	1	0	1	1
Kilcolgan	0	1	1	1
Kinvara	2	2	1	2
Peterswell	0	0	0	0
Shanaglish	1	1	0	0
District: Ballinasloe				
Ahascragh	1	0	0	0
Ballinasloe	46	47	46	41
Ballygar	4	2	1	1
Creggs	0	1	1	1
Kilconnel	1	1	1	1
Kiltormer	0	0	0	0
Menlough	1	1	0	0
Mountbellew	10	10	8	8
Moylough	1	1	1	1
District: Tuam				
Ballymoe	1	1	0	0
Barnadearg	1	1	1	1
Corofin	1	1	2	2
Dunmore	4	6	6	6
Glenamaddy	1	1	1	1
Headford	5	5	5	4
Kilconly	1	1	0	0
Milltown	1	1	1	1
Tuam	56	55	55	54
Williamstown	1	1	1	1
TOTAL	600	601	595	585
Mayo				
District: Castlebar				
Balla	2	2	2	1
Ballyglass	1	1	1	0
Ballyvary	1	1	1	1
Castlebar	75	73	76	74
Garda Info Services	3	3	0	0
Glenisland	1	0	0	0
Partry	2	2	2	3
Tourmakeady	0	1	1	0
District: Ballina				

Dáil Éireann

Ballina	49	48	49	44
Ballycastle	0	1	1	1
Bonnicconlon	1	0	1	1
Crossmolina	4	4	4	4
Killala	1	1	1	1
Lahardane	1	1	1	1
District: Belmullet				
Ballycroy	1	1	1	1
Bangor Erris	3	3	2	3
Bellacorrick	0	1	1	0
Belmullet	22	19	23	27
Blacksod	1	1	0	0
Glenamoy	1	1	1	1
District: Claremorris				
Ballindine	0	1	1	1
Ballinrobe	9	9	9	9
Claremorris	25	36	36	36
Cong	1	1	1	1
Hollymount	1	1	1	1
Kilmaine	1	0	0	0
Knock	0	2	1	1
Shrule	1	1	1	1
District: Swinford				
Ballyhaunis	10	10	10	9
Charlestown	7	7	5	5
Foxford	3	3	3	2
Kilkelly	9	9	8	6
Kiltimagh	3	3	2	2
Swinford	29	26	26	27
District: Westport				
Achill Sound	3	2	3	3
Keel	1	0	1	1
Louisburgh	2	2	1	2
Mulranny	1	1	1	0
Newport	3	3	2	2
Westport	31	30	29	28
TOTAL	309	311	309	300
Northern Region.				
Sligo/Leitrim				
District: Sligo				
Cliffoney	1	1	1	1
Collooney	3	5	5	5
Coolaney	1	1	0	0
Grange	2	5	5	4
Rosses Point	2	2	2	2
Skreen	2	1	1	1
Sligo	157	160	150	142
District: Ballymote				
Aclare	1	2	2	1
Ballyfarnan	1	1	1	1
Ballymote	28	27	29	30
Bunnanadden	1	1	1	0
Easkey	2	2	2	1
Enniscrone	4	5	5	7
Gurteen	1	2	2	2

6 March 2013

Riverstown	1	2	2	2
Tubbercurry	7	7	6	5
District: Carrick On Shannon				
Ballinamore	2	6	6	6
Carrick-On-Shannon	46	44	45	44
Carrickallen	2	1	2	2
Cloone	1	1	1	1
Dromod	1	1	1	1
Keshcarrigan	1	1	1	1
Mohill	4	5	6	6
District: Manorhamilton				
Dromahair	3	3	2	1
Drumkerrin	3	3	3	0
Drumshambo	5	4	5	8
Glenfarne	1	1	1	1
Kiltyclogher	2	1	2	0
Kinlough	4	5	4	5
Manorhamilton	24	20	20	23
TOTAL	313	320	313	303
Donegal				
District: Letterkenny				
Ballybofey	23	25	24	23
Brocach	1	1	1	0
Carrigans	5	5	5	5
Castlefin	4	4	4	4
Convoy	4	4	3	3
Letterkenny	123	114	104	107
Lifford	13	16	17	15
Newtowncunningham	4	4	3	2
Raphoe	4	2	3	4
District: Buncrana				
Buncrana	49	57	50	53
Burnfoot	15	5	6	6
Carndonagh	5	3	4	3
Clonmanny	1	1	2	2
Culdaff	0	0	0	0
Malin	4	4	3	1
Moville	6	6	7	4
Muff	4	4	4	3
District: Milford				
Carrigart	3	3	3	2
Churchill	1	1	1	1
Craosloch	1	1	1	1
Dunfanaghy	3	3	2	2
Falcarragh	9	8	9	9
Kerrykeel	4	4	4	4
Kilmacrennan	2	2	2	1
Milford	28	27	27	26
Ramelton	4	4	2	2
Rathmullen	0	1	1	1
District: Glenties				
Annagry	1	1	1	1
Ardara	3	3	3	2

Dáil Éireann

Bunbeag	8	11	15	14
Burtonport	2	1	1	1
Carrick	2	2	2	2
Clougher	1	1	1	0
Doochary	0	0	0	0
Dungloe	12	9	8	12
Gleann Cholmcille	1	1	1	1
Glenties	26	29	25	19
District: Ballyshannon				
Ballintra	2	2	2	1
Ballyshannon	35	47	47	45
Bundoran	10	8	6	6
Donegal Town	37	34	33	32
Dunkineely	0	0	0	0
Mountcharles	1	1	1	1
Na Cealla Beaga	6	6	6	6
Pettigo	1	1	0	0
TOTAL	468	466	444	427
Cavan/Monaghan				
District: Monaghan				
Clones	8	9	7	6
Clontibret	0	1	0	0
Emyvale	3	4	4	4
Monaghan	106	97	86	82
Newbliss	1	1	1	1
Scotstown	4	3	3	2
Smithboro	0	0	0	0
District: Carrickmacross				
Ballybay	5	5	5	4
Carrickmacross	54	51	46	46
Castleblaney	28	24	24	24
Corrinshigagh	1	2	1	1
Rockcorry	1	1	1	1
Shantonagh	2	2	2	1
District: Cavan				
Arva	3	3	3	3
Ballinagh	2	3	2	2
Cavan	69	69	62	61
Kilnaleck	3	4	4	4
Redhills	1	1	1	1
Stradone	2	1	1	0
District: Baileboro				
Baileboro	41	40	40	39
Ballyjamesduff	4	4	4	4
Cootehill	10	9	9	9
Kingscourt	7	6	6	2
Mullagh	2	1	2	2
Shercock	2	2	2	1
Tullyvin	0	0	0	0
Virginia	4	5	5	12
District: Ballyconnell				
Ballyconnell	28	29	28	25
Bawnboy	1	1	1	1

6 March 2013

Belturbet	3	4	4	4
Blacklion	4	4	3	3
Dowra	2	1	1	1
Killeshandra	2	2	1	1
Swanlinbar	3	2	1	1
TOTAL	406	391	360	348
YEARLY TOTAL	12438	12342	11939	11569

Deputy Pádraig Mac Lochlainn: Will I have two minutes for each question?

An Ceann Comhairle: We will look after the Deputy.

Deputy Pádraig Mac Lochlainn: I may not need that long.

An Ceann Comhairle: There is a limit of one minute but the Deputy can come in again.

Deputy Pádraig Mac Lochlainn: That is grand. I submitted these questions because of dialogue with a number of gardaí in different parts of the State. They are concerned that in their districts, the dedicated focus on drugs and crime detection was being lessened by cutbacks and reallocation. In a number of places where I spoke to officers, they would have had considerable success in the area.

Garda units with mobile patrols can quickly get on top of burglaries, and there is still good intelligence between communities and gardaí in that regard. Mobile patrols remain a significant deterrent. This feeds into the overall picture from gardaí and the issue I have raised regarding pay, why they are so distressed and the reason morale is so low. They do not have the resources to do their job. There are lies, damn lies and statistics and we can engage back and forth in that regard. Nevertheless, the feedback from gardaí on the ground is that the dedicated focus in a number of these areas of law enforcement is being lessened by cutbacks.

Deputy Alan Shatter: I am advised by the Commissioner that the dedicated focus in these areas is appropriate in operational terms. I cannot deal with rumours or innuendo arising from the force, and I hear all sorts of stories. I get all kinds of weird and wonderful queries into the Department of Justice and Equality about things I have personally allegedly done or said to members of the force. They may be-----

Deputy Niall Collins: Completely true.

Deputy Alan Shatter: -----a complete fabrication. Apparently, people say things and spread rumours that are untrue, and I cannot address such issues.

The Commissioner makes operational decisions about the Garda force and, in a sense, the proof of the pudding is in the eating. The statistics indicate for 12 of 14 areas that crime is down. Although burglary rates are up, if one considers the figures to last September, rates decreased in comparison to the two preceding 12-month periods for the previous quarters. We will have figures at the end of this month for the end of 2012 that will provide additional insight. I am advised by the Garda Commissioner that there is a continuing targeted operational focus, particularly dealing with the issue raised by the Deputy of mobile gangs, burglaries and other issues. Operation Fiacla across the country and Operation Acer in Dublin are proving to be successful.

Deputy Pádraig Mac Lochlainn: I have received feedback from officers both in an urban

setting and in two rural settings. The feedback is that they are seeing less capacity to do their job and these gardaí are very frustrated. There was a wave of burglaries in Donegal but I am thankful there was a special operation to tackle that. We met the assistant commissioner and I applaud the Garda because it very quickly got on top of the issue, albeit with additional resources deployed on a short-term basis. That did the business.

I urge the Minister to engage with representative associations. I appreciate the Croke Park agreement issue and the Minister knows our position. We are not happy that those at the high end have not felt the same pain as those on the front line. We could go back and forth to argue about whether the Garda Representative Association should have been part of the talks. It has indicated it was never at the table. Somebody has failed the ordinary gardaí and those on the front line, with low morale, will take another hit on take-home pay. We must do something about it because there is a crisis of morale. If these people do not feel they have support in these Houses, it will bring consequences.

Deputy Alan Shatter: The Garda force has my absolute support and I fight for its resources. That is why I had €90 million more in 2012 than would otherwise have been available under the 2010 national development plan. That is not to get at Deputy Collins. That is why there is €5 million available, as a minimum sum, to purchase Garda vehicles. That did not feature in the 2010 plan sold to the troika by the previous Government. This is not about scoring points against Fianna Fáil but rather making the point that I fight within the Government to try to ensure we provide the maximum possible resources to the Garda Síochána.

We are living in a country with a reduced financial envelope. We still have major financial issues to address and we must reduce our borrowing requirements. We must do things differently, engaging in modern and smart policing to be as effective or even more effective than we were in the past, and we must do that with fewer resources. I have fewer euro available in 2013 than I had in 2012, and I had fewer in 2012 than was available in 2011. When Deputy Collins's colleagues were in government at the start of 2011, the Minister for Justice, Equality and Law Reform at the time had fewer available resources than he had in 2010.

There are fewer financial resources so it is very important to use them wisely and do things differently. When we make operational decisions we must be innovative. The Garda Commissioner and those working under him have been particularly successful in this regard, with the Donegal operation a case in point. Bad people appear in different parts of the country unexpectedly to create difficulties and targeted, smart operations of the nature conducted in Donegal are effective. I will not say anything more about that as people are coming before the courts.

Deputy Niall Collins: The Minister frequently mentions here and elsewhere the issue of targeted campaigns by the Garda Síochána, smarter and more modern policing and doing things differently. He also talks of using resources wisely. At the same time he argues that everything is down to the operational discretion of the Garda Commissioner. Nevertheless, the dedicated drugs unit in Cavan and Monaghan, which has been highly successful, has been stood down. How many more dedicated drugs units have been stood down across the country? Why does the Minister not have an input in the re-establishment of dedicated drugs units, which have been very effective in curbing criminality around drugs and their proliferation? Why does the Minister not take ownership of that through the annual police plan, which he ultimately signs off? How many dedicated drugs units have been stood down?

Deputy Clare Daly: The Minister is correct in that we are dealing with a backdrop of

6 March 2013

reduced resources. He might also agree that the biggest concern for citizens is the detection of crime so is he happy with the Garda Commissioner's decision to remove two gardaí from active duty and detection of crime because they reported incidents of malpractice within the Garda?End of Take In return, they have been prevented from accessing PULSE and have been prevented from doing their job without the supervision of their sergeants.

Is the Minister aware of the instruction given on foot of the investigation of Assistant Commissioner O'Mahony that officers be removed from detection duties and instead put to work to examine penalty points retrospectively-----

An Ceann Comhairle: I ask that Deputies not mention individuals by name.

Deputy Clare Daly: -----and doctor the evidence, as it were?

Deputy Alan Shatter: I will not respond to yet another allegation made by the group across the way from me. The Members in question talk about respecting civil and human rights but in this House they have respect for no one's civil or human rights or reputation. Deputy Daly has named someone in the House and has suggested he is doctoring evidence. I ask the Deputy to withdraw that and to have the decency to do so. This House should not become a House in which people abuse privilege to make allegations they cannot substantiate.

On the issue of penalty points, I await the report that I know I am expected to receive during the course of this month. We will debate it after its publication. If there is anything arising from it that requires to be addressed by me, as Minister, it will be so addressed. If there is anything that requires to be addressed by the Garda Commissioner, it will be so addressed.

In the context of the issue the Deputy mentioned, I do not make operational decisions on where members of the force should be based, what work they should do or what supervision they should be under. However, I am conscious that various people who are not Members of this House have been named in public or in this House - the Deputy will know this because she has been engaged in it - by the Deputy's colleagues as if the individuals had done some wrong. I cannot recall whether the Deputy did it herself. The Deputy seems to believe it is appropriate that any information that might be available on the PULSE computer system should be simply published without consequences. There are consequences for the Garda's capacity to conduct an investigation. Issues arise under the Data Protection Act. I will say no more about those issues.

With regard to the query raised by Deputy Niall Collins, it would be highly inappropriate of me to make decisions on which units should operate in particular locations. These are operational decisions made by the Garda Commissioner.

The area of drugs, as the Deputy well knows, remains a high priority in the police plan of 2013. The Garda Síochána has been particularly successful in the past 12 to 18 months in respect of the very substantial drug hauls that have been achieved. I am informed that drugs valued in the region of €100 million were seized in the year ending December 2012.

Domestic Violence Refuges

8. **Deputy Jonathan O'Brien** asked the Minister for Justice and Equality if there is an Executive Office under the aegis of his Department which provides a co-ordinated whole of

Government response to violence against women and domestic violence; and if he will provide an update on their work. [11557/13]

(Deputy Alan Shatter): Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence, is an executive office of my Department. Its key task is to ensure the delivery of a well-co-ordinated whole-of-government response to domestic, sexual and gender-based violence against women and men. Cosc was established in June 2007 and was given a remit to address these forms of violence from a cross-Government perspective rather than from a purely criminal-justice perspective.

Cosc carries out its co-ordination functions primarily within the framework of the first national strategy on domestic, sexual and gender-based violence. The strategy was published in March 2010 and covers the period 2010 to 2014. The strategy incorporates the specific tasks assigned to Cosc.

The four high-level goals of the strategy are to promote a culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence; to deliver an effective and consistent service to those affected; to ensure greater effectiveness of policy and service planning; and to ensure efficient and effective implementation of the strategy. The high-level goals cascade down into 59 detailed on-the-ground activities. Progress indicators and structures for implementation are also set out in the strategy.

Cosc consulted a broad range of stakeholders in the State and voluntary sectors to develop the strategy and is now driving its implementation. Consultation continues to form a major element in implementation. This is done through the medium of the national steering committee on violence against women and the national steering committee on violence against men. The steering committees are made up of representatives of the principal non-governmental organisations which provide direct support services to those women and men affected by these forms of violence and the State organisations with responsibilities under the strategy, which provide front-line services to victims of such violence. Bilateral meetings are also held with these organisations and with other regional groups. Cosc maintains a website containing comprehensive information, including the composition of the committees.

Monitoring of the implementation of the strategy is achieved through a high-level group of officials chaired by the Secretary General of my Department. The group, known as the strategy oversight committee, is composed of senior officials from the Departments and national agencies with responsibilities for actions under the strategy. At present, it includes representatives from the Department of Health, the Department of Education and Skills, the Department of the Environment, Community and Local Government, the Health Service Executive and An Garda Síochána.

Additional information not given on floor of the House.

Cosc reports to the oversight committee twice per year. The report is compiled by Cosc from updates on each action provided by the lead body with responsibility for the action. The report is issued to the national steering committees for its observations before being brought before the oversight committee. Five reports have so far been published on the Cosc website for the period up to the end of June 2012. A sixth report is being finalised for the period to the end of last year. In addition, a mid-term review of the implementation of the strategy was completed in 2012 and published on the Cosc website following consideration by the national

steering committees and the oversight committee.

Deputy Pádraig Mac Lochlainn: I, along with many Deputies, attended last year a very moving presentation from SAFE Ireland, the umbrella group for domestic violence centres and groups. Its core crisis concerns the need to have enough refuge centres for women. As I am sure the Minister knows, one in five women in Ireland has reported she has been a victim of domestic abuse, either with her current or previous partner. This is a shocking statistic. How can the Minister assure the relevant organisations that the Government can offer them the real supports they need such that when a woman – it is almost always a woman - and her children present themselves in a crisis, they can be given the refuge they need?

Deputy Alan Shatter: Ever since my time working in the free legal advice centres, when Women's Aid started the first hostel for women who are victims of domestic violence, we have not had enough refuges. Unfortunately, even as we went through good times, we did not have adequate accommodation. Funding for refuges for domestic violence victims comes substantially through the Department of Health and HSE as opposed to my Department, which can play only a very small role in this area. It is an issue with which I am very familiar because of my work over the years. We do what we can to be supportive of the various groups engaged in providing refuges for victims of domestic violence. Unfortunately, as with every other area in the State at present, there is a limit on the resources available. I know this is an issue of particular interest and concern to the Minister of State Deputy Kathleen Lynch and the Minister for Health, Deputy James Reilly, who work in this area.

All I can do as Minister for Justice and Equality is urge that funding be provided. Cosc is very conscious of the needs in this area. I would like us to be in a position in which there are greater resources available for providing refuges for those who need a place in which to live safely, even if only temporarily.

Road Traffic Offences

9. **Deputy Brendan Smith** asked the Minister for Justice and Equality if he has had any further response from the Northern Ireland authorities in relation to the need to deal effectively with illegal and dangerous driving practices on the N54/A3 Clones to Cavan Road; and if he will make a statement on the matter. [8929/13]

(Deputy Alan Shatter): I am informed by the Garda authorities that the activity referred to occurs on a stretch of road that traverses County Fermanagh on the N54-A3. Accordingly, road safety enforcement on that particular stretch of road is the responsibility of the Police Service of Northern Ireland, PSNI. I am, however, assured that An Garda Síochána monitors traffic and performs static checkpoints at strategic locations on the proportion of the road in this State.

The Deputy will be aware that a number of joint operations have been conducted by An Garda Síochána and the PSNI targeting anti-social driving practices on this road. These operations have taken place at regular intervals over a number of years. To date in 2013, planned joint operations have been conducted by the Garda in conjunction with the PSNI on 12 and 17 January and 9 and 16 February. I am further advised by the Garda authorities that these operations will continue to be prioritised in the future and that there has been positive feedback with respect to these operations and their deterrent impact at this location.

I am assured that An Garda Síochána and the PSNI maintain ongoing close liaison with local public representatives on both sides of the Border in relation to this matter and have been proactive with regard to road safety enforcement measures in the area. The Deputy will appreciate this is principally an operational policing matter and accordingly what is important is ongoing police co-operation. My colleague, David Ford, and I regularly discuss the general issue of co-operation between the Garda Síochána and the Police Service of Northern Ireland and we are both satisfied that co-operation between both forces is excellent. In respect of the specific issue raised by the Deputy, I am assured by the Garda authorities that this ongoing police co-operation is borne out by the recent joint operations.

Deputy Brendan Smith: I thank the Minister for that reply. I originally tabled the question for the Minister for Foreign Affairs and Trade and the position has since improved. Clones Town Council is the local statutory agency that has constantly brought this matter to our attention. I commend the Garda Síochána in the Cavan-Monaghan division and the local members of the PSNI in Fermanagh on their policing work in this area. It is a very difficult area to police. If someone travels from Clones to Cavan, he passes through Fermanagh on three occasions.

In previous questions, I asked the Tánaiste to ensure this issue is kept on the agenda at North-South Ministerial Council meetings and the Tánaiste undertook that, along with the Minister for Justice and Equality, he would raise the matter with the Minister for Justice in the Northern Executive. We want to reassure the local community that the matter will be given constant attention. I have had numerous complaints from older members of the community in Fermanagh, Cavan and Monaghan who were extremely frightened by the outrageous driving practices, such as joy riding, so-called “doughnutting” and other dangerous practices on particular stretches of that road, particularly in Fermanagh, on different occasions.

There is also constant ambulance traffic between Monaghan General Hospital and Cavan General Hospital and we want to ensure no tragedies occur on that stretch of road. I ask the Minister to keep the matter under consideration along with his northern counterpart.

Deputy Alan Shatter: I share the Deputy’s commendation of the Garda and the PSNI because they have done important work here. What has been taking place is an outrage and is completely unacceptable. This behaviour places lives at risk and cannot be tolerated by ourselves, the Garda or the authorities in Northern Ireland. It is important that this sort of activity stops and I assure the Deputy the work being done by the Garda and PSNI will continue and everything possible will be done to curtail these activities before some tragedy occurs. Those involved in policing on both sides of the Border deserve our thanks for the work they have done on this issue.

Deputy Joe McHugh: I am open to correction but in the 1980s there was a more formal structure between Garda superintendents on the southern side of the Border and their counterparts in the North. While there are good relations between North and South now, where gardaí can telephone their PSNI colleagues, we should look at a more localised structure. Rather than Deputy Smith and Deputy Mac Lochlainn having to raise issues in here about our local areas, communities should be able to make suggestions and perhaps the Minister could consider community policing at town and county level. That model works and we should consider it for the Fermanagh-Cavan region or Tyrone-Derry-Donegal, where the community could be involved while being reassured at the same time.

Deputy Alan Shatter: I support any co-operative structure that might provide added value

6 March 2013

and facilitate co-operation in policing matters between North and South. There is now a far more sophisticated and deeper engagement between the Garda Síochána and the PSNI than would have been the case in the 1980s. We also have local policing committees, which can make an input into these issues. I am happy to consider the Deputy's suggestion.

Road Traffic Offences

10. **Deputy Joan Collins** asked the Minister for Justice and Equality if he has received the final report of the Assistant Garda Commissioner into allegations that fixed charge notices mainly for speeding have been inappropriately cancelled; and if he will make a statement on the matter. [11604/13]

17. **Deputy Seán Crowe** asked the Minister for Justice and Equality if he will provide an update on the investigation by An Garda Síochána into the allegations by whistleblowers that road traffic offences have been quashed by senior gardaí. [11567/13]

Deputy Alan Shatter: I propose to take Questions Nos. 10 and 17 together.

These questions relate to the issue surrounding the allegations concerning the cancellation of fixed charge notices. Fixed charge notices are provided for under the Road Traffic Act 2002 and are an alternative to prosecution. They give a motorist the opportunity to acknowledge the offence, pay the fixed charge and, where the offence is a penalty point offence, incur the appropriate penalty points. While the issuing of a fixed charge notice does not constitute commencement of legal proceedings, it normally leads to a prosecution if the fixed charge is not paid.

There can be circumstances, however, where the fixed charge notice may be cancelled, in accordance with Garda procedures drawn up in the light of legislative exemptions and prosecutorial guidelines. Cancellation occurs where it is believed the evidence would not sustain a prosecution or a prosecution would not be appropriate, fair or proportionate. The procedures provide authority to district officers, or inspectors acting as district officers, and an inspector in the fixed charge processing office to cancel fixed charge notices.

Cancellation can occur in circumstances where, for example, exemptions apply for emergency vehicles or the wearing of seatbelts, or where there are evidential difficulties, such as where the registration number registered by a speed camera does not correspond to the vehicle in question, or where there are emergency medical circumstances such as, for example, a sick child being driven to hospital, an imminent birth, or a medical professional rushing to a sick or elderly patient. Access to cancel a fixed charge notice through PULSE is restricted to users with the rank of inspector or higher.

The examination directed by the Commissioner into the allegations concerning the cancellation of fixed charge notices is continuing and I expect a report on the findings shortly. I have received an interim report from the Commissioner, but I will not be making any further comment on any of the allegations until the final report is available. It would be premature and wrong to assume that all of these cancellations of fixed charge notices were inappropriate, or that money has been lost to the Exchequer as a consequence. Equally, it is premature for calls to be made for a statutory inquiry into these matters. Let us await the final report on this matter, which I understand from the Garda Commissioner is nearing completion and I expect to receive in two weeks time.

Deputy Joan Collins: I thank the Minister for that reply. He could almost recite it by rote at this stage - he does not need the script in his hand. We were told this report would be issued in January but we are still waiting for it. The Minister says it will be ready in two weeks and I hope that is the case. Does the Minister realise, however, the depth of public interest in these issues? This is not just confined to fixed penalty notices. It goes broader than that, as we know from the information we have received from the whistleblowers.

I originally submitted a question to confirm a question I submitted last month and was asked by the Questions Office to change it and table this question because if I did not table this question, I would not get in the original question, which specifically asked the Minister's response to the points I made last time. I will not name the two members of the Judiciary so the Minister need not worry but I did not get a reasonable reply to the question I submitted last month.

An Ceann Comhairle: The Questions Office was trying to help the Deputy to submit a question, in case people think the Deputy was not allowed to ask questions about this issue. The question that the Deputy submitted was out of order according to Standing Orders and was about to be disallowed. To help the Deputy, the Questions Office contacted her so it is wrong to say there was any interference in any question tabled. The simple thing to do would have been to disallow the question so in fairness to the Questions Office, I ask the Deputy to recognise this was done to be helpful.

Deputy Joan Collins: I recognise the staff in the Questions Office must work under direction.

An Ceann Comhairle: They have to operate under Standing Orders.

Deputy Joan Collins: I had a similar question in on the last occasion and it was not ruled out of order or changed. The point must be made that there is no malice in naming names. We wanted to raise the serious issue of the information available to us of thousands of penalty points being quashed and that we need to get this addressed. I hope that the report the Minister gets back in two weeks' time will give some indication on it, and perhaps the matter of the two members of the Judiciary would be clarified as well.

An Ceann Comhairle: I call Deputy Mac Lochlainn. Deputy Crowe's question was also taken.

Deputy Pádraig Mac Lochlainn: I did not realise the Minister was taking them together.

An Ceann Comhairle: Questions Nos. 10 and 17 are being taken together.

Deputy Pádraig Mac Lochlainn: Some of the other Deputies have referred to whistleblowers within the force having brought into the public domain what they claim to be shoddy practice. Apparently, it is limited to a number of districts. It is not widespread. The bottom line is that the public needs to know. It would be appalling and outrageous for the overwhelming majority of motorists who have paid their fine, taken the points, taken it on the chin and adapted their driving to think that there was some arrangement.

This is a most serious matter. Unfortunately, sometimes it gets caught up in persons being named, etc. The bottom line is a significant number of road traffic offences have allegedly been written off without any proper procedure being taken by senior members of the Garda. Those are the allegations to which a number of Deputies are privy.

6 March 2013

I appreciate the Minister's response that he will await the report in two weeks' time. I commend him for stating he will publish the report. It needs to be done. At that stage, we need a full and frank debate in this House about the report and its implications and where we go from there. It does a damning disservice to the overwhelming majority of gardaí who serve the State with great pride that, in the issues that we have been raised today they perhaps involve only a small minority of the force. We will see how the report comes out but the allegations are very serious.

Deputy Alan Shatter: On a personal level, I have a great deal of time for Deputy Mac Lochlainn and it is difficult to criticise what he states. Occasionally, however, I must listen on this side of the House. Less than half an hour ago, Members from across the House, including Deputy Mac Lochlainn, criticised me, as they are entitled to do, as being in some way responsible for what is reported to be the low morale in the Garda force. The Members who want to talk about low morale in the force on one issue are then persistently making allegations against members of the force, that they do not properly conduct themselves, they are basically a law unto themselves and they are making decisions that they should not be making.

The penalty point issue is a case in point. I will not prejudge it. I do not know whether issues have been dealt with properly or improperly and unlike the Members who raised the issue in the first place, I will not prejudge the outcome. If Members who want to make an issue about low morale in the Garda force are talking about the difficulties in other areas, they might focus on whether they are contributing to a perception by some members of the force that it does not get the support to which it is entitled by constantly regurgitating this issue.

I take this issue seriously. I have taken it seriously since the allegations were first made. Within a short time of the allegations being brought to my notice, after I had an opportunity to give consideration to them I brought them to the attention of the Garda Commissioner and asked that the matter be fully investigated. That is now happening. I will not revisit it on an allegation-by-allegation basis, nor will I use it as a vehicle, either to name or not name Members of the House or to describe limited groups of persons in this House in a way that is designed to create a pejorative public perspective on them, which is what has been happening from the four Members opposite me. In fairness, Deputy Mac Lochlainn is more circumspect in what he is saying.

It is a serious issue and I await the outcome of the investigation. We will then address that outcome in a manner that is appropriate and we will get answers. As Minister, I want answers. However, I wonder whether the answers will be acceptable to everyone. I do not know what they will be but I suspect that if they do not fit in to the narrative of some they might not be happy and if they do, they will be celebratory. I do not know what the outcome will be. Either way, let us not use this as a mechanism to damage the reputation of members of An Garda Síochána in the eyes of the public.

I repeat I do not include Deputy Mac Lochlainn in this. I want to be clear. Let us not use this as a mechanism to, on a daily or weekly basis, get what is perceived to be a bit of beneficial personal publicity.

An Ceann Comhairle: We are over time.

Deputy Joan Collins: The gardaí are just doing their business.

An Ceann Comhairle: I ask Deputy Wallace to be brief.

Deputy Mick Wallace: On the issue of the penalty points, the Minister rubbished my assertion that the Commissioner was throwing cold water on the investigation. I will quote the Commissioner in December last.

An Ceann Comhairle: Deputy Wallace will not quote anything. The Deputy will not imply things.

Deputy Mick Wallace: The Commissioner stated, “There is no question of what has been described as a culture of non-enforcement of penalties being tolerated by An Garda Síochána”.

An Ceann Comhairle: Deputy Wallace should resume his seat. I called him to ask a supplementary question, not to make a statement. The Deputy should resume his seat.

Deputy Mick Wallace: Can I ask the supplementary question?

An Ceann Comhairle: Deputy Wallace must adhere to the rules of the House.

Deputy Mick Wallace: Would the Minister agree that an independent investigation was more likely to give us accountability and transparency?

Deputy Alan Shatter: I can assure Deputy Wallace there will be transparency in the sense that I will publish the outcome of this investigation. Then we will make decisions as to what, if anything, needs to be done. We will be able to ascertain whether what has been alleged is true or untrue. We may be able to ascertain whether the background to this is as simple as presented by Deputy Wallace and his colleagues or is a great deal more complex. Let us await the outcome.

Written Answers follow Adjournment.

Topical Issue Debate

Road Safety

Deputy Ann Phelan: I thank the Ceann Comhairle for affording me the opportunity to speak in the House today on this important topic.

Road safety has been a serious issue in this country for some time with many losing their lives or becoming badly injured on the nation’s roads. While the situation has somewhat eased in the past number of years, it is still unacceptable that so many are killed or injured on the roads every year. There are many reasons for this and now is not the time to delve into that discussion.

I bring the attention of the House to one aspect of road safety that simply must be further legislated for. According to a recent report by the Transport Research Laboratory, there are concerns over the quality of windscreen replacements in this country. In all the replacements that have taken place in the past year, 35% of them were found to have a safety or quality issue and

6 March 2013

14% were found to have serious signs of safety issues. While I do not want to over-dramatise the position here today, it is important.

The windscreen of a car now accounts for up to 30% of its structural integrity and it prevents the roof from collapsing if the car rolls over. Also, once the airbag has been activated, it relies on the support from the windscreen in order to make it work properly. A windscreen that is fitted properly is, therefore, crucial to the overall safety of the occupants of the car and an incorrectly fitted one could significantly increase the potential for serious injury or worse in the event of an accident.

In addition, windscreens are becoming increasingly complex as car manufacturers have over the years added electronics to their construction, as well as tinting and curving them more than ever before. The industry is producing ever more complex windscreens and we must be able to trust the appropriate company to replace them properly.

However, little or no regulation exists in this area, one which is crucial to road safety. I might add that this is not peculiar to Ireland. It also is the case in other countries.

It has been highlighted at the Joint Committee on Transport and Communications, of which I am a member, that there is another worry associated with this industry, that is, the practice of steering. Many insurance companies now offer policies that give free windscreen replacement to those who take out motor insurance with them. As policyholders with certain insurance companies, we are steered towards a particular windscreen company for a replacement. In order for a windscreen company to get that business, standards are often cut and shortcuts taken. These insurance companies are trying to keep their costs down and so in order to get one of the lucrative contracts windscreen-replacement companies can be tempted to cut their costs by using inferior materials and shoddy work practices, leading in turn to a poor quality service.

Consumers are entitled to have any component replaced or repaired so that the vehicle is as good as it was before an accident. This is not helped by the lack of proper regulation governing this industry. Most people are unaware of the lack of standards in the industry, and may be driving a vehicle with a windscreen that is defective and may render the airbag useless.

I look forward to the Minister of State's reply. I do not wish to over-dramatise the situation but it is important. I had my windscreen replaced approximately four weeks ago and I was completely unaware that one should go to a reputable company. I did not realise the windscreen was so important to the overall safety of the car.

Minister of State at the Department of Transport, Tourism and Sport (Deputy Alan Kelly): I thank Deputy Ann Phelan for raising this important issue. I know it is of concern to her as she has spoken to me about it privately.

The poor fitting of replacement vehicle windscreens is currently a consumer affairs matter relating to the delivery of a service, for which the Minister for Transport, Tourism and Sport has no functional responsibility. However, if there are apparent flaws in the manner in which replacement windscreens are fitted, I believe the issue would best be addressed by agreement among all interested parties to improved training standards for windscreen replacement and by adopting an industry-wide operational code of practice, which I believe the Deputy would welcome. Such agreement would necessitate a combined collaborative approach between the windscreen-replacement industry, vehicle manufacturers and insurers within the Irish market in coming together to agree standards and the sanctioning of the installation of replacement ve-

hicle windscreens by reputable well-trained windscreen replacement technicians only.

With regard to legislative provisions relating to the service and-or repair of a vehicle, I am advised that at present there is no specific legislation governing windscreen repair and fitting companies, individuals or indeed the standard of workmanship for fitting or repair of windcreens. However, there are regulations regarding the quality and fitness for purpose of a vehicle and of a vehicle component, and the standard of a service provided or performed in respect of a vehicle or of a vehicle component. For example, the Sale of Goods Act 1893, as amended, provides that a good, which would include a windscreen, sold in the course of business must be of merchantable quality and must be reasonably fit for the purpose for which it was intended and that a service, including a service or the repair of a vehicle, is subject to four requirements. These include that the supplier has the necessary skill to render the service; the person supplying the service will do so with due skill, care and diligence; where materials are used, they will be sound and reasonably fit for the purpose for which they are required; and where goods are supplied under the contract, they will be of merchantable quality.

The Road Traffic (Construction, Equipment and Use of Vehicles) Regulations 1963, SI 190 of 1963, as amended, requires windscreens to be made from a suitable material that is clear, stable and will not splinter if fractured and that is either safety or laminated glass. Additionally, the European Communities (Road Vehicles: Entry into Service) Regulations 2009 require replacement windscreens for European approved vehicles to be of the same standard and specification as the original windscreen fitted when the vehicle was manufactured. Compliance with this legislation is checked at the vehicle's periodic roadworthiness test when the windscreen is inspected to ensure that it is labelled with specific safety and approval markings. The windscreen is also visually checked to ensure that it is not damaged and is secure.

Poor quality fitting of replacement windscreens, as highlighted by the Transport Research Laboratory's report, which had been commissioned by Autoglass, was brought to the attention of the RSA which has responsibility for vehicle standards policy. After reviewing the report the RSA agreed that a correctly bonded windscreen plays an important role in the strength of a car in the event of a collision. Correctly fitted and bonded windscreens may also play a role in the correct deployment of passenger side airbags.

I understand that after reviewing the report the RSA engaged with the Garda national traffic bureau which advised it was not aware of any instances of ill-fitting windscreens being responsible for fatal or serious injury caused to any person in any collision. The RSA also engaged with the Irish Insurance Federation which forwarded the report to motor damage claims specialists in a number of its member companies for comment. The IIF indicated that should Autoglass conduct further research disclosing safety and standards issues, it would be happy to work through the IIF and others to address them.

The RSA concluded from the information contained in the TRL report that it appears that not all windscreen replacers are following the correct procedures and workmanship when fitting windcreens resulting in possible safety implications and value-for-money considerations for vehicle owners. RSA engineers reviewed the fitting process of a replacement windscreen and agree that in order to ensure a good bond is achieved between the windscreen and the vehicle a prescribed series of steps must be followed utilising manufacturers recommended adhesives and curing times. As with many other vehicle repairs, a certain level of training, competence and quality assurance is required to ensure that individuals carrying out such work do it correctly to an appropriate standard and to manufacturers' specifications.

6 March 2013

In order to improve the standard of workmanship in the windscreen replacement industry it is suggested that the industry engages with insurance companies, the Society of the Irish Motor Industry and vehicle manufacturers to agree on standards, training, quality control and codes of practice that should be used when repairing or replacing windscreens. This approach of upskilling and training of windscreen fitters, combined with agreement from the insurance companies that only suitably trained individuals can carry out work on their behalf, will drive improvements in the standard of workmanship in this important area of vehicle safety.

An Ceann Comhairle: Go raibh maith agat.

Deputy Alan Kelly: Both the Department and the RSA would welcome such developments and in general support any efforts that will improve the standard of the national fleet including upskilling and training of those involved in the maintenance and repair of vehicles in the national fleet. In the meantime, in the absence of such industry-wide agreement on this issue, it is each vehicle owner's responsibility to ensure that his or her vehicle is in compliance with the law and maintained in a roadworthy condition at all times.

An Ceann Comhairle: I am afraid we are over time.

Deputy Alan Kelly: Road traffic law places the onus on users of vehicles on public roads to ensure that their vehicles comply with the law and are safe. I thank the Deputy for raising a really important issue which the Department and the RSA will take quite seriously.

Deputy Ann Phelan: I thank the Minister of State for his comprehensive reply. I ask him to put pressure on the motor insurance companies which also have a role to play in the matter. Providing windscreen repair and replacement companies with accreditation to a technical standard would have the effect of encouraging quality and safety in the market and would provide a mechanism that could be used to drive the necessary improvements.

Sometimes when in doubt one throws something into the area of education. The national car test might have a role to play in the matter. I believe a pressure test could be developed to prove if the windscreen has been fitted properly. I take on board everything the Minister of State has said and I look forward to developments in the matter.

Deputy Alan Kelly: I again thank the Deputy for raising the issue which gives food for thought. We are investigating whether a code of practice can be encouraged. The Deputy's comments on the NCT are ones we will be pursuing through the Department to see if there is a requirement to revisit the standards and if something needs to be addressed. The issue raised was worthy of discussion, and I thank the Deputy for doing so.

Mental Health Services Report

Deputy Maureen O'Sullivan: Gabhaim buíochas don Teach agus ba mhaith liom a rá go bhfuil áthas orm go bhfuil an t-ábhar seo á phlé againn inniu. Tá sé riachtanach go gcoimeádfaidh muid an t-ábhar seo, cúrsaí sláinte intinne, os ar gcomhair amach anseo. We know the plan for community-oriented multidisciplinary mental-health teams that will allow people to access treatment without hospitalisation, but it is not moving as efficiently as it should. Apart from the human advantages, there are also significant economic advantages. The money for mental health services has not always gone into mental health services, where we know it is

needed.

4 o'clock There is a need for a system that would track the activities of community-based mental health services and funding. I draw the attention of the House to the report, published on 1 February, of the UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, Mr. Juan Mendez, which looks at abuses in health care settings that may cross the threshold of mistreatment and be a form of torture or cruel and degrading treatment. In looking at mental health legislation within the UN Convention on the Rights of Persons with Disabilities and UN Committee on the Rights of Persons with Disabilities, Mr. Mendez established that community living with support is no longer a favourable policy development but an internationally recognised right.

Community mental health services are not an established right in Ireland. While this was first proposed in 1984 and again in *A Vision for Change* in 2006, we are still awaiting the move from residential and institutional care to community care. While the policy in this regard has been in place for more than 30 years, it has not been the practice. I support the call by Amnesty International for legislation in this area to provide that health authorities are duty-bound to account for and ultimately deliver community mental health services. Mr. Mendez also calls in his report for legal provisions to be revised, which provisions currently permit detention on mental health grounds in mental health facilities and allow coercive interventions and treatments in mental health settings, without the free and informed consent of the person concerned. The report also calls for a ban on forced and non-consensual medical interventions for persons with disabilities, be that psycho-surgery, electric shock treatment, mind altering drugs, restraint or solitary confinement. I would like to know where we stand on these matters.

Another issue of concern is the status of the appointment of the director for mental health services and whether that person will have budgetary control and an implementation plan for delivery of *A Vision for Change*. I have previously tabled parliamentary questions to the Minister, Deputy Reilly, and Minister of State, Deputy Lynch, on staffing issues. Between March 2009 and December 2012, there was a 12.1% decrease in staff numbers in mental health services. We do not want a recurrence in 2013 of the delays which occurred in 2012. There must be visible accounting in terms of what is happening in terms of funding and staffing for mental health services.

Minister of State at the Department of Public Expenditure and Reform (Deputy Brian Hayes): I apologise on behalf of the Minister, Deputy Reilly, and Minister of State, Deputy Lynch, for their not being in the House to respond to this important issue raised by Deputy O'Sullivan.

In line with the agreed programme for Government, the Government has prioritised the reform of our mental health services and is committed in particular to the delivery of more and better quality care in the community, as envisaged in *A Vision for Change*. Deputy O'Sullivan referred to the 1984 document, which I recall because I was a student at that time and did a special report on it. That report focused on the move to a community model. I recall distinctly well the context of the report at that stage. Implementation of the recommendations of the report has been slower than originally expected owing to a number of factors, including the changed economic context, constraints on public expenditure and the moratorium on recruitment. However, with regard to residential services, a great deal of progress has been made with the accelerated closure of old psychiatric hospitals and their replacement with bespoke new facilities such as the Phoenix Care Centre which was recently opened in St. Brendan's, Grangegorman. Beyond

6 March 2013

new capital developments, progress also encompasses shorter episodes of inpatient care and involvement of users in all relevant aspects of mental health policy and services. One of the most fundamental changes in recent years, as the Deputy will be aware, has been that people within the mental health service now have advocates who argue for their requirements, in terms of services, locally. This is happening across mental health service provision in this country and has given an additional voice to people who need help.

A Vision for Change recommended that a modern mental health service is best delivered in the community. The Deputy will be aware that a special allocation of €35 million was provided in 2012 for mental health services to strengthen community mental health teams in adult and children's mental health services; provide an additional 414 full-time posts to enhance suicide prevention measures; initiate psychological and counselling services in primary care, specifically for people with mental health problems; and advance relocation of mental health service users from institutional care to independent living arrangements. Full utilisation of the 2012 funding, together with a further €35 million for the new service put in place for 2013, represents an extra €70 million, with more than 800 associated mental health posts to improve and reform services. Recruitment of 307 of the additional 410 posts approved in 2012 has been completed. The HSE aims to fill the remaining posts by end March 2013. I hope to be able to report progress in this regard over the next few weeks.

Under the national implementation framework for the National Housing Strategy 2011-2016 for people with a disability and mental health issues, initial funding of €1 million has been made available by the Department to support the commencement in 2013 of the transitioning of people from existing settings to independent mainstream options. The renewed investment in mental health also facilitates the full implementation of the clinical programmes in this area and will drive service delivery and consistency, with a major emphasis on early intervention and improved collaborations within the primary care system to ensure the provision of a 21st century mental health service in Ireland. Ireland has a strong human rights record. The protection of such rights is central to our domestic and foreign policies. The practical fulfilment of this objective is of paramount importance, including proper reflection in evolving policies and settings across a wide range of our health and personal social services.

Deputy O'Sullivan referred to the most recent report of the Special Rapporteur, Mr. Mendez. There are significant findings in that report in terms of the setting that is now chosen for the majority of people in this country with mental health issues. I understand that the Department is studying the report in detail and will issue its considered view on it in due course.

Deputy Maureen O'Sullivan: I take heart from the fact that the Department is studying Mr. Mendez's report and will issue its findings on it. It is, however, difficult to accept much of what the Minister of State had to say about budget cuts and the moratorium on recruitment given the issue of mental health has not suddenly appeared on our agenda. This issue has not been a priority for any of the parties, including Fine Gael, Fianna Fáil and the Labour Party, in Government since 1984, although it has become a priority in recent times.

What was promised in 2012 did not materialise. The fear in the mental health setting is that the same will happen in 2013. The point that must be made is that political will alone has not worked when it comes to the provision of mental health services. A different approach is now needed, which could be provided by way of enactment of legislation to provide that the HSE is obliged to account for progress in this area and for the production of regular transparent reports in this regard, including to this House. It is important also there is development of mental

health services for people with an intellectual disability. I ask that these proposals be taken on board. As they are included in the report, I presume the HSE will respond to them.

Spending on community mental health has been static at 27%. Spending on residential care has been consistently 58%. I acknowledge the opening of the Phoenix Care Centre, which I attended. I was disturbed by the attention of the media on that occasion to the Minister, Deputy Reilly, and Minister of State, Deputy Lynch, being stuck in a lift rather than on that amazing facility. The opening of that facility presented an opportunity to look at the whole area of mental health in a much more progressive manner rather than on the mishap in the lift.

Deputy Brian Hayes: I do not disagree at all with what the Deputy said and there is much common sense in it because we should focus on the merits of the issue rather than frivolities or otherwise of people getting stuck in lifts. There is a message in this for the media and those who pander to them with simplistic commentary rather than detailed policy work. The Deputy is right to say that even with the cutbacks there has been a renewed commitment on funding on the part of the Government, and the Minister of State, Deputy Lynch, in particular has taken a huge interest in this area. Fair is fair and in circumstances where cuts have occurred a special allocation of an additional €35 million was made last year. Our commitment was to have an additional 414 places. As of now, 307 of these are in place and a commitment has been given that the great majority of the remaining number will be in place in a matter of weeks. I understand the 2013 budget also contains a commitment that an additional €35 million would be put in place to allow these additional posts to be filled.

Even in very difficult times when budgets are being cut this is an area where budgets are expanding because we recognise there has been a real deficit in the number of trained personnel working in the area. I expect, because of the notes I have in front of me, these people will be in place by March this year. This will represent an increase of €70 million over the past two years and an additional 800 posts over a longer period of time. Slowly but surely we are beginning to recognise the need for proper mental health services, as the Deputy has rightly said. Even in difficult times we can still do this. I am sure the Deputy and others will encourage the Minister to get even bigger budgets and have a larger number of supporting personnel. As the Deputy rightly pointed out, there is an issue with regard to how developments in this area will have a practical impact throughout the HSE service and this is something of which we need to be very mindful. We should not have doctrinaire ideological views on something if evidence shows a better system, or at least a more flexible system, needs to be put in place. We need to be mindful of this and change policy accordingly.

Special Educational Needs Services Provision

Deputy Simon Harris: The parents of children with special needs in County Wicklow need and want to hear from the HSE and the Department of Education and Skills about the future plans for St. Catherine's Association and all of the services it provides to children in the county. Yesterday 58 superb staff members were let go. Today parents in Wicklow are concerned, frustrated, angry and confused. They do not know what is going on. I understand a meeting will take place on Monday with the board of directors for all parents whose children use the services of St. Catherine's Association and this is a very important process. The five Deputies from Wicklow, and Deputy Donnelly is in the House while Deputy Ferris is out of the country, are all working together on this in an effort to ensure services are retained.

6 March 2013

I know there are serious corporate governance and financial management issues in the organisation but my priority and that of the people in County Wicklow is to see its services and the level of care retained. Everything done by St. Catherine's Association was done for the good of children with special needs. The service grew out of need and love. Clearly there are very serious issues and the new board of directors of St. Catherine's Association very much acknowledge this and have been working hard over the past month to attempt to rectify it. These issues must be addressed. From our perspective, we need the HSE and the Department of Education and Skills to work together and meet the new board of directors and put in place a structure to ensure the health, education and residential services can be retained. St. Catherine's Association provides a unique service and we need to ensure it continues. Yes, significant changes need to be made but we need assurances to be given to parents and children that services will be retained and that the issues will be addressed.

Deputy Billy Timmins: It is most important that we as a society and a Government protect those who are most vulnerable. In recent years, much concern has been expressed by disadvantaged groups who feel they are taking a disproportionate cut in the services provided to them. I am confident this will not be the case in this situation. St. Catherine's Association was established several decades ago as a voluntary organisation to provide services for those with intellectual disabilities. On a voluntary basis many people campaigned, fund-raised and worked for many hours to establish a service when the State provided very little, if anything, in the area. It has developed and grown and provides an excellent service to many families along the east coast of Wicklow. It is going through change at present but it is very important. I am aware the Minister of State, Deputy Lynch, has had dealings with the HSE in this area in recent months and it is important that she gets out the message that the service provided will not suffer and that in whatever manner it is revamped the facilities and services of St. Catherine's Association will remain available to the residents and families. It is important to acknowledge the excellent work done by the many volunteers throughout the years and I hope once we go through this process that people will be reassured. I welcome the decision of the board of directors to meet the families in the coming days to reassure them that services will stay in place. The Minister of State can go a long way to reassuring people and the public that this is not a case of cutting back a service but of revamping one.

Deputy Andrew Doyle: Like my colleagues I am glad to have an opportunity to address the subject. St. Catherine's Association was established at a time when families or those with an interest in special needs had to push harder than they do today for anything they got. They got money and established a service at a time when there was no such thing as service level agreements or corporate governance. The service was born in this era, and it is the property of not only the families but also the community which feels it established it. This weekend the local Lions Club will run a fund-raiser for St. Catherine's Association. It will run vintage car runs and make other efforts to raise money to enhance the services provided by State funding through the HSE and the Department of Education and Skills.

It is regrettable that it has come to this. There are issues which have needed to be addressed for some time and it behoves everybody involved to get proactively engaged in resolving the issues. It is very important at this stage that the families, parents and children who are service users are reassured about the quality and type of service that will remain once the process has been completed. This is the most important thing and I urge the senior management of St. Catherine's Association, with or without the HSE, to meet the parents and give them this reassurance and explain to them exactly what has gone on. Too much has been up in the air for the past six

months. I ask the Minister of State to bring this message to the Minister and the relevant people involved.

Deputy Brian Hayes: I thank my colleagues, Deputies Timmins, Doyle and Harris, for raising this issue. I understand people's concern and the necessity to use the Chamber for a very clear statement on the part of the Minister for Health and the Minister of State at the Department and the Minister for Education and Skills. I know St. Catherine's Association as when I was education spokesperson on the other side of the House I worked with it on a number of issues with regard to special educational needs support. I take the point made by Deputy Doyle that this is not just a local concern. It is more important than this because St. Catherine's Association is a fundamental part of the national infrastructure for educational support of children with special needs.

I understand all Deputies in the Wicklow constituency are concerned about the future of the services of St. Catherine's Association in the context of difficulties which have emerged with regard to financial and governance issues, and in particular the fact that St. Catherine's Association has decided that a number of current employees will not have their contracts renewed. It is important to reassure the Deputies and the wider community that the HSE and the Department of Education and Skills are working closely with the service to ensure it will be sustainable for the future.

St. Catherine's Association delivers services to children with intellectual disability and is a valued service provider to people in the area. Services currently provided include multidisciplinary support services to approximately 250 children in St. Catherine's special school and early services including preschool to a number of children on the autistic spectrum. It also provides residential places for 11 children and two adults, and respite services for approximately 75 children.

The HSE provides funding to St. Catherine's Association - which, in 2012, amounted to in the region of €9 million - under a grant as provided for by section 39 of the Health Act 2004. The Department of Education and Skills funds the educational elements of the service separately. In that context, I am assured by the Department of Education and Skills that St. Catherine's Special Needs School remains open to its pupils. The difficulties currently being experienced do not concern the education provided to the pupils. Department of Education and Skills officials have arranged to meet with the school tomorrow morning to discuss the current difficulties and to assist the school.

St. Catherine's has grown significantly over a short timeframe in an unsustainable way. The HSE recognises the value of this service and is anxious to help the organisation to return to sustainability as soon as possible. A financial and governance review is being finalised by the HSE at present and the aim of the close engagement by the HSE is to ensure that this valuable service can continue on a sustainable footing. As part of the resolution of the matter, I understand that St. Catherine's has decided in recent days that it will not be renewing the contracts of a number of staff attached to the educational part of the service. While I understand this may be of concern to parents of children who attend St. Catherine's, it is important to note that it is in everyone's interest that the service be run in a financially sustainable way.

I understand that the Minister of State, Deputy Kathleen Lynch, recently met with all the Deputies for County Wicklow. She emphasised that every effort is being made to assist this organisation and, in particular, the children and parents who rely on its services. The aim of this

is to protect services for families in a sustainable way.

Deputy Simon Harris: I thank the Minister of State for his response. It is particularly encouraging to hear that departmental officials will meet with the management of St. Catherine's tomorrow. It is good news that the Department of Education and Skills will now engage with those concerned.

The Minister of State is correct that our collective aim as a group of Deputies is to protect the services that are in place. I hope the meeting on Monday between the new board of directors and the parents will pave the way forward. The St. Catherine's service is unique and, therefore, it may be necessary to examine new funding methods. It may also be necessary to look at new ways for the Department of Education and Skills, the Department of Health and the HSE to work together to continue to deliver some of the innovative services which make St. Catherine's a centre of excellence.

I thank the Minister of State again for his response and I look forward to us working together to protect this service in future.

Deputy Billy Timmins: I thank the Minister of State for his comprehensive and positive response. I regret the fact that a number of people on short-term contracts will lose their jobs, but I hope they can be re-employed somewhere in a similar area of work.

While the Minister of State's reply is reassuring, there have been a few weeks of uncertainty for the families concerned. I regret that the HSE did not keep public representatives for the area briefed on exactly what was happening. If we had had the contents of the Minister of State's speech a few days ago, it could have spared people some difficulties. However, I acknowledge and welcome the commitments that have been made by the Minister of State.

Deputy Andrew Doyle: The Department of Education and Skills has reaffirmed that its contribution to the education system, including the teaching of these children, will not change. We will have to discuss in some detail, however, the relationship between the HSE, the management of St. Catherine's and the Department of Education and Skills. There has been some tangling of wires in that area because what was part of a €9 million budget for care may have become part of an education stream of funding also. This is the nub of the problem with regard to governance. In anyone's language, €9 million is a substantial amount of money for a service. We could probably never give enough but at the same time there have been no departmental or HSE cuts in this area. It is important to remember that. It is a matter of getting the governance structures right and rebuilding from there.

The Minister of State said that St. Catherine's grew quickly but unsustainably. It is not that long ago, however, that the school was sustainable. It should be possible, therefore, to bring it back to the previous sustainable model which has served so well for over 30 years.

Deputy Brian Hayes: I very much take on board the points that have been made by the three Deputies. Where an issue like this arises, there is a responsibility on the HSE to inform local elected public representatives, including Members of this House, to help assuage community concerns. There is nothing as bad as a vacuum, so I hope that the HSE and others will learn lessons from this. They simply cannot go around the place without informing elected representatives, who understandably will take on board queries and concerns from constituents. I hope the HSE will learn lessons from this affair because that information was not provided, albeit through no fault of the Minister. On the contrary, the Minister of State, Deputy Kathleen

Lynch, met all the Deputies concerned last week. On foot of her intervention, she made it abundantly clear, both to the Department of Health and the Department of Education and Skills, that the Deputies should be properly informed. In particular, the parents of the children concerned should not be unduly afraid.

This is a unique setting. We have a special school, which is one of a number of such schools around the country. There is also an adult setting and respite services are being provided. Under a number of different expenditure sub-heads, the total expenditure has to be sustained and dealt with properly. As Deputy Doyle said, there are governance issues here which I am sure the HSE and others will work through.

On foot of her representations, the Minister of State, Deputy Kathleen Lynch, wants me to state that a meeting will occur tomorrow morning between the school management and the Department of Education and Skills. I am grateful for this opportunity to reply on her behalf in order to put that information into the public domain. We should not cause undue concern to parents because the service will remain. There may be changes in the funding model, but it is crucially important to get that model back on a sustainable level. In that way, these excellent services can be provided to the young people who use them. This is not just important to the people of County Wicklow, but is also part and parcel of a network of special schools around the country that provides a fantastic service to children with challenging behavioural issues.

Miscanthus Industry

Deputy Michael Moynihan: I am grateful for the opportunity to raise this issue. People around the country have invested a large amount of money in growing miscanthus, but they are worried about the future of the industry which may be at risk. The fear is that the sector is in jeopardy and it is believed that the Department of Communications, Energy and Natural Resources has not adjusted the REFIT scheme to allow the entire crop to be sold to the Edenderry power station in the coming weeks. The biggest difficulty is that approximately 300 farmers have invested a significant amount of money in the sector in recent years to develop the industry and grow almost 6,000 acres of miscanthus. Rightly or wrongly, there was a belief that the farmers concerned would have an outlet for this crop when it was ready to be harvested. It now appears this outlet, through the REFIT programme or any other scheme, is not available. Many people have invested heavily in this crop in the belief they were securing their future. Although almost 100 jobs are associated with the crop from the growers' perspective, they have been informed the renewable energy feed in tariff, REFIT, scheme will come into being only in 2015. While I am delighted the Minister is present in the Chamber to reply to this matter, more than 300 farmers, who are located in nearly every community, but in my own and in west Limerick in particular, have bought into this. They have planted a crop about which there always was an expectation that the outlet for it would be through Bord na Móna and its Edenderry plant. However, this has failed to come to pass and there is a belief among those who invested in this crop that the Department is not coming up trumps in this regard. I believe I have set out the issue without waxing lyrical on it because people are concerned about their investment and their future. The Minister might clarify the position for me.

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): I am glad Deputy Moynihan has raised this matter because it is an issue about which I am concerned and have a little knowledge. Moreover, I met the company directly to try to tease out

the issue. The background is that to meet Ireland's 2020 binding targets to increase renewable energy to 40% in the electricity sector, 10% in the transport sector and 12% in the heating sector, the Government is committed to so doing under the 2009 renewable energy directive. At present, to meet its current energy demands, Ireland is importing approximately 90% of its fuel requirements at a cost of approximately €6 billion per annum. Developing robust indigenous renewable sources of energy will help Ireland to meet its 2020 targets and to reduce its dependence on such fossil fuel imports.

In February 2012, I opened a REFIT scheme for biomass technologies to promote the use of renewable energy from biomass. REFIT 3, which is the scheme to which Deputy Moynihan is referring, was designed to incentivise the addition of 310 MW of renewable electricity capacity to the Irish electricity grid. The technologies being supported include anaerobic digestion and combined heat and power, which also will contribute to Ireland's renewable heat targets. It also contains incentives for co-firing of biomass, including energy crops such as miscanthus and willow in existing peat-powered generation plants and the use of biomass for generation of electricity only. The scheme operates by guaranteeing a minimum price for renewable electricity generated and sent to the grid over a 15-year period and the cost of REFIT is borne by electricity consumers through the public service obligation, PSO, levy. REFIT payments are made only to electricity suppliers for the renewable electricity exported to the grid. It was never intended to set out a tariff price for biomass itself and prices paid to suppliers of biomass are a private contractual matter between the supplier and the electricity generator. The REFIT schemes are funded, which is paid for by all electricity consumers.

REFIT 3 was designed, in part, to build on the bioenergy scheme operated by the Department of Agriculture, Food and the Marine, which provides establishment grants to farmers to grow energy crops such as miscanthus and willow for use in renewable energy production. It is, however, important to note that the bioenergy scheme was opened in 2007, long before a REFIT scheme for biomass was mooted. Equally, REFIT 3 does not preclude the use of miscanthus by electricity generators other than those co-firing with peat. Miscanthus and other energy crops can be used as a fuel in both the heating and electricity sectors. While miscanthus has certain advantages over other energy crops in respect of returns, I understand it is not suitable for all applications and its high chlorine content can cause corrosion in some boilers. It also is bulky and expensive to transport and therefore, the economics work better when the plantations are close to where it is required. As a result, the markets for miscanthus is limited at present. I understand that most of the miscanthus is used for co-firing with peat at one of the power plants in the midlands. I also understand that a small proportion is processed into heat logs and used in the heat sector. However, I believe that as new biomass plants supported by REFIT 3 come online, this will create further demand for energy from biomass and miscanthus may have a role to play in contributing to meeting Ireland's renewable energy targets.

Deputy Michael Moynihan: I thank the Minister for the reply. The difficulty is it appears to indicate that a logjam has been reached with regard to those people who have invested in the industry and are now faced with a decision in which they had thought they had an outlet for the crop but are experiencing difficulties. I had not been informed that the Minister had met the company concerned. I really seek to ascertain what can be done to assist these people and to ensure there is some outlet for them in the future. In the last line of his reply, the Minister noted that as REFIT 3 comes online, it would create further demand for energy from biomass and miscanthus. When is this likely to happen and what is the likelihood of it coming on-stream in the short term? Do the Department of Communications, Energy and Natural Resources or the

Department of Agriculture, Food and the Marine, to which the Minister referred in his reply, have evidence or details regarding a commitment having been given by Bord na Móna or any other entity when these farmers were investing in the crop? The Minister might clarify these two points.

Deputy Pat Rabbitte: That last point about what was the understanding at the time is critical. I should not say or go as far as saying the company asserts it was seduced into a contract at the time with Bord na Móna and that it now is in difficulty. Bord na Móna insists this is not the way it happened and since I came into the Chamber, I have received a communication from JHM Crops Limited, to the effect that contact is ongoing right up to today between the company and my office about what, if anything, I can do to pull it out of the fire, no pun intended. The difficulty is that it is a private contract between the growers and JHM Crops Limited, the company acting as middleman which organises the farmers and transports the miscanthus to the plant in the midlands. The difficulty is that at present, that contract is not rewarding the company for the costs of the enterprise involved. Even were Bord na Móna to enter REFIT 3 in six months' time, the difference would not be adequate to maintain any kind of viable margin for JHM Crops Limited. I also have spoken to the Minister for Agriculture, Food and the Marine about this issue because, as Deputy Moynihan has noted, 300 farmers have been given an expectation, which is a serious matter, apart entirely from the company that acts as the go-between being at risk. Consequently, I am discussing this matter with my colleague, the aforementioned Minister. It is a very difficult issue when it comes down to a private commercial contract entered into between two parties and the role of the State in this is minimal, if it exists at all. On the point Deputy Moynihan raises, the problem is that even were Bord na Móna to enter REFIT 3 as soon as may be, the difference would be very small. As I noted, the discussion still is ongoing and I would like to see a solution to this issue.

There are issues about which the Deputy will be aware relating to the merits of miscanthus compared to willow, what miscanthus does to the plant, the chlorine problem that arises and so on but that is neither here nor there. There was or there was not a contract. It seems difficult to see where either the Department of Agriculture, Food and the Marine or my Department can intrude to force Bord na Móna to do something if it thinks it is not in line with the contract or with its own commercial interests. There is a dispute as to what happened when the original contract came into being.

Health Service Executive (Governance) Bill 2012 [Seanad]: Second Stage (Resumed)

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

Deputy Bernard J. Durkan: I am pleased to have an opportunity to contribute to the debate. The administration of health services has been a source of irritation to many of us over a long number of years. I am of the vintage who experienced the termination of the county health system and the beginning of the health board system, which was interesting. The late Erskine Childers is reputed to have said, "How can you unscramble an egg?" when asked whether he could go back to the original system. I am afraid the egg has been scrambled a few times since and the question of how the health services should be run has come into focus on numerous oc-

6 March 2013

casions in the past number of years. I served on the health board system and there was accountability, responsibility and action in response to the problems raised by elected public representatives regarding services. The major players, including GPs, nursing professions, psychiatric services, consultants and the chemists, were on board in the old health boards because it was felt necessary at the time in 1970 to ensure the major contributors would be in the same building at the same time with the same responsibility, answering the same questions, accountable to the same people and committed to the same vision. That was the case but, unfortunately, as time passed, it became awkward to administrate and questions were raised.

The leader of the Opposition was Minister when it was decided to abolish the health boards and to introduce a new system. I strongly opposed that at the time both within my party and anywhere else anybody would listen me. I am sure not many people wanted to listen to me still but I remained opposed to it for a good reason. One of the propositions advanced at the time as to why we should have a different system was a comparison made with the greater Manchester area, which has a similar population to this country. Management experts around this country and several from outside the country made contributions in which they opined that it should be possible to have a similar administrative structure to that which prevailed in Manchester. They were wrong because it was chalk and cheese as two entirely different geographical areas were involved. In one scenario, there was a compact urbanised population, which was easy to administer and in which it was possible to walk from one end of the area to the other in a few hours whereas in Ireland, if somebody attempted to walk from the south end of Kerry to the north end of Donegal in a few hours, he would find out after a short while that there is a difference and if he wanted to walk from there across to Carlingford, he would find another difference. If he then walked back down to Wexford and Waterford and around to Kerry again, he would find out there was a major difference.

My view at the time was the equation was wrong, the structures were not analogous and attempting to superimpose a similar structure in this jurisdiction would not work. The Acting Chairman, Deputy Wall, and I have discussed this many times in the past. I do not claim to be the only one right about this because many others had the same view. However, I was right and it did not work. I recall asking the first chief executive officer of the HSE whether he felt a single executive with the appropriate authority could administer the health service and he said, "I don't know". He knows now, as does everybody else. I emphasise we attempted to impose a structure that was seen to be in management circles as the ideal response to a situation but it was not because they did not know what was the situation.

Then Members experienced an issue which we anticipated on the Opposition benches where when we tabled questions to the Minister for Health and Children, we were told the Minister had no responsibility to the House. I recall refusal after refusal from the Ceann Comhairle's office. This was no reflection on the Ceann Comhairle because the prevailing advice at the time was that the Minister had no responsibility and eventually the Ceann Comhairle inquired as to whether any Minister had any responsibility. Earlier, Opposition Members complained about a lack of accountability and responsibility but I know all about that because I was here at the time, as was the Acting Chairman, and we learned a harsh lesson during that period.

I pay tribute to the Minister who knows me well enough to know that I do not pay tribute too readily. However, there has been a dramatic difference in the way questions to his Department are responded to as compared to the previous Administration. That is no reflection on the previous Administration because its members admitted they did not know much of what was happening. I would like to acknowledge the major improvement in the ways

questions are answered. However, it is not ideal nor will it ever be. Somebody can ask who do I think I am and what do I think should be done. I acknowledge I am not always right but, in this instance, it is beyond any shadow of doubt that those who held the same view as me all along were right but we did not wait until now to find out.

The second issue I would like to deal with is accountability and the composite bodies in the health boards at the time. Consultants, nurses, GPs, chemists and administrators, including three or four programme managers, were accountable to the entire board area. The Eastern Health Board was the largest in the State and it was possible to gain access at the highest level instantly. Those who opposed this concept said it was all wrong and it was too politician-oriented. What they meant was there was too much accountability and it was alleged that nothing could be done because politicians would not allow it. There are ways and means of dealing with that. I believe in responsible public representation as well as everybody else and it is important that when people are in opposition or government, they act responsibly. We learned during that period to try to act responsibly and that meant that the health board spent what it had and nothing more and stayed within budget. However, the budget was beginning to creep up and get out of hand. The same experience is repeated in the House every day. Opposition Members promote excessive expenditure we know the country cannot afford on a daily basis. This money would have to be borrowed at high interest rates. We have to beg for this money on a regular basis from our colleagues in Europe yet Opposition Members want to spend it lavishly at every hand's turn and pretend to the people that it is possible to take actions that are impossible.

I also learned during that period about the need to respond to patients' requirements. It is all very well to state we will provide a certain quality and level of service, including an after hours service. I compliment the outstanding cohort of people who provided these services over the years, including consultants, general practitioners, chemists and nurses, as well as many others in the health service structure. Many of them gave above and beyond what was required of them as they contributed to the sum total of the response of the health service at the time. They did very well and stand unheralded, unsung and largely unrecognised to this day.

General practitioners, who were represented on the health boards, worked extremely long hours providing clinics in the morning, afternoon and evening for six or seven days per week as they sought to respond to need. They showed the vocational calling that is found in education, politics, the health service and across the public service. Unfortunately, this calling is disappearing at an alarming rate. I hope it will be rediscovered in the not too distant future because it is essential and central to the delivery of health services. I acknowledge the quality and commitment of the general practitioners and consultants who worked in the period following the 1970 Act. They did very well in providing what was needed in response to the needs of people.

Time moves on, however, and we must proceed to a different scene. The entire Health Service Executive structure must be abolished and the Minister for Health held directly responsible to the House for the functioning of the health service. The Minister of the day should answer questions in the House, as the current Minister does to a large extent, although many questions are referred to the HSE for direct reply for understandable reasons. For many years, while the Acting Chairman, Deputy Jack Wall, sat alongside me and many others on the Opposition benches, we had to put up with appalling nonsense in this regard. To discover now that the current system has its critics on the Opposition benches is equally alarming.

In any event, the system should be transformed and the old health board structure reconstituted, albeit with fewer health boards. Given the different requirements and demands in urban

areas, such as the greater Dublin area, and large rural areas, it is not sufficient to concentrate services in more densely populated areas. Every citizen is entitled to a fair degree of service under the Constitution and to provide for anything else would be wrong. The current HSE structure should be abolished and replaced with a new structure. The new system should be centralised with a budget that is determined on the basis of submissions received from the various constituent health boards. These boards should be given responsibility for running the health services in their respective areas. The public and private sectors must not trip over each other and become involved in turf wars or financial wars. They should focus solely on delivering services to members of the public.

Public representation should be part and parcel of the new system. Local authority members should be represented on the new boards, as should Deputies and Senators for as long as the Seanad remains in place, which is a matter for the people to decide. General practitioners, consultants and the nursing and pharmacy professions should also be represented. All the professions involved in the delivery of health services should have a role in the health boards, which should be charged with the responsibility of delivering services. The boards must be accountable and do their business in a responsible manner. This would present a serious challenge for politics, citizens and our European partners. Those of us who examine what is taking place in other EU member states will note a tendency to resile from reality and pretend that things will go away if one ignores them. Nothing goes away, which means we must accept responsibility, even if it means telling citizens that we do not have enough funds to do the job they expect of us or that we must do the job in a way they do not expect.

Major economies can be secured in the health services, especially in the area of procurement. During my time as a member of a health board, we did an exercise on generic prescribing which resulted in substantial savings. Some of the opponents of moves towards generic prescribing were Members of this House, with certain Deputies voicing in a highly loquacious manner their opposition to the proposal. While they must have had reason to be so impressed with the argument for continuing to use branded products, the basis for their position was not made clear. We proved our point and our solution was workable.

We also set about determining in which European countries prescriptions were most economical. We decided to use Spain as a template for achieving the best solution available to us for Irish citizens and it proved highly effective. Subsequently, a certain Minister, whom I will not name in the House, decided that the health services were costing too much, were too democratic and were subject to too much intervention from the various constituent bodies. As a result, it was decided to abolish the health boards and establish the Health Service Executive. What a disaster. Not alone did this decision not save money, as originally intended, and not alone was the Secretary General of the Department moved sideways during the machinations that took place at the time, but the cost of the health service subsequently increased to an unprecedented extent. I will hold the view that abolishing the health boards and replacing them with the HSE structure was an appalling disaster until the day I die. In doing so I do not mean any disrespect to those who were given responsibility for the HSE structure and the many thousands of health professionals who were condemned to work within it. It is, however, a serious condemnation of those who determined that the HSE structure was an appropriate way to run the health service.

Having exchanged views with me on the matter many times, the Acting Chairman will be aware of my strong views on the health service. The Minister is aware that some Deputies have serious concerns about the governance of the health service. I hope the current proposal will be

reviewed and revised and a structure will be established similar to that which I have suggested. While I do not claim to be the only authority in this business, I spent 20 years on a health board for my sins - I must have been very sinful - during which time I learned a great deal and met many of the great people who forged the structures for the delivery of health services. They were trailblazers in medicine who did a tremendous job in addressing people's concerns.

The health board structure may have required some refinement but it was an excellent structure. The Government of the day, in an extraordinary intervention, decided to increase the number of health boards to eight and, subsequently, to 11.

5 o'clock **Acting Chairman (Deputy Jack Wall):** The Deputy has one minute remaining.

Deputy Bernard J. Durkan: I wish I had more, but I will conclude. It would take much longer to go through this matter in great detail. I emphasise that my comments are not a personal reflection on the staff of the HSE, countless people who have done a great job for years. Rather, it is a reflection on the structure, which is inappropriate in terms of accountability and dealing with the services required by the country. It is also inappropriate for recognising the changing times and the necessity to respond to people's needs in a meaningful and democratic way.

Deputy Richard Boyd Barrett: As Deputy Durkan suggested and, I suspect, most people would agree, few institutions need a fundamental re-organisation of how they operate as badly as the HSE. It has no credibility in the eyes of the wider public or the health service's users. However, it is important to qualify this statement. There is an almost universal phenomenon in which everyone who engages with the health service believes its nurses, doctors and other front-line staff are wonderful, yet the way in which the system is organised is a nightmare. As I am sure other Deputies have pointed out, anything I say is not a criticism of the heroic front-line staff in the health service, be they ambulance drivers, nurses, medical practitioners or so on. They all do a wonderful job under difficult circumstances and in a dysfunctional structure.

(Interruptions).

Deputy Richard Boyd Barrett: I apologise, as I do not know how to turn off mobile telephones. Mine is dysfunctional as well.

Re-organising the structure is a positive move if, as the Bill suggests, that re-organisation is a transition towards a better structure that is more responsive to the needs of the service's users, for example, patients, delivers services better and ends the unacceptable scenario of some politicians asking about the executive's dysfunctional nature and being told it is an operational matter for the HSE while other politicians take no responsibility for what goes wrong in the health service.

The aspirations are good, as is the rhetoric. However, the rhetoric was also good when the HSE was being established in 2004. The digest supplies a telling quote from the then Minister for Health and Children, Ms Mary Harney. Her rhetoric was electrifying. One would really have believed we were on the brink of a wonderful revolution in the way health services were being delivered. She stated, "This is an historic piece of legislation." How often have we heard that? She continued:

It provides for the most comprehensive reorganisation of our health services since 1970 which is long overdue and vital. It is a once-in-a-generation event. It is our generation's

6 March 2013

chance to put patients first in the design of the management of health services. It is our chance to put in place modern, effective management to make the best use of these tremendous resources we are applying to health and to get clear value and clear results for that money.

To be honest, there is not much difference between the 2004 rhetoric and the rhetoric now. The main question is whether the new re-organisation of the dysfunctional health service into what it needs to be - modern, efficient and a provider of the services that people desperately need - will transpire in reality. I am sure Ms Harney sounded convincing when she made that speech, but the reality did not match.

I will put my cards on the table. The Minister is trying to square a circle that cannot be squared. It comes down to resources. I am not claiming there are not structural issues of management, mismanagement and organisation, elements on which the Government places much emphasis. Historically, Fine Gael has put a great deal of emphasis on them. The Government's main assertion is that we need better management, but this argument does not stack up for me. I am not saying we do not need better management, but focusing on it is to gloss over the fundamental problem, that being, from where does bureaucracy come. Does it just arise because we do not devise the right structures?

I am sure the HSE's current structures probably sounded reasonably convincing following the rhetoric of Ms Harney's speech. I am sure there were many arguments about how health boards were not terribly functional, were somewhat corrupted by political influence and cronyism, etc. Directorates based on particular areas of service provision or care also sound like a good idea. However, is this element the problem? I do not know whether the word "Directorates" is a reference to the French revolution and Robespierre, but it sounds good and revolutionary. I put it to the Minister that the HSE's structure is not the main problem, although it may be a problem and probably could be redesigned.

Someone whose name one probably cannot mention in polite company without being laughed at by certain sides of this House, but who I will simply call a revolutionary from the turn of the century, explained that bureaucracy and corruption developed because of shortages. He used the example of a bread shop. If the shop is packed with enough bread for everyone who enters the shop, there will be no queue and people can get the bread as they need it. However, if there is a shortage, a queue forms and people start jostling with one another over who will be at the front. Once a queue develops, it becomes necessary to have someone to keep it in order. That person often seems to use an arbitrary and coercive power to keep in line the people who are queuing for bread that they desperately need. As the person whose job it is to order the queue has power over people's access to scarce resources, he or she is vulnerable to corruption even if he or she does not start as a corrupt person. This allegory of how bureaucracy and corruption develop is at the heart of the problems with the health service. I do not know how one can resolve the problem of great layers of bureaucracy that are dysfunctional and where there is mismanagement of the health service when the problem is that we do not have the resources. We are cutting the elements in the health service that work. We are cutting the number of nurses. Everyone says the nurses are wonderful. The front-line staff are wonderful but what have we done to the number of front-line staff but slashed them. We are cutting the one part of the system that works, and we are demoralising such staff with pay cuts. Even if they were wonderful up until now they certainly do not feel wonderful anymore. One wonders how long their goodwill can last under the hammer of the cuts. Front-line staff are the one part of the health service that work. Ambulance drivers and others are withdrawing their goodwill

for the same reasons. They say they are working their backs off trying to provide the service and everybody acknowledges that they do it well but what do they get for it? They have their wages cut. They get attacked and are asked to work longer and harder for less. One could ask how that can work. I put it to the Minister that it cannot.

Perhaps the lack of detail on the directorates and what will follow what the Minister describes as the transition provided for in the legislation tells its own story in that regard. It may be a dawning awareness of that fact. As I understand it, it is Government policy that we are in transition towards a model of universal health insurance. We need to know what the model will look like. I am not sure whether the Dutch model, about which the Minister initially spoke a lot, is still the model we are following. The evidence is piling up in the Netherlands that what the Dutch model produces is ever-higher health insurance costs. More and more of the resources that go into the health service there are being taken up with the bureaucracy of the private health insurance system. The most dramatic and developed example of such a system is the United States, which is the ultimate example of where universal health insurance as delivered by private health insurance companies is the main model, in contrast to, for example, the national health service model in Britain that was set up at the end of the Second World War where everyone gets free health care and it is paid for out of general taxation. What is happening in this country seems to be a transition towards that failed model in the United States and the failing model, in so far as it has been developed, in the Netherlands where the public are becoming increasingly angered and outraged over the increased costs.

The facts about the American model are shocking. They spend more on health than any other country but 40% of it is wasted on administration. The reason that is the case is to do with money, because companies are billing people. There is a massive administration for billing people. That is what it is about. The money is not going into the front-line services. That is not its primary purpose. It exists to make money so one has a huge bureaucracy whose job it is to capture the money instead of financing health care through revenue and a system of taxation that already exists and which is progressive and can capture the funding necessary for public services without creating a new privatised bureaucracy whose main job is to make money and who will push up insurance premiums as it needs. I ask the question in that context because there is so little detail in the Bill. Is the main concrete proposal in the Bill the separation of service provision from procurement? Is that what is going on, that the Bill is setting up the system for the move towards privatisation where services will be purchased by the private health insurance companies and provision will come from the public system? I suspect that is the case. I urge the Minister not to go in that direction because it is a failed model. The alternative is more in the direction of the British health service model.

I see it as a positive step that the Minister is seeking to take more personal responsibility for what goes on in the health service, but there is a need for checks and balances at local level. I agree with Deputy Penrose's point about the former health boards. It was a localised form of governance of health services. It would be necessary to reform them. The boards should not be as they were, made up of cronies but of patient representatives, health professional and other stakeholders such as representatives of the workforce and perhaps elected representatives to represent the wider public to see how policy translates at the other end. My concern is that we are preparing for the outsourcing of much of the health service to private insurance companies and the directorates, which will possibly compete for resources among themselves, will still represent a top-down structure.

I stress the importance of localised oversight and management of health services. I wish

to bring to the Minister's attention what on the face of it the evidence suggests is an absolutely shocking example of the mismanagement of HSE funds in the home help sector. I am reluctant to go into too much detail because the charges that are made are serious against home help companies in the Fingal and Wicklow areas. There is substantial evidence, and allegations have been put forward by employees in both areas, of rampant misappropriation of HSE funds. Significant amounts of funding were invested by the HSE in home help services in Wicklow and Fingal. The allegations suggest the misappropriation of hundreds of thousands, perhaps millions of euro in funding. One company was getting €250,000 a month from the HSE. Allegations have been made of company credit cards being used to finance holidays and to buy cars. There was no oversight of the expenditure of funds. No regard was taken of proper regulation and how the service was being run although it was dealing with vulnerable people. Rules were flouted and people who blew the whistle were sacked, among other actions. I will not go into much more detail in that regard. Snippets of information appeared in the newspapers before Christmas but some of the people directly involved have told me they met a brick wall in trying to get proper investigations into these matters which they describe as rampant corruption and misappropriation of scarce resources supposed to be directed towards a vulnerable sector of society from the public purse via the HSE but where the HSE did not provide proper oversight in the matter. It is not clear to me at all, from what the Minister is proposing in this Bill and from the lack of detail about where this is going, that the new structures will deal with this problem. We need a level of local oversight to determine what is happening with moneys that are being allocated centrally. What is being done with the funds? Are the local units delivering health services to vulnerable citizens being managed properly? Are the resources actually going to patients, staff and so on? That is a role that any reformed health board system operating at a local level and made up of stakeholders would be far better at performing. Most of all, though, I am concerned that this is really just facilitating a move towards a Dutch or American model, which is based on making money out of scarce resources and out of health care, which I do not think is the way to deliver the reformed health service that everybody desperately wants.

Deputy Dan Neville: I welcome the opportunity to contribute to this debate on the Health Service Executive (Governance) Bill. I am not surprised that this has been introduced because when I was involved in the debate about setting up the HSE, I expressed my extreme concern about the development of such a monolithic organisation. I appreciate that the objective was to ensure co-ordination between the old health boards and consistency in terms of service delivery. However, this could have been achieved while maintaining and reforming the local health boards themselves.

Admittedly, there were some difficulties with the old health board system but I believe we threw the baby out with the bath water at that time. We now have a situation where there is very little input from service users, interested parties, public representatives and professionals. I was a member of the Mid-Western Health Board for seven years and was also involved in the Association of Health Boards in Ireland and a lot of good work was done by individual boards and by that association. Issues were brought to the attention of Ministers and the Houses of the Oireachtas, in terms of difficulties experienced by people. Such issues were also brought to the attention, at a local level, to the managers of the health boards. Monthly meetings were held, which were attended by public representatives, consultants, dentists, nurses and so on, who would raise, in public and in the presence of the media, their concerns regarding the delivery of health services. The health boards were made aware of the concerns and needs that existed as well as the changes in the requirements of the general public with regard to the delivery of the health services. Furthermore, the Minister was responsible for what was happening in the

delivery of health services throughout the country.

The setting up of the HSE changed all of that. The potential for external input all but disappeared and the opportunities for those at the coalface to have an input into the delivery of services were lost. Also, the removal of the responsibility for the delivery of the health services from the Minister created a situation whereby there was a complete lack of accountability to these Houses in terms of service delivery. Others have raised the issue of replies to parliamentary questions about the delivery of health services and the fact that, in certain circumstances, the HSE is quite tardy in issuing responses. It can be extremely frustrating for those of us who want to respond to the concerns of our constituents. In that context, I welcome the fact that the Bill will abolish the structure of the HSE and provide for a directorate to be the governing body of the executive, in place of the board, which will be headed by a director general. The Bill also provides for accountability arrangements for the HSE, which is very important.

I wish to draw attention to the important decision which has been made to appoint a director of mental health services and that the recruitment process is under way. I welcome the fact that the director will have full control of the delivery of mental health services. I also welcome the appointment of Mr. Gerry Raleigh as director of the National Office for Suicide Prevention, which has had a lot of difficulties in the last 12 months, not least the fact that moneys allocated by the Minister to the work of suicide prevention, suicide postvention and research were not spent last year. It is important that the €35 million allocated in the budget for the delivery of mental health services is spent in the most appropriate way to deliver A Vision for Change. There has been much debate about the non-spending of some of the resources last year. However, I understand the complications that arose because of the delay in the formulation of the service plan and the recruitment of the 411 consultants and professional staff for community-based mental health services. I ask the Minister in his response to inform us of the plan for the delivery and improvement of the services, based on this year's allocation of €35 million. We need to know what will happen with that money this year.

Deputy Tom Barry: I welcome the opportunity to speak on this Bill. The Government is committed to the eventual dissolution of the HSE. However, this is a complex process which will take time and this Bill is a transitional measure along that path. The Bill is all about accountability and its aim is to make the HSE more directly accountable to the Minister for Health. The provisions of this Bill will see the abolition of the board structure of the HSE and a directorate created as a new governing body, headed by a director general. The directorate does not have a fixed number of members - the Bill provides for a maximum of seven and a minimum of three. This should allow flexibility for the directorate to deal with circumstances as they arise. It is important to stress here that the HSE will continue to have operational responsibility for running the health service. The director general will account, on behalf of the directorate, to the Minister. As with any large corporate structure, one needs to have good governance practices and structures in place in order to implement the changes that are necessary.

This Bill will aim to make sure that Government policies and objectives relating to the HSE functions are implemented and this is no mean task. The Minister will specify his priorities for the HSE and the HSE must have regard for these in preparing its service plans. Like any good plans, they must have performance targets and metrics for measuring performance. The HSE must pay particular regard to these targets as they are set out for it. These operational changes will ensure that the HSE, which is a very large organisation, will have greater flexibility and will be able to react more quickly, as change is required.

6 March 2013

I wish to stress that while this Bill is about making sure the HSE reacts faster and in the direction that the Minister wants, my experience of the HSE in the south has been very positive. Everybody likes to criticise the HSE but it certainly has a lot of good points. It would be wrong of anyone to suggest that all areas of the HSE are not performing. Only last week, the reconfiguration plan involving Cork University Hospital and Mallow General Hospital reached the point of implementation. The HSE and its staff played a pivotal role in this, liaising with all of the consultants and everyone else involved, in drawing up a very detailed strategy and everybody is on board, I am glad to say. I am delighted to say that this will probably form the template for how small hospitals work in the future and will allow for a future for them. Until now we have been worrying about the future of all our small hospitals. Most importantly, this will see better service delivery to the patient, with shorter waiting times and the freeing of emergency surgery wards for emergencies requiring specialist care. I particularly thank the regional director of operations in HSE south for his tireless work in ensuring that the Minister's aims are being delivered on the ground.

We must move forward toward greater accountability and transparency in health care delivery. The Minister, Deputy Reilly, has succeeded in reducing waiting times and time spent on trolleys, with individual performances across the HSE to be monitored and accessible for all. If three surgeons can perform the same procedure, the waiting times for each surgeon should be available online so a patient can decide which surgeon to go to. With prescription drugs, there should be a list of those who give prescriptions, particularly general practitioners, taking into account those who prescribe cost-effective generic medicine in preference to high-cost brands. That would generate best value for the patient. We must also move to a system where prices of drugs can be published online so that patients who pay for drugs with minimum subvention can have access to the information that will allow best value for money.

I congratulate the Minister on the establishment of the medicines management programme, which is concerned with the spend on medicines. The Minister is tackling the issue with the programme, which will evaluate medicines under the headings of safety, efficacy, access, and savings for the State and patient. It is an holistic process as part of a broader remit, with co-ordination between the National Centre for Pharmacoeconomics and the National Medicines Information Centre, coming together with collaboration of the HSE under the primary care reimbursement services.

In private business, getting policies delivered is important; it is done quite quickly in small business but doing it in a large organisation is very difficult. Delivering such change can take time. I congratulate the Minister on the establishment of the national early warning score. All these initiatives may sound like they are more jargon but they are well thought through and will deliver for the patient and, in time, bring cost savings.

Deputy Joe O'Reilly: I am delighted to welcome the Bill to the House. In doing so, there is a statement of an ongoing need for reform, reorganisation and refinement of services for the patient, although this in no way reflects on the professionalism, commitment and wonderful work done by individual HSE employees at all levels in recent years. There is no implicit criticism of their professionalism in the legislation or its objectives, which is concerned with structure, future direction and ambition to deliver a single-tier health services.

Today marks the Government's second anniversary in office. In that context I salute and compliment the achievements of the Minister for Health, Deputy Reilly, and his Department in those two years which have led to the Department being overhauled. Since 2011, the Minister,

Deputy Reilly, and his Department have cut the cost of medicine by €400 million, which is a very significant achievement. They have allocated a further €35 million to mental health services and filled 246 new mental health posts, which is another great achievement. They have also established a special delivery unit to work with hospitals to reduce the number of patients on trolleys and waiting times. In 2012, the number of people waiting on trolleys decreased by 23.6% and although this is not where we wish to be, it is a true reflection of the work done and tangible evidence that we are going in the right direction. It means much to those who are affected and it is a great achievement in the context of very stringent economic times. The Minister has achieved much with significant budgetary constraints.

There has been a 98% decrease in the number of adults who must wait more than nine months for inpatient and day surgery, with a 95% decrease for children. I am pleased to report that in Cavan General Hospital, the number of patients waiting on procedures has fallen by 48%, which is a very significant development. A new 34-bed cystic fibrosis unit was opened in St. Vincent's hospital and we have established a site for the new children's hospital. The Bill is being brought forward against that backdrop of real reform and achievement, with tangible differences for people. The ambition of the Bill is to continue the reform and build on it.

There are two essential objectives of the Bill. The first is to make the HSE more accountable to the Minister for Health and the second is to restructure the HSE in line with the programme for Government commitments, specifically the move towards universal health insurance. The Bill is a transitional measure with the intent to implement the proposals as set out in the programme for Government. It aims to ensure there is more accountability between the Department and the HSE and, more importantly, it will ensure that there is greater accountability and involvement by the Department of Health and the Minister, who is answerable to the electorate. It is an important component of the legislation.

The Minister has already started a process of change in this way. In 2011, he made changes to the composition of the HSE board, ensuring greater co-ordination and a higher level of dialogue between senior officials in the Department and the HSE. The fundamental flaw of the HSE as introduced in 2004 and 2005 was that a structure was imposed on an existing health board process, meaning there was not a sufficient link to the greater resource that is the Department of Health. It is a fundamental difficulty that became more of an issue in a number of ways over the years.

The Minister, Deputy Reilly, has referred to this as a unity of purpose, with the changes made guaranteeing a higher level of integration between the Department and the HSE. The Bill will seek to eventually dissolve the current board structure and establish a new arrangement of governance. The HSE will have operational responsibility in the interim but accountability will be strengthened.

The second objective is to begin dissolving the HSE board and move towards universal health insurance. The new HSE structure will have directorates and a director general, with a flexibility about the number of directors in that the minimum will be three and the maximum will be seven. That will allow adaptability and a response to certain circumstances. The directorate will be fully accountable to the Minister, which is important. The Minister may issue directions to the HSE and the directors regarding the implementation of Government policies relating to specific priority areas, which is important.

Section 10 refers to levelling the balance of power between the Minister's Government

6 March 2013

policy and the HSE's operational responsibility. The Minister has indicated that the HSE has a responsibility under the Health Act 2004 for the provision of health and personal social services. However, the HSE also has a statutory obligation to have regard to ministerial and Government policies and objectives when performing functions. The new structures are intended to strengthen that process inherently. The Bill is only an element in a reform process that is moving toward a single-tier health system in which access to and quality of health care will be available to everyone, irrespective of means. That should be the objective.

I will refer to one or two specific areas within health policies as we are given such scope on Second Stage of a Bill. I am delighted with the developments in primary care. My colleague, Deputy Ó Caoláin, who will be speaking later, and I are aware of recent openings of new health care centres in our area, namely, in Bailieborough, Cootehill and Cavan town. Another, in Kingscourt, is already functioning but the opening is pending. It is entering the full development stage. The primary health care centres have enormous potential to allow for the effective treatment of people in the home, which is where they want to be. They allow people to remain in their community and have treatment brought to them.

The home help service is a great resource with enormous potential to augment the primary care service and keep people in their own homes. Dovetailed with this is the carer's allowance, which I know is the direct responsibility of the Minister for Social Protection. The allowance has great potential to facilitate people being looked after at home. It should be made more attractive and easier to access, and it should be advertised and recommended more. This could make it very attractive for people in lower-paid occupations who have sick relatives to become full-time carers. It has inherent advantages already but could be improved further. The Department of Health and the Department of Social Protection should consider the carer's allowance as a vehicle to achieve more with a view to keeping people at home, reducing institutional care and, ultimately, reducing costs. It will allow for people to be cared for at home, which is where they prefer to be.

We should be very careful not to reduce home help hours where possible. It is reasonable to redistribute them and examine their allocation. It is reasonable to ensure they are targeted according to need but it is not a good proposition to reduce the number of home help hours in absolute terms. We should be increasing the number. It is through the provision of home help, the use of the carer and home care packages that we will reduce institutional costs, make patients happier and allow patients to remain in their own homes. This is why I salute this measure.

The €35 million extra for mental health services represents wonderful news. I ask the Minister to elaborate on the plans to spend this immediately to implement the recommendations of A Vision for Change and to have community services developed. That is very important. I look forward to the Minister's response.

Minister for Health (Deputy James Reilly): Gabhaim buíochas leis na Teachtaí as ucht a gcuid ranníocaíochtaí sa díospóireacht seo. I thank the Deputies for their contributions to the debate. Mar is eol do Theachtaí, tá an Bille mar chuid de chomhthéacs níos leithne. Tá an Rialtas ag tabhairt faoi chlár athchóirithe mór ar an gcóras sláinte, agus é mar aidhm aige córas sláinte sraith amháin a chur ar fáil le tacaíocht ón árachas sláinte uilíoch, áit a bhfuil rochtain bunaithe ar riachtanas seachas ioncam. Creidim go bhfuil an Bille seo ina chéim ar an mbóthar athchóirithe sin. Tá dhá chuspóir aige. As Deputies are aware, this Bill is part of a wider context. The Government is embarking on a major reform programme for the health service, the aim of which is to deliver a single-tier health system supported by universal health insurance in

respect of which access is based on need, not income.

The Bill is a step on the health reform road and its purpose is twofold. Ar an gcéad dul síos, forálann sé do dheireadh struchtúr bhoird an HSE agus le haghaidh stiurthóireacht a bheith ar an gcomhlacht nua rialaithe don HSE in ionad ag an mbord, faoi cheannas ard-stiurthóir. Ar an dara dul síos, forálann sé do socruithe freagrachta breise don HSE. Baineann siad seo le athchóiriú a dhéanamh chun deireadh a chur leis an gcóras dhá shraith, chun é a dhéanamh othar-Iárnach. Beidh mar thoradh ar seo ná coinníollacha d'othair a bheith mar thosaíocht i ngach a dhéanfaimid. First, it provides for the abolition of the board structure of the HSE and for a directorate to be the new governing body for the HSE in place of the board, headed by a director general. Second, it provides for further accountability arrangements for the HSE. It is about reform to end the two-tier system to make it patient centred, and it will keep outcomes for patients as its priority in all it does.

Tá dul chun cinn suntasach feicthe againn cheana féin. Bunaíodh an t-aonad seachadadh speisialta i mí Iúil 2011. Ag an am sin, bhí 2,732 othar ag fanacht níos mó ná bliain agus 6,277 othar ag fanacht níos mó ná naoi mhí ar chóireáil cónaitheach nó ar chóireáil lae. We have already seen significant progress. The special delivery unit was formed in July 2011. At that time, 2,732 patients were waiting more than a year and 6,277 patients were waiting more than nine months for inpatient or day case treatment. Faoi Nollaig 2011, bhí titim tagtha ar líon na ndaoine fásta ag fanacht níos mó ná naoi mhí le haghaidh cóireáil cónaitheach nó cóireáil lae go dtí 3,706. Faoi dheireadh mí na Nollag 2012, bhí an líon sin tite go dtí 86. Léiríonn sé sin laghdú de 98%. By December 2011, the number of adults waiting more than nine months for inpatient or day case treatment had fallen to 3,706, and by the end of December 2012 the number was just 86. This represents a decrease of 98%.

I gcás páistí, is é an sprioc gur cóir nach mbeadh aon pháiste ag fanacht níos mó ná 20 seachtain mar othar cónaitheach nó ar obráid máinliachta mar othar lae. Faoi mhí na Nollag 2012, bhí an líon ag fanacht níos faide ná 20 seachtain síos go dtí 89, le titim de 95% ar an 1,759 páiste a bhí ag feitheamh níos faide ná an sprioc i mí na Nollag 2011. For children, the target is that no child should be waiting for more than 20 weeks for inpatient or day case surgery. By December 2012, the number waiting longer than 20 weeks was down to 89, representing a decrease of 95% on the 1,759 children waiting longer than the target in December 2011.

In the area of emergency departments, despite the winter pressures, including increases in the incidence of influenza and respiratory illnesses, the year-on-year improvements continue nationally. The number recorded on trolleys at the end of 2012 showed a marked improvement, namely, 23.6% fewer than in 2011, which equates to 20,342 fewer people lying on trolleys. Progress continues to be maintained in 2013. On Friday, 1 March 2013, the number on trolleys for the year to that date totalled 12,283, representing a reduction of 2,116 patients, or 14.7%, on the improvements already made in 2012. We have much more to do and we will continue to make progress.

Let me turn again to the Bill. The Bill is about a new governance structure for the HSE and increasing the HSE's accountability to the Minister for Health and, ultimately, the Oireachtas and the people. Contrary to what has been suggested during the debate on the Bill, it is not about the Minister for Health taking over the HSE's functions, nor does it give sweeping powers to the Minister. The HSE has responsibility for managing and delivering health services, and that does not change under this Bill. The Government has responsibility for policy. Any State agency must have regard to the policies and objectives of the Government to the extent

6 March 2013

that those policies and objectives may affect or relate to its functions. A State agency must be accountable to the Minister concerned and, therefore, must explain its actions and decisions. The Health Act 2004 and this Bill provide for this accountability.

The board of the HSE is the current governing body for the HSE. The abolition of the board structure and the increased accountability measures are intended to help prepare the service delivery and funding systems for the next phase of the reform programme. As the HSE board structure is to be abolished, it is necessary to replace the board with an alternative governing entity. The proposal in the Bill is to have a directorate as the governing body, comprising the director general and senior employees. The directorate will have collective responsibility as the governing authority for the HSE.

Issues were raised in the debate about the detailed governance mechanisms and inter-relationships for the directorate members under the Bill. In practice, the directorate model will involve a combination of a senior management team working together on major corporate issues but with the usual operational line of reporting for the specific service functions.

Deputies asked why members of the directorate must be appointed from HSE employees. The establishment of the directorate is about more direct accountability, whereby the governing body of the HSE is drawn from people in senior positions within the organisation itself. I should clarify that this means that appointed directors are not limited to current employees but may be drawn from HSE employees irrespective of when the employee was appointed.

There will be new administrative structures in the HSE which, while in support of the Bill, are separate from it. The HSE has begun the process of putting in place the new administrative management team. The recruitment process for five new national directors has now commenced through a competitive process to be run by the Public Appointments Service. One of the new posts is director of mental health. Deputies asked if there could be specific reference in the Bill to a director of mental health with specific functions. While I am very glad to say that the director of mental health post is one of the posts included in the competitive recruitment process I mentioned, I do not believe that the legislation should specify the functions of particular grades within the HSE.

The appointment provision for the first director general was raised. There are legislative precedents providing that the first person appointed to a new office be appointed as envisaged under the Bill, and this is the most practical way to advance the new governance arrangements.

The Bill is a transitional measure and is part of a much larger plan. I said at the beginning that the Government is committed to fundamental reform of the health care system with the objective of delivering a single-tier health system, supported by universal health insurance, where access is based on need, not income.

Deputies have asked me to state clearly my plans for the changes that are coming for the health system. In November 2012, I and the Ministers of State, Deputies Kathleen Lynch and Alex White, published *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*. This document sets out the major health care reforms that will be introduced in the coming years as key building blocks towards the introduction of universal health insurance, UHI. I intend that further detailed actions will be built on the foundations of the document as the reform process proceeds.

I have identified an overall governance structure for the programme of reform. The new

structure includes a strong programme management office in the Department of Health to drive and oversee implementation of the health service reform programme in line with the public service agenda, and a systems reform unit in the HSE. The Government recognises that effective consultation and collaboration with stakeholders will be crucial for the successful implementation of the reform programme. In the two weeks following the launch of the framework, I met some 1,500 local clinical and administrative staff and management, as well as regional health forums at 14 different events across the four HSE regions. Consultation will continue throughout the reform process. The progress to date underlines this Government's commitment to health service reform and the implementation of universal health insurance. We are confident that with the involvement and support of all the main stakeholders in the health system, we can deliver on our objectives in the best interest of patients.

Deputies asked about universal health insurance. Preparation is key to UHI and the new governance arrangements for the HSE under the Bill are intended to play a part in preparing the system. Under UHI, every individual will have equal access to a standard package of primary and acute hospital services, including acute mental health services. A new insurance fund will subsidise or pay insurance premiums for those who qualify for a subsidy.

There are a number of important stepping stones that are necessary to pave the way for the introduction of UHI. Work is under way to advance these initiatives which will bring benefits and drive efficiencies in advance of implementing universal health insurance. They include the strengthening of primary care services to deliver universal primary care with the removal of cost as a barrier to access for patients, the work of the special delivery unit in tackling waiting times and establishing hospital groups, and the introduction of a more transparent and efficient money-follows-the-patient funding mechanism for hospitals.

In February 2012, I established an implementation group on universal health insurance to assist in developing detailed and costed implementation proposals for universal health insurance and in driving the implementation of various elements of the reform programme. We must learn from other countries and build on best international experience. This is reflected in the membership of the UHI implementation group. The UHI implementation group comprises a mix of those with executive responsibilities within our health services and external expertise, including international experts working with the World Health Organization and the European Observatory on Health Systems and Policies.

In addition, my officials have been examining the experience of health reforms in a range of countries, including the Netherlands and Germany. This analysis is vital to enhancing our knowledge and informing policy. A prerequisite for designing the UHI model for Ireland, however, is that it meets the needs of individuals in Ireland and that it achieves the best outcomes for patients. This requires that we have regard to our starting point, that we carefully plan and sequence the reform programme and that we give detailed consideration to the most appropriate structures for delivery of different services. Ultimately, the Government is committed to introducing an Irish model of universal health insurance that best fits the Irish system.

The Department is advancing work on drafting the White Paper on universal health insurance which will outline details of the UHI model in addition to the estimated costs and financing mechanisms associated with the introduction of universal health insurance. Preparation of the White Paper is a complex and technical process requiring significant research and financial modelling to support analysis and costing of different design options. My Department is engaged in a process to ensure availability of the necessary expertise to support work on preparing

the White Paper in 2013.

In the meantime and in advance of the White Paper, my Department published a preliminary paper on UHI. That paper provides a succinct update on work on universal health insurance as well as providing further details on the path ahead. The reform programme is a major undertaking that requires careful planning and sequencing over a number of years. The implementation group will assist, advise on and oversee different elements of the reforms as they are being put in place. It is also my intention to consult widely as part of the reform implementation process.

Several Deputies referred to medical cards and, in particular, individuals with very serious health conditions. More than 1.8 million medical cards have been issued to individuals, the highest percentage of the population covered in the history of the State. Medical cards are provided to persons who, under the provisions of the Health Act 1970 are, in the opinion of the HSE, unable, without undue hardship, to arrange GP services for themselves and their dependants. Under the legislation, determination of eligibility for a medical card is the responsibility of the Health Service Executive. The assessment for a medical card is determined primarily by reference to the means, including the income and expenditure of the applicant and his or her partner and dependants.

Under the legislation, there is no automatic entitlement to a medical card for persons with a specific illness such as cancer. There is, however, a provision for discretion by the HSE to grant a card in cases of undue hardship where the income guidelines are exceeded. The HSE set up a clinical panel to assist in the processing of applications for discretionary medical cards where there are difficult personal circumstances.

Most importantly, the HSE has an effective system in place in relation to the provision of emergency medical cards for patients who are terminally ill, or who are seriously ill and in urgent need of medical care that they cannot afford. Emergency medical cards are issued within 24 hours of receipt of the required patient details and the letter of confirmation of the condition from a doctor or a medical consultant. This can be initiated through the local health office by the office manager who has access to a dedicated fax and e-mail contact within the primary care reimbursement service.

6 o'clock While it can take a day to produce the plastic card physically and a further day to allow for its arrival in the post, the medical card number can be provided to the local office or social worker within 24 hours, if requested. Once approved, any primary care contractor can validate the entitlement of a client through the online system.

With the exception of terminally ill patients, the HSE issues all emergency cards on the basis that the patient is eligible for a medical card on the basis of means or undue hardship, and that the applicant will follow up with a full application within a number of weeks of receiving the emergency card. As a result, emergency medical cards are issued to a named individual, with a limited eligibility period of six months.

The arrangement is slightly different for persons with a terminal illness. No means test applies to an application by a terminally ill patient. Once the terminal illness is verified, the patient is given an emergency medical card for six months. Given the nature and urgency of the issue, the HSE has appropriate escalation routes to ensure that the person gets the card as quickly as possible.

Some Members mentioned the backlog of medical card applications. The major backlog

of last year has been cleared. Furthermore, in the case of discretionary medical cards, there was the backlog towards the end of last year and that has been reduced, from 3,500 to only nine cases today. Contrary to some of the contributions and common belief, the centralisation of medical cards has resulted in an €8 million saving to date. The PCRS can be commended on the work it has done to address the issue of backlogs and in bringing in a more efficient system.

The issue of free GP care was also raised. The Bill to allow for the extension of free GP care to persons with prescribed illnesses will be published in the next couple of weeks. Progress also continues to be made in building primary care capacity and in chronic disease management, particularly for the management of diabetes which will commence in the coming months.

Some Members asked what I was doing to address the costs of health insurance. I can assure the House that the Government is committed to keeping down the cost of health insurance so that it is affordable for as many people as possible. We remain committed to protecting community rating, whereby everyone pays the same price for the same health insurance product, irrespective of age or health status.

The programme for Government contains a commitment to put a permanent scheme of risk equalisation in place, which is a key requirement for the existing private health insurance market and is designed to keep health insurance affordable for older persons and to maintain the stability of the market. The Health Insurance (Amendment) Act 2012 gave effect to a new risk equalisation scheme with effect from 1 January 2013. This will contribute to the protection of affordability for those who need it most. It is important to note that the measures contained in the new risk equalisation scheme are designed to result in no overall increase of premiums paid in the market. Rather it is intended to spread the risk more evenly between the healthy and the less healthy, as well as the old and the young.

I have repeatedly raised the issue of costs with health insurers as a whole and I am determined to address costs in the sector in the interests of consumers. Last year, I established the health insurance consultative forum which comprises representatives from the country's main health insurance companies, the Health Insurance Authority and the Department of Health. The forum was established to generate ideas which would help address health insurance costs, while always respecting the requirements of competition law. Given the VHI's significant share of overall costs in the market at 80%, I will continue to focus strongly on the need for the VHI to address its costs and to address aggressively the base cost of procedures, including professional fees. I will also continue to focus on the need for more robust auditing and the need for clinical auditing to be introduced, which would be for the first time. In other words, the treatments that some clinicians are delivering would be challenged as to their necessity.

The issue of delays in replies to parliamentary questions was commented on by many Members and I am happy to provide some detailed information. My Department received over 7,500 parliamentary questions in 2012. Some 4,045 of these concerned operational issues and were referred to the HSE for direct reply to the Members. In its service plan, the executive has a commitment to answer within 15 working days 75% of parliamentary questions referred to it. Of the 4,045 referred to it for direct reply, 74% were answered within 15 working days and 83% within 20 working days. This represented a significant improvement on 2011 when the percentage answered within 15 days was 56%. Of the total amount of parliamentary questions referred to it in 2012, only 64 remained open at the year end. We want to improve further on this by examining IT solutions that would help Deputies and Senators to track the progress of parliamentary questions.

6 March 2013

Procurement issues were also raised in the debate. The HSE is fully committed to the Government's procurement objectives and initiatives and will continue to support the Government programme to reform public sector procurement. Adherence to the Government's public service reform objectives regarding the use of shared services will be a requirement for the newly created structures, in procurement and other matters. The director general designate of the HSE has acknowledged that the new governance and management arrangements for the future health service will require us to change radically the way we approach the provision of shared or common services to meet the needs of all parts of the health system. In addition, the financial challenges we face mean we must take advantage of any opportunity for increased value in the way we provide such services.

As this day marks two years in Government, I have mentioned some of the progress that has been made but I might just mention some other areas. On outpatients, there are clear and comprehensive data now being reported for the first time which will allow the special delivery unit and the National Treatment Purchase Fund to target resources at the longest waiting lists. There are new cystic fibrosis services in the Nutley wing of St Vincent's Hospital which opened in the summer of 2012 at a cost of almost €30 million. There is the decision to co-locate the new national children's hospital at St James's, made in November 2012. Thirty-five locations for primary care centres have been identified, of which 20 will be commissioned subject to the agreement between the local GPs and the HSE on active local GP involvement and subject to site suitability and availability.

In October 2012, a new drug pricing agreement was reached with the Irish Pharmaceutical Healthcare Association, IPHA, which will deliver savings in excess of €400 million over a three year period. Approximately half its value - €210 million - will be used to cover the cost of new drugs from 2013 to 2015. The balance will go towards reducing expenditure on drugs supplied through the General Medical Services scheme and community drugs schemes. The Department and the HSE have also reached an agreement with the Association of Pharmaceutical Manufacturers in Ireland, APMI, which will deliver further savings in the cost of generic drugs. Total gross savings, between the IPHA and APMI agreements, for 2013 will be in the region of €120 million. There is also a drug reference pricing Bill, which is going to committee this week or early next week, that will allow us, after consultation, to set the price for generic drugs. We have a new medicine management initiative, as outlined by Deputy Barry.

The HSE's health care capital allocation for the period 2012 to 2016 is €1.87 billion, of which €1.67 billion is allocated for construction of health care facilities and the remaining €200 million is allocated to ICT infrastructure. In addition, the Government announced in November 2011, that up to €200 million from the proceeds of the sale of the national lottery would be allocated for the construction of the new national children's hospital. We have also appointed the chair to the new national children's hospital group.

We will be opening new facilities. There will be a new wing at Ennis hospital. The new emergency department at Letterkenny is finished and will be opened officially later this year. The outpatient and emergency department at the Mater hospital are completed and we are making progress with the new central mental hospital.

Value for Money and Policy Review of Disability Services in Ireland was published on 20 July 2012, the National Housing Strategy for People with Disability 2011-2016 was approved by Government in October 2011, and the implementation framework was jointly published with the Department of the Environment, Community and Local Affairs in July 2012.

The children, adolescents and young people with complex disabilities unit, led by a principal officer, has been established in the Department of Health. On 1 January of this year a permanent scheme of risk equalisation put in place in the private health insurance market.

In December the Government approved the implementation of the judgment of the European Court of Human Rights in the A, B and C v. Ireland case by way of legislation with regulations, within the parameters of Article 43.3.3° of the Constitution as interpreted by the Supreme Court in the X case and progress has been made towards producing the heads of a Bill.

There many other areas relating to older people, health and well-being, and health protection. Deputies asked about the €35 million earmarked for mental health and the increase in the number of beds for child and adolescent psychiatry. There were also issues around the drugs task forces, HR and health reform as I have outlined. So there has been considerable improvement.

I also wish to mention the long-running problem with Tallaght Hospital board has been resolved. Hospital groups have been set up in Galway and Limerick, with a phenomenal effect in Galway in particular. Clinical programmes are moving ahead - we have developed them in emergency medicine, acute medicine, fragile older patients, stroke care and heart failure. For the first time anywhere in the world that we are aware of, we have introduced a new early-warning scorecard so that doctors and nurses in Tralee will react in the same way as they would in Letterkenny, the Mater Hospital or St. James's Hospital in the face of a patient who may be deteriorating. The screening for bowel cancer has commenced.

The reforms will continue unabated. I will not be deflected from the course we have set. I remain determined, as does the Government, to see this through. I am as committed to it as ever. I am more certain and convinced than ever that we will succeed because of the new leadership emerging in the HSE, the Department of Health and indeed the VHI, but most importantly among the clinicians, medical nursing and allied professionals - the men and women on the front line who have already delivered so much for us in terms of the improvements I set out earlier.

Molaim an Bille don Teach.

Question put:

The Dáil divided: Tá, 89; Níl, 43.	
Tá	Níl
Bannon, James.	Adams, Gerry.
Barry, Tom.	Boyd Barrett, Richard.
Breen, Pat.	Broughan, Thomas P.
Burton, Joan.	Browne, John.
Butler, Ray.	Calleary, Dara.
Buttimer, Jerry.	Collins, Joan.
Byrne, Catherine.	Collins, Niall.
Byrne, Eric.	Colreavy, Michael.
Cannon, Ciarán.	Cowen, Barry.
Carey, Joe.	Crowe, Seán.

6 March 2013

Coffey, Paudie.	Daly, Clare.
Collins, Áine.	Doherty, Pearse.
Conaghan, Michael.	Ellis, Dessie.
Conlan, Seán.	Ferris, Martin.
Connaughton, Paul J.	Flanagan, Luke 'Ming'.
Coonan, Noel.	Fleming, Tom.
Corcoran Kennedy, Marcella.	Healy, Seamus.
Coveney, Simon.	Healy-Rae, Michael.
Creed, Michael.	Higgins, Joe.
Deasy, John.	Kelleher, Billy.
Deering, Pat.	Kitt, Michael P.
Doherty, Regina.	Mac Lochlainn, Pádraig.
Donnelly, Stephen S.	McConalogue, Charlie.
Dowds, Robert.	McDonald, Mary Lou.
Doyle, Andrew.	McGrath, Mattie.
Durkan, Bernard J.	McGrath, Michael.
English, Damien.	McGuinness, John.
Farrell, Alan.	McLellan, Sandra.
Feighan, Frank.	Moynihan, Michael.
Fitzgerald, Frances.	Murphy, Catherine.
Fitzpatrick, Peter.	Nulty, Patrick.
Flanagan, Charles.	Ó Caoláin, Caoimhghín.
Flanagan, Terence.	Ó Cuív, Éamon.
Hannigan, Dominic.	Ó Fearghaíl, Seán.
Harrington, Noel.	Ó Snodaigh, Aengus.
Harris, Simon.	O'Brien, Jonathan.
Hayes, Brian.	O'Dea, Willie.
Hayes, Tom.	Pringle, Thomas.
Heydon, Martin.	Ross, Shane.
Hogan, Phil.	Shortall, Róisín.
Howlin, Brendan.	Smith, Brendan.
Humphreys, Heather.	Stanley, Brian.
Humphreys, Kevin.	Wallace, Mick.
Keating, Derek.	
Kehoe, Paul.	
Kelly, Alan.	
Kenny, Enda.	
Kenny, Seán.	
Kyne, Seán.	
Lynch, Ciarán.	
Lyons, John.	
McCarthy, Michael.	

Dáil Éireann

McGinley, Dinny.	
McGrath, Finian.	
McHugh, Joe.	
McLoughlin, Tony.	
Maloney, Eamonn.	
Mathews, Peter.	
Mitchell, Olivia.	
Mitchell O'Connor, Mary.	
Mulherin, Michelle.	
Murphy, Dara.	
Murphy, Eoghan.	
Nash, Gerald.	
Naughten, Denis.	
Neville, Dan.	
Nolan, Derek.	
Ó Ríordáin, Aodhán.	
O'Donnell, Kieran.	
O'Donovan, Patrick.	
O'Dowd, Fergus.	
O'Mahony, John.	
O'Reilly, Joe.	
O'Sullivan, Maureen.	
Penrose, Willie.	
Phelan, Ann.	
Phelan, John Paul.	
Rabbitte, Pat.	
Reilly, James.	
Ring, Michael.	
Ryan, Brendan.	
Sherlock, Sean.	
Spring, Arthur.	
Stagg, Emmet.	
Timmins, Billy.	
Tuffy, Joanna.	
Wall, Jack.	
Walsh, Brian.	
White, Alex.	

Tellers: Tá, Deputies Paul Kehoe and Emmet Stagg; Níl, Deputies Seán Ó Fearghaíl and Jonathan O'Brien.

6 March 2013

Question declared carried.

Health Service Executive (Governance) Bill 2012 [Seanad]: Referral to Select Committee

Minister for Health (Deputy James Reilly): I move:

That the Bill be referred to the Select Sub-Committee on Health pursuant to Standing Orders 82A(3)(a) and (6)(a) and 126(1) of the Standing Orders relative to Public Business.

Question put and agreed to.

Message from Seanad

An Ceann Comhairle: Seanad Éireann has passed the Finance (Local Property Tax) (Amendment) Bill 2013, without amendment.

Defence Forces (Second World War Amnesty and Immunity) Bill 2012 [Seanad]: Second Stage

Minister of State at the Department of Defence (Deputy Paul Kehoe): I move: “That the Bill be now read a Second Time.”

I am pleased to present the Defence Forces (Second World War Amnesty and Immunity) Bill 2012 to Dáil Éireann. When the Bill was published last December, the Minister, Deputy Shatter, said that he hoped that the actions proposed in the Bill would help put to rest the concerns of those individuals still alive who fought for freedom and against tyranny with the Allied Forces during the Second World War. He also expressed the view that the Bill might lift a veil for the families of those who have already died. Having had the honour of taking the Committee and Report Stages of the Bill in the Seanad last month, and having heard the very positive contributions from all sides of that House, I believe that the optimism expressed by the Minister will be the case. At its peak during the Second World War, the Irish Defence Forces had approximately 42,000 serving personnel. Over the course of the war, it is estimated that more than 7,000 members of the Defence Forces deserted, many to join the Allied Forces. Of these, approximately 2,500 personnel returned to their units or were apprehended and tried by military tribunal. The remaining personnel, numbering approximately 5,000, were the subject of dismissal under the Emergency Powers (No. 362) Order 1945 and the Defence Forces (Temporary Provisions) Act 1946.

The emergency powers order, which was signed by the then Taoiseach on 8 August 1945,

provided for automatic dismissal from the Defence Forces of certain deserters and absentees without leave. The order also provided for surrender of pay and allowances and a condition that every person to whom the order applied should be disqualified for seven years from holding any office or employment remunerated from the Central Fund. This was subsequently enacted by the Oireachtas in the Defence Forces (Temporary Provisions) Act 1946.

The effect of the order was to impose significant hardship on many individuals and families and remove from them the right to be tried for the offences of which they stood accused and to provide a defence against the alleged crime. Many of the individuals were shunned in their communities and many never returned to Ireland. It is understood that some of those who were the subject of the order had actually died in combat. The majority of the individuals impacted by the order have now passed on, while those still alive are in their twilight years.

It was against this backdrop that in June 2012, following detailed consideration of the issue, the Government concluded that the sacrifice and contribution of those who deserted from the Defence Forces to fight on the Allied side in the Second World War should be recognised, while not undermining the requirements of military discipline or in any way condoning their desertion in a time of national emergency. In this context the Government committed to issuing an apology for the manner in which those members of the Defence Forces who left to join the Allied side during the period from 1939 to 1945 were treated after the war by the State and to seek to provide a legal mechanism for an amnesty to those who absented themselves from our Defence Forces for this reason. It is these individuals whom the Defence Forces (Second World War Amnesty and Immunity) Bill 2012 seeks to address.

The ability of the Defence Forces to maintain the high standards demanded of them requires complete clarity with regard to the exercise of command authority whether at home or abroad. To maintain standards and rise to the challenges of a military environment and all of the associated tasks, it is important to uphold a chain of command that is clear and unambiguous at all times. This is critical to the maintenance of unit cohesion and operational effectiveness. In this regard, it goes without saying that the Defence Forces must retain the power to enforce discipline through its own unique code of discipline within the military justice system. This disciplinary code must be efficient and effective, and above all else it must be fair to the individual.

In common with armies throughout the world, desertion from the Irish Defence Forces is regarded as a very serious offence. It is at the heart of the system of military discipline that when an individual takes the solemn oath at the commencement of his or her career, he or she cannot decide to just up and leave or fail to be available to perform duties. While this is very much the case today, it would especially have been the case at a time when the world was at war and our troops were on standby to defend our country from invasion.

Before elaborating on the Bill, it is important to put on the record of the House the fact that the Government recognises the value and importance to the State of the essential service given by all those who served in the Defence Forces throughout the period of the Second World War. They performed a crucial duty for the State at a time of national emergency and enormous difficulty. The loyalty of the Defence Forces to the State is indispensable. It is essential to the national interest that members of the Defence Forces do not abandon their duties at any time, especially at a time of crisis, and no responsible Government could ever depart from this principle. It is important we acknowledge that throughout the Second World War, the vast majority of men chose to stay in the Defence Forces and serve their own country. These members were engaged in important service for their country and it is crucial that nothing we do now in any

way diminishes or undervalues their loyalty and the service given by them to the State.

Having said this, it is accepted by most people today that the majority of those who deserted the Defence Forces during the Second World War and who went on to fight against fascism did so out of a sense of idealism and with a commitment to protect democracies from tyranny and totalitarianism. Had there been a different outcome to the Second World War there is no reason to believe this State would have been immune to invasion.

In seeking to address the question of desertion during the Second World War, the Government has already acknowledged that the war gave rise to grave and exceptional circumstances. Members of the Defence Forces left their posts at that time to join the Allied side in the fight against tyranny, and together with many thousands of other Irish men and women, these individuals played an important role in defending freedom and democracy. Those who fought on the Allied side also contributed to protecting the State's sovereignty and independence and our democratic values.

It will be accepted by all in this House that in the almost 74 years since the outbreak of the Second World War, our understanding of history has matured. History teaches us lessons which can sometimes only be learned with the benefit of hindsight. The actions of those taken long ago, for whatever reasons, are not beyond re-evaluation. These actions can now be considered free from the constraints that bound those directly involved at the time and without questioning or revisiting their motivation. As the Minister, Deputy Shatter, has stated, the exploits of the men who left the Defence Forces to join the Allies have been politically airbrushed out of our contemporary history, but at this time of greater insight and understanding of the shared history and experiences of Ireland and Britain, the time is right for the role played by these brave volunteer Irish veterans to be recognised and the rejection they experienced understood.

From the remove of 2013, it is very hard to imagine the difficult decisions people made when they consciously decided to leave Ireland to join the Allied Forces during the course of the Second World War. During that period Ireland decided to remain neutral, but it is safe to say that at the time anti-British feeling was still running very high. Despite this, over the period of the Second World War an estimated 60,000 individually motivated citizens from the Twenty-six Counties left these shores to serve as volunteers in the British armed forces. While at the end of the war many of those who chose to fight with the Allies stayed on and sought to build lives for themselves, many more returned to Ireland.

There is no doubt that many veterans returning to Ireland at the end of the Second World War were met with grudging acceptance, but it is also clear that others faced hostility. This would be particularly true when the individual was known to have deserted the Defence Forces. For all of them, the honour and celebration which they may have experienced at the end of the war in England contrasted sharply with the changed circumstances of their return. There was no flag waving or cheering masses to greet them here. Instead they were faced with difficulties in seeking either work or social assistance, and many of their countrymen and women remained suspicious towards these individuals long after their return.

Before moving on to detail the specific provisions of the Bill, it is important that - just as the Minister, Deputy Shatter, did on Second Stage in the Seanad - I should re-emphasise that the Government does not condone desertion. The Government fully recognises, values and respects the contribution of all those who stood by their posts with the Defence Forces and pledged their lives to defend this State's integrity and sovereignty against any and all aggres-

sors. In any consideration of the matter, we must also bear in mind the principle that such decisions cannot be left to the discretion of individual soldiers on active service. All soldiers must accept that there are consequences for desertion.

I now move on to the specific provisions of the Bill. Section 1 outlines the definitions for the purposes of the Bill. Section 2 provides for an amnesty for members of the Defence Forces who deserted or were absent without leave during the course of the Second World War and who subsequently served with forces fighting on the Allied side in that war and who were dismissed from the Defence Forces by the Emergency Powers Order 1945, were convicted of desertion or being absent without leave, or were or are liable to be prosecuted for desertion or being absent without leave.

Deputies will have noticed the Bill provides for an amnesty for those convicted of desertion or being absent without leave, rather than a pardon as was originally envisaged by Government. This change has been made for technical reasons and is in line with legal advice provided to me during the drafting process by the Attorney General to the effect that a pardon would require that each case be individually processed, a situation that would clearly not be possible in practical terms.

Section 3 provides an immunity from prosecution for members of the Defence Forces who deserted or were absent without leave during the course of the Second World War and who subsequently served with forces fighting on the Allied side in that war. Section 4 provides that no right, liability or any cause of action shall arise resulting from the enactment. Section 4 also provides that the amnesty being provided in section 2 will not have the effect of a pardon under Article 13.6 of the Constitution. Section 5 provides for the Short Title of the Bill.

I am satisfied that the Bill as drafted fully meets the Government's commitment to deal in a positive way with the issue of those who deserted our Defence Forces to join with the Allied Forces during the course of the Second World War, and that it does so in a way that does not expose the State to any liability in respect of those individuals.

I also believe that if this Bill is enacted it will send an important message to those people surviving, and the relatives of those that have since passed on. That message is that they can be proud of their contribution, or their relatives' contribution, in the fight for freedom. Indeed, it is more than that. As we look to the commemoration of the 100th anniversary of the commencement of the Great War, the 75th anniversary of the start of the Second World War in 2014 and the remembrance of all those who served and died in those conflicts, the survivors and the relatives of those who have since passed on can proudly commemorate the sacrifices they made during a very difficult time, not only in Irish history but in the history of Europe and the wider world.

I am pleased to submit this legislation for the consideration of the House. I look forward with anticipation to hearing the views and contributions of Deputies in their deliberations and reflections on the Bill.

I commend the Bill to the House.

Deputy Seán Ó Fearghail: Ba mhaith liom comhghairdeas a dhéanamh leis an Aire Stáit, an Teachta Kehoe, agus leis an Aire Cosanta, an Teachta Shatter, as ucht na hoibre atá déanta acu ar an mBille tábhachtach seo. Gabhaim buíochas freisin leis na státseirbhísigh sa Roinn Cosanta a bhfuil go leor oibre déanta acu ar an ábhar céanna. Tá an Bille dréachtaithe go han-

6 March 2013

mhaith. Tá cothromaíocht agus an spiorad ceart léirithe sa reachtaíocht. Nuair a ardaíodh an cheist seo sa Seanad cúpla seachtain ó shin, dhearbhaigh an Seanadóir Mooney go raibh Fianna Fáil chun tacaíocht a thabhairt dó. Tá mé sásta a rá nach bhfuil aon fhadhb agam leis an mBille. Beidh Fianna Fáil ag tacú leis sa Teach seo freisin. Is dócha go bhfáiltím go speisialta roimh an bealach ina bhfuil sé á láimhseáil. Is rud an-dáiríre é do shaighdiúir ar bith arm a thréigeadh. Is é sin ata i gceist againn anseo. Sna blianta atá imithe ón Dara Cogadh Domhanda, táimid tar éis éirí níos aibí. Is dócha go bhfuilimid fásta suas mar Stát. Is féidir linn féachaint siar le meon difriúil ar na heachtraí uafásacha a tharla san aois seo caite. Tá mé sásta gur maithiúnas, in ionad pardún ginearálta mar atá leagtha síos sa Bhunreacht, atá i gceist sa Bhille seo.

It is good to have an opportunity to address an issue of this importance in the House. In discussing the soldiers who deserted to support the Allied war effort, we should not lose sight of all the other Irishmen and women who left these shores at that time. It is estimated that approximately 60,000 did so from the Twenty-six Counties and upwards of another 60,000 from the Six Counties. They participated in the effort against what was a fundamentally evil regime. We all accept that those who participated in the battle against Hitler's monstrous regime were fighting in the interests of humanity.

As we meet to debate these matters, we remember in particular those who lost their lives. Like Deputy Clare Daly, I come from County Kildare and we have a particularly strong tradition of support and respect for the Defence Forces. It goes back beyond the foundation of the State because within our county many members of the British armed forces were based for many years. Therefore, our tradition and respect in Kildare is strong.

In examining this matter, I was interested in the writings of one of our well respected solicitors and historians in Kildare, Mr. Frank Taffe. He has researched the number of Kildare people whose family members who took part in the Second World War or who fought in it themselves. I will read into the record of the House an extract from one of Mr. Taffe's writings entitled "Eye on the Past". He is writing here about reading a book on the personnel who had deserted and who participated in the war effort. He states:

I went through the book at the time and extracted the names of 19 Athy men from the town and surrounding countryside who were included in what was sometimes referred to as the "Irish list of shame". For my part, I never regarded the book in that light and especially so after I had the privilege of interviewing one of the men who was so listed. His story was a simple one. Without work and with no prospect of getting work, he enlisted in the Irish Army only to find conditions and food so bad as to be intolerable. He, in company with so many of his army colleagues, travelled by train to Belfast to enlist in the British armed forces. His was not an ordinary act of desertion, rather a simple man's response to what he felt was an uncaring Irish Army regime which treated its recruits with callous disregard for their well-being. He fought alongside Irishmen, Englishmen, Scotsmen and Welshmen throughout the Second World War and never once did anyone question his right to do so.

In examining some of the statistics concerning this particular issue, I was also struck by the fact that the first RAF bomber pilot to be shot down and killed in 1939 was Willie Murphy from Cork. His navigator, Larry Slattery from Thurles, became the longest serving prisoner of war.

Moreover, the co-pilot of the last RAF bomber to be shot down over Germany and killed in May 1945, as the horror came to an end, was an Irish man named Pilot Officer William Mackay. In common with many Irish families, I have my own experience, which is that my only aunt

and godmother went to London in the early 1940s and met a young man who had grown up and been educated in Dublin. He had left the country for economic reasons and then joined the Irish Guards, as many Irish people subsequently did. He went on to be shot down over Tunisia and is buried, together with many others Irish comrades, in Tunis. This topic resonates with people up and down the country and all of them, including those who were directly connected to those who simply volunteered and those who are connected with those people who deserted for whatever reason, are welcoming of the fact that the Government and Members are debating this issue today in a positive and, hopefully, a constructive way.

When one considers those statistics of between 6,000 and 7,000 people who left the Defence Forces, it is interesting that at time, they were at the incredible strength of 42,000 men. If I have read the records correctly, between 1939 and 1945 the strength of the Defence Forces ranged between 40,000 and 60,000 at any given time. Professor Michael Kennedy of the Royal Irish Academy raises the point that while we know that perhaps 5,000 of these deserters went on to join the British armed forces, we do not know precisely what became of the rest of them and whether they became involved in the war effort in Britain. The Minister has highlighted the impact of the procedures that were in place at the time and he spoke of how those who were dismissed were disqualified for seven years from any public or Civil Service employment, including employment with local authorities or positions on any board or office of semi-State companies. Moreover, such individuals would have no pension entitlements from the day on which they absconded and no entitlement to receive unemployment assistance.

If one looks back at the period, there were pretty genuine reasons for the harsh nature of the imposition of such penalties. The Government of the day decided to punish desertion in this way rather than in the traditional military fashion with courts martial because of the scale of the desertion. It would have been impossible logistically to court martial 5,000 deserters and certainly it was not practical. At the time, according to the then Minister for Defence, Oscar Traynor in 1946:

It was not deemed feasible to hold courts martial on the large number, even if they could be apprehended. A question would arise as to whether they could be apprehended, or be apprehended for a long period of years.

The Minister at the time also held that courts martial would have resulted in more serious punishments for deserters. He stated “if these men had been tried by court martial and dealt with through the medium of courts martial many of them would have received very severe sentences”. As for the exclusion from State employment, the Minister in 1946 gave preference to those who had not deserted and stated “whatever number of vacancies exist will be held for the men who served this nation loyally”. The decision was criticised strongly by the Opposition parties, who thought this desertion should have been dealt with in the traditional manner. The Opposition parties on this occasion certainly are a hell of a lot more mild-mannered in their approach.

It is important to refer to the context of this issue, which often is viewed with the benefit of hindsight in the context of Irish neutrality and British-Irish relations. It is not viewed sufficiently often in the context of the human relations that existed between citizens in this State and those in Britain, that is, Scotland, England and Wales. Members are discussing a situation in which initiatives were taken by a fledgling State which was extremely anxious to demonstrate to its neighbours and to the world that it was an independent State which was proud of that sovereignty it recently had won and was determined to protect. It also was a policy which had

6 March 2013

widespread public support in this country. One should remember this was not the only country that did not rush to the war effort. The American Government, despite pleas for its support and participation, only became involved after the attack on Pearl Harbor. This context for what happened is extremely important and one should not lose sight of it. The Emergency years in Ireland were extremely difficult years for the public at large. Sustaining the Defence Forces to be able to respond to any eventuality by keeping it at a strength of between 40,000 and 60,000 people was a real challenge for the Government of the day and constituted a cost on the taxpayer of the time. While the State obviously did not suffer the horrors of war, it still was a time of crisis, rationing and privation for many citizens, and allowing desertion to go unpunished simply was not an option for the Government in 1945. Moreover, while one brutal war may have ended, who was to say that another would not have broken out? The Cold War was about to start and in the circumstances, no government could do anything other than to impose the most stringent penalties on deserters.

However, in the more enlightened and peaceful period we now are privileged to enjoy, one can look back with greater compassion and greater understanding. One can empathise with those people who, for whatever reason, felt the need to leave the Irish Defence Forces. Some of them, I am sure, were motivated by the highest ideals while others perhaps were not but saw an opportunity to get out of a country that was under extreme economic pressure at the time, as also is the case today. However, it is appropriate that the Bill the Minister of State has introduced will receive the support of all parties in this House and that Members will enact it as soon as possible. It is appropriate to tell those very few survivors of that turbulent period that the Houses of the Oireachtas respect the contribution they made to the Allied cause and to the war against a brutal and monstrous regime and that Members, albeit belatedly, thank them and congratulate them on what they did and that where their emotions were right, Members are happy and content as a Parliament to extend an amnesty to them. I am unsure of what practical benefit this will be to any of those remaining people affected but at least, like the Taoiseach's apology some weeks ago to the Magdalen laundry women, it has an important symbolic effect on all those involved. Consequently, with those few thoughts, I also commend the legislation to the House and thank the Leas-Cheann Comhairle for the opportunity to contribute.

Deputy Aengus Ó Snodaigh: Measaim go bhfuil sé tábhachtach labhairt ar an mBille seo. Beidh na líomhaintí i leith tréigtheoirí Fórsaí Cosanta an Stáit - gur loic siad ar a ndualgas agus ar a mhóid don Stáit - ann go dtí go ndéanfaimid déileáil leis an mBille seo. B'fhéidir gur shíl siad ag an am agus ina dhiaidh go raibh an rud ceart á dhéanamh acu, ach ná déanfar dearmad gur bhris siad a ngealltanas don Stát. D'fhág siad an Stát níos oscailte do ionradh ó Hitler agus a chuid airm, nó fiú ionradh ó Impireacht na Breataine a bhí fós ag caitheamh súil i dtreo an Saorstáit ag an staid sin. Is léir ó aon tuiscint nó staidéar ar an stair go raibh ceart ar an dá thaobh sa chás seo - an Stát agus a fórsaí a bhí neodrach, agus iad siúd a bhí ag iarraidh seasamh i gcoinne an t-olc. B'é an t-olc sa chás seo ná Hitler agus iad siúd a thug tacaíocht dó. B'fhéidir go bhfuil sé ceart, agus na blianta imithe thart, aitheantas a thabhairt dóibh siúd a thréig an fóid trí maithiúnas a bhronnadh orthu as riail an airm agus an Stát. Measaim go bhfuil sé sin ceart agus déanfaidh me déileáil níos mó leis.

Many Irish citizens joined the British forces to fight during the Second World War, as they had done in many imperial wars in the past.

7 o'clock Many joined because it was a tradition in their families, some joined for adventure while others joined out of loyalty to, or affinity with, the British state or for the purpose of fighting a greater evil than the British empire itself. A great number of Irish men died in Second

World War battles and their sacrifice is, rightly, the subject of a regularised annual commemoration in the State. Regrettably, some died on the Axis side and their memory is in many ways besmirched by the fact that they fought on that side.

However, we are addressing the issues surrounding those who deserted the State's Defence Forces 60 years ago to join another army to fight Nazism and Hitler's army in Europe. Given the lapse of time, it is impractical to revisit the individual circumstances surrounding each case and many of those who survived the war are deceased. The amnesty provided in the legislation has been deemed the most appropriate means to acknowledge that these men deserted to do a greater good and their insubordination and perceived treasonous act in fighting an evil threatening the very fabric of democracy, society and the world was not wrong. It is felt that an amnesty will bring the matter to a close.

The amnesty is a redress measure. I remind the Minister of State of the Government's responsibility to apologise, for instance, to the survivors of symphysiotomy or to the survivors of the Bethany Homes who were left out of any attempt to make amends when the State dealt with the Magdalen laundries women only last week. The children of those who deserted were promptly taken by the "cruelty men" and put into forced labour in industrial schools and laundries for their so-called crimes of their fathers. Hopefully, we will revisit this. It is not the issue today but it needs to be taken on board. Thankfully, the State has, in recent years, accepted its responsibility to apologise for past mistakes and wrongs. Our society is big enough and strong enough to admit that there were failings in the State and all of us have failings in our lives. That is a sign of a mature society and, hopefully, the wrongs I have mentioned will be addressed.

Sinn Féin approves of this Bill as a recognition of the response to the actions of deserters at the time. They were faced with the Emergency Powers (No. 362) Order 1940 and summary dismissal and they were punitively prevented from gaining employment from the State having been dishonourably discharged after absconding. Bizarrely, while they were barred from State employment on returning, the State made administrative provision in order that they could receive pension entitlements from the British authorities. On the one hand, they received their British entitlement for their service during the war but the State would not give them recognition in any shape or form.

I also understand the concerns of the current and former members of the Defence Forces regarding the Bill when they face the level of cutbacks currently under way and the continued downsizing and downgrading because it must feel like a kick in the teeth to them for an amnesty to be granted to those who upped sticks and left at a time of the State's greatest need. Ireland, despite being neutral, also faced the threat of invasion not only by the Nazis but by the British who had drawn up a plan to invade and reconquer the island at the time. That must not be forgotten because two foreign armies were stationed on Irish soil. The British and US armies were based for the duration of the war in the Six Counties in large numbers in preparation for D-Day and its aftermath.

It is in that context that it is important to recognise those who remained in Ireland and served the Defence Forces throughout the Second World War and acknowledge the fact that they did not abandon their duties, although, as an Irish republican, I wish some of them had because many of those imprisoned by the State might not have served time in the internment camp in the Curragh and some of those executed by the State might have been freed to live a longer life. Perhaps the State will revisit this issue as well.

The fundamental point of this Bill is to say that at the time it was not feasible for the Government to have gone through the normal channels of military justice which would have entailed the rounding up, court-martialing and imprisonment of almost 5,000 men. That is what is said but it should be recalled that most of those who deserted left the country quickly and were members of various armies, including the British, US and Canadian before they were even missed. It would have been impractical for the Army to consider rounding them up. I am not aware of any Defence Forces deserter who ended up fighting in the Axis armies but others of many hues, some of whom represented the State, besmirched their reputation and Ireland's reputation by aligning themselves with Hitler's grand plans and, in some cases, collaborating with his genocidal policies.

On the question of courts martial, the Fianna Fáil Administration at the time was easily able to summons courts martial when it suited, especially to intern and convict, including execution, republicans during the Emergency. The State was so distracted rounding up republicans that it could not have rounded up all the deserters if they had remained in the country and the Curragh was over capacity, as internees were imprisoned for years on end. It could not or would not pursue deserters because its main target was republicans. During this period, there was a nod and wink support of the Allied forces by the state, with captured British airmen, etc., always finding their way north, even though they had been captured, and information gleaned by G2 and the Garda special branch was exchanged and passed to civil servants, which then mysteriously found its way into British hands.

Just as I commend those who went and fought to prevent the spread of fascism, especially those who joined armies other than the British army, which was an occupying force in Ireland, I commend those who left Ireland and fought against fascism in the Spanish Civil War.

Deputy Finian McGrath: Hear, hear.

Deputy Aengus Ó Snodaigh: It should not be forgotten this was at a time Nazi Germany was supplying General Franco of Spain with the hardware to bomb towns and cities such as Guernica and to gun down many brave Spanish and international comrades at battlefronts across the Spanish state. I wonder when the State or the church will apologise to the volunteers and their families who had to sneak out of the country to fight the evils of fascism which they understood three years before the outbreak of the Second World War. They understood the dangers of Franco's dictatorship and the ideals he, Hitler and others in Europe shared at this stage. Those volunteers were excommunicated, ostracised and discriminated against by the church and elements in the State because they had the gall and bravery to stand up for the greater good of society and against the evils of fascism, whether it was in Ireland or in Europe. They suffered the same retribution Irish republicans and their families suffered during the foundation of the State, the Civil War and for a number of years afterwards in Ireland through torture, imprisonment and execution, ostracisation, exile, discrimination, being pilloried and censure.

It is interesting that a Fine Gael Minister in introducing the Bill acknowledged that the State wronged those who were fighting fascism, given their Blueshirt history. His party is a merger of the Blueshirts, the Army Comrades Association, National Guard, Cumann na nGaedhael, the National Centre Party and some southern Unionists. It is not that they gave a good account of themselves fighting fascism in Spain because they spent most of their time cowering in the trenches or, when ordered from the front by Franco, cowering in the wine bars before being sent home in disgrace. There have been no apologies from Fine Gael for the wrongs done to them and their families. Where is the amnesty or pardon for the members of the Defence Forces who

joined the Free State forces in the mistaken belief they would stand by the Republic but then left, having seen sense, to join the IRA during the civil war? No such apology has been given and the individuals in question have not been recognised. Chun filleadh ar an príomh cheist atá ag déanamh tinneas duinn inniu, tá sé tabhachtach nach bhfuil dabht ar bith orainn maidir le stair an Dar Chogadh Domhanda.

The Minister described the State's neutrality position during the Second World War as a "principle of moral bankruptcy" in the context of the Holocaust. While debate on this issue is for forums other than this Chamber, in academia and elsewhere, I do not believe the Minister is correct. It was not the Holocaust that motivated the Allied powers to come together; they were motivated by a wish to defeat the Axis powers. The USSR and United States both remained neutral until they were attacked and did not join the war as a result of the Holocaust. Regardless of one's views on the rights or wrongs of their positions, these are the facts.

Among the 5,000 deserters - the figure is in dispute and may have been higher or substantially lower than this - many may have been ideologically motivated to leave the Defence Forces and defect to fight the Nazis. Ideologically motivated or not, we should not misread the motivation of the Allied side in the early years of the war. To do so is not to deny in any way the right and need to commemorate the memories of those who fought and what they fought against in the full context of the war.

Those who returned from the war were effectively blacklisted from employment, which consigned many of them poverty. This discrimination was wrong and the State should have redressed it and the consequential poverty the individuals in question and their families had to endure years ago. It is good, therefore, that this is being done today. The emergency powers order denied these individuals the opportunity to defend themselves and their actions. Given the time that has elapsed, it is impractical to visit each and every case of desertion and, therefore, it is much more appropriate to proceed with the Bill.

We should not be surprised by the manner in which the de Valera Government responded at the time given. It also interned more than 2,000 republicans in the Curragh during the period it referred to as the Emergency. Moreover, it showed scant regard for the rights of those who were held in the Curragh and it was brutal in its use of special powers. It broke the men, many of whom were so distressed by the inhumane conditions in which they were forced to live that they simply could not function in normal society once they were released. This is a legacy with which society must also live.

Three prisoners died on hunger strike against their imprisonment and the conditions in which they were held. Jack McNeela, Tony D'Arcy and Sean McCaughey died protesting the conditions in the Curragh prison camps. During Sean McCaughey's inquest, it was made known that he had not been outside in the fresh air or sunlight for four and a half years and had been kept for months on end in solitary confinement. Seán McBride, acting as counsel for the next-of-kin at the inquest, asked the prison doctor if he would keep a dog in such conditions, to which the doctor replied he would not. The treatment of republican prisoners was in stark contrast to how certain other categories of prisoners were treated in the Curragh. Soldiers from the Allied and Axis powers found themselves in Ireland during the Second World War and were held, following capture, as prisoners of war in the Curragh prison camp. In contrast with republican prisoners, they were wined and dined, as it were, and in some cases British soldiers were allowed to attend social functions outside the camp. Some of them even had their own bicycles and were allowed to travel to Dublin for events under supervision. The position was bizarre,

especially as others who had not been convicted and were not combatants in the war were not afforded similar rights.

Deputy Seán Ó Fearghail: They were not considered a threat to the State.

Deputy Aengus Ó Snodaigh: They were a threat to the State because they were British soldiers in uniform when they landed here. They should have been considered a risk. Their treatment was a far cry from the fate that befell republicans who were kept in solitary confinement in the Curragh camp under de Valera's regime.

The authorities were no strangers to coming down hard on republicans. Despite interventions from everyone from Seán MacBride to Oliver J Flanagan and members of the Labour Party, de Valera's Government contracted the infamous British executioner, Albert Pierrepoint, to hang Charlie Kerins. Kerins joined the IRA after the Government used the pretext of the Emergency to up the ante and come down more harshly on republicans, resulting in the unspeakable cruelty that took place in the Curragh.

Deputy Paul Kehoe: The Deputy is being very one-sided.

Deputy Aengus Ó Snodaigh: The truth hurts. Kerins was found guilty by a non-jury military tribunal, the same tribunals it appears the Government could not establish to catch the deserters.

Deputy Seán Ó Fearghail: Are they the same tribunals afforded to Jean McConville?

Deputy Paul Kehoe: Many of the Deputy's people were found guilty. They have stories to tell but will not open their mouths. They include the leader of the Deputy's party.

Deputy Aengus Ó Snodaigh: The truth hurts and if the Minister of State cannot take it, he may as well leave the Chamber. Perhaps he will listen for a moment.

Deputy Paul Kehoe: Will the Sinn Féin leader come to the House to speak about Jean McConville?

Deputy Aengus Ó Snodaigh: I did not heckle the Minister of State. The truth hurts. It is funny that I am not even addressing the history of Fine Gael governments but the legacy of the actions taken against republicans by Fianna Fáil governments.

Charlie Kerins was refused the right of appeal and executed. The Government even went as far as banning any mention of his killing by the State on radio and in newspapers to prevent any groundswell of public support. George Plant, who had been an IRA volunteer since the 1920s, was a Protestant from the Minister of State's part of the country. Plant was dubiously tried and sentenced to death for the capture and interrogation of an informer, an IRA chief-of-staff named Sean Hayes. The State also executed, within weeks of arrest, volunteers Patrick McGrath and Tommy Harte, who were also refused the right of appeal, and volunteers Maurice O'Neill and Richard Goss. Bernard Casey was shot dead in captivity in the Curragh.

The Minister may argue that this is not the day for discussing these particular aspects of the State's wrongdoing. However, if we are to embark on a journey of healing wounds inflicted by the State in the past, these matters must be addressed. The State might not have such a schizophrenic approach to Irish reunification and its history and outworkings if it had faced up to its past and had a truth and reconciliation process at any stage since the 1920s. We are suggesting

such a process for the period since the late 1960s but the State, even at this late stage, could establish a truth and reconciliation process for past events. It could even result in another merger, similar to that which took place when the Blueshirts, Cumann na nGaedhael and so forth came together, albeit this time between Fine Gael, Fianna Fáil and maybe even Sinn Féin, given that we all came from the same party before going our separate ways.

Deputy Seán Ó Fearghail: The potential is unlimited.

Deputy Paul Kehoe: Fianna Fáil and Sinn Féin, that is the alternative.

Deputy Aengus Ó Snodaigh: It may be appropriate to face into the centenary commemorations around the revolutionary period from 1916 to 1921 and the subsequent counter-revolutionary period. Many long conversations need to be held about the actions of past governments and elements of the architecture of the State. These include a discussion of what took place in Ireland during the Second World War.

In all of this we need to heed rather than repeat the lessons of history. We must be mindful and vigilant, especially in this era of recession, of those who resort to racism and anti-Semitism. There are some in political life in Europe and beyond who hold similar views to those which led to the slaughter of the Holocaust and the Second World War. We must not be complacent when it comes to the prospect of fascism. While Greece does not have a history of fascism, Greek fascists did not fall from the sky. The violently aggressive programme of impoverishing a nation at the behest of the troika, the victimisation of Greek people and the pitting of citizens against one another is fertile ground for fascism. Members of the Golden Dawn party, which gained 7% in recent elections, openly give Nazi salutes and advocate fascist ideology. The party scapegoats immigrants and, in one case, threatened to remove immigrant patients from Greek hospitals which were running low on medicines. Golden Dawn appeared in Greece because racist ideas were allowed to fester in the public mind in combination with social dislocation and economic devastation. We need to be mindful of this situation, not only in Ireland, but throughout Europe.

Thankfully, it appears the far right in this State is confined to the rooms of lonely men who lurk on far right Internet message boards posting racist messages or to the sad cases who believe that they can impress people by spray painting racist graffiti. However, Governments inadvertently fuel extremist right-wing ideologies through certain actions. I would urge caution, particularly given that, as we saw on television last night, elected councillors have freely called for apartheid for Travellers. Even a former justice Minister was alleged to have made racist comments during the citizenship referendum. The Minister for the Environment, Community and Local Government, Deputy Hogan, and some judges have strayed close to making racist comments about Travellers. We must be mindful of our language. Otherwise, we will fuel an element that once gave rise to fascism. I am not making an allegation against any Deputy. Rather, I am urging caution. Some people feed on the type of language that we have heard in recent times, particularly as regards Travellers.

It does not take much for fascist or racist groups to gain a foothold when people are neglected and left weary from economic destruction and significant levels of unemployment. Even Mr. Nick Griffin in Britain managed to get himself elected to the European Parliament. These are dangerous ideologies and Greece will not be the last European country to witness a rise of a degree of fascism unless we address it early, something that Europe did not succeed in doing in the 1930s when the dangers were clear to everyone who was willing to listen and when the

6 March 2013

rest of Europe did not support those who stood by the republic in Spain in 1936 and beforehand.

While we are examining issues of the past and making right the wrongs, it is essential that we not impact on the future of the Republic while we are still attempting to create it. This Bill is an important part of that vital debate. It is believed that as many as 5,000 men deserted the Irish Defence Forces, 100 of whom are still alive. I hope this Bill and its amnesty as regards their actions will give them some solace. They are also owed the right to live out their days in a country that does not have the conditions necessary to feed into and breed fascism. They should never need to see the forces that they fought against during the Second World War return to the fore.

My party and I will support the Bill in the Dáil as we did in the Seanad. This welcome legislation will address the issue in question. Hopefully, it is a signal that many other wrongs will be addressed and that the issues I have raised will be discussed.

An Leas-Cheann Comhairle: Deputies Clare Daly and Finian McGrath are next and will share a speaking slot. Deputy Clare Daly has six minutes.

Deputy Clare Daly: I will try to get it all in before the break. I am speaking as someone whose family's involvement dates back to the foundation of the Irish Army. I am also an internationalist and a socialist. In this context, I clearly understand that it is always ordinary people and soldiers who pay the price in war. The Second World War was no different. We all know the stories of the promises of freedom, "homes fit for heroes" and heroes who only returned fit for homes with all of the scars that accompany war.

This is not just a question of how these men were treated at the time, but also of the long delay in the State's recognition of the situation as one that needed to be addressed. That delay indicates a lack of political back bone. The issue is also linked to our relationship with Britain. Seven years after the end of the Second World War, the British Government announced an amnesty for 10,000 of its military's members who had deserted. That army was actively involved in combat, yet here we are more than 60 years later still deliberating on what to do.

We must approach the issue with a sense of history, perspective and humanity. It was not just a matter of punishment. The only reason for the delay and for the imposition of such punitive measures on Army deserters was that they deserted to the British army. The issue has been surrounded by a certain amount of Anglophobia that has existed since the foundation of the State. It is a legacy of the weak Irish State's hypocritical attitude in its dealings with Britain. The battle was fought for independence against Britain. However, as James Connolly warned at the time:

If you remove the English army to-morrow and hoist the green flag over Dublin Castle, unless you set about the organisation of the Socialist Republic your efforts would be in vain.

England would still rule you. She would rule you through her capitalists, through her landlords, through her financiers, through the whole array of commercial and individualist institutions she has planted in this country... Nationalism without Socialism – without a re-organisation of society on the basis of a broader and more developed form of that common property...is only national recreancy.

Since the State's foundation, we have continued to treat our citizens poorly and have not granted them their economic independence. For this reason, many of the issues in question arise. We are quite happy to export to Britain the nurses that we train in our hospitals. We are

quite happy to export Irish women and to agree that they have the legal right to travel to look after their health and to go to Britain for abortions, but a woman cannot have an abortion within her own country.

Having examined the history books, the key reason that many people deserted the Army in desperation and went to Britain was not ideological, but owed to the State's failure to deal with the issue of economic independence. A soldier was expected to raise his family on 14 shillings during the war. It was not enough. We must ask ourselves whether poverty is treason. For many of those involved, it was not an easy decision. They knew they would be vilified, but they clearly believed that, if they wanted to look after their families, they had no choice. They were treated shabbily and unacceptably. I am glad the issue is being tidied up now.

I noted the Minister of State's points. It was almost suggested by some Deputies that the lack of access to military courts did the people in question a favour and that emergency powers were used to help them. I do not buy that argument. Those powers were always wrong. It was a starvation order. It denied these men entitlements and gratuities, barred them from working in public jobs for seven years, disqualified them from receiving unemployment benefits etc. One reason for military tribunals not being utilised was the fact that the issue would have attracted media attention. Let us remember that de Valera had already embarrassed the country in international eyes by officially commiserating with the German Government on the death of Hitler. Clearly, there was another motive for not dealing with deserters.

I have little time remaining. Emigration to Britain is continuing. We are exporting people because this country is failing to provide them with a decent standard of living. Irish firemen in New York and Irish nurses in England have been forced out of this country. Army barracks are closing and allowances are being taken from soldiers. The very circumstances which forced previous generations of Irish men in desperation to go and join the British army are alive and well now under the policies of austerity which are driving many people out of this country today. We must be wary of that.

Debate adjourned.

Health Insurance: Motion (Resumed) [Private Members]

The following motion was moved by Deputy Billy Kelleher:

That Dáil Éireann:

notes that:

- there is an ongoing and persistent increase in the cost of private health insurance, with a crisis of affordability for both individuals and families developing;
- the increase in private health insurance premiums is significantly ahead not only of inflation generally, but health sector inflation as well;
- an average of six thousand consumers leave the private health insurance market every month;

6 March 2013

- there is little incentive for younger people to take out health insurance;

- the haemorrhage of younger, healthier policy holders is threatening the sustainability of the private insurance market by generating further upward pressure on health insurance premiums for those who remain; and

- many of those who remain have downgraded their level of cover; and

calls on the Government to:

- act speedily to reduce costs in the delivery of both public and private health care as undertaken in the programme for Government;

- introduce lifetime community rating;

- revise the legal definition of non-advanced plans so that the 300,000 holders of lower level plans will not face a substantial rise in their health levy;

- defer the increase in the health levy which is scheduled for the end of March;

- remove children from liability to the levy;

- ensure patients who have private health insurance and pay their taxes do not lose their universal entitlement to public health care funded by the State;

- work with insurers to develop industry standard clinical pathways;

- permit public hospitals to negotiate with health insurers; and

- use its position and purchasing power as a VHI shareholder to negotiate a reduction in consultant fees.

Debate resumed on amendment No. 1:

To delete all words after “Dáil Éireann” and substitute the following:

“strongly endorses the principal of community rating, whereby people can buy health insurance for the same price irrespective of their age or health status;

acknowledges with satisfaction the passing by the Oireachtas of the Health Insurance (Amendment) Act 2012, which introduced a permanent scheme of risk equalisation effective from 1st January, 2013;

commends the Minister for Health on the measures he is taking to protect community rating in the private health insurance market and recognises the support that risk equalisation provides to maintaining community rating in the market in helping to ensure the affordability of health insurance for older people;

supports the work of the Minister for Health to ensure a sustainable private health insurance market in Ireland;

welcomes:

— the success of the Minister for Health in securing the approval of the EU

Commission for the new Risk Equalisation Scheme as a vital means of protecting the affordability of private health insurance for older and less healthy customers who are most likely to need it; and

— the notifications by insurers for categorisation of another 30 plans as non-advanced by the industry regulator, the Health Insurance Authority, to be made available to customers, with a corresponding lower rate of Stamp Duty, from 31st March, 2013; after that date new products can be introduced at any time subject to meeting a 30 day notification period and requirements for classification;

notes that there is no need to amend the legal definition of non-advanced plans since they will be readily available to customers under the current definition;

supports the work of the Minister for Health to make private health insurance affordable for all who wish to purchase it;

welcomes and supports:

— the Government's continuing work to address unacceptably high costs in the private health insurance market and shares the Minister's concern that increases in private health insurance premiums are not justified in all circumstances; and

— the actions of the Minister for Health in requiring the VHI to address its cost base immediately, including action on the fees it pays to health professionals, auditing the volume of treatments it pays for and clinically reviewing the appropriateness of these procedures;

endorses the Government's policy of generating additional income for public hospitals, by addressing the present subsidy enjoyed by health insurers in respect of their private patients who occupy public hospital beds;

further supports the continuing work on the Health Service Executive National Clinical Programmes in developing effective clinical pathways for patients that can be utilised by all health insurers; and

further endorses the actions of the Minister for Health designed to ensure a strong and competitive health insurance market as a key building block in the Government's commitment to implement Universal Health Insurance."

- (Minister for Health).

Deputy Deputy Mattie McGrath: I apologise as I was delayed. I compliment and thank the proposers of the motion, which is worthy. We must examine the issue. The population is ageing and, by extension, will become sicker. We discussed the costs of various issues, including generic drugs, in the term of the previous Government. I am a victim of the system myself. I was rushed to a private hospital in the city last Tuesday. I am paying private health cover for the past 20 years. Thankfully, I came out the other side but I had a nice little bill of €395. My insurance did not cover the visit. I was told that I had to go back for a scan which will cost €700, which again is not covered even though I am paying health insurance for 20 years. Health insurance is becoming more expensive and less cover is provided. It is time for someone to stop the racket, the abuse and the extortionate charges of a range of people, including consultants, to

the health care companies.

I do not know how many increases we have had in the past two years. No doubt the Fianna Fáil spokesman and others have outlined the details. We must grasp the nettle and deal with the issue because private health care charges are exorbitant. We were promised changes in governance and a difference by the Government before the election. We were promised a new era of transparency and openness. However, we have a Minister who is compromised because he is involved in private health care. He is involved in a private nursing home in my county. I said it previously. I thought the Taoiseach would have moved the Minister. He is someone who should understand the brief as he is eminently qualified. I do not challenge his bona fides in that regard. However, he has a vested interest. The Minister previously acted on behalf of his colleagues to strike a lucrative deal with the Government for a group of people within his own profession.

Now the Minister is involved in property speculation. He is in charge of the HSE which employs HIQA. The latter closed down a nursing home in my county. It literally terrorised and persecuted the nursing home. When I inquired I discovered that HIQA had made only one fleeting visit to a nursing home in which the Minister has a stake. How about that for transparency and openness? Is it a case of jobs for the boys or we do what we like, not as we say? It is not fair. What is going on in health insurance is just a racket. It is disgraceful. It is going on in other areas of insurance also but it will not change until someone shouts "Stop". People cannot afford to pay premiums. They are walking away in their droves from paying health insurance as they cannot afford it and the people who are paying are not covered when they require treatment. The genie is out of the bottle. Someone had better try to examine the situation and deal with it.

Deputy Deputy Tom Fleming: The current statistic indicates that more than 200 people per day are abandoning their health insurance policies. It is a frightening scenario when thousands of people with private health insurance are experiencing dramatic increases in 2013 with further increases of anything between 20% and 40% envisaged. More than 300,000 health insurance customers on the cheapest plans are to lose full cover for procedures in private hospitals from April onwards. In order to comply with the terms of the Government's new risk equalisation scheme, the cheaper plans will no longer be able to offer cover of more than 60% of the cost of day care procedures in a private hospital.

The Minister's target is to raise an extra €60 million this year by charging all private patients in public hospitals based on a charge of €1,000 a night for a private bed compared to a cost of €75 for a public bed. To put it mildly, that is puzzling. It is hard to fathom the vast difference in pricing. Alarming figures are being bandied about regarding costs for some procedures being carried out through insurance cover. Some operations require just an overnight stay in a private hospital and costs of between €1,000 and €3,000 have been mentioned. Blatant overcharging is pushing up premiums. That is a significant factor in the spiralling cost of premiums.

In 2011, the VHI revealed that more than 30 hospital consultants received more than €500,000 each from it. One consultant on the VHI earning list for his private practice, who was also on the list of a number of other health insurance companies, earned more than €1 million. A lot of question marks hang over the VHI. In 2005, it had 1.7 million customers. Now it is down to 1.2 million, yet its number of employees has increased in a steady manner since 2005. The VHI cost base is mainly due to abnormally high remuneration and increment rate. That seems to be the root cause of its insolvency. At this stage the taxpayer might be burdened

by the European Court of Justice ruling that this country is in breach of its EU obligations by the exemption of the VHI from regulation by the Central Bank. The VHI has been allowed to mismanage its affairs. It has been propped up. The Minister will have to urgently intervene and call a halt to the anomaly where competitors are subsidising the company for far too long. If it is left unchecked it is heading for an increasingly expensive health insurance premium and it will accelerate rapidly the thousands opting out who are further pressurised with stretched household budgets to keep up with rising costs.

Deputy Deputy Luke ‘Ming’ Flanagan: The current system of health care in this country is similar to the system in operation in Legoland and Disneyland to decide who gets to use it next. I had the unfortunate experience of going to Legoland a couple of years ago with my children. I discovered that one got to queue for hours and one got a few minutes on the ride. However, there was a way around that. If one was rich enough one could skip by the queue of people, if one had the neck and if as an adult one did not mind skipping by children to go on a ride, one could do it. Frustrating as the experience was in Legoland, it was not that serious but I could not with any conscience pay my way ahead of anyone else.

Deputy Deputy Brian Hayes: It is very cost effective.

Deputy Deputy Luke ‘Ming’ Flanagan: I have adopted the same philosophy when it comes to the health care system. I do not have private health insurance. I use the public health care system. I had the pleasure – it was not a pleasure at the time but it was afterwards to get it done - of having my tonsils removed under the public system. It was difficult to get in but once one got in, it was quite good. From the perspective that one can use the system without paying for health insurance on the basis that one has paid for it through one’s taxes begs the question of whether that part of the system needs to change much. I agree in principle with the notion of universal health care. It makes sense. One of the issues that must be tackled if one wants it to work out well, because otherwise it will cost too much, is that one must get rid of the waste and overspending. The cost of drugs is the obvious case that comes to mind in the context of overspending. Another such cost is the cost of consultants. There is also a layer of middle management that we cannot afford to continue to pay to play hide and go seek. It is too expensive.

Deputy Deputy Finian McGrath: I thank you, a Leas-Cheann Comhairle for the opportunity to speak to this Private Members’ motion on the cost of health insurance and the hardship caused to many families because of the significant costs and recent increases. The health and funding crisis touches on the broader issue of the urgent need for reform of our health services. Tonight in this debate we are dealing with the cracks and the immediate cost issue but this is not the solution if we really want a fair, efficient and high-quality health service. My own clear position is that we need a proper universal health service, with those in most need always getting priority. There should be universal health insurance across the board, paid by us all as part of our general taxation. That is my clear political and philosophical position and I believe there is support in this House for it. That is why I supported the Government’s Health Service Executive (Governance) Bill earlier today.

There has been too much messing around and too much in-fighting between the HSE, the Department of Health and politicians for many years. I know it is not trendy or politically correct to say this but the Minister and his senior officials should visit Cuba and look at that country’s health service and how well it works, despite being hammered by a US blockade. The Cuban people put equity, equality and justice at the top of their health philosophy and ensure quality service delivery to all Cubans, particularly the poor. I met a medical student in a bar in

6 March 2013

Havana who, as part of his training, was going out to live in villages and mountains, helping and caring for people, for his summer holidays. He told me that it was his patriotic duty to work and serve in his country's health service and that he would defend it to the end. That is the kind of spirit we need in our health service and the kind of spirit that we need to reform it.

I know there are some plans to reform our health services but hammering our nurses, doctors and those in the 24-7 Alliance is not the way forward. It is a crime and a disgrace to penalise those on the frontline because of the recklessness of senior bankers in the past. This needs to be said in the debate tonight because it is linked to the cost issue and the high price of health insurance. Approximately 6,000 people are leaving the health insurance market every month, many of whom are young people. This will threaten the sustainability of the entire insurance market. Health sector inflation is now out of control and many people are now downgrading their cover. I call on the Minister to speedily reduce the cost of the delivery of both public and private health care, as promised in the programme for Government.

Deputy Seán Kyne: Up until a few short years ago, throwing money at the health care system was viewed as the solution to its challenges and ills. We now know that this approach did not have the desired effect and in reality, ignored the root causes of problems in our health care system. If there is anything at all positive about financial constraints it is that they force a new approach and a re-evaluation and examination of not just what we spend, but how we spend it. The Minister for Health, officials in his Department, nurses, doctors and staff of the HSE have all been working to bring reform to our health service within the budget necessitated by the State's current financial situation.

Despite the detractors, doubters and cynics, we are seeing results. In my constituency, the new Galway Roscommon hospital group is proof of the benefits which the new group hospital structure can bring. In 2012 the group successfully treated more patients, faster and more efficiently, despite a reduced budget. The group successfully tackled the significant problems in the accident and emergency department and exceeded the targets set by the Department of Health's new special delivery unit. In 2012 it effectively halved the numbers waiting for accident and emergency care and achieved a reduction of over 36% in the number of patients on trolleys awaiting treatment. The Galway Roscommon hospital group clearly demonstrates that strategic and targeted use of public money always delivers better outcomes than the old practice of simply throwing money at a broken system. Fixing and reforming the system is what we must do, while simultaneously ensuring that people can continue to access high-quality health care.

Last month the Department of Health published what I believe to be one of the most significant documents it has published in many years. Unfortunately, it received very little attention in many political and media circles, who instead prefer to focus on negative stories rather than progress or plans for reform. Entitled *The Path to Universal Healthcare*, the document examines the current health care system, with a focus on health insurance and sets out a vision for how we will achieve a single-tier health service supported by universal health insurance, which provides equal access based on need and not on ability to pay. The overall goal is to develop a new health-insurance-supported health care system, guided by health promotion, equal access, patient safety, outcome-based rewards, as well as efficiency and effectiveness.

Specifically with regard to the health insurance market, the focus of Government will be on ensuring a fair and robust community-rated market. The concept of community rating is central to a properly functioning health care system. The health insurance market is one of the

clearest examples of where government involvement and, indeed, interference with the commercial market is both fundamental and welcome. It is, put simply, positive discrimination which ensures that our citizens can access affordable health insurance, regardless of age, gender or health. Many people will be aware of community rating through the Supreme Court ruling of January 2009 which declared that the then Government's risk equalisation was based on an incorrect interpretation of the law and had to be set aside. This led to an unsatisfactory interim measure to plug the gap which the Supreme Court had found. This Government committed to finding a workable and effective solution that would be rooted in fairness among the health insurance companies and, most importantly, for citizens. We achieved that commitment with the passing of the Health Insurance (Amendment) Act last year. The Minister for Health, Deputy Reilly, and his officials have ensured that fairness remains at the heart of the health insurance market. The new permanent scheme of risk equalisation protects the community rating system and ensures inter-generational solidarity in the provision of health insurance.

Reforms are continuing apace, radically improving our health system so that it prioritises patient safety, is patient centred and delivers the best health outcomes for citizens. It will take time but I am confident that we are beginning to see the results.

Deputy Paul J. Connaughton: I am grateful for the opportunity to speak on this motion. For the past two years, this Government has consistently striven to ensure that the cost of private health insurance for ordinary families in Ireland is kept down and our efforts in this regard will have to continue for the months and years ahead. It is a complex issue involving competition in the market place, the base cost of procedures and the pay of the professionals involved. Undoubtedly, there have been significant price rises in recent years and this, coupled with declining household incomes in many cases, has seen many families forced to opt out of private health insurance, placing an even greater burden on the public system. However, over 45% of the population is currently covered by private health insurance, greatly alleviating the burden on the public health system.

In terms of the drive to reduce costs, there have been some notable successes. The VHI, for example, has achieved cost savings of over €300 million by reducing consultants' fees and payments for procedures such as inserting stents and MRI scans. This cost-saving drive has also resulted in a large increase in the number of day-case procedures and the average length of stay in hospital has also been decreasing.

Competition is a key factor in today's private health insurance market and while there are four main players in the market, GloHealth only has 1% of the market, Aviva, 16.9% and Laya Healthcare, 21.5%, meaning that the market is dominated by the VHI, with over 56% market share. There are pitfalls to having such a large segment of the market as many older people have never switched providers and thus, while VHI has 56% of the customers, it has 67% of the claims. By offering inducements to adults with small children, companies are targeting young professionals in their 30s and 40s, ensuring their products are most attractive to people whose needs are least in terms of health procedures.

One aspect of the payment structure which has received much focus is community rating but this inter-generational solidarity is necessary to prevent our health service, both public and private, from crumbling. There is little incentive to pay a large health insurance premium during the years that one is least likely to have to avail of it, only to be pushed out by the private system as one ages. Without community rating, very few older people would be able to avail of private health insurance and the huge pressure on orthopaedic and neurology departments,

for example, all across the country would soar. The Health Insurance Authority has, in recent years, been highlighting the ease with which people can switch providers and has matched its ambitions with actions in terms of a very user-friendly plan-comparison tool allowing individuals and families to assess which plans best suit their needs and what savings can be made. That tool is something which I would encourage everyone to use before renewing their health insurance.

I believe the risk equalisation measure currently in place in Ireland has forced private health insurers to seek greater efficiencies rather than cherry-picking the best and healthiest customers, creating the leanest regime possible in terms of administration.

Deputy Arthur Spring: In these recessionary times it is true that people of all demographics are opting to leave their current private health plan or not sign up to one at all. The private health insurance market peaked in 2008, along with many other things in this society, when approximately 2.3 million people signed up to private plans. That number has declined ever since and at the moment there are 2.1 million people with private health insurance, which is approximately 45.8% of the population. These numbers are indicative of the tough times we are in but I would also venture to say that everything peaked in 2008 and what goes up must come down, unfortunately and we will seek to have a rebalancing of this in time.

The media has a large part to play in terms of the apocalyptic headlines gracing the newspapers on a weekly basis on this issue. I would argue that the media has a large part to play on many issues but that is for another day. By all accounts, private health insurers are attempting to keep costs down as it would do them no service to raise costs and lose customers. That would be the easiest avenue to bankruptcy. Rising costs can largely be attributed to what hospitals and consultants are demanding from private insurers. I propose that the Minister, Deputy Reilly, should commission a small team of health insurance experts to conduct an investigation - lasting six months or so - into the rising health costs in Ireland. It should be at minimum expense to the Exchequer and for the betterment of the industry as a whole. There is more to this issue that must be examined more thoroughly.

The Opposition has raised some points about which most of us in the House can agree. I wholeheartedly agree that the best and most equitable health care should be provided for every individual in the State. The Labour Party advocated a Nordic model of health care prior to the 2011 election and there is commonality with the coalition partners, who have agreed to this approach and decided to pursue this aspiration, which unfortunately can only be achieved in more prosperous times. We are trying to set the bedrock in place to achieve this aspiration. Many of us social democrats have examined the Scandinavian model and seen it as something to which we aspire. It can be achieved but the Government must be serious about it and give a long-term commitment. With the current Government and those who have seen the light in the party that was part of the previous Government, we will get there in the end.

I have spoken in the House many times in the past two years about hardships, such as mortgage distress and unemployment, which affect the nation. Families across Ireland must cope with many tough decisions and cutbacks, including cuts to private health insurance. There is an old saying that health is wealth and health care is a crucial pillar in the country's architecture. Grouping private health insurance with a better service in the public system is a main priority for the Government.

I will continue to work as a backbencher to ensure that the best service can be provided and

afforded by people. Health is wealth but the costs are a key component. It has been indicated that some people have received over €500,000 and €1 million in payments from private health insurance. A public bed can cost €75 per night but a private bed can cost up to €1,000 per night. Some 56% of the market is held by VHI but 80% of costs go to the company because the majority of older and sicker customers use it. There must be some kind of equalisation. The path to a universal health care system must be pursued on an equitable basis over a number of years for the betterment of all society.

Deputy Dan Neville: I welcome the opportunity to contribute to the debate. I will deal with the specific issue of the use of private health insurance by those who are hospitalised because of psychiatric ill health. There are a few issues of great concern and public patients often have a greater opportunity to recover in the long term when compared with those who enter private institutions, although all the facilities do very good work. Of great concern is the process of follow-up after discharge from a private hospital. There is no connectivity with the HSE, and the community-based after-care system with HSE involvement can be patchy in following up psychiatric patients discharged from private institutions. There should be some follow-up by the health insurance companies in that regard.

There are two main private psychiatric hospitals in the country. Many people who use those facilities would have insurance but may not have much other money. They would have to travel to and from Dublin and pay for a consultation with a psychiatrist and treatment. The expense can be quite significant for people who access health care in psychiatric hospitals. An initiative should be taken to bring the three groups - private hospitals, private insurers and the HSE - together to examine follow-up after discharge from private hospitals. There is a difficulty.

Private insurance lasts for six months in a private hospital and if people cannot pay privately after that time, people need to be transferred to the HSE hospitals or to their communities. Treatment often lasts longer than six months. Some years ago I mentioned an experience when somebody was discharged from St. Patrick's Hospital one evening in a highly suicidal state. Her mother took this 21 year old student back to Limerick on the train and she was taken into hospital late at night. There was not much investigation of her condition and a student nurse was assigned to care for her the next morning while the patient was still in a suicidal state. The nurse left at 1 p.m. and there was not enough cover, so the patient took her life at 1.30 p.m. in the hospital. There is a difficulty around discharge and after-care when patients have been cared for in private psychiatric hospitals. The follow-up for public patients is far superior to that seen by private patients. The issue should be addressed.

Deputy Joe McHugh: In the short time I have I will make a few points.

An Leas-Cheann Comhairle: The Deputy has four minutes.

Deputy Joe McHugh: I did not realise I would only have four minutes. At a time when the Government is driving efficiencies across the health sector, it is important for insurance companies to step up to the mark, especially with regard to sharing resources. We can see what is happening on a cross-Border basis in Altnagelvin in Derry, where there will be a €19 million investment by the Government for a shared double linear accelerator radiotherapy centre for the people in the north west. The Government is working on a shared basis and trying to drive down its cost so there must be some sort of replication in the insurance sector.

How does private health insurance cover work when we will work on a shared basis be-

tween North and South? There will be a similar process in paediatric care, where the Minister is working closely with Mr. Edwin Poots, MLA, his counterpart in Belfast, with respect to shared paediatric services. Crumlin is a possible location to treat children with special difficulties. We must have a conversation on how health insurance companies will work on a cross-Border basis.

Tied to this is the issue of the patient mobility directive, which will be transposed into law in October this year. It is almost like a liberalisation of health services throughout the European Union, with patients in this State having the possibility of utilising services in other states or jurisdictions.

8 o'clock We need to have a conversation on how that will work and the nature of the involvement of the health insurance companies with regard to private patients. Will it just be for the public system?

The next issue I wish to raise is close to the heart of the Acting Chairman, Deputy Charlie McConalogue. I refer to regional status for Letterkenny General Hospital, which is bringing an increasing number of people through its door. The hospital is carrying out many more procedures than it used to and the workload of consultants in the hospital is increasing by the month. More patients from outside County Donegal are attending and the hospital is becoming quite a success story. At present, the extra footfall is not being rewarded although this is the aspiration of the Minister, which I acknowledge. A hospital such as that in Letterkenny should not be discriminated against because it does not have regional status.

There is an excellent MRI scanning system in Letterkenny General Hospital. The VHI, however, does not have a reimbursement scheme in place for it. It does have a scheme for Sligo hospital, which has similar services. There are excellent facilities in both hospitals but the VHI does not have a reimbursement scheme with the one in Letterkenny. Will the Minister ask the VHI why no such scheme is in place? Can one be put in place? If so, let us do so.

Deputy Frank Feighan: I agree with universal health care. How did we get to this position whereby the cost of insurance is increasing? The cost has increased because nobody took on the vested interests, including the consultants. I have paid for health insurance, as has my mother and other members of my family. We have done so because we could and saw it as a civic duty. At many times, we did not receive care better than we would have received in the public system.

There is another form of insurance, however. At many times, consultants would say that because one had voluntary health insurance, one could be kept in hospital for a few days. This meant more money for the consultants. The insurance companies did not take on the professionals and this increased the cost of health insurance.

Another form of insurance was used in public hospitals. I believe in public hospitals. I was in Roscommon hospital a week ago for a hip X-ray. The service I received there is not inferior to the service I would hope to receive in Blackrock Clinic or Galway Clinic, to which I have never been. I believe in public hospitals. In the public hospitals, there was a form of insurance whereby consultants could be paid €500 or €1,000 if one wanted one's mother, father, brother or sister to stay an extra week. This practice was ongoing over the past 30 or 40 years. It was the way business was done in this country and it was wrong. This is why our health insurance system is at a low point. So much cash was going through the system. Anybody who enters my office tells me that this practice occurred. It occurred all over the country. There were patients

with voluntary health insurance in respect of whom the consultants were able to charge the VHI. Nobody questioned this. In the public health system, there was another form of insurance, that is, nod-and-wink insurance whereby one paid the consultant or doctor €300 or €400 to keep one's mother or father in hospital. Everybody in the system knew this practice was occurring but nobody was prepared to tackle it. The Minister is now going to make the system open and transparent and, most important, he will ensure that the nod-and-wink insurance system cannot continue.

Risk equalisation in the VHI is very good. It can be blunt but the VHI is charged with catering for a much more elderly cohort than other companies. I pay voluntary health insurance but do not expect to receive treatment any better than that which I would receive in a public hospital. Perhaps that is just my opinion but I believe most people are beginning to examine their health insurance. People are asking how they can get the best cover for the money they pay. As with utility bills, such as those for oil, electricity and telephony, people are examining health insurance bills all the time. I urge people to shop around.

I examine the cost of my insurance. I have an elderly mother of 85 and I pay her insurance. While we have always had private health insurance, perhaps we would be better off using the public system, thereby saving a lot of money. If many hundreds of thousands of people stopped paying for private health insurance, however, the public health system would not be able to cope.

The Minister must take on the vested interests, who have not been taken on for the past 15 to 30 years, or even since the foundation of the State. We had an Irish solution to an Irish problem, thus putting us in our current position.

Deputy Jerry Buttimer: I welcome the opportunity to speak on this very important motion. It is extraordinary that in two years Fianna Fáil is returning to form. It has abdicated its responsibility and forgotten it was in Government. It never took the Department of Health and Children as it left it to Ms Mary Harney. It did not have the courage to take it.

Let me cast the minds of the Members opposite back to 2008. Some €700 was the price of a premium. Under the Fianna Fáil regime, the costs spiralled. Since 2008, more than 200,000 people have left the health insurance market. It is worth noting that at the peak, 50.9% of the population had health insurance. Unfortunately, this figure has reduced to 45.8%.

Significantly, despite all the pandering and posturing by previous Administrations, we now have a Minister who has set about creating a universal single-tier health service. The best that the Members opposite can say is that this is not happening fast enough. They ask whether there are clear pathways. They should examine the recently published document *The Path to Universal Healthcare*, on which we should have a debate. For once, we are in circumstances in which we will have people gaining access to medical care not on the basis of what they can pay, who they are or where they come from, but on the basis of their needs and how they can be treated and cared for properly, promptly and decently. The model of health care that the Government and I espouse is based on this philosophy. Anybody who promulgates a different version is talking out of both sides of his mouth.

It is about time that we got real in this country regarding health care. For far too long, we have let the vested interests dominate, take over and dictate what happens. For once, we have a Minister who is prepared to drive reform and implement change. While this may take time

and while we may need to go to Legoland and back, I hope that on the way to Legoland we can build the blocks on a sustainable foundation that will not collapse like the Micheál Martin-Mary Harney model that has left us where we are today.

The priority is to examine what the health insurers are doing because they all have a responsibility. Members have focused on the VHI in this debate as it is the dominant market player. It must lead the drive to reduce costs. Our main question, to which Deputy Kelleher referred last night, concerns increasing costs. The Deputy is correct that they are increasing but the current Minister is the one who has said consistently to the insurers that they must keep their costs down.

It is tough for Deputy Dooley being in opposition. When his party was on this side of the House for 14 years, he was like a little mouse. He did not budge or open his mouth. I ask him not to open it now. If I was him, I would be embarrassed given Fianna Fáil's record in government. I would not say too much about it. I appreciate his difficulties.

Deputy Dara Calleary: Deputy Buttimer should not get caught in a trap.

Deputy Jerry Buttimer: I am not getting caught at all. Members opposite forget that we must never allow the Irish people to forget that Fianna Fáil led us to where we are today. That will be Deputy Dooley's legacy for eternity.

Deputy Timmy Dooley: Deputy Buttimer has the opportunity to have a legacy now.

Deputy Jerry Buttimer: We are doing it. There has been reform of the health system. I pay tribute to those who work in our health system. We have seen better care and more changes. I will give Deputy Browne some examples of the changes because I know he wants to hear them.

Deputy John Browne: I do not want to hear anything from Deputy Buttimer.

Deputy Jerry Buttimer: The Mercy Hospital in Cork now has a new admissions procedure so people can come in for an operation and leave the same day. The South Infirmity Victoria Hospital has reduced the length of stay for knee and hip replacements and now has a pain management unit. This was unheard of previously. Cork University Hospital has a new assessment unit and 85 new beds were opened there and in the Mercy Hospital just this week. Reform in rostering and changes to work practices have allowed for greater numbers to be seen and fewer people on trolleys. These are some of the many positive signs that the Deputies opposite do not want to hear because they just want the bad news. That is fair enough, it is their prerogative, but let us look at what we are doing in the health system, driving reform and putting the patient at the centre of the system.

It is not good enough for the Health Insurance Authority to tell people to shop around. There are more than 200 differently priced plans in the market. Let us make it simpler and more streamlined for those who want to keep their private health insurance. We face many challenges in the health insurance market and consumers are making difficult choices. As prices have increased, many have relinquished their policies, but insurers have an obligation to stop the spiral of price increases and to work with hospitals and others involved to reduce costs because they have a social objective, to make it attractive for people to keep their health insurance.

Deputy Michael P. Kitt: I commend Deputy Kelleher for putting down this motion. Every

Member of this House is concerned at the increasing costs involved in health care, particularly with health insurance companies increasing their premiums. There is a real concern that 200 people per day are giving up their health insurance. That demonstrates the crisis of affordability for individuals and families. The health insurance companies are increasing their rates and blaming inflation but in fact these premiums are ahead of inflation generally and ahead of health sector inflation.

Like the Minister, I am concerned that 6,000 consumers are leaving the private health insurance market every month. There is little incentive for younger people to take out health insurance. This threatens the sustainability of private health insurance for those who remain within the system. Many people have downgraded their cover and there is concern 300,000 holders of lower level plans will face a substantial rise in the health levy. It is unfair that someone paying €500 for a lower level plan will pay the same levy as someone who can pay €4,000 for a higher level of cover. There is no level playing field and that is a matter of concern surrounding the introduction of this levy.

The Minister should consider removing the levy from children. Families have enough problems with school fees and paying for college education. These health premiums will be an extra cost. The percentage of the population with inpatient health insurance stands at 45.8% according to the CSO population figures for April 2012, a fall from the peak in 2008 of 50.9%. That is a matter of concern. Among the under 50s, there was a fall of 122,000. We must be concerned about that and consider ways to encourage younger customers into the health insurance market instead of putting obstacles in their way. Last year, the Irish League of Credit Unions found nearly one in ten adults with health insurance would abandon the policy because they could no longer afford it, with 31% claiming they would do that if prices increased again. An article by Charlie Weston in the *Irish Independent* in December outlined increases of almost 50% under a scheme the Minister is devising. If these health insurance experts say the Minister's plans will lead to a higher premium payment for families, we should take note of that and deal with the increases in premiums.

Public hospitals are charging about €1,000 per night instead of €75 for these beds. The impact will be significant and we should ask why there is never a breakdown of that €1,000 figure. These changes will have an impact because health insurers are not allowed to negotiate prices charged by public hospitals, in contrast to private hospitals, where the insurers can demand terms. There is a reluctance on the part of the health insurance companies to get involved in cover for the newer private hospitals.

I hope the reports of health insurance companies charging punitive fees for people who want to cancel a policy will be dealt with. One family I know was quoted a cancellation fee of €700. It is difficult to shop around in that situation. The CEO of VHI said people could choose wisely and save money if they shop around but it is not that simple when such punitive charges are in place.

The cost of health insurance has doubled in four years at a time when general inflation was low. Last year the inflation in health insurance was ten times the inflation rate in the health sector generally. I call on the Minister to act speedily to reduce the costs in the delivery of both public and private health care.

Deputy Brendan Smith: I welcome the opportunity to make a contribution on this important motion put down by our party spokesman last night. It deals directly with the widespread

6 March 2013

concerns of many families throughout the country who are struggling to maintain their private health insurance. The dramatic reduction in the number of people paying this insurance must be a cause of serious concern in overall health provision and the additional funding pressures that will ensue for the health sector in general. The drop of 64,000 policy holders in the last year demonstrates a dramatic loss of revenue and, according to the Health Insurance Authority, the people leaving the market are younger and healthier and those with young families. A few years ago, younger people taking out policies were growing that insurance market, a welcome development. By definition, those younger people joining the market were of significant value to community rating, which is of critical importance for an ageing population. Community rating must be protected.

Now we have a market in decline, losing people who should be the lifeblood to ensure sustainability for community rating. The younger policy holders, who are healthier by definition, are a critical ingredient in ensuring we have a sustainable community rated market. As a society, we need to provide protection for older persons and those in ill or failing health. We must have that critical cohort of younger policy holders to ensure that necessary protection and we will not have those younger policy holders unless that age group finds health insurance attractive in its benefits and, most important, affordable. A continuing decline in younger policy holders would be detrimental to the health insurance sector.

The increase in private health insurance premia is well ahead, not only of inflation generally but of health sector inflation as well. I referred earlier to the large numbers leaving the insurance market. Allied to lower numbers is the fact that large numbers have downgraded their level of cover. All these factors contribute in a negative and, unfortunately, significant way to the further upward pressure on premia for those remaining as policy holders.

My party's spokesman, in his motion and his contribution last night, put forward a number of proposals that need urgent consideration and, I would suggest, implementation by the Minister of State, Deputy Alex White, and his colleagues in the Department. The Minister, through VHI, must achieve a reduction in consultant fees. That is one of the issues that has always been with us and that the public constantly raises with us. It is understandable that this issue is still one that needs further resolution.

A 70% increase in two years for some VHI policies is putting a terrible burden on many households already under pressure. I understand that those policies hit with such a large increase are typically those held by older persons. The latest 6% increase in VHI premia is the fifth in over two years, and this has to be tackled before policies become totally unaffordable, except for the very well off. This trend of increasing cost is causing many individuals and families to question how long more they can afford to remain in the insurance market. Of course, the same concerns exist for the policy holders of the other three private insurers as well. Subscribers giving up or downgrading their policies continue to put further pressure at an accelerated rate on those remaining in the market. Young families are under constant pressure to meet household commitments and there is a strong case to remove the €95 per annum levy from children. Such a move would help to make insurance that bit more affordable for so many families.

The Minister, Deputy Reilly, in a newspaper interview in January, spoke of his concerns about VHI's cost base but less than two weeks later VHI announced a further 6% premium rise, the fifth increase in two years - a point that Deputy Buttimer might note.

Particular attention must be paid to VHI as it is the only beneficiary of a very substantial

levy. That is understandable because it has the vast majority of older policy holders.

The Minister gave a clear commitment to protect 330,000 health insurance customers with lower levels of cover from a further increase in the Government's health insurance levy this month. Now that is not being implemented. This is another broken promise, one that was only made a few weeks ago during the course of the enactment of legislation here.

Deputy Dara Calleary: Gabhaim buíochas leis mo chomhleachaí, an Teachta Kelleher, as ucht an seans an fadhb dáirire atá againn le árachas sláinte a phlé.

We all accept it is a serious problem when 140,000 subscribers have left the private insurance market in two years. These 140,000 will now depend on the public hospital system to look after them.

In January 2011, Deputy Reilly, speaking about increased health insurance premia, stated it is the last straw for many and that many who have been holding on have given up their insurance as a result of these proposed increases, the consequences of which will be more pressure on our public hospital system. No doubt this has been the effect. In his tenure as Minister for Health, there have been 140,000 additions as a consequence of such increases. In March 2012, the Minister defends that by stating that is the way it goes, even though he has a chance, as Minister, to influence it through legislation. When he introduced legislation, it achieved the opposite of what he intended. It has added to the cost base and to the cost of premiums of many of the companies. In fact, it has also resulted in a reduction in the benefits of many of the packages. That is the Minister's track record after two years. In fairness, the Minister of State, Deputy Alex White, is only in the Department a few months and I am happy to give him much more time to try to achieve something on it.

There is a serious problem in the market. Initially, we were told that competition would be the answer to the problem and the introduction of new market entrants would sort VHI out. In 2011, VHI's market share was still 57%. In four years, it has only fallen from 66% to 57%. It is still the dominant player in the market. It is still the player that is being subsidised by the private players in terms of many of its plans and we must look at its *modus operandi*.

When one compares the cost model of VHI, in terms of its running costs as opposed to the profile of its customer, against those other competitors it is completely out of sync. Its running costs are considerable higher than those of its competitors and those running costs are passed on in the premia increases to those of us who are VHI customers. VHI is using its loyalty within the Irish market to pay off those cost increases and therefore is putting pressure on the private operators in order to do that.

Many Members referred to the flight from the insurance market of younger subscribers, in particular, young families, and specific attention needs to be paid to that. Why is it that those with no children are less likely to use the system and are not even considering taking out insurance? God forbid if they need the system, they will have to depend on an overstretched public system. It is because there are few incentives for them. The Government, through the legislation passed before Christmas, through extra levies, is adding to the cost for children. It has a chance of doing something on this, by stating to families that in one area the Government can control - the cost of health insurance through levies - it will reduce the levy on children or get rid of it altogether when it comes up for payment in a few weeks time as a signal of the Government's interest in their position as families in terms of the running of their households and as a

6 March 2013

statement that the Government wants people to try to have health insurance. Instead, the advice coming from the Government benches is to shop around. Like Marie Antoinette, those who sit on the benches opposite suggest those who shop around will find it.

As, in fairness, Deputy Buttimer stated, it is difficult to shop around when there are tens of plans available. It is utterly confusing and nobody seems in a position to explain to the consumer what is in certain plans and not in others. Instead of telling consumers to shop around, let us work with the market and tell insurers to simplify their offer, take away all the frills and elements that confuse the marketing of the offer, and give consumers direct information. They should do consumers that favour alone. That is something that has not properly happened. There is still this mirage of plans with which consumers are utterly confused. Unfortunately, in many cases it is only when subscribers go to use their plan that they realise its deficiencies. That also needs to be addressed.

An issue that applies with all of the companies is the delay in paying hospitals for services that have been provided. At every HSE quarter meeting, it is pointed out that there is money outstanding from various insurance companies to hospitals and the HSE generally for services that were provided, and it tends to be a substantial sum. In HSE west, at one stage the sum was in the teens in terms of millions of euro, much of which dated back a long time. That was due to disputes over the filling of forms because consultants would not fill out forms properly, and that is not right. It means that hospital beds had to be closed and services had to be withdrawn from companies which have the money and will not pay it. That is an issue these companies need to address as a matter of urgency. The Department needs to flex its muscle in this regard and not have a situation, as is the case every year, that when we come into August and September cuts must be made to the health budget. Some of those cuts happen because some of these large companies that have the money will not pay the HSE or pay the various hospitals on time. It is March and we can stop that from happening now. That is one easy way to resolve the challenges in the health budget and there are not too many other ways.

The tenor of debate from the Government side has been phenomenal. There is an unbelievable loyalty in Fine Gael to the Minister, Deputy Reilly. One will not see that in the O2 tonight with all those screaming fans of One Direction. For Fine Gael backbenchers he is like the Niall Horan of Fine Gael. They speak of all the reform he has introduced in the past two years. I remember being here in 2008 when the then Minister for Health and Children, Ms Harney, introduced the reforms that have revolutionised cancer treatment and revolutionised the outcomes for those who are unfortunately suffering from cancer. I remember the Minister, Deputy Reilly, leading the charge against those reforms because it suited him and it suited Fine Gael in Sligo, Mayo, Galway, Cavan and Monaghan to lead the charge against those reforms - reforms which he has now championed. We now have to listen particularly to the Fine Gael Deputies praising him for that - the Labour Deputies are slightly more circumspect of the Minister, Deputy Reilly, which, given their experience with him, is to be understood.

These are reforms he bitterly opposed and from the back of every truck during 2011 he told every community he would deliver and subsequently he has gone away. I will not take a lecture on the lack of reform during our time in government from Deputies so devoted to a Minister who opposed every one of those reforms and got votes on the back of opposing those reforms. Now we are all supposed to bow down and face towards north County Dublin - or is it Tipperary, I get confused - and pray towards him and give thanks to God for this maestro who is Minister for Health. The 140,000 people who have given up on the Minister's health insurance policies do not even begin to add up to the number of people who have given up in other areas

of health. Nobody should expect us to accept him as a champion of reform.

Deputy John Browne: I am pleased to have the opportunity to speak on the motion ably proposed last night by Deputy Kelleher. Not alone did he propose the motion, but he also proposed a number of solutions to the problem which should be taken on board on the far side of the House. As this is my first opportunity to do so, I wish the Minister of State, Deputy White, every success in his position. As Deputy Kelleher has said, I am sure he will stand up to the Minister, Deputy Reilly, and plough his own furrow in the Department.

We have a serious problem with the health insurance industry where the ever-increasing cost means 200 people every day are giving up on their health insurance. The programme for Government committed to acting speedily to reduce costs in the delivery of public and private health care, but obviously that has not happened. The Government is now beginning its third year in office and nothing substantial has happened in this area. On Monday the Oireachtas Members from Wexford were briefed by senior representatives of the HSE south. One of the points made to us was that the number of people giving up private health insurance was having a serious effect on people attending hospitals in the south east, resulting in a large increase in the operations and people attending such hospitals. They made the point that we will have ever-increasing problems in dealing with the numbers of people leaving the VHI and the other private health insurers.

There is an ongoing and persistent increase in the cost of private health insurance with a crisis developing in affordability for individuals and families. The increase in private health insurance premiums is significantly higher than not only inflation generally but even health-sector inflation. An average of 6,000 consumers leave the private health insurance market every month. Obviously that is a major problem in the public health area. What plans do the VHI and other private health insurers have to deal with this? Obviously a company in the commercial sector losing that number of customers would be trying to deal with it effectively. Clearly the VHI's running costs are far too high. Even though it has lost a significant number of members, it still has the same number of staff. Surely this is not acceptable. The company should take a serious look at how it is operating and the high costs of its operations, and make changes.

As other Deputies have said when the Minister, Deputy Reilly, was on this side of the House he had all the solutions to the problems of the private health sector. He castigated the then Minister for Health and Children, Ms Harney, and the then Government for not dealing with the issue. However, now he just shrugs his shoulders, saying this is the way it is and this is the way it will continue. However, it cannot just continue because if huge numbers continue to leave the private health sector we will have serious problems in the public sector. This is an issue in which the Minister of State should involve himself directly because obviously the Minister, Deputy Reilly, has no interest in dealing with it.

I thank Deputy Kelleher for tabling the motion. He has outlined some of the solutions that can be implemented to bring about a reduction in costs and allow people to remain in the sector. We cannot afford for them to be leaving it thereby putting pressure on other areas of the health services.

Deputy Timmy Dooley: Few things strike more fear in the heart of a family than the fear of illness and concerns over the inability to pay for the care of a family member. Over the years that aspect of Irish culture has driven a relatively high participation in private health insurance notwithstanding the universality of the service that is provided. That fear is real to the family

and out of that concern people have participated fully. While that fear still exists, approximately 200 people are dropping out of private health insurance on a daily basis. That is a staggering number. I recognise we are in a recessionary period and I am sure the Minister of State and his colleagues, as is their wont, will apportion blame for why we are in this position.

Deputy Alex White: The Deputy might occasionally acknowledge that.

Deputy Timmy Dooley: Sadly that will not solve the problem of the other 200 families about to make the decision tomorrow not to participate. That will allow that fear to be a daily fear - not just the fear of illness, but the fear of being unable to pay if a family member falls ill. It is not good enough for Deputy Buttimer or any other Member to come in here and give us a history lesson as they regularly do. That is fine when we are having general banter and just tossing political jibes across the House. However, tonight is about addressing a crisis in the private health insurance sector. It is not just a crisis in the health insurance sector, it is a crisis among so many families across the State and is being exacerbated every day. It ill behoves any of us to start throwing politics around the House.

We have an opportunity to resolve it. Unless we can come up with a solution that can stop this vicious circle of people being unable to pay, thereby falling out of the system, putting a greater burden on those in the system and increasing the charges for those fortunate enough to be able to scrape together the money to participate. Next month as the charges increase more people will find themselves outside the net and unable to pay. That is an ever-decreasing circle that will lead to a major problem. The problem exists already but the increase in charges will make it worse and we have to tackle it. The Government will need to propose incentives and solutions to help the people who want to pay - and paid when they could - but are no longer in a position to do so. We know the pressures they are under. I do not propose to engage in the usual commentary about other taxes. I accept that the tax base needs to broaden. Private health insurance, which is a fundamental component of the livelihoods of many people, is being tossed aside. I am disappointed at the approach the Minister is taking given he came to office with so many promises of resolving the perceived inability to control spending in the health area. We heard much about money following the patient. What happened to that proposal? What has happened to the proposed universal health insurance system under which the State would pick up the tab for those who could not afford to pay and those who could pay would pay an affordable rate? It appears to have gone out the window.

Deputy Buttimer stated that the delivery of the entire health system has changed in the past two years and that we now have some of the most advanced technologies and facilities. It is as if all of this mushroomed in the past two years. What Deputy Buttimer and others on the Government side - I do not include the Minister of State, Deputy Alex White, who has always been balanced in terms of his commentary - have failed to recognise is that many of these advances were made under former Minister for Health, Mary Harney, whose only fault was the manner in which she communicated them. I believe she would admit that herself.

In my view, the advances in reconfiguration of the delivery of health services has led to a much better service delivery, which Deputy Buttimer and his colleagues refused to accept and worked against on a daily basis. They frightened the people of this country, telling them they would die if the reconfiguration of services went ahead, which was outrageous. Thankfully, Members on this side of the House are not engaging in that type of banter tonight but are instead putting forward solutions that are acceptable, meaningful and have the capacity to assist the Minister in the discharge of his duties.

Minister of State at the Department of Health (Deputy Alex White): I do not propose to continue the battles of the past in the House tonight. I am not interested in doing so. While many Members say in their contributions that they want only to speak about the future and that Members on the opposite side want only to speak about the past, one finds that five minutes into their speeches they are speaking about the past, which is ludicrous. We cannot make any progress if that continues. However, I can banter another day about that. This is far too important an issue to do so now.

I thank Deputy Kelleher and his colleagues for raising this important matter and giving the Government the opportunity to restate its commitment - which has not been abandoned, far from it - to the introduction of a system of universal health insurance which will bring an end to the current two-tier health system which for so many years, it cannot be denied, has discriminated against patients on the grounds of income.

As stated last night by the Minister, Deputy Reilly, this Government is the first in the history of the State committed to developing a universal single tier health service which guarantees access to medical care based on need and not income. We will leave the failed policies of the past behind and introduce UHI with equal access to care for all. This has been a useful debate. I welcome some of the contributions made on all sides of the House. I do not underestimate the size of the task ahead. I have previously made clear that it would take two terms in government to achieve our aims in relation to the introduction of universal health insurance. Much has been achieved already. It is only fair that Deputies opposite would acknowledge this. For example, through the efforts of the Special Delivery Unit, SDU in my Department, working with hospitals and clinicians, we are successfully tackling problems associated with delays in accessing care. These are real achievements and substantial improvements that should be acknowledged.

As Minister of State with responsibility for primary care, I want to see progress continue to be made in building capacity in primary care and in chronic disease management, particularly for the management of diabetes. Only today the Health Service Executive announced the appointment of 17 clinical nurse specialists who, as part of their role, will support health care professionals providing care for diabetes patients in primary and secondary care settings. Currently 1.8 million individuals in the State hold medical cards, the highest number in our history. The Bill to allow for the extension of free GP care to persons with prescribed illness will be published this year. It is not unreasonable for Deputy Kelleher to raise the issue of the pace of change. We all want to see change happen quickly. I have been Minister of State for almost six months now. I too am often frustrated at how long it takes for particular changes to imbed in the system. However, change is occurring. As acknowledged last night by Deputy McConalogue change takes time, particularly change in the health services.

I would like to address the issue of risk equalisation, which is the meat of this debate. As Deputies will be aware the Health Insurance (Amendment) Act 2012 has provided for the introduction, for the first time in this country, of a permanent risk equalisation scheme, RES, with effect from 1 January 2013. I recall that legislation was strongly supported on all sides of this House, although some Members opposite appear now to be criticising it. The new scheme will play an essential role in maintaining stability in the private health insurance market. As outlined last night by the Minister, with effect from end March 2013, support levels under risk equalisation will increase substantially over 2012 levels for higher risk groups, particularly men aged 70 and above. This will further reduce the incentives which insurers have to select younger and healthier customers at the expense of older and less healthy customers. It will help to ensure to a significant extent that private health insurance remains affordable for older

and less healthy people. I regard risk equalisation as an indispensable element of the necessary reforms of our system.

Deputy Kelleher raised the issue of the pace of change. The recurring theme of the speeches made by Members opposite has been the number of young policy holders leaving the system. I acknowledge this is a problem. I do not seek to suggest that is not an issue. Members opposite have described the problem. The challenge is to come up with solutions. Seeking to undermine the risk equalisation scheme will not form part of any realistic solution. For example, a deferral, as advocated for in the Fianna Fáil motion, of the increase in the health levy, which is scheduled for end March 2013, would manifestly undermine the risk equalisation scheme and would take from it. It would add to the problems rather than reduce them. It may be attractive on the face of it to suggest children should be removed from liability to the levy. Three to five of the proposals in Fianna Fáil's motion would, I respectfully suggest, rather than help the situation undermine the risk equalisation scheme and levy system crucial to it. I can do just as well as Deputy Kelleher in describing the problem. There can be no doubt in anybody's mind - Deputy Dooley will have to acknowledge this - that the reduction in the number of people who hold or have reduced their insurance cover is manifestly linked to the reduction in people's living standards owing to the economic and financial collapse here and the increase in the number of people unemployed and the affect this has had on families. In terms of everybody being honest with each other, it appears strange to me that the Opposition would not acknowledge this is a factor.

Deputies opposite say we need a solution and to look to the future and address this issue in the long term. I agree with them. I call on everybody in this House, particularly those who have taken an interest in this issue, to contribute to the debate on what universal health insurance should look like. I do not regard as a settled issue precisely how it will manifest itself or be implemented. I ask Members opposite to contribute to the debate on the way forward. Wisdom does not reside on one particular side of the House or with Government alone. I would welcome a good, strong and healthy debate on these issues.

Deputy Billy Kelleher: I thank all Members who contributed to the debate and for their viewpoints on this issue. Fianna Fáil tabled this motion because we believe the cost of private health insurance is a problem. There is no doubt but that families are finding it difficult to maintain health cover or are cancelling their policies. We can argue about the current state of the economy and how we got there but health insurance inflation is not the direct result of the difficulties in our economy. There are other reasons for the major increases in health insurance premiums, one of which is Government policy. Regardless of the difficulties in our economy, Government has, through its policies, interfered in the health insurance market by way of legislation and-----

Deputy Alex White: Fianna Fáil supported that legislation.

Deputy Billy Kelleher: -----other proposals with regard to full cost charge for patients being treated in public beds. Let us park the argument about the shortage of money, the inability of the Minister for Health to balance last year's books and his having to obtain a loan from the health insurance companies to tide him over and sort out overdrafts for hospitals. The real reason the Government is proposing to charge full cost for private patients in public beds is nothing more or less than a finance raising mechanism. This is not about taking away subsidies from health insurance companies; it is about charging customers of health insurance companies. Their universal entitlement to be treated in a hospital is something which those on the other side

of the House espouse. Under the Government's proposal one will be treated in a hospital, but if one stays in a public bed one will be charged the full cost. The Minister pretends the insurance companies will pay for it but this is not correct. The premium holders will do so because the insurance companies will be obligated to pass it back to them because they cannot run deficits. They are obligated to keep a reserve and legislation is in place to ensure this is the case. Yes they will make profits, but this is not about removing a subsidy; it is about double taxation and attacking a fundamental right to free health care at the point of need in a public hospital. That is what this is about.

If some consultants are sending people through the system and charging them even though they are being treated in a public bed the Government should deal with this and there are other ways to do so. This blanket decision to penalise on the double for going to a public hospital every person who has worked hard, paid their taxes and decided to take out private health insurance to protect them and provide for their health care is unacceptable in my view and should be unacceptable in the view of the Minister of State. If he espouses universal health insurance, this attempt the Government is making at the start of the process suggests it will be very unfair for much of middle Ireland who pay their taxes and try to provide for themselves and their families. At one fell swoop the Government is telling them they must pay twice to be treated. Being asked to do this is the most mean-spirited attack I have seen in recent years on people who make an effort and work hard to provide for themselves.

We supported the Health Insurance (Amendment) Act. We were proponents of risk equalisation and we saw the necessity for it. We were led to believe there would be two types of plans, non-advanced and advanced. During the discussions in the Chamber we were led to believe the Health Insurance Authority would deem 47 plans as non-advanced and they would avoid the higher levy. The legislation has been passed and now it transpires there are no non-advanced plans and all of the health insurers will now have to design them. The important point to be made is with regard to people who are already under huge financial pressure in trying to retain health insurance, who have been reducing their cover and barely hanging on. This will force health insurance companies to drop benefits and certain cover for the lower plans to ensure they are non-advanced. The same people who will have to avail of these non-advanced plans will then have to pay for some of the services that will be provided if they go into a private hospital. With another fell swoop the Government is asking people who can barely afford health insurance to subsidise those who can afford higher premiums and higher insurance cover, or the Rolls-Royce five-star private health insurance. It is a direct transfer of wealth from the poorest in terms of private health insurance to those who can afford it most. The Minister of State knows this is completely wrong. He knows it is unfair and anathema to everything for which most people in the Chamber stand. I suggest it is something with which the Minister of State certainly does not agree.

In fairness to the Minister for Health, he is often wrong but never doubts himself. How could he have come in here on Second Stage and stated there would be 47 non-advanced plans which would avoid the high levy because he was so concerned about those on the lower reaches of private health insurance who were barely hanging on to it? The legislation has been passed and what do we get? There are no non-advanced plans. This must be revisited because what will happen is that MRI scans and many other benefits which were in the lower plans will now be removed to qualify for the lower levy, which will mean those who can barely afford it will have to pay more out of their pockets for treatments in private hospitals.

There is a view that those with private health insurance are queue jumpers who buy them-

selves a place ahead of those in the public hospital system. The vast majority of elective surgeries are carried out in private hospitals. If one has private health cover one is not taking a bed from somebody in a public hospital because most elective surgery is done in private hospitals which have no contact with the Exchequer or public patients. If people really wanted to support and help the public hospital system because of the difficulties in which it finds itself, as many people as possible should be encouraged to take out private health insurance so they would lighten the burden on the public hospital system. This is what the Minister for Health proposes in his universal health insurance policy. I have stated before, and will do so again, that the Minister, Deputy Reilly, and his party sat in opposition for 14 years and came up with grand plans and great schemes. I would have assumed that on taking office, although his party did so with wild outlandish promises as did the Labour Party, he would have had some blueprint in his mind for universal health insurance based on a particular model. We have had the Dutch model and every other model-----

Deputy Timmy Dooley: We have had the Wexford model also.

Deputy Billy Kelleher: -----but we still do not know what the Minister proposes. Fine Gael and the Labour Party had a great debate about whether it would be a social insurance model and now we find it will be a private universal health care model. This is what seems to be emanating. Officials have gone to Germany and the United States and done the rounds.

Deputy Alex White: What does Deputy Kelleher think?

Deputy Billy Kelleher: We will publish a policy document, which will be fair and equitable and will not be an amalgam of two parties with varying views and pre-election promises cobbled together in a programme for Government. We will publish something fair and equitable and based on people being able to access health care at the point of need without hindrance. In the meantime, what the Government is doing in its push towards a universal health care model will make it more difficult for people to access health care in this country.

The Government has had two years in office and is going into its third year.

Deputy Brendan Howlin: It is our second year.

Deputy Billy Kelleher: The Government is going into its third year and in six months time it will be halfway through its mandate.

Deputy Brendan Howlin: Make that man Minister for Finance.

Deputy Billy Kelleher: Perhaps I would do as well as the Minister for Public Expenditure and Reform. The Government will not have published universal health insurance proposals until halfway through the mandated term.

Deputy Alex White: They were published.

Deputy Billy Kelleher: Can we see them?

Deputy Alex White: They were published several weeks ago.

Deputy Billy Kelleher: I am speaking about the actual details.

Deputy Alex White: Did Deputy Kelleher even know that?

Deputy Brendan Howlin: He has not read it anyway.

Deputy Alex White: Did the Deputy know about this being published?

Deputy Billy Kelleher: Yes I did, but I am speaking about the actual details-----

Deputy Alex White: Did the Deputy read it?

Deputy Brendan Howlin: Not at all.

Deputy Billy Kelleher: -----of the document in terms of what exactly the proposal will be. The document does not contain this and the Minister of State and the Minister know this. It contains only the broad parameters.

The Minister spoke about 4% of the overall number, but this 4% comprises families who can no longer afford private health insurance and 200 people a day are dropping out. The Minister for Finance has stated the household tax is only €2 a week. Ministers are now saying the property tax will be only €40 a month.

*9 o'clock*To families who are on their knees trying to keep the show on the road, €40 a month is an awful lot of money.

Deputy Brendan Howlin: Who put them there?

Deputy Billy Kelleher: It is an awful lot of money.

Deputy Eric Byrne: We are trying to keep the show on the road after your lot.

Acting Chairman (Deputy Charlie McConalogue): Can we have some order please? Deputy Kelleher has the floor.

Deputy Eric Byrne: It is hard to take.

Acting Chairman (Deputy Charlie McConalogue): Deputy Kelleher has the floor.

Deputy Billy Kelleher: I hope the Deputy was listening as opposed to watching.

There is now a cohort of people in this country who are finding it very difficult to live on a daily basis, pay bills, fund themselves, put their children through school and all that goes with it.

Deputy Brendan Howlin: Have you only discovered that now?

Deputy Billy Kelleher: They are primarily people on the lower pay scale. The budget that was passed last year, for example, was a direct attack on people on lower rates of pay. No effort was made by this Government to help them. This was confirmed by the ESRI which said that the last two budgets were regressive. In other words, those who had least paid most.

The Minister knows that Labour should have insisted on an increase of taxes for those earning over €100,000. There should have been an increase on universal social charges and all Deputies know that.

Deputy Emmet Stagg: Why did Fianna Fáil not bring it in?

6 March 2013

Deputy Brendan Howlin: They were too busy wrecking the country.

An Ceann Comhairle: I am afraid the time has expired.

Deputy Billy Kelleher: The Labour Party threatened to walk out of Government because the universal social charge was not increased, yet they walked back in and it still has not been increased, so what has changed?

I commend this motion to the House. I ask the Government to consider our proposals in full and, more important, to understand the pressure that families are under on a daily basis in trying to retain private health insurance.

An Ceann Comhairle: As we are now past the time, I must put the question on amendment No. 1 in the name of the Minister for Health.

Amendment put:

The Dáil divided: Tá, 82; Níl, 49.	
Tá	Níl
Bannon, James.	Adams, Gerry.
Breen, Pat.	Boyd Barrett, Richard.
Burton, Joan.	Broughan, Thomas P.
Butler, Ray.	Browne, John.
Buttimer, Jerry.	Calleary, Dara.
Byrne, Catherine.	Collins, Joan.
Byrne, Eric.	Colreavy, Michael.
Cannon, Ciarán.	Crowe, Seán.
Carey, Joe.	Daly, Clare.
Coffey, Paudie.	Doherty, Pearse.
Collins, Áine.	Donnelly, Stephen S.
Conaghan, Michael.	Dooley, Timmy.
Conlan, Seán.	Ellis, Dessie.
Connaughton, Paul J.	Ferris, Martin.
Coonan, Noel.	Flanagan, Luke 'Ming'.
Corcoran Kennedy, Marcella.	Fleming, Tom.
Creed, Michael.	Grealish, Noel.
Deasy, John.	Healy, Seamus.
Deenihan, Jimmy.	Healy-Rae, Michael.
Deering, Pat.	Higgins, Joe.
Doherty, Regina.	Kelleher, Billy.
Dowds, Robert.	Kirk, Seamus.
Doyle, Andrew.	Kitt, Michael P.
Durkan, Bernard J.	Lowry, Michael.
English, Damien.	McConalogue, Charlie.
Farrell, Alan.	McDonald, Mary Lou.
Feighan, Frank.	McGrath, Finian.

Dáil Éireann

Flanagan, Charles.	McGrath, Mattie.
Flanagan, Terence.	McGrath, Michael.
Hannigan, Dominic.	McGuinness, John.
Harrington, Noel.	McLellan, Sandra.
Harris, Simon.	Martin, Micheál.
Hayes, Brian.	Moynihan, Michael.
Hayes, Tom.	Naughten, Denis.
Heydon, Martin.	Nulty, Patrick.
Hogan, Phil.	Ó Caoláin, Caoimhghín.
Howlin, Brendan.	Ó Cuív, Éamon.
Humphreys, Heather.	Ó Fearghaíl, Seán.
Humphreys, Kevin.	Ó Snodaigh, Aengus.
Keating, Derek.	O'Brien, Jonathan.
Kehoe, Paul.	O'Dea, Willie.
Kelly, Alan.	Pringle, Thomas.
Kenny, Seán.	Ross, Shane.
Kyne, Seán.	Shortall, Róisín.
Lawlor, Anthony.	Smith, Brendan.
Lynch, Ciarán.	Stanley, Brian.
Lyons, John.	Tóibín, Peadar.
McCarthy, Michael.	Troy, Robert.
McGinley, Dinny.	Wallace, Mick.
McHugh, Joe.	
McLoughlin, Tony.	
Maloney, Eamonn.	
Mathews, Peter.	
Mitchell, Olivia.	
Mitchell O'Connor, Mary.	
Mulherin, Michelle.	
Murphy, Dara.	
Murphy, Eoghan.	
Nash, Gerald.	
Neville, Dan.	
Nolan, Derek.	
Ó Ríordáin, Aodhán.	
O'Donnell, Kieran.	
O'Donovan, Patrick.	
O'Dowd, Fergus.	
O'Mahony, John.	
O'Reilly, Joe.	
O'Sullivan, Jan.	
Phelan, Ann.	

6 March 2013

Phelan, John Paul.	
Rabbitte, Pat.	
Reilly, James.	
Ring, Michael.	
Sherlock, Sean.	
Spring, Arthur.	
Stagg, Emmet.	
Timmins, Billy.	
Tuffy, Joanna.	
Twomey, Liam.	
Wall, Jack.	
Walsh, Brian.	
White, Alex.	

Tellers: Tá, Deputies Paul Kehoe and Emmet Stagg; Níl, Deputies Billy Kelleher and Timmy Dooley.

Amendment declared carried.

Question, “That the motion, as amended, be agreed to”, put and declared carried.

The Dáil adjourned at 9.17 p.m. until 10.30 a.m. on Thursday, 7 March 2013.