



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

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DÁIL ÉIREANN

Déardaoin, 10 Bealtaine 2018

Thursday, 10 May 2018

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

Paidir.

Prayer.

Visit of Saudi Arabian Delegation

An Leas-Cheann Comhairle: On my own behalf and on behalf of the Members, I offer a céad míle fáilte, a most sincere welcome, to a parliamentary delegation from the Kingdom of Saudi Arabia, led by Dr. Ahmed Al-Issa, the Minister of Education. You are all very welcome to Dáil Éireann. I hope you find your visit useful and to our mutual benefit. Céad míle fáilte romhaibh.

Ceisteanna - Questions

Priority Questions

Defence Forces Reorganisation

1. **Deputy Jack Chambers** asked the Taoiseach and Minister for Defence if the 2012 restructuring of the Defence Forces will be reviewed; and if he will make a statement on the matter. [20687/18]

Deputy Jack Chambers: I echo the Leas-Cheann Comhairle's welcome to the delegation.

My question is to ask the Minister of State at the Department of Defence if he will review the 2012 restructuring of the Defence Forces and if he will make a statement on the matter. As the Minister of State knows, we had the first southern brigade headquarters in Cork, the second eastern headquarters in Dublin and the fourth western headquarters in Athlone. That consolidation was done on the basis of claimed efficiencies about which one would have to be sceptical, to say the least, given the marginal difference it has made. Can the Minister of State outline the rationale and make a statement on it?

Minister of State at the Department of Defence (Deputy Paul Kehoe): I thank Deputy

Jack Chambers for his question. As part of the reorganisation of the Defence Forces in 2012, a decision was taken to consolidate the three under-strength Army brigades into two full strength brigades. The decision was taken because it was clear that the previous three-brigade structure was no longer viable, particularly when compared to international norms. Key aspects of the reorganisation included the consolidation of under-strength units into a smaller number of full units, a reduction in the number of headquarters and the associated redeployment of personnel from administrative and support functions into operational units.

As I have outlined in the past, there are no plans to review the reorganisation of the Defence Forces. The White Paper on Defence, published since then in September 2015, resulted from a comprehensive examination of defence requirements over a ten year planning horizon and it specifically provides for the retention of the structures introduced in 2012.

I am satisfied that following the reorganisation there has been an improvement in the deployability and sustainability of the Defence Forces, both at home and overseas, and it is also clear that any return to previously outdated structures would cause a range of unnecessary inefficiencies, including a return of under-strength units.

Deputy Jack Chambers: As the Minister of State knows, the 2012 restructuring continues to generate controversy. In all the meetings I have had with many people working in the Defence Forces and with the representative bodies, it has been a constant theme and there is a unanimous belief that it has been a mistake. Take for example, the people who might be in Finner Camp, who have to pick up their arms in Athlone, go to Dublin, carry out a 24 hour duty, return to a particular barracks and go home. They are working over 40 hours. We are breaching the working time directive. We are also breaching their rights and we are undermining the strength and spread of our force across the country, particularly with Brexit and other matters.

The Minister of State said the decision was taken because the structure was outdated. I respectfully disagree in that it does not mirror changes in other countries. In fact, it replicates a Cromwellian approach to many parts of this country in that it was decided to have a headquarters in Dublin and Cork and have staff from all across the north west focused on Dublin and Cork thus undermining the strength of our forces there. The Minister of State should reflect on the strength of feeling within the Defence Forces on this decision and try to bring forward a change in this regard.

Deputy Paul Kehoe: I do not agree with what Deputy Jack Chambers said. The reorganisation in 2012 was not just done by the political leaders but it was done in full consultation with and on the basis of the recommendations of the then Chief of Staff and senior military management. As I stated in my reply, what we were dealing with at the time was a large number of under-strength units in barracks and we felt we were not getting the full benefits out of the soldiers at the time. When I say “we”, I mean the military management at the time. It was felt it was important to consolidate and bring all these units up to full strength to the point at which they could carry out their full capacity in training and so forth. There were good reasons for the reorganisation at the time.

Deputy Jack Chambers: The consolidation was an attempt to get the full capacity out of those in the Defence Forces. However, it has cut many people to the bone. They have hardship and significant travel times, which undermine their ability to be at home with their families. The 2015 University of Limerick report highlighted these outcomes and feelings within the Defence Forces. Instead of cutting them to the bone and making them work with reduced allow-

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ances, the Minister of State should have looked at organisational capacity across the country. It is a constant theme. I accept there was a lack of strength in different barracks. That was due to the lack of a retention policy within the Defence Forces. Instead of consolidation and the reduction of numbers, the Minister of State should seek to increase the White Paper target beyond the 9,500 complement, which is a target he cannot meet anyway.

It should not have been about cutting people to the bone or undermining their lives. It also should not have led to neglecting the security of the State across a large spread of the country. We have lost, for example, corporate knowledge at the Border and elsewhere. It is important that the Minister of State reviews that in the context of increasing numbers in the future to ensure increased strength across the country.

Deputy Paul Kehoe: There are more Defence Forces personnel on the west coast than there were previously. Like every other defence organisation, the Defence Forces had to go through change. Any of our European neighbours' defence forces went through reorganisation over the years. The reason is because the roles of our Defence Forces and armies in the European Union have evolved and changed over the years. The threats we face today are totally different from those we faced five, ten, 15 or 20 years ago. One has to change with the threats one faces. The threats we now face are cyber and hybrid warfare.

One cannot get stuck in a rut and leave the organisation as it was. There are different roles expected of the Defence Forces today than there were ten, 15 or 20 years ago. We had to change and that was one of the reasons for the reorganisation. The 2015 White Paper on Defence, published by the previous Minister, the Tánaiste, Deputy Coveney, set out clearly what we expect from the Defence Forces. If we were to reintroduce the 4th Western Brigade, it would introduce another layer of middle management. That is not needed. We are well able to manage with the two brigade structure we currently have in place.

Naval Service Operations

2. **Deputy Aengus Ó Snodaigh** asked the Taoiseach and Minister for Defence if Naval Service vessels, as part of Operation Sophia (details supplied), have observed or have been prevented by the Libyan Coast Guard from going to the aid of migrants in distress in international waters in view of the fact that it has threatened, shot at persons at sea and in the sea contrary to the International Convention for the Safety of Life at Sea. [20510/18]

Deputy Aengus Ó Snodaigh: This question relates to the role of the Naval Service in Operation Sophia when it changed from Operation Pontus. Is the Navy contributing to an ongoing immigration problem and abuse of human rights, particularly in detention centres in Libya?

Deputy Paul Kehoe: The EU Common Security and Defence Policy operation EUNAVFOR MED, Operation Sophia, was launched in June 2015. It is part of the EU's broader action to provide a comprehensive response to the global migration and refugee crisis, as well as encouraging a democratic, stable and prosperous Libya. It specifically seeks to counter human trafficking and smuggling in the southern central Mediterranean by taking action against the criminal networks and disrupting the smugglers business model. The mission is also providing capacity building and training to the Libyan Coast Guard and Navy while contributing to the implementation of UN Security Council resolutions 2240 and 2292. These resolutions also authorise the interception of vessels suspected of being used for illicit activities and impose an

arms embargo on Libya in an effort to prevent the flow of illicit arms and related material into that country.

Training being provided to the Libyan Navy and Coast Guard as part of Operation Sophia aims to improve the security of Libyan territorial waters; to enhance the capability of the Libyan Navy and Coast Guard in law enforcement at sea; and to improve their ability to perform search-and-rescue activities to save lives in Libyan territorial waters. Libyan Coast Guard training is a positive move towards capacity building by the EU mission. It is the fastest way to deliver effects in reducing irregular migrant flows and intercepting smuggler activity inside territorial waters.

In July 2017, Government and Dáil approval was secured for the deployment of a Naval Service vessel as part of Operation Sophia. The participation by *LÉ Niamh* in Operation Sophia represented the first involvement by the Naval Service in a multilateral security operation under a UN mandate. In the course of an 11-week deployment in the Mediterranean, the *LÉ Niamh* rescued 613 migrants, assisting with a further 107 migrant rescues.

In addition to search-and-rescue operations, the Irish vessel also undertook activities in support of the core task of the mission including gathering information on oil smuggling, patrols focusing on countering illegal arms trafficking, operations to intercept smugglers and people traffickers and monitoring the effectiveness of the Libyan Navy and Coast Guard activity from a stand-off distance. In February 2018, the Government approved a further Naval Service contribution to Operation Sophia and two naval vessels will deploy for approximately 30 weeks from mid-April to end-November.

Additional information not given on the floor of the House

The Defence Forces have confirmed that Irish naval vessels have not observed or been prevented by the Libyan Coast Guard from going to the aid of migrants in distress in international waters.

The core task of contributing to disrupting the smugglers' business model involves identifying potential smugglers when on search-and-rescue operations and handing them over to the Italian authorities when disembarking the rescued persons. Irish Naval Service ships have not intercepted smugglers but have identified them when they are rescued and have handed them over to the Italian authorities. All rescued migrants are embarked in Italian ports.

Operation Sophia has so far contributed to the apprehension of 130 suspected smugglers and traffickers, removed approximately 520 boats from criminal organisations availability, contributed to almost 290 safety of life at sea events and rescued over 42,400 migrants.

Deputy Aengus Ó Snodaigh: As the Minister of State will know, there have been reports of migrant boats being shot at by the Libyan Coast Guard. Will he outline if any vessel involved in Operation Sophia, in particular Irish Naval Service vessels, was present when the Libyan Coast Guard acted in a manner that was aggressive towards migrants in international waters or shot at or above the heads of migrants in unseaworthy vessels? Will the Minister of State confirm no migrants were taken back to Libya by Operation Sophia vessels? I know from a previous answer that Irish Naval Service vessels do not engage in that practice. However, do they transfer them to other countries' naval vessels which then forward them to or return them to the Libyan Coast Guard which then puts them in inhumane detention centres and adds them to the slave trade, which is now growing in Libya itself?

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Deputy Paul Kehoe: I am not aware of any vessels being shot at by the Libyan Coast Guard.

Any migrants picked up by any of the participating countries in Operation Sophia are brought to Italian ports. What could happen on occasion is that a vessel might pick up 300 migrants while an Irish Naval Service vessel could pick up 50 migrants. Instead of the two vessels going to the Italian port, we would transfer the smaller number of migrants to other vessel. At all times, they are brought to Italian ports. Navies participating in Operation Sophia are not allowed into Libyan territorial waters.

Deputy Aengus Ó Snodaigh: The Minister of State referred to the other duties of those participating in Operation Sophia. Apart from intercepting people smugglers and migrants trying to head towards Europe, is there any success in capturing those involved in people smuggling, or preventing weapons and oil smuggling in that part of the Mediterranean in which the *LÉ Samuel Beckett* is currently operating?

Deputy Paul Kehoe: As I outlined in my original reply, there are other facets to Operation Sophia in which members of the Irish Naval Service participate. As I stated at the committee meeting last week, I intend to visit the headquarters of Operation Sophia within the next month or two, when I will get a full update on our involvement and the involvement of other participants in Operation Sophia. Ireland is very much in communication with the operation headquarters and we have people based in the headquarters itself. We will continue to participate fully in Operation Sophia. I am not able to give the Deputy the exact details on how we have assisted with regard to oil smuggling off the top of my head. If I have specific numbers I will come back to the Deputy on it. As I said at the committee meeting last week, after I visit the headquarters of Operation Sophia and meet the mission leader I will have no issue in going back to the committee and giving it a fully detailed brief.

Defence Forces Strength

3. **Deputy Jack Chambers** asked the Taoiseach and Minister for Defence the reason the personnel strength of the Defence Forces was lower at the end of February 2018 than at the end of February 2017; and if he will make a statement on the matter. [20688/18]

Deputy Jack Chambers: What are the reasons the personnel strength of the Defence Forces was lower at the end of February 2018 than at the end of February 2017? Will the Minister of State make a statement on the matter? As he knows, the Defence Forces face a full-blown retention crisis. Despite attempts to enhance recruitment we are haemorrhaging massive numbers. Why does the Minister of State believe that despite the recruitment campaign he is trying to promote, almost the same number of people are in the Defence Forces this year as were there last year? What is he doing to address the serious systemic retention issue we have?

Deputy Paul Kehoe: I am advised by the military authorities that the strength of the Permanent Defence Force, as at 28 February 2018, was 9,057 whole-time equivalent personnel and on 28 February 2017, it was 9,070 whole-time equivalent personnel. The overall difference in strength between February 2017 and February 2018 is a reduction of 13 personnel. Variations in strength figures are not an unusual occurrence and, particularly in the short term, are influenced by factors relating to timings of recruit intake and how this coincides with normal retirement patterns.

Given the unique and demanding nature of military life, there is understandably a relatively high level of turnover among Defence Forces personnel. This is not new and the Permanent Defence Force has always had a level of turnover that far exceeds other areas of the public service. An analysis of data going back over a number of years shows the overall numbers departing the Permanent Defence Force in recent years are broadly consistent with the long-term trend, with some exceptions. It should be noted that within these figures, on average approximately 22% of general service recruits do not complete their induction training.

The White Paper on Defence recognises that continuous recruitment is the lifeblood of the Defence Forces, providing young, motivated and enthusiastic personnel to replenish military formations for operational deployments. To achieve this, there is significant ongoing targeted recruitment to ensure the Permanent Defence Force can deliver all operational outputs required by the Government both at home and overseas. The recruitment plan proposed by the Defence Forces envisages almost 800 new entrants being inducted across all services and competition streams in 2018.

I continue to be aware of factors that can influence the retention of existing members of the Defence Forces and I remain dedicated to ensuring that the terms and conditions of service, while remaining appropriate to the needs of the organisation, are as favourable as they can be.

The pay of the Defence Forces is increasing in accordance with public sector pay agreements. The pay of a newly-qualified three star private has increased by 25% in the past 12 months and at €27,257 is very favourable when compared with entry rates across the public service. The starting rates for newly qualified officers is €35,000 and for new graduate officers is in excess of €40,000. These amounts are inclusive of military service allowance. This compares favourably with the average starting pay for graduates across other sectors of employment.

Additional information not given on the floor of the House.

As I have previously outlined, there are shortages of certain specialists in the Defence Forces. These include pilots, engineers and certain technicians. As the Deputy will be aware, under my direction the Department brought the issue of recruitment and retention of specialists to the attention of the Public Service Pay Commission. My Department has forwarded an initial tranche of information to the Department of Public Expenditure and Reform. Further data and information regarding the defence sector will be forwarded to the Department of Public Expenditure and Reform in the coming weeks as the collation of data and information is completed.

With the support of the Chief of Staff and within the resources available, the Government is committed to retaining the capacity of the Defence Forces to operate effectively across all roles and to undertake the tasks laid down by Government both at home and overseas.

Deputy Jack Chambers: I am surprised the Minister of State mentioned there are normal retirement patterns and that they match that long-term trend. There was a massive recruitment campaign last year of 860 personnel, but there are fewer personnel this year than there were last year. Clearly this does not match any long-term trend. Look at the figures. A total of 30% of members of the organisation have left the Defence Forces in the past five years. If this is a long-term trend it does not match the recruitment we have seen in recent years. Clearly we have a retention crisis. We have fewer people applying for recruitment compared with previous years, despite there still being demand. People are leaving *en masse*. They are cut to the bone and their allowances have not been restored. As far as they are concerned, they are the last in

the queue when it comes to priority in public pay and they are fed up. Their morale is at an all-time low.

To hear a departmental line that this is just a normal pattern and matches the long-term trend means officials are not listening to the Chief of Staff, who has said there are serious difficulties with retention and pay in his submission as part of the public pay process, which has been reflected on in recent times. There needs to be a discussion between the Chief of Staff and officials in the Department in order that the Minister of State does not give information to this Parliament on long-term trends when one third of the organisation has left the Defence Forces in the past five years. It does not add up.

Deputy Paul Kehoe: The Deputy tabled a parliamentary question earlier this week on retirements from 2002 to 2017. In 2002, 732 personnel departed the Defence Forces and in 2017, 707 did so. If one goes through the intervening years the numbers included 579, 543, 649 and, in 2013, 445. At the height of the recession fewer people left the Defence Forces. Going back over the years when we had the so-called boom, equally as many members left the Defence Forces. The Deputy got this information in the reply to a parliamentary question this week.

I do not agree with the Deputy there is a full-blown retention crisis. Absolutely we have a retention issue and I recognise this. I spelled it out last week at the committee. The submission made to the pay commission was a joint submission, including from the Department. Defence military management or the Chief of Staff did not submit any papers to the pay commission. Any papers going to the pay commission are joint papers from the Department and military management.

Deputy Jack Chambers: At the committee meeting last week, the Minister of State said he has written to the Minister for Public Expenditure and Reform regarding what he says is a retention issue. Writing to somebody with whom he sits at Cabinet is not an adequate political response to what is an issue, as the Minister of State has admitted himself. There needs to be an escalation with regard to the serious pay and conditions problem that exists in the Defence Forces. The Minister of State is missing his own threshold and target in the White Paper, which he outlined. He did not match it this year and he will not match it next year.

Despite increased recruitment, we still have haemorrhaging in our Defence Forces and morale is at an all-time low. We are losing corporate knowledge and experience because people are trying to leave because of the lack of hope about pay and conditions. It is not sufficient simply to write to the Minister for Public Expenditure and Reform. There needs to be a greater pathway of hope for the restoration of pay and allowances and a proper policy on retention, rather than giving answers to this Parliament quoting various patterns and trends. It is clear to everyone who has any knowledge of the Defence Forces that they have a problem with retention and recruitment and people trying to leave *en masse*. It is important that the Minister of State has policies to address this problem and that his officials take it seriously.

Deputy Paul Kehoe: It was the Deputy, in his original supplementary question, who raised patterns and trends. I was only replying to him on patterns and trends. He took what he wanted out of the figures.

We have an issue. I will not call it a full-blown crisis. The Deputy is in opposition and I understand that he has to raise it but I do not agree with him. I am not sure if he read the recent

headline in the national newspapers, which stated that ten hopefuls are applying for every post advertised in the Defence Forces. We have recruited the largest cadet classes ever over the past two years and there will be another large intake this year. I was delighted to attend the training college in the Curragh last week to welcome the recruits who were commissioned from the ranks. This is the first time in ten years that there will be people in training who were commissioned from the ranks.

I have written to the Minister for Public Expenditure and Reform. I am sure if the Deputy checks the record for the years during which his party was in power, he will find that Ministers wrote to fellow Ministers regarding various issues. I wanted to put on the record that we have an issue in this regard, which I want addressed, and I am happy that the Minister acknowledged my correspondence by recognising the comments of the Public Service Pay Commission on shortages.

Permanent Structured Co-operation

4. **Deputy Mattie McGrath** asked the Taoiseach and Minister for Defence if he will address concerns that Ireland's neutrality is being compromised by participation in Permanent Structured Co-Operation, PESCO; and if he will make a statement on the matter. [19811/18]

Deputy Mattie McGrath: Will the Minister of State address serious concerns that Ireland's neutrality is being compromised by participation in PESCO? People are genuinely concerned, including the families of Defence Forces personnel.

Deputy Paul Kehoe: Permanent Structured Co-operation has no implications for Ireland's policy of military neutrality.

The establishment of PESCO represents a further development in EU co-operation in support of international peace and security under the Common Security and Defence Policy, CSDP. Under PESCO, member states will come together in different groups to develop and make available additional capabilities and enablers for peacekeeping and crisis management operations.

Within the EU, it is accepted that defence and security is a national competence and that any decisions require unanimity. Ireland continues to have a strong and equal voice on defence issues within the EU institutions. The European treaties require that the EU respects the specific and different policies of member states in the area of security and defence and that has not been changed or compromised by our participation in PESCO. The participation criteria expressly stipulate that PESCO will be undertaken in full compliance with the Treaty on European Union and the associated protocols and will respect the member states' constitutional provisions. It is also important to note that participation in each project is on an "opt in" basis and is, therefore, entirely voluntary. In addition, the triple lock mechanism comprising a United Nations, UN, mandate and Government and Dáil approval, which governs the deployment of the Defence Forces on international peace support and crisis management operations, remains unaffected by our participation in PESCO.

PESCO was comprehensively debated in the context of the Lisbon treaty which was approved by the people when they voted in October 2009. PESCO was specifically referenced in the Lisbon treaty protocol, and in Ireland's national declaration, to address the concerns of the

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people. The legislation setting down Ireland's approval process for PESCO was published in advance of that vote and enacted in November 2009. The Defence (Miscellaneous Provisions) Act 2009 requires Government and Dáil approval for participation in PESCO, both of which were secured before Ireland notified its intention to participate in PESCO.

While we choose to remain neutral, this is not out of any lack of interest in issues underpinning conflicts or any isolationist stance. Ireland's approach to international relations is founded on full and active engagement in the international community in support of international peace and security and the rule of law. We follow, and will continue to follow, this policy approach - militarily neutral but fully engaged - because, as committed members of the UN, we subscribe fully to the principles set out in the UN charter.

It is also worth noting that three other neutral EU member states - Finland, Sweden and Austria - have also joined PESCO.

Deputy Mattie McGrath: Our neutrality is being compromised by PESCO. I accept the view that in light of the changing security arrangements, member states must agree to step up the EU's work in the area and I acknowledge that enhanced co-ordination and increased investment in defence co-operation and developing defence capabilities are key requirements to achieve it. However, the Minister of State must accept that there are legitimate and growing concerns that what Ireland and other states are being asked to agree to amounts to an excessive militarisation. This will significantly damage the credibility of our neutrality, which is something we as a people have always cherished and do not wish to see threatened in any way.

The Minister of State mentioned different groups within the EU coming together and the issue being debated in the context of the Lisbon treaty. I recall that referendum campaign well, following which the Government had to hold a second vote to get the treaty passed. I do not remember much discussion around PESCO during those campaigns. There are many concerns that we are being sucked into something that will not be good or nice for us and it could be a dangerous road to go down and we could undermine our neutral stance which we have had for decades.

Deputy Paul Kehoe: PESCO does not compromise our neutral stance and our policies in this regard. I outlined Ireland's position on neutrality every step of the way in our decision to participate in the PESCO. Other member states such as Finland, Sweden and Austria have joined PESCO as well and they have a similar policy on neutrality to ourselves. This was clearly indicated in the Lisbon treaty that the people voted on. PESCO was very much debated at the time of the referendum campaign. I acknowledge that the people cherish the policy of neutrality and I very much respect the policy. I also accept and respect everybody's views on the reasons we joined PESCO and I ask Members to respect my views as well. We will always have different views.

Deputy Mattie McGrath: I respect the Minister of State's views all right but are his views and opinions being listened to in Europe? Are we going down a dangerous road? The Minister of State said PESCO was discussed during the Lisbon treaty referendum campaign. Was that Lisbon 1 or Lisbon 2? Why did the referendum have to be run twice? That was the start of the slippery slope as far as I am concerned with many issues in this country. However, we are concentrating on our neutrality. We have had bad experiences in Europe and we now are facing Brexit and many other issues relating to the reaction of the head people in the EU to a sovereign state's decision on its future. I take the Minister of State at his word that he is making his views

known at EU Council level. Are they being listened to? We could go so far down this road that we will not be able to come back. It is a road less travelled and we should make haste slowly. We debated a motion on this issue in the House recently and I voted against it. That motion was rushed as well in order that the Government could meet a deadline. I am concerned and I am expressing concerns that many people are expressing to me throughout the country and beyond. Our neutral stance is being very much watered down.

Deputy Paul Kehoe: Our neutral stance is not being watered down in any way. PESCO will enable the Defence Forces to develop its capabilities in support of peacekeeping through participation in joint projects. Every Member will recognise the excellent work of members of the Defence Forces when they participate in peacekeeping missions throughout the world. They have to undergo specific training to participate in these missions and part of the training will comprise involvement in some PESCO projects. No Member wants members of the Defence Forces to be ill-trained or ill-equipped to participate in a mission. It is important, therefore, that we participate with the best and this is an opportunity for us to work with other member states on the PESCO projects.

Permanent Structured Co-operation

5. **Deputy Eamon Ryan** asked the Taoiseach and Minister for Defence the meetings he has had with European counterparts in respect of PESCO; the timeline for Irish participation in PESCO projects; and the way in which he plans to inform Dáil Éireann on the progress of and details relating to such projects. [20744/18]

Deputy Eamon Ryan: I am interested in knowing the detail of how Ireland is operating within PESCO. I am particularly interested in knowing how we, as a Dáil, can get transparency and openness regarding every aspect of the agreement, specific projects, budget and Council meetings and how we will integrate with NATO. I am keen that the Minister of State should set out the means by which Deputies can get clarity regarding what is happening. We regularly hear him refer to Ireland's neutrality but what we need to hear is the detail of what is actually happening.

Deputy Paul Kehoe: As the Deputy will be aware, discussions within the EU in the area of defence and security take place in the context of the Common Security and Defence Policy, for which decisions require the unanimous approval of all member states. These discussions take place at regular meetings of Heads of State and Government, at ministerial level meetings and through the Council preparatory bodies.

To date this year, I have met my EU ministerial colleagues on two occasions, at the Foreign Affairs Council (Defence) in March and more recently on Saturday last, 6 May, at the informal defence ministerial meeting in Sofia. At both of these meetings, PESCO and matters relating to it were agenda items. At the ministerial Foreign Affairs Council (Defence) meeting on 6 March, the Council decision detailing the first set of PESCO projects and the Council recommendation on the way forward on PESCO implementation were both adopted. Arising from the Council recommendation, discussions are ongoing between my Department, EU colleagues in other member states and the PESCO secretariat in respect of a common set of governance rules for PESCO projects.

The Council decision detailing the first set of PESCO projects confirmed Ireland's participa-

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tion in two projects - the European Union training mission competence centre and the upgrade of maritime surveillance. Both of these projects are in the very early stages of development and, accordingly, the scope and timeline for participants' involvement has not as yet been fully determined.

PESCO projects will enhance the capability and capacity of the Defence Forces to successfully undertake UN-mandated missions, including CSDP operations, consistent with the provisions of the Defence (Miscellaneous Provisions) Act 2009. Ireland's participation in PESCO projects is on a wholly voluntary, case-by-case basis.

The common set of governance rules for PESCO projects and the implementation of PESCO were discussed at the informal ministerial meeting held in Sofia on Saturday last. Following discussions at this meeting, it is anticipated that High Representative Mogherini will present an annual report to the Council each year, potentially in May. The report will have input from the participating member states and will detail progress on implementation of PESCO.

In terms of informing Dáil Éireann, I welcome the opportunity to discuss defence matters here and would encourage more extensive discussion on the important and emerging security and defence challenges we face as a country. I am always available to update the Oireachtas on developments, including in the context of CSDP and PESCO, as I did recently when I accepted the invitation of the Joint Committee on Foreign Affairs and Trade, and Defence to answer questions on 26 April.

Deputy Eamon Ryan: I thank the Minister of State for answering the question. In order for this to work, it cannot be on the basis of us having to ask him questions in the hope that the process elucidates information. We should have the ability, in our own right, to find out what is happening, what budget is being spent, what personnel are involved and what commitments are being given.

I understand from the Minister of State's reply that the governance rules in terms of how PESCO will operate are still under consideration. We do not yet have the full scope and timeline for the two projects although the House has committed to them. I am interested in knowing if, as per the proposal that there be an annual report each May from Madam Mogherini, we will receive an annual report this month.

In the context of the maritime surveillance project, what did we sign up to in this regard, will the Minister of State outline what this project is intended to achieve, what budget is involved, what will be the requirements for the Irish Defence Forces, what will we give to it and what are we likely to gain from it? This is an example of a question in respect of which I should, by right, be able to access information rather than having to raise it in the House. This is a matter for the House as a whole.

Deputy Paul Kehoe: The upgrade of maritime surveillance projects aims to integrate land-based surveillance systems and maritime and air platforms in order to distribute real-time information to member states so as to provide timely and effective responses in international waters. The main objective of the programme is to enhance maritime surveillance awareness and the potential response effectiveness of the EU by using the existing infrastructure, deploying assets and developing related capabilities in the future. It also aims to address, timely and effectively, new and old threats and challenges - such as energy security, environmental challenges and security and defence aspects - and thereby ensure accurate awareness and rapid response in

order to contribute to the protection of the EU and its citizens. This is a capacity deployment area in which the Naval Service has already invested through the European Defence Agency's maritime surveillance, MARSUR, project. Investment in the project should help to develop this expertise further.

Ireland has also confirmed that it will act as an observer on eight other projects that will involve military mobility, energy, operational functions, deployment of a military disaster relief capability package, maritime mine countermeasures, cyber threats and instant response information-sharing, European security software, armoured infantry fighting vehicles and indirect fire support.

Deputy Eamon Ryan: When was it decided that Ireland would join eight of the other 17 projects as an observer? How was this decided and was the information communicated to the House? Where do we get details on this matter? Will our involvement in the MARSUR project allow vessels from other states' naval services to access Irish waters in a way they cannot currently access them? Will it allow air forces from other countries access to our air space and does it involve investing in shared drone technology to carry out surveillance work in the maritime area? We need the details. We cannot continue to have only statements from the Minister of State to the effect that we are neutral and that these operations are not connected to NATO. As a Member of this House, where can I get the details before decisions are made, other than by way of asking questions in the Chamber every three months?

Deputy Paul Kehoe: Ireland is not joining eight projects, it will have observer status in respect of them.

Deputy Eamon Ryan: When was that decided?

Deputy Paul Kehoe: It was decided by military management. I am not obliged to come into the House to advise Deputies of the projects in which we are participating.

Deputy Eamon Ryan: That is the issue. What is the Minister of State obliged to do?

Deputy Paul Kehoe: Following on from a motion agreed by this House, Ireland joined PESCO as a fully-fledged member. I have no issue with appearing before Oireachtas committees. If I were required to come into the House on a day-to-day basis to seek permission to enable the Defence Forces to do their daily duties, the Deputy might like that but no work would be done. Deputy Eamon Ryan was at the Cabinet table when the decision was taken to allow Ireland to participate in the European Defence Agency. It would not be fair if I were obliged to seek the permission of the House on every occasion the Defence Forces are asked to participate in or be observers on PESCO projects. At every opportunity, as I did earlier in response to a question from Deputy Mattie McGrath and as I have done before the committee and on numerous occasions in this House, I outline Ireland's position on neutrality, including at formal meetings, informal meetings and at European Council. I will continue to do that. I refer the Deputy to the final sentence of the PESCO agreement, whereby Ireland's neutrality, and that of other neutral countries, is outlined.

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Other Questions

Defence Forces Equipment

6. **Deputy Gino Kenny** asked the Taoiseach and Minister for Defence his plans to stop the purchase of Israeli-made drones by the Defence Forces. [20430/18]

8. **Deputy Gino Kenny** asked the Taoiseach and Minister for Defence the details of contracts with Israel for the purchase of arms to be used by his Department; and if he will make a statement on the matter. [20432/18]

36. **Deputy Gino Kenny** asked the Taoiseach and Minister for Defence the details of purchase of Israeli-made drones to be used by his Department; and if he will make a statement on the matter. [20431/18]

Deputy Gino Kenny: I would like the Minister of State to comment on the continuing purchase of Israeli drones by the Irish Defence Forces.

Deputy Paul Kehoe: I propose to take Questions Nos. 6, 8 and 36 together.

The primary focus regarding the procurement of defensive equipment by the Department of Defence is to maintain the capability of the Irish Defence Forces to fulfil the roles assigned to them by Government. The latter include undertaking overseas peace support operations and, in that context, the aim is to afford the greatest possible force protection to Irish troops while on missions.

The principle of competitive tendering for Government contracts is used by the Department of Defence for the acquisition of defensive equipment for the Defence Forces. Central to those procedures is the requirement to allow fair competition between suppliers through the submission of tenders following advertising of the tender competition on the e-Tenders website and on the Official Journal of the European Union, where appropriate, in line with the EU procurement directives, including the directive on the procurement of defence and security equipment.

Such tender competitions are open to any company or country in accordance with the terms of all UN, OSCE and EU arms embargoes or restrictions. In this regard there are no such restrictions or embargoes in place on Israeli companies. Trade policy and market access are largely EU competencies and any restriction or ban on imports from any particular country would have to be concerted at EU level. The matter of barring Israeli companies from entering tender competitions for the provision of military goods would be akin to Ireland unilaterally placing an embargo on such goods from Israel and this raises, *inter alia*, serious implications for Irish foreign policy which are outside my remit.

I am advised that my Department has not purchased any weapons from Israel. However, other defensive equipment has been acquired from Israeli companies by way of competitive tendering, primarily unmanned aerial vehicles operated by the Defence Forces and ground surveillance radar equipment. Unmanned aerial vehicles currently operated by the Defence Forces are commonly referred to as UAVs.

Following a competitive tender process, four UAV systems were procured between 2007 and 2009 from Aeronautics Defence Systems Limited based in Israel, at a combined cost of

€2.375 million exclusive of VAT. An upgrade of the Defence Forces UAV systems was carried out by the original equipment manufacturer in 2016 at a cost of €1.9 million exclusive of VAT. This involved the upgrade of four UAV systems with airframes in each system.

These UAVs are, in effect, an information-gathering asset which have no offensive capability. They do not carry weapons. The UAV systems were acquired to enhance the capability of the Defence Forces to carry out surveillance, intelligence gathering and target acquisition for peace support operations and provide a low-cost, low-risk means to increase capabilities and enhance force protection by performing missions which do not demand the use of manned aircraft.

UAVs have a wide range of civilian and military applications, particularly in the area of surveillance over land and sea. They have the ability to perform tasks that manned systems cannot perform, either for safety or economic reasons. UAVs can effectively complement existing manned aircraft or satellite infrastructure used in environmental protection, maritime surveillance, natural disasters, crisis management, border control etc.

Deputy Gino Kenny: Does the Minister of State not find it abhorrent that this State buys any sort of military equipment from Israel? This is a state that has killed 50 unarmed protesters, including journalists and children, on the Israeli-Gaza border over the past eight weeks. They were shot dead, some of them in the back. Israel also routinely jails children under military court. This is not a normal state. People will be sickened to their stomachs that the State buys any sort of military equipment from the state of Israel.

The company in question from which the UAVs were purchased, Aeronautics Defence Systems Limited, states on its website that it sells battle-trained and battle-hardened drones which have been trained in Iraq and Afghanistan. I am sure the drones have also been used in the occupied territories of Palestine. There is blood on the hands of the Minister of State. He is complicit with the Israeli Government when buying any sort of military equipment. The vehicles are not benign; rather, they are meant to carry out surveillance and to destroy.

Deputy Paul Kehoe: I do not accept the Deputy's assertion that there is blood on my hands.

Deputy Gino Kenny: There is, unfortunately.

Deputy Paul Kehoe: My number one priority is that we have the best equipment for our personnel when they go overseas and that our equipment matches the best equipment that is out there. I hope Irish personnel are never injured or killed overseas because of a lack of equipment. If we sent members of the Irish Defence Forces overseas without the very best equipment available, I can assure the Deputy that he would be breaking down the doors to tell me that we let our Defence Force members go overseas with equipment which was not the very best that is out there. The Deputy would say I had blood on my hands if that happened. My number one priority is to get the best equipment available for our personnel while still operating within the processes and parameters which have been set out. I outlined those parameters in my original reply.

Deputy Gino Kenny: There is blood on the hands of the Minister of State. There are pictures of what is happening on the Israeli-Gaza border. The Israeli army is using drones to drop gas canisters on protesters, resulting in people having respiratory problems, inflammation and bleeding. As I said, 50 people have been killed. The Minister does not get it. Israel is not a normal state. It is a racist and apartheid state and this State is buying arms from it which are

being used against Palestinians and ordinary people across the world.

The Department of Defence defended the cost of UAVs last year. What about the cost of Palestinians? The Department did not think about that. Does the Minister of State think that Israel, which has killed 50 innocent people, is a normal state? Did he think apartheid South Africa was a normal state? Does he think it is acceptable that this State buys any sort of military equipment from a state which has killed thousands of Palestinians? If the Minister of State can give me a good answer to that question he will not have blood on his hands.

Deputy Aengus Ó Snodaigh: I have asked about the purchase of drones on numerous occasions. I have never received an answer I have been happy with from the Minister of State. I recently received an answer from the Secretary General in a committee. The answer has been that the best kit for colleagues is what is purchased. Even in military purchasing, there has to be some type of ethics and morals.

The Minister of State has also argued that barring Israeli companies from entering tendering processes for the provision of military goods would be akin to Ireland unilaterally placing an embargo on such goods from Israel. I believe in that embargo, but the weapons system, which is what UAVs are used for by the Israel army, is live tested on civilians in Palestine. We have seen the horrific consequences of that in recent times.

Deputy Paul Kehoe: As I already outlined in my reply, trade policy and market access are largely EU competencies and any restriction or ban on imports from any particular country would have to be decided at EU level. I am happy that the Department of Defence has abided by all guidelines through this process. The Government has consistently been opposed to proposals for trade, diplomatic, cultural, academic, sporting or other boycotts of Israel in the absence of a general trade embargo of Israel. The Department of Defence cannot unilaterally preclude Israeli companies from participating in tender competitions for military or any other type of goods. I repeat that my number one priority is that we stick to the guidelines and I am happy to confirm that my Department has done so. We cannot preclude any Israeli companies from any of the tendering process.

Deputy Gino Kenny: Why not? Will the Minister of State tell me why?

Deputy Paul Kehoe: The other priority is that we get the best available equipment out there for members of the Irish Defence Forces when they go overseas. I have been reassured by the Chief of Staff that members of the Irish Defence Forces have the best equipment while participating in any of the peacekeeping duties overseas.

Deputy Gino Kenny: The Minister of State has not answered the question.

Deputy Aengus Ó Snodaigh: Has the Minister of State ever considered a need with military purchasing to have an ethical and moral position rather than just the best price possible?

Deputy Paul Kehoe: I have outlined that this is European Union tendering and the Department of Defence has not set the guidelines. The Deputy knows about EU guidelines as well as I do. We must go through EU procurement guidelines when more than a specific amount of money is being spent.

Dáil Éireann
State Claims Agency

7. **Deputy Aengus Ó Snodaigh** asked the Taoiseach and Minister for Defence if the Chemical Exposure Report 1994-2005 will be released in order to provide former members of the Air Corps who are now chronically ill with information relating to the level of exposure they suffered in view of his recent call for candour and transparency in cases regarding the health of persons; and if he will make a statement on the matter. [20216/18]

Deputy Aengus Ó Snodaigh: This relates to a matter that has been ongoing for a while. Given the current controversy around the checks for cervical cancer, there is a need for transparency in publishing reports that will help people suffering health consequences so they can manage future health needs.

Deputy Paul Kehoe: The Deputy will be aware that the State Claims Agency is currently managing seven claims taken against the Minister for Defence for personal injuries alleging exposure to chemical and toxic substance while working in the Air Corps in the period 1991 to 2006. The management of such claims lodged against the Minister for Defence is delegated to the State Claims Agency. As I outlined to the Deputy in my replies to his parliamentary questions on 26 September 2017 and 12 December 2017, the report referenced was undertaken in the context of legal proceedings. As the report was requested by and provided to the State Claims Agency in the context of a claim, it is legally and professionally privileged. Therefore, it would not be appropriate to release it.

Deputy Aengus Ó Snodaigh: The Minister of State has previously stated, and he has done so now again, that it is not appropriate to publish the report. This is even when an independent reviewer was looking at the whistleblower's claims. The Minister of State did not even supply him with the report in question, the Chemical Exposure Report 1994-2005. This is potentially catastrophic for some of those making claims and also for some who are not making claims. Not everybody exposed to chemicals in that period is making a claim against the State but they are seeking information on what they were exposed to and what damage it could do to their health.

The State Claims Agency, which is involved with the current scandal in the media, has fought these men tooth and nail. It has fought to the level of the High Court the production of a list of chemicals used in Baldonnel in that period. That list alone could save lives. Given the current debacle with cervical smear tests, I ask the Minister of State to think again about the withholding of information that can affect people's lives and future health. This is wrong and it should be stopped.

Deputy Paul Kehoe: The Deputy is trying to link two very distinct matters. The allegations referred to by the Deputy are historic and this is further complicated as causation has not been established as of yet. I have been very proactive in this matter. When the protected disclosures were submitted to the Department of Defence - there were two in 2015 and one in 2016 - I was briefed on the matter in June 2016. I set up an independent inquiry and met some of the people who made the disclosures. I received the report and I got the views of the people who made the protected disclosures. I sent the report for legal advice and I received that in the past number of days. Before making any further decision on the course of action, a number of legal issues must be finalised. I expect that following the report I will act as soon as possible.

Deputy Aengus Ó Snodaigh: We visited the Baldonnel aerodrome recently and I can see

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the huge progress in comparison with photographs I have seen of workshops in the past. Why is the default position of the State always to close ranks and withhold information? The longer one withholds information, the worse some of the health complications could get. Whether they are related to exposure is up to medics, but they cannot find this out if the information is not there and they cannot do the required checks for the chemicals to which I have been told that people have been exposed. Major dangers and cancers can result from those and I appeal to the Minister of State to ask the State Claims Agency to look properly and more openly at this and not to fight it tooth and nail. There is an urgency involved given that we are talking about the lives of men and women being at risk.

Deputy Paul Kehoe: The health and well-being of any member of the Defence Forces is a priority of mine and of military management. I am glad the Deputy recognises the progress in the Air Corps at Baldonnell. It is one of the reasons I instructed the General Officer Commanding, Sean Clancy, to host a visit for Members of the Oireachtas committee so they could see for themselves the progress out there.

I am also reassured current practices have been subject to Health and Safety Authority oversight. There has been considerable progress and subject to completion of an improved plan, it will close its investigation. I am considering the findings of the investigation report that I got and I will make a decision on this. I understand where the Deputy is coming from but I have a duty as well. The Deputy is trying to link two very distinct and different matters in cervical cancer and the issue we are discussing now.

Question No. 8 answered with Question No. 6.

Defence Forces Medicinal Products

10. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence further to the fact that the Attorney General is examining the possibility of settling pending cervical smear claims following the successful legal action of a person (details supplied), if a similar approach is being taken regarding outstanding Lariam cases in view of the successful legal action in the first Lariam case before the courts in 2017. [20410/18]

Deputy Clare Daly: The Minister of State is aware that in December last year the State settled the first case for Lariam damage brought by a member of the Defence Forces. No witnesses were called and there was no evidence to defend the case. The man was attacked and it took him four long years before he got the settlement. In light of the decision of the Taoiseach to request the Attorney General to consider withdrawing from the legal actions in the cervical cancer cases, has the Minister of State requested a similar intervention with the Lariam cases, given the successful case taken by the first Defence Forces member? If he has not, why has he not done so?

Deputy Paul Kehoe: The Deputy will be aware that the State Claims Agency manages personal injury claims on behalf of the Department of Defence. The Lariam case referred to by the Deputy was settled on 30 November 2017 without admission of liability. The plaintiff withdrew any part of his claim relating to the choice by the defendants of Lariam as a chemoprophylactic. All other matters are settled and the case was struck out. The Deputy will appreciate that it would be inappropriate for me to discuss legal strategy in respect of ongoing litigation.

I assure the Deputy that the health, safety and welfare of the men and women of the Defence Forces are key priorities for me and military management. Three anti-malarial drugs, namely, Lariam, Malarone and doxycycline, continue to be used by the Defence Forces. The selection by a medical officer of the most appropriate drug for use is complex and depends on several factors. All of these anti-malaria drugs have contraindications and side effects. Significant precautions are taken by the Defence Forces medical officers in accessing the medical suitability of the members of the Defence Forces to take any anti-malarial medications. It is the policy of the Defence Forces that personnel are individually screened for fitness for service overseas and medical suitability.

A range of support services, including medical and non-medical, are available to all Defence Forces personnel who may require them for whatever reason. These include access to Defence Forces medical officers, psychological and social work services and psychiatry. In addition, the Defence Forces personnel support services provide a confidential information, education, support and referral service designed to give Defence Forces personnel and their families access to information and services from within the military community and outside it.

Additional information not given on the floor of the House

A 24-hour confidential helpline is also available.

A working group was re-convened to review developments arising with regard to malaria chemoprophylaxis and the use of Lariam, especially in the context of the current and potential litigation. The working group has produced its second report, which has been provided to me. It has made a total of 12 recommendations, many of which focus on areas including planning, training and education or information sharing as well as the establishment of a new medical advisory group. This will formalise the provision of ongoing expert medical advice, including external expert medical advice, to the Defence Forces on a range of medical matters, including chemoprophylaxis. Preliminary work has commenced in this regard.

Deputy Clare Daly: That has to rank as one of the most pathetic answers I have ever come across in this House, and it is up against some pretty stiff competition. The reality is that the State settled the case before the courts in December. It is a fact that many more Defence Forces personnel who have been similarly affected are lined up. It is a fact that this House passed a motion urging the Defence Forces to stop prescribing Lariam in line with best practice. That decision has been brazenly ignored by the Defence Forces, presumably on the basis of legal advice. If the Defence Forces stopped prescribing it, in effect they would be admitting liability.

We can drag this out and cause these people further injury and damage by fighting their claims or we can deal with the matter responsibly, as suggested in the cervical cancer situation. We should possibly consider a redress scenario.

The Minister of State knows that Roche has withdrawn Lariam from sale in Ireland. I presume the Defence Forces have a stockpile that they are trying to get through first. Is that the case? The company has made the decision for the Government. Will the Minister of State get the Defence Forces to cop on, grow up and deal with the reality that exists now? The Defence Forces should take responsibility for their actions.

Deputy Paul Kehoe: As I have outlined to the Deputy previously, Roche withdrew from Ireland for commercial reasons. They were the reasons the company withdrew from Ireland. The case to which the Deputy refers was settled without any admission of liability. I am not

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going any further into the circumstances of any one case.

As I have stated previously in the House to the Deputy and to many others, the decision for the prescribing of medication is a matter for the medical professionals in the Defence Forces and for any other medical professional. I do not imagine many people in this House are qualified to prescribe any form of medication. We have been told that Lariam is one of a range of medications available. It is on the register for the World Health Organization. It is the medicine prescribed by medical professionals within the Defence Forces. That is the advice I have been given. For as long as they are happy to prescribe it on medical advice, I will accept it.

Deputy Clare Daly: The Minister of State, Deputy Kehoe, would not be the first Minister of State to flounder on advice given to him by officials. I will put it to the Minister of State again. In light of the withdrawal by Roche of the drug from sale, the Cole case, the ending in 2016 by the UK Government of the use of Lariam in the armed forces except in restricted cases and its status as a drug of last resort in Britain, USA, Australia and Canada because of the damage it does and the evidence of the harmful side effects, will the Minister of State not now go to the Attorney General with regard to the multiple cases outstanding and request that we address this responsibility in some different way?

The Defence Forces should stop prescribing Lariam now. The decision to continue is only adding to the numbers who will be taking cases in future. The Defence Forces should also deal with the cases in the pipeline. Rather than aggressively contesting court cases, the Defence Forces should sit down and possibly address some form of redress. That would be the right thing to do for the people the Minister of State has said he wishes to defend, that is to say, the members of the Defence Forces.

Deputy Aengus Ó Snodaigh: Why is it the default position of the State, in particular, the State Claims Agency, to close ranks? Will the Minister of State ask the State Claims Agency to cease its prevarication and delay in the cases before the courts?

If Roche has withdrawn Lariam from sale in Ireland, then where do the Defence Forces source Lariam tablets now? Does it happen on the black market? The information I have is that in most European countries, if not all, Lariam is no longer available or not for sale by Roche anymore.

Deputy Paul Kehoe: I will come back to Deputy Ó Snodaigh on from where we get the Lariam medication.

I know that Roche pulled out of Ireland in 2015 or 2016 for commercial reasons and for no other reasons. I wish to repeat to Deputy Clare Daly, as I have already indicated, that the use of anti-malarial drugs is a medical matter and should be decided by a medical officer. I am not given the advice by any official. I have been given this advice by a medical officer based in the Defence Forces. The medical officer has informed me that Lariam is the most suitable drug available. I am not going into any of the legal cases that are before the legal system at the moment. I hope the Deputy understands why I cannot go into any of the legal cases.

Dáil Éireann
Overseas Missions

9. **Deputy Aengus Ó Snodaigh** asked the Taoiseach and Minister for Defence to outline his views on whether the threat level against Irish troops serving on the UNIFIL mission in Lebanon has increased since a person (details supplied) attended a major Israeli military and state public propaganda event on 18 April 2018, an event that coincided with the anniversary of the 1996 Qana massacre (details supplied) and at a time when Israeli soldiers are regularly targeting and firing at Palestinian civilians and wounding or killing them. [20215/18]

Deputy Aengus Ó Snodaigh: I asked the Minister of State at a joint committee meeting recently whether he believed it was appropriate for Major General Michael Beary, who is the head of mission of the UN in Lebanon, to attend an Israeli celebration at Mount Herzl and whether that attendance had put the lives of Irish troops at risk.

Deputy Paul Kehoe: The current head of mission and force commander of UNIFIL is Major General Michael Beary of Ireland. Major General Beary was appointed to the post in July 2016. The appointment, which was for an initial period of one year, was extended at the request of the United Nations for a further one-year term up to 15 July 2018.

Major General Beary's appointment to the important post is a tribute to the fine reputation of Irish peacekeepers going back almost six decades and to the skills and attributes that he brings to the job. His track record as a leader in the Defence Forces and now as a leader of a multinational force of over 10,000 speaks for itself.

Major General Beary is on secondment from the Defence Forces to the United Nations and operates under the strategic direction and authorisation from the United Nations Security Council. As head of mission and force commander of UNIFIL Major General Beary is required to attend events in Lebanon and Israel in the performance of his duties as the United Nations impartial representative. In attending the event in question on 18 April 2018, Major General Beary was carrying out his role as mandated by the United Nations. There has been no change in the threat assessment and no indication that the threat level against Irish troops serving on the UNIFIL mission in Lebanon has increased.

At the United Nations Security Council meeting on UNIFIL last March, the UN Secretary General commended Major General Beary on his leadership of the UNIFIL mission. Strong support for the work being done by Major General Beary was also expressed to me during my recent visit to Lebanon and at my many meetings with Lebanese ministers and officials.

Major General Beary is a distinguished Defence Forces officer with significant previous operational command experience of UN-mandated peacekeeping operations. This experience includes previous service with UNIFIL as an operational commander and an EU training mission in Somalia.

I received a full briefing from Major General Beary in the course of my recent visit to Lebanon on all aspects of the UNIFIL operation. I have full confidence in the capacity of Major General Beary to discharge the office of UNIFIL force commander and head of mission. He has brought with him the knowledge and experience gained by the Defence Forces from nearly 40 years of deployment with UNIFIL in southern Lebanon and in the wider region.

The Defence Forces continually monitor the security situation in Lebanon and I am satisfied that all appropriate security measures are in place to ensure the safety of the Defence Forces

personnel serving with UNIFIL.

Deputy Aengus Ó Snodaigh: Events last night must have overtaken the answer the Minister of State just read out. The threat level in the region escalated hugely last night. I am not sure if the Minister of State is fully aware of the events in question. Rockets flying overhead endanger not only civilians living in the area but also any troops serving on a UNIFIL mission. I refer to the Israelis targeting Syrian outposts.

I will address why I asked the original question. Major General Beary has had a distinguished career, as the Minister of State has said. The general did not decide off his own bat to attend a military display also attended by Mr. Benjamin Netanyahu and members of the Israeli Defence Force. It was, however, his own decision to tweet at the time that it was a great display. We must bear in mind that this was the 70th anniversary of the founding of the State of Israel. It fell on the same day as a commemoration of the Qana massacre - an event it might have been more appropriate for Major General Beary to attend - when Israeli troops targeted a UN compound, killed 106 civilians under the protection of the UN mission and injured four Fijian troops. Given Major General Beary's attendance at the display and last night's events, can a new threat assessment be made of the situation in the occupied Golan Heights?

Deputy Clare Daly: I echo those points in respect of the questions that need to be asked. Our relationship with Israel has reached a much greater sensitivity in light of last night's activities. I refer to the illegal bombings by Israel of Iranian troops in the illegally occupied Golan Heights in Syria. We have to be incredibly sensitive. This region is becoming seriously dangerous, particularly in light of Donald Trump's withdrawal of the US from the Iranian nuclear agreement. Will the Minister of State be making a statement to the House to reassess the security level of and the threat to Irish troops in the region in light of those activities? Will he also be condemning the Israeli authorities and making it known to the Israeli ambassador that this type of activity is unacceptable?

Deputy Paul Kehoe: The mission referred to last night in the Golan Heights is the United Nations Disengagement Observer Force, UNDOF, not UNIFIL. I want to state clearly, however, that I spoke to the Chief of Staff twice this morning regarding the live firing last night at 00:30 hours over the Golan Heights. All members of the 57th Infantry Group were in their bunkers for some hours last night. The head of the Irish personnel informed Defence Forces headquarters of the incidents last night. No rounds landed in the vicinity of the Irish troops. They are based in Camp Ziouani. All Irish personnel were accounted for and are safe and well, as they were during the entire situation. They are carrying on with normal duties this morning with an air of caution. That is the norm.

To return to Major General Beary, he is on secondment from the Defence Forces to the United Nations. He operates under the strategic direction and authority of the United Nations Security Council.

Deputy Aengus Ó Snodaigh: I have still not received an answer to the question of whether the Minister of State thinks it is appropriate that the head of UNIFIL - who happens to be a major general in the Irish Defence Forces - attended a military celebration of the founding of the State of Israel on the same date as the anniversary of an Israeli attack on a UN compound in the region where Irish troops are located. Has that escalated the level of danger for Irish and UNIFIL troops? Has it contributed to an escalation of tensions in the area?

Deputy Paul Kehoe: I reiterate that I am not responsible for Major General Beary. He operates under the UN and he does not have to answer to me. He is on secondment to the UN as head of mission with UNIFIL. He does not - and I do not expect him to - answer to me. When I have visited Lebanon in the two years since my appointment, I have received full briefings from Major General Beary. I have the greatest of admiration for him. He has carried out his job and he is very well respected. I received briefs from both sides when I was in Israel and Lebanon. Both sides very much respect Major General Beary and the work that he has done in the two years since his appointment. He has brought the tripartite meetings - involving the Israelis, the Lebanese and himself - back together. Those meetings happen on a weekly or fortnightly basis. That is a huge achievement on the part of the man who is head of mission for UNIFIL. I commend him and wish him the best of luck as he continues the mission.

Question No. 11 replied to with Written Answers.

Foreign Naval Vessels

12. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence the purpose of the presence of three Royal Navy patrol and training ships in Haulbowline on 27 and 28 March 2018. [20411/18]

Deputy Clare Daly: This question relates to the presence of three British Royal Navy patrol and training ships in Haulbowline in March. It is part of a thread of visits involving vessels from foreign navies, including NATO warships. We had a visit from *HMS Illustrious*, an Invincible class aircraft carrier which was involved in the Iraq war, and, in 2016, a flotilla of NATO warships was present during the centenary celebration for the 1916 Rising, which was quite ironic. Why are we allowing Irish ports to be used by NATO warships as somewhere to rest and recuperate after their war games and for our Naval Service to extend them a warm welcome?

Deputy Paul Kehoe: The three Royal Navy university training boats, named *HMS Charger*, *HMS Biter* and *HMS Pursuer*, were in Ireland as part of a routine visit. During the course of their visit, Naval Service cadets and members of the Naval Service Reserve participated in cross-service training in navigation and seamanship. I am also advised that, while in Haulbowline, members of the crews of the three vessels paid a courtesy visit to the Flag Officer Commanding of the Naval Service, FOCNS, Commodore Mick Malone.

The Ireland-UK memorandum of understanding on defence and security co-operation provides for bilateral engagement on exercises, training and military education.

Visits from foreign naval vessels are a long-standing and common practice not only in Ireland but worldwide.

Written Answers are published on the Oireachtas website.

Leaders' Questions

Deputy Dara Calleary: As elected representatives, we have the honour in the House of having been given the responsibility to debate issues and introduce legislation to improve the

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country and the lives of our citizens. There will always be political differences; it is a political job. There will be heated debates and slagging matches. Overall, however, all Members are committed to making a positive difference for their communities. We will always have to take into consideration how the public who elect us and whom we serve believe an issue should be dealt with. Over the past two weeks, there have been heated exchanges on the chaotic, irresponsible way CervicalCheck has handled its audit of cervical smears. This was brought to public light by Vicky Phelan who was forced to take her case and tell her story to the High Court. The bravery she showed has led to many developments, including scoping inquiries, processes, data collection and inquiries into laboratories here and in the USA but there has been very little discussion of the impact on women. Of these women, 17 are already dead. The courage of Stephen Teap in telling the story of his late wife, Irene, is amazing. He and 17 families are now digesting the fact that their wives and mothers could have had a better prognosis and chance in life had their smears been read properly.

If any of us was in any doubt about the impact of these mistakes, this morning's interview with Emma Mhic Mhathúna on "Morning Ireland" by Audrey Carville will have blown such complacency away. It is an interview which will stay with anyone who heard it. It seared the soul of our country. It is hard not to be completely distraught at the devastating heartbreak Emma and her family face and there are no words anyone can say to console her, her five children, her family or her friends. She articulated her story in an unbelievably brave way. She was told in 2013 that her smear test was normal but she was diagnosed with cervical cancer in 2016. Yesterday, she met her own GP who told her she had terminal cancer which had spread to her bones. She waited until her child's confirmation, held on Tuesday, was over to get that news. Her GP told her and her gynaecologist confirmed that if her smear test had been read accurately, she would not be facing this diagnosis now. She said that is where it is so much more heartbreaking. She said "I am dying when I don't need to die". She is 37 and has five children, one of whom is a baby. She said "I don't even know if my ... baby is going to remember me".

The time for defiant defence is over. It is not a time to defend the Government or the HSE. Please stop. Please stop as a Government and listen, but more importantly, hear the story of Emma, of Vicky Phelan, Irene Teap, the deceased women and all those women who are currently going through this journey. Emma's is only one story in an ocean of anguish. I ask the Minister to provide the House with his thoughts as to whether all these women have been failed by the State. Does he believe there should be immediate accountability?

Minister for Finance (Deputy Paschal Donohoe): I heard the interview this morning to which the Deputy refers. It was a bright morning and I heard Emma speak about her family, her community and how she feels about all of the normal things in life one sometimes takes for granted until they are taken away. The tragedy, anguish, anger and fear of which she spoke regarding her life, the consultation she has to have tomorrow and what that means for her and her family were harrowing to hear. As such, there are few words I can offer which recognise the scale of the tragedy and the vast difficulty Emma and her family are grappling with.

As Deputy Calleary acknowledged, there has been much debate in the House over the last number of weeks on this tragedy and the cases of the other women who have been affected. No one here has a monopoly on compassion or anguish and what we heard this morning reminded us of that. To answer the Deputy's questions, it is, of course, the case that the Taoiseach, the Minister for Health and the entire Government are completely committed to doing two things. First, we are committed to ensuring we establish why this happened, who is accountable and how it can be prevented in future. That is why the Government has put in place a scoping

inquiry on the issue which will provide an interim report in the next number of weeks and a final report shortly thereafter. This is independent and is not being carried out by Government. Rather, it has been facilitated by the Government to get to the bottom of what happened quickly. Thereafter, we will move to a full commission of investigation on the issue. As to immediate accountability, there are two individuals who are no longer in post and performing their previous duties on foot of a recognition of the scale of difficulty and tragedy that has been created.

The second priority of the Government is to put in place all of the supports we can for women to offer comfort to them at a time of great vulnerability. That is why we have put in place the independent review of all audits which have taken place. That is why we moved quickly to make available consultations and further smear tests if needed. That is why a helpline was so quickly set up to provide consultations to women who clearly need and deserve this. Juxtaposing my words and the actions we are taking against the anguish on our airwaves this morning, it is clearly action that is needed. The Government has taken action and is committed for the sake of Emma and everyone else to seeing this through, establishing what has happened and providing all the support that can be provided to women at a time of such great anguish and need.

Deputy Dara Calleary: There are no words and I accept that, but the actions of which the Minister speaks are not meeting the challenge. Emma was hugely complimentary about her own GP and her gynaecologist this morning, but that GP, like all others, received a proper information pack only last night on how to deal with the avalanche of concerned inquiries in their surgeries. That took two weeks. The professionalism of Emma's team will not make it any easier for her at 37 years of age. She said this morning that the State had failed her and let her down and she said the Government was not capable of minding us. When the director general of the HSE was challenged about this interview this morning against the background of everything that has been caused by this controversy, he accused Deputy MacSharry of causing and spreading hysteria. He takes no accountability, however, for his own role in this.

We do not need words and promises or shouting or roaring in the Chamber, we need action which shows Emma, Vicky, Stephen and all of the affected women that this Legislature and each and every Member who has the honour to be here understands where they are. We will never be able to walk that journey with them, but do we understand as politicians where they are and get why they need accountability? They may not see the end of an inquiry and the report which is produced. For the sake of our country, I ask the Minister please to demonstrate that the Government is capable of dealing with this.

Deputy Paschal Donohoe: I am pointing to actions that have been taken and that are under way in recognition of the grief, tragedy and great uncertainty that too many women and citizens face at present. They were let down and we need to understand how this happened and what support can be given. I have outlined the actions the Government has taken. I pointed to an independent inquiry which is already under way and which will report as soon as possible in order to establish why this happened and who bears responsibility for it. The words I am offering here today seek to do two things. First, they seek to offer, in whatever limited way any of us can, a recognition of the scale of the tragedy about which we heard this morning on the airwaves. In conjunction with that, I am also pointing to the actions that have already been taken by the Government in the days since this tragedy became apparent to it and the House. Actions have been taken and will continue to be taken.

In tandem with this, as is correct and proper, many of the individuals and organisations referred to by the Deputy have been before Oireachtas committees almost all week, demon-

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strating that accountability is happening now. In addition, the Government is giving, and will continue to give, support in respect of the review of audits, making sure that support is available to GPs and women who want and need further smear tests and the helpline. All of that is action that has been taken. More action will be taken as we deepen our understanding of, and our inquiry into, what happened to these women.

Deputy Louise O'Reilly: Like many others, I sat in my car earlier listening to "Morning Ireland". Unlike other mornings, however, I sat there frozen, shocked, angry and upset as I listened to Emma Mhic Mhathúna speak about her diagnosis of cervical cancer, her misdiagnosed smear tests and how her full medical history was kept from her until last week. Emma told us that her cervical cancer is terminal. She spoke about having to tell her five young children that she is dying. Her youngest is the same age as my grandson and I cannot comprehend having to try to share that news with a two year old. She said, "I'm dying while I don't need to die". Not only does Emma feel that she has been let down by the Government and the HSE, she knows it. Emma said, "the Government isn't doing anything about it. ... surely the Taoiseach is going to do something, and he just seems to be sticking up for them." That is how it appears to the victims - that the Government is sticking up for those who were in charge when the decision to withhold information from women and their families was made. It appears that the wagons have been circled and that those at the top are protecting each other. What about the victims? Who will protect them?

Stephen Teap lost his wife to cervical cancer. He found out last week that she was one of the 209. She was given two false negative results. Speaking on "The Ray D'Arcy Show" he said that the head of the HSE was not accepting accountability for this and that until the Government sends him out the door, it cannot be seen to have control of the situation. The Tánaiste and Minister for Foreign Affairs and Trade has met Mr. Teap and I am sure Mr. Teap told him the same thing he told Ray D'Arcy. This morning, not long after listening to Emma's interview, I took a telephone call from Lynn who lives in Carrick-on-Shannon. She is a mother of two and had to undergo a radical hysterectomy at the age of 39. She was diagnosed with cervical cancer and she was one of the women who was given a false negative. In fact, she was given three negatives in a row. Lynn contacted me because she wants accountability. She has added her voice to the calls for Mr. Tony O'Brien to stand aside. It is not good enough that Mr. O'Brien is shielded or that the Government simply says that he will be gone soon in any event.

As I listened to Emma's interview I, like others, fought back tears. This woman and the victims of this scandal need and deserve accountability. Does the Minister have confidence in Mr. Tony O'Brien? Emma said this morning, "They're all hiding there in the Dáil and they don't see what I see." Is the Minister going to stop hiding?

Deputy Paschal Donohoe: When I heard the interview this morning, my world began to slow down and then stop at the scale of the anguish and tragedy that Emma and her young family are dealing with today and have been dealing with for the past number of days. The feelings Deputies O'Reilly and Calleary have articulated are the same feelings I had this morning. They are the same feelings my colleagues in the Government have. To hear this mother speak of having to sit down and talk to her young children and her family about what does not lie ahead is something that slows all of us down and makes us reflect on the obligations we have as members of the Government and Members of the House.

To be clear, the only agenda the Government has is to establish fully what happened. That is why we moved so quickly to put the inquiry I referred to in place and why a number of individu-

als who were involved in this work are no longer in post. Second, it is to put in place the further help that is needed to provide support to the health and lives of women. Our only agenda is to do the right thing and establish what happened. No wagons are being circled, and no circle is being created. The only obligations this Government is aware of are those it has in respect of the health and lives of women. That will be the guiding approach we will use in continuing to deal with this tragedy and the great uncertainty that exists over the coming days.

Deputy Louise O'Reilly: My question was a simple one that required a "Yes" or "No" answer. Does the Minister have confidence in Mr. O'Brien? I ask that question as a user of the CervicalCheck service and as somebody who supports that service and knows how important it is. However, it is also important that there be accountability so women can trust the service. Somebody should be paying a huge price for this scandal but it certainly should not be women such as Emma and their families. I will put my question again. Does the Minister have confidence in Mr. Tony O'Brien?

Deputy Paschal Donohoe: I believe Mr. O'Brien should continue in his post. The reason, to address the question the Deputy posed, is the concept of confidence. The greatest duty we have at present is to restore confidence in programmes that have saved lives and helped the health of women. As a result, I am of the view that Mr. O'Brien should continue his work over the next number of weeks. He has appeared before Oireachtas committees in recent days in order to be accountable in his role as director general of the HSE. I understand that this afternoon he will be working with the team that is dealing with responding to the questions and the great uncertainty that exists at present. If our prerogative is - and I believe it is shared across the House - to examine how we can restore confidence in programmes that have saved lives, helped health and mean that men and women are alive today who otherwise would not be with us, that is best served by Mr. O'Brien completing his time in office and ensuring that he answers the questions to which he has to reply now.

Deputy Alan Kelly: The personal testimony of Emma Mhic Mhathúna was quite devastating, as everybody has said. I listened to it in my office. I will never forget it. The impact of this scandal on families across this country is causing enormous public distress. As a father and husband, I can only think of my own wife and children. I ask Members to put themselves in a similar situation. Many of us in this House are, I presume, thinking the same thing and considering the distress being caused. I say to Members of all parties and none that, politically, this scandal is a stain on all of us and on our health service.

This morning, at a meeting of the Committee of Public Accounts that I chaired, the chief executive of the HSE revealed that he had a memo on this matter dating from early 2016 and that it was possibly sent on to the Department of Health. We will receive the memo in the next hour and it will add to the issue of accountability, which, as we all know, it is necessary to deal with.

There is another and greater priority here, namely, what we will do immediately for these women. It may take time, but there will be accountability in the health service and politically. The State has committed to providing assistance to Vicky Phelan. Will the Minister make a commitment that all women, including Vicky and Emma, who have received terminal diagnoses will have absolutely all possible treatments and supports paid for by the State? This is one occasion on which we actually need to provide a blank cheque to people in light of the circumstances in which they find themselves. We are aware of the issues of public confidence, the phone lines and the very large number of calls that many people are trying to deal with. I put this to the Minister for Health, Deputy Harris, previously. He has taken on board many of my

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suggestions over the past week. I want the Minister, Deputy Donohoe, to take on board this as well in order to address these immediate concerns. To restore public confidence, the Government should authorise a random sampling of smear tests carried out in the past three years. It should commit to this so that we can get the statistics and results in order to give public confidence a boost and ensure that women can at least know that the sampling showed statistically what has happened in the past.

Primary human papillomavirus, HPV, testing will be introduced later this year in respect of CervicalCheck. There have been calls by experts - I have spoken to a number of them - for this to be fast-forwarded. From these consultations, I know that this will not happen this year unless money is put aside for labs and IT systems. The Minister is the man with the chequebook. Will he ensure that the money in this case is ring-fenced in order that the HPV version of the testing can be brought forward as quickly as possible this year?

Finally, Vicky Phelan has requested that a commission should consider in public the issues about which we all know. Section 11 of the 2004 Act provides that a commission shall conduct some of its investigations in public. It is clear that the law for commissions of investigation provides for public hearings under this section of the Act, whereby victims such as Vicky Phelan, Emma Ní Mhathúna and anyone else would be able to speak. Can we stop beating around the bush on this? Will the Minister confirm that the Government will allow this to happen?

Deputy Paschal Donohoe: The Deputy made the point that he found it difficult, or even impossible, to imagine what it would be like to walk the journey Emma is walking this morning and how we would deal with and what we would say to those whom we love and to our own families. We often come across tragic situations, but our ability to understand them or to walk in the shoes of those affected is so constrained because the hurt and tragedy are so great. What we heard about this morning is one such tragedy. I agree with what the Deputy said about imagining what it would be like for those conversations to take place and how that family feels today. I am aware that this private anguish has now become a matter of such public interest and is so visible, and we must respect the family at all points as they grapple with what their mother and Emma herself are dealing with.

I know Deputy Kelly is engaged with the Minister for Health on matters other than those he has put to me, and I thank him for the way in which he has done that. Regarding the three points Deputy Kelly put to me, first, of course, any support we can offer to women dealing with what this means for their lives and their health we will make available. We know how they feel at present, we know the questions that must be answered, we know that women who had information about their health that was not shared with them were let down, and we must respond to that, as this Government will.

Regarding the Deputy's second question about the timing for the roll-out of HPV testing and when it will happen, any help I can give to the Minister for Health and the HSE in making this happen, of course, I and the rest of the Government will give.

On the commission of inquiry and how much of it should be held in public, this will be a matter for when we set up such a commission and for the person who will run it. I do not need to tell the Deputy - he will be aware of this - that there may well be citizens who will participate in this commission who do not want their participation to be public, particularly in light of the scale of private anguish with which they are dealing. I would have no objection to any dimension of that being made public if the judge or person leading the commission of inquiry decides

to do so and, of course, if the citizen, the person participating in it, gives his or her consent for that to happen. We all need to be mindful of the scale of private tragedy faced by a number of families at present.

Deputy Alan Kelly: I thank the Minister for answering the questions for once. There is another aspect to this: the Labour Party has been pushing for a long time for the health technology assessment, HTA, to be brought forward in respect of HPV screening of boys. HIQA must do this. This needs to be brought forward in order that we can have herd immunity and protect the population into the future. I ask the Minister, through Government, to push to ensure this.

This morning, Emma said, “The Government are not actually capable of minding us.” We want confirmation that all payments and costs associated with treatment of these women will be covered and that the random sampling will happen. The Minister for Health has come a long way in agreeing to this today and in the past. The HPV funding which is required in respect of the labs and the IT systems should be brought upfront in the next few months and not the next few years. This will cost millions and human resources will have to be allocated. Such resources must be provided. Furthermore, I accept and agree that some people may not want to be out there in the public when it comes to the commission, but some definitely will. If they are speaking on national radio and television, they certainly want to speak in the commission of inquiry in public, so we must allow that to happen.

Finally, there was a real issue regarding the fact that, on Tuesday of last week, the Minister for Health had to walk into this Chamber and say he had been misinformed about the number of women affected. We discovered subsequently, through the National Cancer Registry, that 1,620 women came from a different cache and had cancers and were not part of the audit. It is also important, from a public confidence point of view, that we know that this is the only case in which this has happened, that it is not the case in any of the other screening programmes - for example, in bowel screening. I have had confirmation of that this morning, so that needs to be brought out on the public record.

Deputy Paschal Donohoe: I will respond to one of the points the Deputy put to me, which, of course, is prompted by the tragedy that we are all aware of this morning, about what our obligations are to mind our citizens. In the midst of all of us responding in the way we are attempting to, we need to be aware that while we are looking at great private tragedy and anguish today, the programmes that have been in place have worked for many. This is why there is such an imperative on all of us, but particularly those of us in government, that we ensure we restore confidence in respect of the issues and tragedies that are now causing these programmes to be challenged. As a country, as a State, for all of us who have been in the Dáil, for anyone who has served in government, we have seen improved outcomes in respect of invasive cancers because of the long-term commitment that politicians in this House, of all parties and none, have to trying to help our citizens. Only a number of months ago, the Minister for Health published a national cancer strategy that was welcomed by the Dáil. We have seen improvements in the survival rates and treatments of so many different forms of cancer. This backdrop, however, is what makes the stories we heard this morning so much more acute and more tragic. Inside the figures which I gave the Deputy, we all are aware that this morning, we have heard from a family and from Emma, who may not be part of that. That is what we all seek to respond to.

The Government has sought to respond in a prompt fashion. Deputy Kelly asked a specific question on random sampling that I had not answered in my first response to him. We have brought in two international institutions to put in place the review of audits which we know is

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vital. We want the review to conclude as quickly as possible. I will put Deputy Kelly's specific point to the bodies that are undertaking that work. We will see if it is possible and either myself or the Minister, Deputy Harris, will respond to the Deputy.

Deputy Eamon Ryan: We very much share the anguish that everyone feels in response to hearing the tragic stories this morning of women who feel that the State has left them down.

I want to raise a wider threat to the State and to all our people in respect of what is happening in the Brexit negotiations. The meeting in Dundalk with Michel Barnier and the interested stakeholders was very useful. It presented a very stark picture of where we are in the withdrawal negotiations, where 75% of the text of a putative withdrawal treaty has been agreed but two critical areas remain. One is the Irish issue, which in a sense is a metaphor for the wider issues about the nature of the customs arrangement that will take place between the UK and the rest of the European Union, although Ireland's concerns are very specific. The second, if we can overcome that, is the issue of governance which would effectively be the agreement of the UK Government to accept the European Court of Justice, ECJ, as the arbiter for that initial agreement and any future negotiations. The scale of the challenge in getting those two was remarkable, and then there is the transition arrangement after that where we would have to have 700 deals for a whole range of different sectors and where the EU has to have unanimity. The EU has all the negotiating power because it is staying the same and is not changing how the Union works, whereas in effect the UK must give in every area.

From what happened in London subsequent to our meeting in Dundalk last week, it seems clear that the UK Government seems completely incapable of addressing that challenge. The Tory party is split like a log divided in two by an axe. There seems no way by which the two parts of that party will come together. As there is an opposition there that is not putting forward an alternative, it is hard to see how agreement might come from the UK Parliament.

There seems an increasingly high risk that the UK will crash out of the EU, where there will be no draft treaty withdrawal agreement. Yesterday, the Taoiseach said that he has not spoken to the British Prime Minister in six weeks. However, the Minister, Deputy Donohoe, has met and spoken to the Chancellor of the Exchequer, Philip Hammond. Is the Minister starting to work with the Chancellor of the Exchequer on plans for such an eventuality and how we can avoid the absolute economic carnage that would take place in the event of a crash-out Brexit without any withdrawal or trade deal, where presumably we would revert to World Trade Organization, WTO, rules and where there would be incredible economic dislocation?

We have had a good process with the Tánaiste, Deputy Coveney, on the talks. However, we have not looked at the "emergency, brace yourself, we are about to crash" scenario. It is time that we did that. It is time that the Government and all the parties sat down about this, perhaps in private as some of these matters are difficult to discuss publicly. The responsible thing to do for Irish society, North and South and our relationship with the UK, would be for us to start thinking about what we would do in that scenario because to me, that scenario seems like the most likely. If there is any reason that the Minister can question my logic, I would be glad to hear it. I also would be interested to hear what the Minister and the Chancellor, Philip Hammond, are working on in this incredibly threatening and complex process.

Deputy Paschal Donohoe: It is correct that I met the Chancellor of the Exchequer, Philip Hammond, some weeks ago while I was in Bulgaria at a meeting of European finance ministers. The Tánaiste is in the UK today and will also meet the Chancellor and the Minister for the Cabi-

net Office, David Lidington, to review where negotiations stand and once again articulate the Irish national interest in the negotiations. The Government and this House need a clear pathway and framework to ensure that in the case of any eventuality that could occur when the United Kingdom leaves the European Union, our interests in respect of Northern Ireland, specifically in ensuring that there is no return to a hard border, are delivered. That is the Government's public position and what all our efforts, privately and otherwise, seek to secure.

The Government has done a significant amount of contingency planning to look at the different scenarios that could develop. I will speak to the Tánaiste about seeing how that could be shared. I understand that some of it may already have taken place and that there have been stakeholder fora where political parties, politicians and stakeholders are present. As we approach June and beyond, we are entering a period where it is crucial for Ireland to secure its objectives for the island and its stability. We have the support of the European Union in so doing and will work very hard to ensure it happens.

Regarding the Deputy's analysis of what is under way in the UK, it is not appropriate for me to comment on the internal workings of another government. I will leave that to the Deputy. I would say it is interesting that in the votes which are taking place in the British Parliament, in the House of Lords and others that could occur in the future in the House of Commons, views are beginning to crystallise on what form of Brexit could happen. That could yet have an effect on issues that the Government and the Dáil will need to respond to later in the year.

Deputy Eamon Ryan: I agree with the strategy of holding to no hard border but I am concerned that we are putting ourselves at the epicentre of a bigger problem, namely, that the Tory Government cannot agree anything about the future relationship between the UK and Europe. It is putting Ireland at the central point of what is the bigger problem, which is that the Tories want to have their cake and eat it but will now not be able to get it. We must be careful that we see the bigger picture.

The stakeholders forum has been very useful but we have not looked in detail about what will happen in a crash-out scenario where there is no withdrawal deal. As I understand it, in those circumstances there would not be a backstop arrangement then because that is part of the deal. Our discussion on this in Dundalk was interesting. The impact it would have on the beef and cheese sector, for instance, is that overnight there would be tariffs of 50% or 60%. However, it is not just those sectors. How would the financial services sector manage in those circumstances? What would happen to all the digital services companies or flights between the various jurisdictions? In every one of those 700 areas where we have to seek agreement, if we do not have a transition arrangement, there will be an economic crash and we will be stuck in the middle.

I ask a question of the Minister and he can respond through the Tánaiste and it could be in private rather than public, because the issues are sensitive and difficult, but we need to start preparing for that now. We need to start being honest and upfront with the UK Government about where we are at. It is not merely an Irish Border problem now, the whole arrangement is in deep trouble and we must start getting ready for that.

Deputy Paschal Donohoe: Many of the issues at the epicentre - to use the Deputy's phrase - of how the United Kingdom will leave the European Union are crystallised in the very issues with which the Government and Dáil are dealing. Many of the issues that are at the heart of Britain's future relationship with the European Union in respect of customs policy, access to

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the Single Market and the role of the European Court of Justice could have their most tangible manifestation in the issues with which we are now dealing on our island. That is why we have been working so closely with the European Union task force led by Michel Barnier and why Mr. Barnier was in Dundalk last week. I was there myself for most of the day. Both he and the task force have a very clear understanding of the issues that Ireland faces because they are at the heart of the issues which will define the relationship between the UK and the EU.

I will answer the two questions the Deputy put to me. The first was whether we are being direct with the British Government regarding the challenges and our national interests in this regard. The answer to that question is yes, but we are doing this primarily through the EU task force led by Michel Barnier. The second question had regard to the degree of contingency planning that is under way. Again I can tell the Deputy that planning is very advanced. It is dealing with many different possible outcomes. I have direct responsibilities for areas relating to banking and financial services and for what it would mean if we were met with the vista the Deputy described. We have much work done and more under way in that regard.

Questions on Promised Legislation

Deputy Dara Calleary: The Minister has just repeated that he has full confidence in the director general of the HSE, however there were leaks from Cabinet last Tuesday which suggested that other Ministers apparently wanted the nation to know that they do not share that confidence.

An Ceann Comhairle: These are questions on promised legislation.

Deputy Dara Calleary: I am getting there. I note that it is apparently a criminal offence to leak from Cabinet. The Taoiseach leaked that last night. Perhaps the Minister for Justice and Equality might want to copy that message to all his colleagues in order to avoid a major Garda raid on the next Cabinet meeting. Will the Minister outline the progress being made on the commitment in the programme for Government to collective Cabinet responsibility and to “an enhanced approach to government”?

Minister for Finance (Deputy Paschal Donohoe): The Deputy is well aware of the legal framework and precedent in respect of discussions which take place at Cabinet. This Cabinet had conducted many discussions on many matters over the last two years that have not reached the public arena and not been the subject of inquiry and debate. The Taoiseach has, on a number of occasions, outlined the responsibilities of Cabinet members in respect of discussions. With the support of the Deputy’s own party in proving to many that the arrangement we have in place is capable of responding to both the challenges and opportunities facing Ireland, I assure him that the Cabinet collectively lives up to its responsibilities and responds with action to many of the issues the Dáil wants us to deal with.

Deputy Louise O’Reilly: The recent *daft.ie* rental price report for the first quarter of 2018 shows us that rents across the State have risen by 11.5% over recent months. In north County Dublin they have risen by even more. The increase there is 11.9% which gives us an average monthly rent of €1,761. Rents across the board are now 23% higher than their peak in 2008. The Minister does not need me to tell him that rents are badly out of control and are creating severe affordability issues for those who are trying to access the private rental market. This issue cannot be left unresolved. Will the Minister accept that his rent pressure zone legislation is the

latest policy failure from this Government and is not doing what it was supposed to do? Will he introduce real rent certainty by linking rents to an index such as the consumer price index as part of the Residential Tenancies (Amendment) Bill 2018?

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): I thank the Deputy for the question. She asked it earlier in the week and I addressed it then but, to repeat what I said at the time, what the *daft.ie* report tells us is what we already know, that is, that rents are increasing. However we in Government actually rely on the reporting of the Residential Tenancies Board, RTB, because it relies on a greater data set which is based on rents agreed rather than rents sought. In its report from the fourth quarter of last year we saw that the increase in rents in areas where the rent pressure zones, RPZs, have been in place, which are in Dublin, was down to just above 3% between 2017 and 2016. Therefore, the rent pressure zones are working in those areas. There is more we can do to strengthen the Residential Tenancies Board. That is why legislation to strengthen the RTB is coming, and coming quite quickly, to the Dáil, to be passed with the agreement of the Oireachtas as quickly as possible. A review of the rent pressure zones has also been conducted. It has been completed and I hope to share it with the Joint Committee on Housing, Planning and Local Government ahead of meeting with it on Thursday of next week.

Deputy Jan O'Sullivan: Ireland has ratified the UN Convention on the Rights of Persons with Disabilities but there is legislation to follow. I know the Minister of State, Deputy Finian McGrath, was here earlier. There is legislation to follow in order to allow people who have a disability to exercise those rights. When does the Minister expect to introduce that legislation?

Deputy Paschal Donohoe: I understand that the Disability (Miscellaneous Provisions) Bill 2016, if that is what the Deputy is referring to, is on Committee Stage currently. I understand a number of amendments are being prepared and that work is under way on those amendments currently.

Deputy Jan O'Sullivan: I believe there may be other legislation but this is further clarification.

Deputy Bríd Smith: My question is on the commitments given in the programme for Government on collective responsibility. There have been many quotes from Emma Mhic Mhathúna here this morning but one thing she said was that this Government is totally incapable of minding us and that it has to go. I would like the Minister's response to that. I would also like to know what happened to the promise given to the Joint Committee of Health by the HSE that it would give us a breakdown of the figures on the 2018 outstanding false negative tests and from what labs they came. We learned from questions tabled this week by Deputy Richard Boyd Barrett that all ten legal cases arose from tests carried out in an American lab. We need to know where the 208 tests were carried out. We were given that commitment by Tony O'Brien last week. We still do not have the information. I believe this information will show that most of the botched tests were carried out in America and that the root of this problem and of the deaths of these women is the outsourcing of our health service to the US when that was strongly warned against in 2008. The previous Minister for Health, James Reilly, was the most vehement opponent of the measure brought in by the Fianna Fáil-Green Party Government of the time to outsource women's health. The Government outsources us to Britain to have abortions. Our smear tests are being outsourced to America----

An Ceann Comhairle: Can we have one question on one matter please?

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Deputy Bríd Smith: ----where the labs have made a bags of them.

Deputy Paschal Donohoe: There is no evidence currently available to us that there is any difference in how different laboratories are performing in respect of the analysis and reviewing of these tests.

Deputy Bríd Smith: We were promised the results.

Deputy Paschal Donohoe: On the question Deputy Smith has put to me, if the HSE made that commitment to the Deputy or to an Oireachtas committee it should supply that information. After these questions I will contact the HSE to see where it stands. On the broader charge the Deputy has put to us in respect of how we mind our citizens and how we mind the health of women today, I have already outlined to a number of Deputies this morning the actions the Government is taking to respond to the grave questions raised about our screening programme. However, I put all that in the context of the fact that we have programmes in place in respect of the health of men and women in our country and how they deal with cancer that have worked, saved lives and improved health.

Deputy Bríd Smith: It was Emma Mhic Mhathúna who called on the Government to go, not Bríd Smith, and she did say that it was incapable of minding her and the rest of the female population.

Deputy Mattie McGrath: I note that the Minister has again expressed his confidence in Mr. Tony O'Brien today and I think that is incredible. Can the Minister assure this House that Mr. O'Brien had no involvement in the awarding of the CervicalCheck contract to a US company? Furthermore-----

An Ceann Comhairle: That is not a valid question on promised legislation.

Deputy Mattie McGrath: In the context, of course it is.

An Ceann Comhairle: It is not.

Deputy Mattie McGrath: Of course it is.

An Ceann Comhairle: It is not.

Deputy Mattie McGrath: This is very important. Can the Minister also-----

An Ceann Comhairle: Of course it is very important, but these are questions on promised legislation.

Deputy Mattie McGrath: Of course it is, and this is the most important legislation of all.

An Ceann Comhairle: It is not a question for this section.

Deputy Mattie McGrath: Are we going to let our citizens die? It is the healthcare of our women, children and families. Can the Minister further assure the Dáil and myself that neither Mr. O'Brien nor any of his family members were investors involved in that same US company? Will he call in the fraud squad to investigate this if he is not sure and certain about the answers, because this is beyond belief and the fraud squad should be in? These people should be forensically investigated.

Deputy Paschal Donohoe: Deputy Mattie McGrath has just made a number of charges about Mr. O'Brien.

Deputy Mattie McGrath: I asked questions.

Deputy Paschal Donohoe: It is up to the Ceann Comhairle to adjudicate on whether they are appropriate and are the kinds of points that should be made on the Order of Business. I will leave that with him.

With regard to how we are dealing with these matters, we are interested in trying to understand further what has happened here.

Deputy Mattie McGrath: We are not.

Deputy Paschal Donohoe: We are trying to deal with issues regarding the safety and health of our citizens, the women who are scared today. That is the agenda of the Government.

Deputy Mattie McGrath: We are talking about corruption.

An Ceann Comhairle: Please.

Deputy Paschal Donohoe: It is not our agenda to stand up here on a daily basis seeking to gain political advantage from great private tragedy and anguish.

Deputy Mattie McGrath: We are looking for the truth.

Deputy Eamon Ryan: The programme for Government includes a commitment to consider making progress on a public banking model, the sort of model promoted by Irish Rural Link and based on the experience of the German Sparkassen model, where there is real expertise in developing SME and business lending in regional areas. The advantage for regional development is that deposits raised in a region are spent in that region. I understand the German organisation has been making presentations to the Minister's Department for the guts of three years now, and it has been doing so in detail for the past year and a half. It is very willing to work with other actors, be it An Post or the credit unions, to bring public banking business lending expertise into rural Ireland. When will the Department come forward with an answer to Irish Rural Link, as committed to in the programme for Government? I am sure it would reflect the enthusiasm of the Minister for Rural and Community Development, Deputy Michael Ring, for such a key factor in regional development. Why has it been stuck in the Department of Finance for so long? When will the Government live up to its programme for Government commitment in this area?

Deputy Paschal Donohoe: What always seems to be missing every time this issue is raised is the fact that, as part of the proposal being put to the Government, those who are interested in making what is proposed happen require a significant degree of capital to do it. This is at the heart of why the Department of Finance has to consider this matter very carefully. It is not stuck; it is being reviewed and analysed, as the Deputy would expect. In answer to his question, in the next few weeks the Minister for Rural and Community Development, Deputy Michael Ring, and I will be bringing a joint memo to the Cabinet on the matter.

Deputy Barry Cowen: On the programme for Government, specifically public sector reform, the process to deal with inequality in the public service in respect of pay for new entrants has commenced. It was agreed that the Public Service Pay Commission would investigate and report in June on difficulties over recruitment and retention, with specific emphasis initially on

the health service, consultants and the Air Corps. The INMO believes it has assurances that resolutions and recommendations, which could deal with pay, have been agreed, and that this element would be agreed during this phase, after June, and commence, if necessary, in 2019. That is its understanding. What is the Minister's understanding of what the INMO has agreed and what it believes is a pathway to resolving these two issues, rather than any one in isolation?

Deputy Paschal Donohoe: My understanding of what will happen is laid out in the text of the public service stability agreement. It states the Public Service Pay Commission has given an undertaking to issue a report on recruitment and retention issues, focusing initially on the health service, as the Deputy said. The Department of Health and I have made a submission to the commission, as has the INMO. I expect the report to be published towards the end of June or in early July. When that report is published, the Government will engage with the INMO on its content.

Deputy Barry Cowen: What about the recommendations? I am looking for clarification, if possible.

An Ceann Comhairle: The Deputy may not contribute again. Only one question is allowed.

Deputy Barry Cowen: My question was not answered.

An Ceann Comhairle: I cannot oblige the Minister to answer more than he has answered.

Deputy Barry Cowen: Maybe he will clarify the position with me immediately afterwards.

An Ceann Comhairle: Would he, please?

Deputy Paschal Donohoe: Yes.

Deputy Donnchadh Ó Laoghaire: Page 119 of the programme for Government states we will support and enhance the management and conservation of inshore stocks of fish. The Lough in Cork city is a well-renowned beauty spot and a vibrant location for wildlife and fisheries. Since last Thursday, some 400 dead carp, many up to 20 years old, have been removed, resulting in a significant amount of concern given the value locals attach to the Lough. A bacterial or fungal infection is suspected but tests are continuing. Will the Government ensure that Inland Fisheries Ireland and Cork City Council have all the resources required to ensure the infection is managed and that the lake is restocked, as required, to maintain it as a vibrant urban wildlife and fisheries location?

An Ceann Comhairle: It seems like a topical issue that the Deputy should table.

Deputy Paschal Donohoe: I know this is a very important matter but I am not in a position to give a full answer to the Deputy on it today. Perhaps if he tables a topical issue, with the consent of the Ceann Comhairle, the Department of Agriculture, Food and the Marine can deal with the matter.

Deputy Carol Nolan: Page 54 of the programme for Government states home help hours and home care packages will be increased every year. However, there are totally unacceptable circumstances in Laois and Offaly, where there are very lengthy waiting times for people waiting on home care packages. There are 650 people in Laois and Offaly waiting for at least 18 months. That contradicts exactly what is said in the programme for Government. Last year,

there was a 27% cut to home help hours. I would like to know how the Minister will tackle this problem. What provision will be made in the upcoming budget? I have seen at first hand how elderly couples are really struggling to cope. It is a very unfair burden to place on the shoulders of carers, who save this State millions of euro every year.

Minister of State at the Department of Health (Deputy Jim Daly): First, there was not a 27% cut to home help hours last year. I am not sure where the Deputy got that figure. I assure her there was an increase of 754,000 hours of home help as a result of the budget last year. I do not know where the figure came from.

The Deputy will be aware that we are trying to introduce a new scheme, under statute, to guarantee home care delivery. We have a consultation process concluded. The report is due on my desk in the next week or two. I intend to put the associated measures into place as soon as I can with the co-operation of Members.

An Ceann Comhairle: That concludes Questions on Promised Legislation. Ten Deputies have not been reached, unfortunately.

Health Service Reform: Motion (Resumed) [Private Members]

The following motion was moved by Deputy Michael Harty on Tuesday, 8 May 2018:

That Dáil Éireann:

recognises:

— that it has been 12 months since the publication of the cross-party consensus report by the Committee on the Future of Healthcare entitled ‘Sláintecare Report’, regarding reform of the health service over a ten-year period into an effective and efficient health service;

— the failure of Government to deliver a response to the ‘Sláintecare Report’ in spite of committing to do so by December 2017;

— the failure of Government to develop a new funding model for the health service including multi-annual budgets to deliver universal healthcare;

— the failure to fulfil commitments in the Programme for a Partnership Government to:

— reduce waiting lists and overcrowding in our hospitals;

— provide new contracts for consultants and general practitioners;

— recruit additional nursing staff to support increased bed capacity;

— reduce delayed discharges; and

— introduce hospital avoidance measures;

— the failure of Government to develop the Emergency Aeromedical Service (air ambulance) and its extension to a night-time service;

— the failure of Government to develop a humane approach to the provision of discre-

tionary medical cards to those who are undergoing treatment for cancer and end-of-life care;

— the failure of Government to fully implement the strategy document ‘A Vision for Change’, including building capacity into Child and Adolescent Mental Health Services (CAMHS), the provision of counselling and psychological services in primary care, and fully populating community psychiatric teams;

— the lack of equal opportunity and quality of life for people with disabilities by the failure to implement personalised budgets together with a comprehensive employment strategy to aid independent living and social integration;

— the failure of Government to legislate for a statutory scheme for home care, to enable our elderly population to live within their community;

— the important role that carers play in maintaining family members at home, supporting their needs by providing respite services, financial support and disability services;

— that acute hospital bed numbers, hospital consultant numbers and general practitioner numbers per head of population are below the Organisation for Economic Cooperation and Development (OECD) average and need to be increased to meet that average;

— that Emergency Department services are struggling to meet the increased demands for acute and complex care, particularly given our increasing population and ageing profile, and waiting times for out-patient assessments continue to grow and waiting times for elective and planned surgery are unacceptably prolonged; and

— the lack of coherent comprehensive planning to address these issues, lack of governance and accountability to underpin meaningful reform and lack of statutory requirements to meet acceptable targets, for waiting times and annual performance targets as committed to in the Programme for a Partnership Government; and

calls on the Government to:

— work towards the ‘Sláintecare Report’ proposal for a universal single-tier public health service based on need, not on the ability to pay;

— ensure a coherent implementation plan is immediately actioned to address the increasing lack of capacity and unmet need in our health service;

— immediately introduce legislation to ensure the delivery of entitlements to services on a phased, income-based criteria until universal public access is achieved;

— deliver expanded entitlements on income grounds only when capacity is available to deliver services;

— ensure immediate actions are taken to address recruitment and retention of front-line staff by improving working conditions, career progression and job satisfaction;

— work towards expanding diagnostic service availability to seven-day access, for both in-patients and out-patients, to speed patient diagnosis and treatment in a timely manner;

— immediately provide resources and recruit staff in order to open beds in hospitals which have been closed during austerity years;

— immediately commence a building programme to expand bed capacity to reach the OECD average per head of population in order to eliminate overcrowding and deal with unmet need;

— immediately complete negotiations on a new modern contract with general practitioners which recognises their central role in delivering prevention, health promotion and continuing care in the community;

— immediately enter negotiations on a new consultant contract, to recognise their value and role in delivering public care in our public hospitals;

— recognise the value of fostering and encouraging our nursing staff by improving working conditions, promoting career progression and further education;

— commit to meaningful and continuing health reform to take into account the continuing changes that are developing in modern medical practice;

— review the de-congregation model of care as it is clear that a one-size-fits-all model of care is not adequate; and

— establish that all service users who have been transferred from congregated settings to independent living are progressing positively.

Debate resumed on amendment No. 1:

To delete all words after “Dáil Éireann” and substitute the following:

“acknowledges:

— the historic cross-party consensus that has been achieved by the Committee on the Future of Healthcare and that the ‘Sláintecare Report’ now provides an agreed vision and framework for achieving healthcare reform over a ten-year period;

— that the demand for nearly all health and social care services is growing as a result of overall population growth and an ageing of our population (60 per cent growth projected in the 65 plus population over the period 2016 – 2031) as demonstrated by analysis from the Economic and Social Research Institute (ESRI) last year and the Department of Health’s, Health Service Capacity Review 2018;

— the challenges that many patients, service users and their families are experiencing in accessing timely care, and the difficulties being faced by healthcare professionals who are doing their utmost to provide safe, quality care to as many people as possible;

— that the Health Service Capacity Review 2018, recognised the need for both investment in additional capacity and healthcare staff, and a programme of whole-system reform over the next decade to modernise and improve our health services to meet current and future healthcare needs;

— that the Government has committed a record level of €10.9 billion in the National Development Plan 2018-2027 to the health sector over the coming decade;

— that the Government has increased funding for health services each year since

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2013, totalling a 19 per cent increase over the period, and that the Programme for a Partnership Government commits to sustain these increases;

— that robust performance management and accountability arrangements are an essential component of any healthcare system; and

— that delivering real and sustained improvement in our health services continues to be a priority for the Government; and

supports continued cross-party cooperation and consensus on the vision and direction of travel for health policy outlined in the ‘Sláintecare Report’, including the following commitments:

— put in place a programme of reform arising from the ‘Sláintecare Report’, this follows actions already taken to advance recommendations in the report:

— a Sláintecare Programme Office will be established and the recruitment of an Executive Director is almost complete;

— an independent expert group is undertaking an impact assessment of separating private practice from the public hospital system; and

— draft legislation will be brought forward this year to establish a governing board for the Health Service Executive (HSE);

— publish the Sláintecare implementation plan in the coming weeks which will set out a clear roadmap for delivering on the Sláintecare vision of a universal single-tier public health service based on need, not on the ability to pay;

— invest in additional capacity in line with the National Development Plan 2018-2027, which includes provision for 2,600 acute hospital beds including three new elective facilities, 4,500 community care beds, diagnostic hubs in the community and the rollout out of eHealth infrastructure across the health system, and work is underway to identify the number and location of additional beds that can be opened and staffed in 2018 and into 2019;

— continue to develop comprehensive primary and community care services with a number of investments and initiatives being pursued including:

— continued roll-out of primary care centres, with 114 now fully operational across the country, six of which opened in the first quarter of this year with a further fourteen scheduled to open this year;

— additional funding of €25 million for primary care services, including an expansion of Community Intervention Teams which will help to prevent unnecessary hospital admissions and facilitate early discharge of patients;

— the engagement process to develop a new, modernised contract for general practice has commenced which will have a population health focus, providing in particular for health promotion and disease prevention and for the structured care of chronic disease;

— the number of General Practitioner (GP) training places has been increased

from 120 in 2009, to the current 194 places available in 2018; and

— the commitment of Government to develop a new statutory scheme for the financing and regulation of homecare services, to enable our elderly population to live within their community;

— provide improved care and services to our most vulnerable in society as a central component of overall health policy and delivery, and initiatives include:

— legislation will be brought forward this year to provide GP Visit cards to those in receipt of Carer's Allowance or Carer's Benefit, benefitting approximately 14,000 persons;

— increase in the number of discretionary medical cards in circulation, from 52,000 in mid-2014 to 135,728 on 1st April, 2018;

— over 182,000 respite nights and over 42,500 respite day sessions will be provided this year, with an additional €10 million provided by Government to establish twelve extra new respite houses;

— in line with national policy and international best practice, there are now less than 2,400 people living in a congregated setting, with 170 more people expected to move to community living in 2018;

— a taskforce has identified how personalised budgets can be introduced in disability services and its recommendations are under consideration; and

— in light of significant additional funding provided, the Government is committed to continuing to fully implement and refresh 'A Vision for Change', including building capacity into Child and Adolescent Mental Health Services, the provision of counselling and psychological services in primary care, including the recruitment of 114 assistant psychologists, and fully populating community psychiatric teams;

— prioritise a range of initiatives during 2018, aimed at reducing waiting times in emergency departments and elective waiting lists, including:

— as part of Budget 2018, an additional €70 million was provided to respond to winter pressures, this included €3.5 million for additional transitional care beds and €18 million for additional homecare packages;

— over 200 new beds have been opened this winter to help alleviate the pressure our hospitals faced this winter;

— €55 million has been allocated to the National Treatment Purchase Fund targeted at reducing waiting times for the longest waiting patients, the Inpatient/Day Case Action Plan 2018 published in April, provides for treatment of 20,000 patients, and an Outpatient Department Action Plan will be published later this year;

— an additional €9 million has been provided to paediatric orthopaedics, including scoliosis, to deliver on the commitment of a four-month waiting list tar-

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get for surgery for clinically suitable patients, following an increase in the total number of surgeries delivered in 2017 to 321 from 220 in 2016; and

— continuing to manage an increasing volume of emergency department attendances, with an increase in overall attendances in the first three months of this year of 3.7 per cent as compared with the same period in 2017, including a 5.9 per cent rise in attendances of people over 75;

— continue a series of focused campaigns to attract frontline staff in order to meet patient care requirements, including:

— an additional 942 nurses and midwives were recruited in 2017, including student nurses, and all nurse graduates have been offered permanent contracts to work in the Irish Public Health Service in 2018;

— the Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland was launched in April 2018, which sets out for the first time a methodology for calculating the staffing requirement and skill mix needed in our specialist medical and surgical wards in adult hospitals;

— the number of Non-Consultant Hospital Doctors has increased by 289 in the twelve months to the end of March 2018, and the number of consultants has increased by 110 in the same period; and

— the Public Service Pay Commission is currently examining issues relating to the recruitment and retention of staff in the health sector, and their report is expected in June; and

— to continue to develop and expand our aeromedical services and implement the recently published trauma policy.”

- (Minister for Health)

An Ceann Comhairle: I must now deal with a postponed division relating to the amendment to the motion regarding health service reform. On Tuesday, 8 May 2018, on the question that the amendment to the motion be agreed to, a division was claimed, and in accordance with Standing Order 70(2), that division must be taken now.

Amendment put:

<i>The Dáil divided: Tá, 48; Níl, 77; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Bailey, Maria.</i>	<i>Aylward, Bobby.</i>	
<i>Barrett, Seán.</i>	<i>Boyd Barrett, Richard.</i>	
<i>Breen, Pat.</i>	<i>Brady, John.</i>	
<i>Brophy, Colm.</i>	<i>Broughan, Thomas P.</i>	
<i>Bruton, Richard.</i>	<i>Browne, James.</i>	
<i>Burke, Peter.</i>	<i>Butler, Mary.</i>	
<i>Byrne, Catherine.</i>	<i>Byrne, Thomas.</i>	

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<i>Canney, Seán.</i>	<i>Cahill, Jackie.</i>	
<i>Carey, Joe.</i>	<i>Calleary, Dara.</i>	
<i>Creed, Michael.</i>	<i>Casey, Pat.</i>	
<i>D’Arcy, Michael.</i>	<i>Cassells, Shane.</i>	
<i>Daly, Jim.</i>	<i>Chambers, Jack.</i>	
<i>Deasy, John.</i>	<i>Chambers, Lisa.</i>	
<i>Deering, Pat.</i>	<i>Collins, Joan.</i>	
<i>Doherty, Regina.</i>	<i>Collins, Michael.</i>	
<i>Donohoe, Paschal.</i>	<i>Collins, Niall.</i>	
<i>Doyle, Andrew.</i>	<i>Connolly, Catherine.</i>	
<i>Durkan, Bernard J.</i>	<i>Cowen, Barry.</i>	
<i>English, Damien.</i>	<i>Curran, John.</i>	
<i>Farrell, Alan.</i>	<i>Daly, Clare.</i>	
<i>Fitzgerald, Frances.</i>	<i>Donnelly, Stephen S.</i>	
<i>Fitzpatrick, Peter.</i>	<i>Dooley, Timmy.</i>	
<i>Flanagan, Charles.</i>	<i>Ellis, Dessie.</i>	
<i>Griffin, Brendan.</i>	<i>Ferris, Martin.</i>	
<i>Harris, Simon.</i>	<i>Funchion, Kathleen.</i>	
<i>Humphreys, Heather.</i>	<i>Gallagher, Pat The Cope.</i>	
<i>Kehoe, Paul.</i>	<i>Grealish, Noel.</i>	
<i>Kyne, Seán.</i>	<i>Harty, Michael.</i>	
<i>Madigan, Josepha.</i>	<i>Haughey, Seán.</i>	
<i>McGrath, Finian.</i>	<i>Healy-Rae, Danny.</i>	
<i>McHugh, Joe.</i>	<i>Healy, Seamus.</i>	
<i>McLoughlin, Tony.</i>	<i>Howlin, Brendan.</i>	
<i>Mitchell O’Connor, Mary.</i>	<i>Kelleher, Billy.</i>	
<i>Moran, Kevin Boxer.</i>	<i>Kenny, Gino.</i>	
<i>Murphy, Dara.</i>	<i>Kenny, Martin.</i>	
<i>Murphy, Eoghan.</i>	<i>Lahart, John.</i>	
<i>Naughten, Denis.</i>	<i>Lawless, James.</i>	
<i>Naughton, Hildegarde.</i>	<i>MacSharry, Marc.</i>	
<i>Neville, Tom.</i>	<i>Martin, Catherine.</i>	
<i>O’Connell, Kate.</i>	<i>McConalogue, Charlie.</i>	
<i>O’Donovan, Patrick.</i>	<i>McGrath, Mattie.</i>	
<i>O’Dowd, Fergus.</i>	<i>McGrath, Michael.</i>	
<i>Phelan, John Paul.</i>	<i>McGuinness, John.</i>	
<i>Ring, Michael.</i>	<i>Mitchell, Denise.</i>	
<i>Rock, Noel.</i>	<i>Moynihan, Aindrias.</i>	
<i>Ross, Shane.</i>	<i>Munster, Imelda.</i>	
<i>Stanton, David.</i>	<i>Murphy O’Mahony, Margaret.</i>	
<i>Zappone, Katherine.</i>	<i>Murphy, Catherine.</i>	
	<i>Murphy, Eugene.</i>	

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	<i>Nolan, Carol.</i>	
	<i>O'Brien, Darragh.</i>	
	<i>O'Brien, Jonathan.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Keeffe, Kevin.</i>	
	<i>O'Reilly, Louise.</i>	
	<i>O'Rourke, Frank.</i>	
	<i>O'Sullivan, Jan.</i>	
	<i>Ó Broin, Eoin.</i>	
	<i>Ó Caoláin, Caoimhghín.</i>	
	<i>Ó Cuív, Éamon.</i>	
	<i>Ó Laoghaire, Donnchadh.</i>	
	<i>Ó Snodaigh, Aengus.</i>	
	<i>Penrose, Willie.</i>	
	<i>Pringle, Thomas.</i>	
	<i>Quinlivan, Maurice.</i>	
	<i>Ryan, Brendan.</i>	
	<i>Ryan, Eamon.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Sherlock, Sean.</i>	
	<i>Shortall, Róisín.</i>	
	<i>Smith, Brendan.</i>	
	<i>Smith, Bríd.</i>	
	<i>Smyth, Niamh.</i>	
	<i>Stanley, Brian.</i>	
	<i>Tóibín, Peadar.</i>	
	<i>Troy, Robert.</i>	
	<i>Wallace, Mick.</i>	

Tellers: Tá, Deputies Joe McHugh and Tony McLoughlin; Níl, Deputies Mattie McGrath and Michael Harty.

Amendment declared lost.

Deputy Stephen S. Donnelly: I move amendment No. 2:

To insert the following after “establish that all service users who have been transferred from congregated setting to independent living are progressing positively.”:

“in pursuing these healthcare goals, stay within the fiscal parameters required to maintain a prudent budgetary approach over the entire lifetime of implementation.”

Amendment put and declared carried.

Motion, as amended, put and declared carried.

Sitting suspended at 1.14 p.m. and resumed at 2.14 p.m.

Dáil Éireann
Business of Dáil

An Leas-Cheann Comhairle: I have to bring to the attention of the House that we are 20 minutes late starting. I understand it is no reflection on the Minister, but we were due to start at 1.55 p.m. I also apologise to those who are viewing on Oireachtas TV.

Minister for Justice and Equality(Deputy Charles Flanagan): I offer my apologies to you, a Leas-Cheann Comhairle, to the staff and to Deputies O'Callaghan, Quinlivan and Mattie McGrath. I mistook the time; I thought it was 2.15 p.m. I apologise and I appreciate your understanding.

An Leas-Cheann Comhairle: It is well accepted.

Deputy Charles Flanagan: Thank you.

Topical Issue Matters

An Leas-Cheann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 29A and the name of the Member in each case: (1) Deputy Michael Harty - to discuss the future of rural post offices; (2) Deputy Niamh Smyth - to discuss investment in the emergency department at Cavan General Hospital; (3) Deputy Charlie McConalogue - to discuss the introduction of electronic tagging for sheep; (4) Deputy Thomas Byrne - the need for improvements to water supply in Ratoath, County Meath; (5) Deputy Clare Daly - the need for an investigation into the death of Ann Lovett; (6) Deputy Jackie Cahill - to discuss the protections for subcontractors in State procurement contracts; (7) Deputy Fiona O'Loughlin - to discuss the withdrawal of Coca Cola operations from Athy, County Kildare; (8) Deputy John Lahart - to discuss the proposed changes to the Dublin Bus brand; (9) Deputy Thomas P. Broughan - to discuss serious criminal vandalism at Clongriffin DART station earlier this week; (10) Deputy Martin Ferris - to discuss public liability insurance premiums for small and medium-sized enterprises; and (11) Deputy Mick Wallace - to discuss the conflict in the Golan Heights and Syria, and concern for members of the Defence Forces.

The matters raised by Deputies Thomas P. Broughan, Martin Ferris, Charlie McConalogue and Niamh Smyth have been selected for discussion.

Deputy Charles Flanagan: Did the Leas-Cheann Comhairle say electronic tagging?

An Leas-Cheann Comhairle: Tagging of sheep.

Deputy Charles Flanagan: Sorry.

An Leas-Cheann Comhairle: It is a matter for the Department of Agriculture, Food and the Marine and not the Department of Justice and Equality.

Deputy Charles Flanagan: I thought it was for me and Deputy O'Callaghan.

Deputy Mattie McGrath: The Minister will not do it for the humans.

Deputy Charles Flanagan: Maybe Deputy Mattie McGrath has an interest in this as well.

Deputy Mattie McGrath: Yes. When is the Minister going to do it?

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**Criminal Justice (Money Laundering and Terrorist Financing) (Amendment) Bill 2018:
Order for Second Stage**

Bill entitled An Act to amend the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 to give effect to certain provisions of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015 on the prevention of the use of the financial system for the purposes of money laundering or terrorist financing, amending Regulation (EU) 648/2012 of the European Parliament and of the Council, and repealing Directive 2005/60/EC of the European Parliament and of the Council and Commission Directive 2006/70/EC, and to provide for related matters.

Minister for Justice and Equality (Deputy Charles Flanagan): I move: “That Second Stage be taken now.”

Question put and agreed to.

**Criminal Justice (Money Laundering and Terrorist Financing) (Amendment) Bill 2018:
Second Stage**

Minister for Justice and Equality (Deputy Charles Flanagan): I move: “That the Bill be now read a Second Time.”

The purpose of this important legislation is to transpose in large part the fourth EU money laundering directive. It will also bring Irish law into line with the recommendations of the Financial Action Task Force, FATF, an international standard-setting body.

We know that by targeting the proceeds of crime we can remove the incentive for the commission of acts of serious and organised crime, such as human trafficking, drug trafficking and fraud. That is why we make it a crime to help to disguise or transfer the origin of illegal gains. That is why we have set up bodies like the Criminal Assets Bureau to freeze moneys obtained through criminal activity. We know that these measures are very effective.

Internationally it is recognised that preventive measures also play an important role. In the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 and before that in the Criminal Justice Act 1994, we have required gatekeepers such as banks and other businesses, which can be used for money laundering or terrorist financing, to take certain actions. They are required to know their customers. They are required to monitor their transactions for suspicious activity. When they see something suspicious, they must report it.

Money laundering and terrorist financing are cross-border phenomena. We have a globalised, open economy and criminals will exploit this to move proceeds from one country to another. For this reason the European Union has long had legislation in this area. Internationally, the recommendations of the Financial Action Task Force are applied by 35 member jurisdictions. The FATF monitors and evaluates compliance by those members.

The EU legislation and the FATF recommendations are frequently updated to reflect new trends and ensure they are still relevant. It is the fourth directive, Directive 2015/849, that is being transposed by the Bill. The Bill amends the 2010 Act to bring it in line with the new directive. I emphasise that robust and extensive anti-money laundering laws are already in place

in Ireland. The existing 2010 Act runs to 122 sections, with 82 of those sections concerning designated persons and their obligations. This legislative framework is supported by a strong operational capability. A range of bodies are active in combatting money laundering and terrorist financing, including An Garda Síochána, the Criminal Assets Bureau, the Central Bank and my Department.

The anti-money laundering steering committee brings together relevant Departments and agencies to co-ordinate the national response to risks relating to money laundering and terrorist financing. In its most recent evaluation report for Ireland, the FATF found that Ireland has a generally sound and substantially effective legal and institutional anti-money laundering framework. This new legislation will update and enhance that framework and will address many of the remaining gaps identified in the evaluation.

As well as ensuring that Ireland fulfils its EU and international obligations, the Government is committed to tackling white-collar crime in all its forms. The Bill forms part of the package of measures announced last November on which I, together with the Ministers for Finance, and Business, Enterprise and Innovation, are working to combat white-collar crime.

The Minister for Finance and his officials share responsibility for the transposition of this directive. As well as its role in preventing crime, anti-money laundering legislation is aimed at protecting the integrity of the financial system. The Department of Finance has been working closely with my officials on this Bill and is drawing up its own legislation to transpose provisions of the directive on beneficial ownership of trusts and bodies corporate.

Before turning to the individual provisions of the Bill, which is complex and multifaceted, I would like to give a general overview of its content. The main change brought about by the Bill is a more pronounced switch to a risk-based approach. This means, first, that the businesses concerned, which the legislation calls designated persons, must assess the risks of money laundering and terrorist financing involved in carrying out their business. They must have policies and procedures in place to mitigate these risks. They must determine the risk attaching to each customer or transaction, on a case-by-case basis, taking into account relevant factors. They must then carry out whatever due diligence measures are warranted by that level of risk. This represents a more targeted and, therefore, more effective application of measures by the designated person.

The proposed law also recognises the reality that many businesses today operate in group structures across borders and it makes a number of amendments in this regard. The Bill expands on requirements on Irish companies to ensure that their subsidiaries overseas apply high anti-money laundering standards. If a group implements policies and procedures properly, its subsidiaries are not subject to some restrictions that normally apply in respect of high-risk third countries.

The amendments made by the Bill also extend the scope of existing obligations in other ways. For example, some measures which previously only applied to banks will now apply to other financial institutions. There are extra measures that must be applied to the beneficiaries of life assurance policies. Measures applying to politically exposed persons will now apply to those resident in Ireland, as well as those resident outside the jurisdiction.

Of great importance in the global fight against money laundering and terrorist financing is the role of the financial intelligence unit. The financial intelligence unit in Ireland is part of An

Garda Síochána. It is responsible for receiving suspicious transaction reports from designated persons and analysing them, so it can be used to combat crime. The directive expands the remit of the financial intelligence units and requires them to have access to all of the information they need to carry out their functions. Taking into account the transnational nature of money laundering, it emphasises co-operation and information sharing between the financial intelligence units of different member states. All of this is provided for in the Bill.

Turning to the individual provisions, sections 1 and 2 contain the usual provisions setting out the Short Title and commencement provisions and the interpretation section. Sections 3 to 5, inclusive, amend the definitions in the 2010 Act. For the most part, this is to bring them into alignment with the definitions in the directive. In many cases, references to financial services legislation are being updated. An important amendment is that which lowers the threshold for the application of the Act to high-value goods dealers. Currently, they come within the Act if the value of the goods is over €15,000 and this amendment will bring that down to €10,000. There is an amendment in section 5 relating to legal professionals in order to make it clear that the Act only applies to them where they are carrying out certain services. This amendment was previously made by the Criminal Justice Act 2013 but was not commenced as a technical change needed to be made.

Sections 6 to 9, inclusive, amend the definition of “beneficial owner” to bring it in line with the new directive. When carrying out customer due diligence, a designated person must also check the identity of any beneficial owner associated with that customer. This includes, for example, a major shareholder in a company or the beneficiary of a trust. The definition of “beneficial owner” will now be broader than under current law and will include, for example, the trustee of a trust.

Sections 10 to 19, inclusive, are the core provisions of the Bill. Section 10 inserts two new sections in the 2010 Act concerning risk. In this regard, designated persons will now be explicitly required to carry out an assessment of the risks of money laundering and terrorist financing inherent in carrying out their business. They are also required to assess the risk of money laundering and terrorist financing in regard to a customer or a transaction, taking into account factors like the purpose of an account or the regularity of transactions. They must have regard to guidance and the national risk assessment.

Sections 11 to 19, inclusive, concern customer due diligence. Section 33 of the 2010 Act contains the main obligations to identify and verify the identity of customers and beneficial owners. Some small changes are made to that section. For example, there are additional requirements relating to the identification of the beneficiaries of life assurance policies. There is an exception to the rule that designated persons must cease carrying on business with a customer if they cannot carry out customer due diligence, and that applies to legal and other professionals in certain circumstances.

Simplified due diligence can be carried out where the customer is considered to be low risk. If simplified due diligence is applied, the designated person must keep a record of the reasons for applying it and carry out sufficient monitoring. There is also a specific exemption for electronic money which applies under certain conditions.

On the other hand, where there are factors suggesting high risk, extra measures must be taken. Customers in what are deemed to be high-risk third countries are one such category and politically exposed persons are another. As I mentioned, at the moment, if a bank or other des-

ignated person has a customer who holds certain important public offices, and they are resident abroad, the designated person must take extra precautions. They must get senior management approval for the relationship and check the source of funds and wealth. This also applies to the family members of these people. The need to combat corruption requires paying special attention to these persons. In this Bill, as required by the directive, these provisions are being extended to politically exposed persons resident in Ireland, so they will also be subject to these checks. This will include, for example, Members of Dáil Éireann and senior judges, but the need for caution will not stop at these specific categories. Designated persons will have to take an overall view of their customer and apply additional measures, if necessary. Failure to do so will now be an offence punishable by an unlimited fine and up to five years in prison.

Section 20 makes some changes to the circumstances where a designated person can rely on a third party to carry out customer due diligence. Sections 21 to 23, inclusive, concern the functions of Ireland's financial intelligence unit, FIU. This unit is part of An Garda Síochána and these sections place its functions on a statutory footing. They give the FIU the powers to obtain information that it needs to tackle money laundering and terrorist financing. Under this Bill, the FIU can also give information on request to certain bodies and it can share information with FIUs in other member states. The FIU and the Revenue Commissioners will have the power to obtain additional information from a designated person after the person has reported a suspicious transaction.

Section 24 amends section 51 of the 2010 Act. This concerns the offence of "tipping off", in other words, telling someone that they are being investigated for money laundering. This alters one of the defences to the offence so that it applies where financial institutions share the information within a group.

Section 26 relates to the policies and procedures that designated persons must put in place to prevent and detect money laundering and terrorist financing. The new section expands on the matters that must be included in these policies. They must, for example, have policies on measures to be taken to prevent the risk which may arise from new technologies.

Sections 27 and 28 concern the keeping of records. Section 27 allows An Garda Síochána to require that a designated person retains records relating to customer due diligence beyond the current five-year period if they are required for the investigation or prosecution of money laundering or terrorist financing. Designated persons must delete any personal data held solely for the purposes of this section after the end of the retention period. Section 28 extends an existing requirement in regard to keeping information on business relationships.

Sections 29 and 30 require a group of companies to have common anti-money laundering policies. If an Irish company has a subsidiary in another country, it must ensure that it applies adequate anti-money laundering measures. If the subsidiary is in another EU member state, it has to make sure that it complies with local anti-money laundering laws. If it is in a third country where the laws do not allow the implementation of the group's policies and procedures, it must take additional measures. If these measures do not address the risk, action can be taken by the competent authority.

Section 31 extends a prohibition on entering into a correspondent relationship with a shell bank so that it now applies to all financial institutions. Section 32 makes an amendment which will make the Legal Services Regulatory Authority a State competent authority, which means it has extra supervisory powers for money laundering purposes.

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Section 33 substitutes the section creating a defence of due diligence to the offences under this part of the Act. There is no longer provision for guidelines to be made to be taken into account here.

Section 34 inserts a section which requires certain designated persons to register with the Central Bank. This is for entities which the Central Bank supervises for money laundering purposes but which are not otherwise authorised by or registered with it.

Section 35 amends the penalties that can be applied by the Central Bank under its administrative sanctions procedure to bring them in line with the directive. As well as its usual penalties, it can impose a €5 million monetary penalty on a natural person for breaches of certain provisions of money laundering legislation. It can also impose a penalty of twice the benefit obtained from the breach.

Section 36 substitutes Schedule 2 to the 2010 Act which lists some of the financial services and activities subject to the Act. Sections 37 and 38 set out the factors that must be taken into account in determining whether there is a low or high risk. Section 39 repeals certain provisions of existing law and section 40 makes consequential amendments to other legislation.

In conclusion, this Bill is of great importance. By enhancing Ireland's already extensive money laundering regime, it will act as a further tool to combat global organised crime, to protect our financial system and to ensure that we meet the highest international standards. Along with the Criminal Justice (Corruption Offences) Bill, it comprises a strong underpinning in legislation of the fight against so-called white-collar crime, and combatting such crime is a Government priority. I look forward to hearing Members' views and to the passage of the legislation through the Houses in due course. I commend this Bill to the House.

Deputy Jim O'Callaghan: I welcome that the Government has eventually commenced the process of transposing the fourth EU money laundering directive into Irish law. The directive dates from 2015 and I understand it should have been transposed into Irish law by 26 June 2017. We will be doing well if it is transposed into Irish law by 26 June 2018, considering the fact that it has to go through Committee Stage in the Select Committee on Justice and Equality and come back to this House for Report Stage and Final Stage before it heads off to Seanad Éireann.

The delay in the transposition of the directive is not a meaningless transgression. In July 2017, I understand that the European Commission began infringement proceedings against Ireland for its failure to implement the fourth EU money laundering directive. I understand that the explanation, given in November 2017 by the Minister for Finance, was that because of amendments that had been made to the directive in 2016, there were delays on the part of the State in transposing the directive. In March 2018, the European Commission said it had sent a reasoned opinion to Ireland, which is the second stage in EU infringement proceedings, following the aforementioned commencement of infringement proceedings by the European Commission against Ireland in July 2017. It is not good practice nor good governance when directives are not transposed in time. The country gets exposed to infringement proceedings and it is damaging to our international reputation, particularly in an area such as money laundering where, in general, we have a good reputation.

The Minister said that only part of the EU directive is being transposed by this legislation and that a remaining part will have to be transposed by other legislation. I understand that the Department of Finance is working with officials in the Minister's Department on that Bill.

Separate legislation is being drawn up to transpose other provisions of the directive that relate to beneficial ownership of trusts and bodies corporate. It is important that we transpose those other provisions as quickly as possible as we do not want ourselves to be subjected to the third level of EU infringement proceedings, which would involve the country being brought before the European Court of Justice.

The fourth EU directive is one of the directives on money laundering that has been issued by the European Union since 1991. The first money laundering directive was the Council directive on the prevention of the use of the financial system for the purposes of money laundering. That defined money laundering in terms of drugs offences and imposed obligations solely on the financial sector. There was an update to that with a directive in 1997 which extended the scope of the 1991 directive, both in terms of crimes covered and the range of professions and activities covered. The third EU money laundering directive arose as a result of the recommendations of the Financial Action Task Force of June 2003. Those recommendations covered terrorist financing and provided more detailed requirements in respect of customs identification and verification. That resulted in a further directive in 2005 arising from the recommendations of the Financial Action Task Force.

Money laundering is a complicated matter and to deter it, it is important that it is recognised as being an international problem. It cannot be dealt with just within the European Union and, in dealing with it, we have to take into account the international context. Money laundering and terrorist financing are international problems and the effort to combat them should be global. Where credit institutions and financial institutions in Ireland have branches and subsidiaries located in third countries, in which the requirements are lower than in the European Union, it is important that obligations are placed upon them. That is what the directive requires and I am pleased to say that it is what the legislation before the House today provides.

I will refer the Minister to two aspects of the legislation which are worth considering on Second Stage. The first is section 15, which deals with the examination of the background and purpose of certain transactions. It deals expressly with the issue of white-collar crime and imposes obligations on a designated person to ensure he or she keeps a vigilant eye out for suspicious activity. The definition of “designated person” in the 2010 Act has been extended in this legislation. I welcome that as doing so is an example of forward thinking. Under the new section 36A of the 2010 Act, there will be an obligation on a designated person to look out for unusual patterns of transactions that have no apparent economic or lawful purpose. We need to ensure that the provision is sufficiently broad to capture as much unusual economic activity as possible. If a designated person is prone to facilitating money laundering, very little can be done to deter it because of that person’s criminal mind. However, where a designated person does not have a criminal mind, it is important that the legislation imposes upon that person as wide an obligation as possible, in order that he or she is required to look with suspicion upon transactions which appear not to have economic or lawful purpose. It can sometimes be difficult to understand what a specific economic purpose is. The objective would be to ensure that any transaction that has taken place has been done for some obvious commercial activity, involving a legitimate payment arising from it.

Another sector that merits close scrutiny is section 26, which deals with internal policies, controls and procedures. It seeks to set out further obligations on designated persons to ensure they have procedures and policies in place to make it easier for them to identify any money laundering or terrorist financing that should be brought to the attention of the authorities. At present, many businesses are going through the process of preparing for the coming into force

of the GDPR and, similarly, when this legislation comes into force there will be further requirements on designated persons in Ireland to ensure they have fully adequate policies, controls and procedures in place to identify, detect and report any examples of money laundering and terrorist financing.

The legislation replicates the requirements in the directive to identify factors that suggest potentially high levels of risk. The Bill also requires the identification of factors in low levels of risk but the former is more instructive, as high-risk cases are those which need to be watched vigilantly by designated persons. These are listed in the proposed Schedule 4 to the 2010 Act. Business persons or professional advisers in Ireland must keep mindful of a number of factors for the purpose of ensuring there are no money laundering or terrorist financing processes in operation. One of the geographical risk factors is that the countries where the transaction is coming from or going to would have effective anti-money laundering systems in place. If one identifies countries where there are not effective anti-money laundering systems, that should trigger in one's mind a concern and a high risk factor.

Another factor to be taken into account concerns countries identified by credible sources as having significant levels of corruption or other criminal activity. I have said previously that Ireland is not a country with high levels of corruption but there are other countries where there are very high levels of corruption. Those high levels of corruption have been identified. It is important we do not allow our State, country or financial institutions to be used by individuals from other corrupt countries for the purpose of trying to hide money or for the purpose of criminal activity. It is not always the case that it is for the purpose of terrorist financing. I would have thought that most of this legislation, as it will apply in Ireland, will be in respect of trying to identify money laundering arising from criminal activity.

Fianna Fáil welcomes the eventual introduction of the legislation into this House. It is very important that we transpose it into Irish law as soon as possible. Fianna Fáil will be supporting this legislation on Second Stage. We believe it should be brought in as promptly as possible. We will seek to encourage the Minister to ensure that the remaining parts of the EU money laundering directive, which have not been transposed as of yet or which are not covered in this legislation, are brought forward promptly. We do not want to find Ireland in a position where we are subject to infringement proceedings by the European Union, particularly when it comes to an area of such sensitive reputational value as legislation to deal with money laundering and identifying terrorist financing.

Deputy Maurice Quinlivan: I thank the staff in the Oireachtas Library and Research Service for their help in providing an understanding of the workings of the Bill.

Sinn Féin will be supporting this Bill. It gives effect to the fourth money laundering directive and is a welcome step in terms of transparency, regulation and ensuring financial institutions, as well as states, are measuring up to the mark in terms of money laundering and terrorist financing.

I note, however, that we are somewhat late in implementing this measure; it is a 2015 directive. We are late to the extent that the European Commission has begun infringement proceedings against Ireland for its failure to implement it on time. I understand the infringement proceedings began in July 2017, after Ireland did not transpose the legislation in time, which should have come into force in June 2017. Those proceedings, taken against 17 countries in total, could ultimately result in Ireland facing a fine from the European Union. Persistent non-

compliance could end up with Ireland being referred to the European Court of Justice. I ask the Minister what is the current position in this regard. Moreover, by when must Ireland have this directive transposed and this Bill passed to avoid these fines?

As for the substance of the Bill, the directive and the Bill provide for due diligence of customers and put the onus for risk assessment on financial institutions, which will be obliged to carry out business-wide and individual assessments, something which we in Sinn Féin believe can only be a positive step.

Another key provision is expanding the remit of the financial intelligence unit, a part of An Garda Síochána, which receives information from designated persons about suspicious transactions. This is also a step in the right direction, but as we have seen in the past, much of this will come down to the resources that are made available to An Garda Síochána, as well as what I imagine will be significant upgrades in its IT systems. I note these systems very much have been brought into the spotlight in recent months with some worrying and, at times, horrifying outcomes.

The Bill also expands the definition of a “politically exposed person” under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 to include persons holding certain political, judicial or other offices in Ireland, as well as abroad, as currently defined. This measure is again one to be welcomed in the context of geopolitics, and how money moves around the world.

The Bill also ensures full implementation of Article 7 of the OECD convention on combating bribery of foreign public officials by making it an offence to launder the proceeds of bribery outside Ireland involving a foreign public official even if the bribery was not an offence in the place it was carried out. This is complemented by other laws such as the Criminal Justice (Corruption Offences) Bill.

Whether in public life or in business or commerce, corruption has been part of the history of this State. There was quite an interesting article by Ryan O’Rourke in the *Irish Independent* last September, which found Ireland was ranked in the top ten countries for financial transactions linked to money laundering or terrorist financing in the European Union. A study conducted by Europol shone a spotlight on the anti-money laundering apparatuses within member states and the extent of suspicious transaction reporting in the EU. It highlighted trends and developments and gave recommendations on how the anti-money laundering framework can be improved. To rank in the top ten for me spoke volumes, and the long way we have to travel to proactively address money laundering and potential terrorist financing here.

The number of financial transactions investigated by the Garda nearly doubled between 2006 and 2014, which speaks to quite a significant workload. One could speculate as to why this may have been the case, whether it be perceived ambiguous tax laws, the now infamous loophole created by section 110 of the Taxes Consolidation Act, or other mechanisms that at least in my mind have been subject to the so-called “light touch regulation” approach. Although I would point to these measures and others as providing a possible incentive to locate here, I acknowledge that an increase in detection may be due also to increased focus by the Garda but we badly need to ensure that the Garda and the Office of the Director of Corporate Enforcement, ODCE, are properly resourced to tackle these issues.

Ireland is also the third highest for reports relating to the suspected financing of terrorism,

according to the EU police agency. In 2014, the EU financial intelligence units received almost 1 million reports from across the Continent. Despite this, an average of just 10% of suspicious transaction reports were further investigated by authorities, a figure we could all agree we would not like to see replicated here when it comes to pursuing both national and international cases on the part of An Garda Síochána.

Within the report, it was estimated that only 1% of the proceeds of crime are seized by the Garda, and this is a figure which appears to be replicated right across Europe. Between 2006 and 2014, Ireland recorded 120,971 suspicious transactions. These numbers increased from 10,403 in 2006 to 18,302 in 2014, the ninth highest out of 28 states. In Ireland, there were a total of 586, or 4%, of the suspicious transactions reports in 2013, and 618, or 3%, in 2014 related to terrorist financing, with the European average being a fraction of that at 0.6%.

I also wish to query how this Bill covers the area of gambling and gaming. There is a widely held belief that criminal organisations regularly use betting as a way of money laundering. It is not difficult to imagine how this might work. For example, someone placing a combination of bets with cash that is comprised of the proceeds of crime, that the combination can only ever result in a relatively small loss, at least in percentage terms, and that at the other end the person placing the bets gets back substantial amounts of clean cash. Anecdotally, this is an issue, and it is an area over which we need to have tight regulation and oversight.

My understanding is that, under the EU directive, the Irish Government has some latitude as to whether a sector is considered to carry substantial risks domestically. I wish to ask how the Government has designated or looked upon this sector and whether it is placing obligations on bookmakers and other gaming and gambling organisations, to ensure that there are oversights and checks to prevent laundering. This is an important issue that needs to be tackled.

I also wish to touch on the related area of shadow banking, as there is much we do not know about the moneys that flow in and out of some of the darker, murkier areas of financial services. It is not hard to imagine the moneys that flow in and out of these institutions could well include such proceeds and laundered moneys. The finance committee and the Dáil will soon deal with the markets in financial instruments directive, MiFID, legislation which relates to all of this.

In November a Russian bank defaulted on €500 million of loans made through a Dublin office. The International Monetary Fund, IMF, and the Financial Stability Board have warned about our exposure to such defaults and shadow banking. *The Irish Times* recently reported:

Lawyers, accountants and bankers generated almost €284 million of fees from hundreds of special purpose vehicles last year. The growing use of such entities by Russian groups has come into sharp focus as investors track risks relating to US sanctions.

Are we creating trouble for ourselves by marketing Dublin as a hub for shadow banking? Are we opening ourselves to risks not only reputationally but economically?

Is the Minister satisfied that the Bill adequately deals with this area, and that Government is ensuring that our financial services and institutions have safeguards to ensure we are not so exposed?

I note that there is an obligation under Article 31 of the fourth anti-money laundering directive which states that states shall apply a full public register of beneficial ownership of trusts as per the directive. However, there is a discretion available to member states.

I understand that the Government has run a public consultation on member state discretions, which discussed the matter of a fully public register of beneficial owners. The consultation had 19 submissions, mostly, I assume from organisations and business in the area and other interested parties. It resulted in a mixture of views, with some submissions favouring full public access to the register of beneficial ownership of corporate and other legal entities and others that do not support full public access to the register of beneficial ownership of corporate and other legal entities. Another two submissions were unclear as to their position. I therefore have a concern that the Government is not fully implementing the fourth EU anti-money laundering directive regarding the beneficial ownership of trusts and that it is making use of an exemption that means it does not have to apply a full public register of beneficial owners as per the directive. Is that the case, and if so, what is the rationale? For what reason would we not have such a full public register? It is entirely possible to create an appropriate protection regime to allow for certain restrictions to the access to information where such access would expose the beneficial owner to potential risk of intimidation and other harms as outlined in Article 30(9), while still implementing the directive fully. I urge the Minister to implement this and to ensure full transparency in the spirit of the directive.

It is high time we moved to address such deficiencies and pitfalls within Irish legislation as the EU directive outlines. This is a significant task, and there are parameters and limitations for the State in tackling money laundering and terrorist financing, as well as those working within them. However, it is a vitally important piece of work to ensure a properly functioning democracy. Sinn Féin will be supporting this Bill's passage to Committee Stage.

Deputy Mattie McGrath: I welcome that this Bill is being brought forward, however belatedly. I would like to know the reasons for the delay. Why did we have to wait until action was taken by the EU to bring this legislation before the House? Much other legislation has obviously been prioritised, including legislation which in my view is not as important as this. I include in this the Judicial Appointments Commission Bill, the Road Traffic (Amendment) Bill and many other items of legislation. Surely, given the serious crash in our economy, the manner in which it happened and the subsequent loss of faith in systems of governance in financial and political institutions, this kind of Bill should take priority. We are seeing a loss of faith and a lack of accountability in the HSE at present, and in other areas of public life.

This Bill's Title refers to money laundering and terrorist financing and I note terrorism has been brought into a new realm in recent weeks by the Minister's colleague, the Minister for Transport, Tourism and Sport, Deputy Ross, when he decided to label some of the members of the Rural Independent Group as "road traffic terrorists". It was an appalling vista-----

Deputy Charles Flanagan: The Deputy will be covered by this Bill.

Deputy Mattie McGrath: That is not very funny. I hope to be covered by most Bills, as I am entitled to be in a democracy. I am entitled to act within the legislation and obey it, as I and my colleagues do. It does not behove the Minister for Transport, Tourism and Sport to describe us as terrorists. We see the effects and impacts of terrorism all over the world, especially at present. Financial operations and money laundering for terrorists is a big part of it. No one can operate without money and this is especially true in this murky business of money laundering and terrorism financing. Without money these people cannot buy the equipment required for their activities, including guns and bombs. We must cut it off and stop the flow of money to these people.

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The Bill was first published here on 25 April 2018 and proposes to give effect to provisions of the EU's fourth money laundering directive, Directive (EU) 2015/849, which is required to be transposed by 26 June 2017. We are almost in the middle of May and the Minister has just introduced it to the Dáil. Why was there a delay? Does the Minister not get asked questions in this regard at the Council of Ministers? The Government is well able to introduce statutory instruments for many issues and to rush legislation through. We even came back here on special dates before and after Christmas to ensure we had an abortion referendum. It was the most important thing in the world; the sky was going to fall if the 26 May deadline was not met. The Citizens' Assembly and an Oireachtas committee were set up, and this deadline was put in place. The legislation was prepared even before the Oireachtas committee reported, as we now know. Matters such as this, however, can be left until the last possible minute. This has to be passed through these Houses by 26 June, which is little over a month away. The Government is not focused. The Taoiseach and his Ministers are on Grafton Street looking for photo opportunities or are out knocking on doors. The Government is not focused by a long shot on what it should be focused on. It might be well focused on 26 May, when it gets the result of the referendum, le cúnamh Dé.

The EU Commission has commenced enforcement proceedings against Ireland and 16 other member states for failure to transpose the fourth directive. The Bill forms part of a group of measures to combat white-collar crime that was announced by the Government in November 2017. There are commitments in the programme for Government. We are always talking about white-collar crime in our own country and it beggars belief that we cannot show leadership on this issue. We are enacting this because we have been asked; we did not have the instinct to do it ourselves in the first place. Some 16 other member states have also failed in this regard. One must ask what is going on in this regard? During the debate on the future of the EU in the Chamber yesterday evening, a survey was quoted which showed that only 47% of the 500 million citizens had confidence in the EU institutions, that they were fit for purpose and were relevant to the lives of the people and that they were listening to citizens and ag éisteacht le cluasa ar oscailt. The EU institutions are not listening and we saw that after Great Britain, a sovereign country, decided to leave. A vote was held and the result was that it decided to leave. The heads of the EU threatened Great Britain, saying that it was out of kilter, was ruining the team spirit and was not acting like the good boys of Europe. The lectures went on and on and did not achieve anything. It only made the British people and the British Government more determined to leave. Who would blame them? The British are a proud people and are not going to take lectures from the heads of the EU.

There are a number of countries in the EU that are a kind of cabal. They are elected individually but they act as a cabal and dictate what happens in Europe. We have permanent structured co-operation, PESCO, and who knows what else, that we have to suck up or
3 o'clock else lie down. The Minister of State at the Department of Defence, Deputy Kehoe, mentioned PESCO and the Lisbon treaty this morning when I asked a question on defence. We had to vote for the Lisbon treaty twice, in fact. That was the start of a slippery slope with bully-boy tactics and a refusal to accept the will of the people. I believe that people want fairness. They want to abide by legislation that is representative and which has goodwill behind it. Police forces will not be able to enforce legislation unless that legislation has the goodwill of the people behind it.

I am talking about the people of Ireland here. I am talking about the Minister showing leadership, and passing this legislation, introducing it, debating it and taking amendments in a

timely fashion. I am supporting it. The Government should not be dragging its feet, and should not have to be dragged before bodies that want to sanction us for not enacting this legislation.

European directives can be used to prosecute farmers for breaking slurry deadlines and so many other things. European directives and their statutory instruments are unbelievable. They are piled on and when it comes to the most serious basic trust in our institutions, reflected in an issue like stopping money laundering for terrorist activities, it should be a no-brainer. We should be clamouring for Europe to enact this, and to have Interpol and the European police forces wholly on top of this game to put a stop to it. White-collar crime is rampant in this country. We know that. I suppose we cannot tell others what to do when our own house is not in order. We need to deal with it swiftly and effectively, and show cause to the people, the electorate that we are here to serve. We are Teachtaí Dála and public servants.

The fourth directive creates an anti-money laundering, AML, and counter-terrorist financing, CTF, regime that is premised on the identification, assessment and mitigation of risk by member states and obliged entities, that is, persons such as banks, dealers in high-value goods, financial professionals or estate agents. They are a nice group - a pretty wide group - and they control everything. I raised something with the Minister recently, and he accused me of raising something that was not factual. There is a woman who is now on her seventh day without food, who was thrown into jail last Friday by the courts of this country at the behest of banks. She is refusing food. She has two 14 year old daughters and is a widow. That is what we are doing. They have been lined up before the courts. That is the law for little people. The power of our institutions is thrown at her. She is in prison, and I heard nothing from the Minister except that I was making allegations. It is a fact. She is incarcerated improperly, because the governor has no proper documentation to keep her incarcerated. I appeal to the Minister again to have that checked out and assessed. Some people can run rings around us, such as the terrorists and the big bankers, but this poor woman has no defence.

I am told that she is entitled under European law to have a second judge, independent of the first one who found her in contempt. There must be a separate individual justice in order to imprison her. Deputy O'Callaghan might be able to help me out on this. That did not happen. Is that right? That is the way we are treating our own citizens. I am not talking about rights and wrongs. The premises was a family home, and may have been the site of other business as well. The family home should be sacrosanct, and she cannot be wrongly incarcerated for contempt of court because she would not give up her home. That is what happened. European law has dictated it. A Supreme Court case was held some months ago and we are waiting for a decision. This happened while we await that decision. European law clearly states, and it has been tested, that a second judge has to impose the sentencing if one judge finds a person guilty of contempt. The sentence has to be assessed by a different judge. That is European law. We ignore European law when it suits us but when ordinary citizens are involved in any of a wide range of activities, European directives are very punitive and heavy-handed, and must be implemented. Most times, our own officials will add two or three more statutory instruments onto them.

I have mentioned the categories of people designated by the Bill. They include, as I said, bankers, dealers in high-value goods, financial professionals and estate agents. There is a lot of room for supervision there. There should be a public record of all these transactions. We have to keep our public records. I have to keep my public records. All the Members here have to comply with the Standards in Public Office Commission, SIPO, and rightly so. I raised this in the Dáil as well. Amnesty Ireland has received money from abroad, and was found in breach of SIPO regulations and guidelines. I have raised it twice with the Taoiseach, but it does not

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seem to bother him that this €130,000 should be given back. He is happy to have his Ministers campaign with the head of Amnesty Ireland on this abortion referendum, despite the fact that it is knowingly in breach of State laws concerning financial transactions and reporting. What kind of banana republic are we in? The Taoiseach told me that was okay, that there is no problem with it. The Minister for Health, Deputy Simon Harris, can go for photo-shoots with a law-breaker. We are debating this legislation here, and meanwhile our own Ministers can take to the streets in a desperate effort to get a “Yes” vote with people who are in clear breach of financial regulations.

An Leas-Cheann Comhairle: If I tell the Deputy to stick to the principle of the Bill, he will tell me that he is in order all the time. He seems to be the only one who is always in order while everybody else is out of step. I remind him that the purpose of this legislation is to transpose a large part of the fourth EU money laundering directive, and I ask him to confine himself to that.

Deputy Mattie McGrath: I appreciate the Leas-Cheann Comhairle’s guidance.

An Leas-Cheann Comhairle: Deputy McGrath can appreciate it, but I think he should accept it as well.

Deputy Mattie McGrath: I am not saying I am always in order. I would never say that. I can be out of order as well as anyone else. I am only an ordinary Teachta Dála here. I am just wondering in my own brain what the difference is between money laundering in Europe and money laundering when an entity gets money from George Soros or somebody else and does not give it back. It is illegal. What is the difference? Surely we can conflate the two, or are we all to be silenced but not by the Leas-Cheann Comhairle, I note? Are we to be blind to this? The Leas-Cheann Comhairle has to report to SIPO and I have to report to SIPO, and rightly so. Yet some people are above the law. They blatantly say that they will not give the money back. Government Ministers are accompanying them while they canvass. That is my point. People watching are confused. We are talking about implementing legislation here, but we have dirt on our own shoes, and we will not clean it. We sweep it under the carpet and leave it there.

The member states are obliged to keep public records and have them available. When the legislation, which I totally agree with, has passed at the request of the European Parliament, and under threat from it, how long will it take to implement? When will we have an evaluation of the impact of the legislation and whether it is working? This is another worry I have, about many pieces of legislation. I am concerned about how long it takes to transpose them into law and have them enacted. There must then be an impact assessment to see how they are bedding in. Are they having the desired effect? Are these vagabonds, rogues and terrorists being taken off the roads? Are their money supplies being cut off? They may be white collar, blue collar or any collar, or many with no collars.

The risk-based approach is intended to avoid a one-size-fits-all approach, which often fails to address or resolve challenges posed by changes in technology, economic activity or patterns of crime. Technology is the one we really have to grapple with, and I certainly have to grapple with it. It is changing literally by the hour. With Google and Facebook we see how the tap can be turned off regarding interference in a referendum in this country. That is what has happened, but people do not all depend on technology, thank God. They know when something wrong is happening. There is a huge issue around economic activity and the patterns of crime. I often wonder if the fraud squad and other Interpol agencies are up to speed at all. I am not criticising them, I am just saying that they need to be ever-evolving, ever-changing and always trying to

get ahead of the game, because these terrorists and criminals have all day and all night to plan, plot and design Ponzi schemes. The movement of money by electronic transfer is very hard to supervise. The Bill provides for amendments to the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, which is the principal legislation dealing with the subject. We have had some debates on this in recent times. Measures required under the fourth directive are provided for in the Bill. Deputy O’Callaghan and others have said that they are supporting it. I am supporting it. However, we want to see robust legislation and an impact assessment of the legislation very soon after its enactment.

We should not have to read articles like the one in *The Irish Times* reporting that the European Commission has begun infringement proceedings against Ireland for failing to implement, on time, a directive which aims to clamp down on money laundering activities and terrorist financing. We must get our priorities right, put our money where our mouths are and insist that legislation be passed in time. I acknowledge that the Minister is a busy man and that he has many things to do in his Department. However, legislation of this sort should be a top priority. It should be brought before the House as swiftly as possible and more time should be allocated for debate.

The timeline relating to the Bill before the House is now very tight. I am a member of the Business Committee, which sat this morning to determine the business for the next number of weeks. We struggle constantly to allocate time for legislation to be debated. When we have five or six weeks to pass all Stages of a Bill, due diligence may not be possible. There may not be time to research and propose amendments. There is a need to support Members in that regard. We must act on these directives when we get them. When the Minister says at the Council that we are going to do something, the process should start the next day to give us enough time to examine the proposal properly, debate it fully, tease out amendments on Committee Stage and pass it. The clock is against us. I do not know about the Minister but many of his colleagues are busy and have other things on their minds. The eye is off the ball, clearly. We see what is going on in the HSE and the lack of accountability in that context. It is time that we started to represent those who elected us to do the job we have been asked to do and implement legislation when asked by Europe rather than to have it threaten us with infringement penalties. We will be cleaned out as a result of all the infringement penalties threatened in respect of a plethora of legislative proposals. Anything to do with controlling and turning off the finance and lifeblood of terrorist organisations should be a top priority.

Deputy Peter Fitzpatrick: I will talk about the process of money laundering and terrorist financing and the activities involved, which are important for people to know about. It is also important to know about the lives that have been destroyed, about the businesses affected and those who are used to do this. I will also talk about the money created and the money lost to the Exchequer. It is very important for people to realise what is actually going on.

Money laundering is the process by which criminals disguise the illicit origins of their funds. It allows them to conceal the evidence of their crimes and to use the proceeds in legitimate financial systems and markets. The global extent of money laundering is, by its nature, difficult to estimate. The UN Office on Drugs and Crime suggests that dirty money constituting between 2% and 5% of global GDP, which represents sums ranging from \$800 billion to \$2 trillion, is laundered throughout the world every year. A 2015 report sponsored by the EU estimates that organised criminal activity in the EU generates revenues of at least €110 billion annually. The crimes which generate the funds being laundered are known as “predicate offences” and vary within countries depending on the nature of the national economy, legal sys-

tem, social conditions and geography. Predominant offences include drug trafficking, human trafficking and exploitation, theft, illegal firearms smuggling, gambling, counterfeiting, online crime and tax fraud and evasion.

The means used to launder the proceeds of crime are equally varied. Common techniques include investment in land and buildings, the purchase of high-value goods such as jewellery and art, which are easy to transport and sell, and the use of cash-centred front businesses such as betting shops, retail outlets and public houses. This is what I mean when I refer to ruined lives. There are decent people in betting shops, retail outlets and pubs. People do not realise the abuse that takes place. New technologies have allowed criminals to exploit prepaid credit cards, online betting, cash transfer system and untraceable cryptocurrencies such as bitcoin.

Money laundering is essential for organised crime. The vast sums generated by criminal activity can be much too large to recycle entirely in the underworld. Without access to legitimate financial systems and markets, those funds can simply lose their value. Significantly, money laundering not only allows criminals to fund further criminal activities, it also enables them to expand and diversify, spreading corruption and instability through commercial, financial and political institutions. Money laundering poses serious risks to Irish people and businesses and to the State. The Government's national risk assessment in respect of money laundering and terrorist financing cites a 2015 study on the financial aspects of organised crime in Europe which estimated that the level of money laundering in the State in 2010 amounted to €1.7 billion. The national risk assessment identifies money laundering risks arising from numerous types of crime, including drug offences, financial crime, tobacco smuggling, tax evasion, prostitution, fuel laundering, cybercrime and corruption.

Terrorist financing is often similar to money laundering. Terrorist groups frequently raise money using common criminal methods such as robbery, fraud and extortion and they face the same difficulties as ordinary criminals in making use of the proceeds. In many cases, however, terrorist financing relies on ostensibly legitimate sources of income such as personal donations or contributions to what are represented to the public as charitable bodies. Such financing operations can be the reverse of money laundering in the sense that they involve moving apparently legitimate funds into illegitimate channels without detection. Terrorists use many of the same techniques as money launderers, including front businesses, cash smuggling, the purchase or theft and resale of high-value retail goods and multiple small cash transactions through supporters' accounts or prepaid credit cards.

I welcome the Bill and the changes it will make, including the obligation placed on certain financial institutions to register with the Central Bank so that it has a full list for supervisory purposes. I also welcome the requirement to examine the background and purpose of complex or unusually large transactions. An illegal cigarette factory was recently discovered in my home town, Dundalk. Officers from Revenue and the Garda did a fantastic job and arrested 11 people who were manufacturing 250,000 cigarettes per hour. It was estimated that approximately €12 million was lost to the Exchequer. Whatever it takes to combat money laundering and terrorist activity must be done. I support the Bill.

Minister for Justice and Equality (Deputy Charles Flanagan): I thank all the Deputies who contributed for their remarks and the support they have offered for the Bill. As stated earlier, this is important legislation that will enable Ireland to meet its international obligations. It is also part of our domestic commitment to tackle white-collar crime, a goal shared by all Members of the House. We will have an opportunity to deal in more detail with some of the

issues raised on Committee Stage.

Deputy O'Callaghan referred to the late transposition of the directive, which was also raised as an issue by Deputy Quinlivan. This is a somewhat complex Bill, the subject matter of which spans the remits of a number of Departments. There was a need to engage in a significant degree of consultation and collaboration across Departments and that complexity also led to a lengthy drafting process. However, I assure Members that we take our obligations as a member state of the European Union very seriously. This means spending some time ensuring that the legislation being transposed is not only effective but also enforceable. We have been in touch with the European Commission and have advised it of the publication of the Bill. We hope it can be enacted as quickly as possible. I acknowledge the positive disposition of the Members of the House in this regard.

I welcome, in particular, Deputy O'Callaghan's comments on sections 15 and 26. I am happy to give this matter further consideration and we can return to it on Committee Stage.

A number of issues were raised by Deputy Quinlivan, who is no longer present. He mentioned media reports concerning the special purpose vehicle and shadow banking. We will have an opportunity to discuss that at a later stage, but the legislation for beneficial ownership registers being developed by the Department of Finance will apply to all special purpose vehicles, that is, a body corporate. While the lists will initially be viewable by An Garda Síochána and other appropriate authorities, the fifth money laundering directive provides for wider access to parts of the beneficial ownership information. We will be in full compliance with both the fourth and the fifth money laundering directives.

Deputy Mattie McGrath spoke about priorities. He made a reasonable point about new technologies. I accept his comment that criminals will always try to exploit new technologies as they arise. There have been reports of virtual currencies being used for money laundering. In this regard, the fifth EU money laundering directive, which will shortly be adopted, will mean that the law is to be extended to providers of virtual currency exchange services and custodial wallet providers. I will be bringing forward legislation to transpose that new directive. As Deputy Mattie McGrath is a member of the Business Committee, I am sure he will ensure our legislation can have priority as soon as it is ready.

This is a detailed and technical legislative measure. That reflects the complexity of the measures which we are recommended internationally to take in response to the ever more sophisticated nature of the criminality involved. This Bill is the result of a long process of consultation and drafting involving a number of Departments. I wish to give notice of some amendments I intend to bring forward on Committee Stage. A small further change is required for compliance with the fourth money laundering directive, which is to require cheque cashing offices to register with the Central Bank. I am giving consideration to another amendment in respect of politically exposed persons which is to allow guidance to be issued on the meaning of this term in the Irish context.

I appreciate the contributions from the Deputies and I look forward to continuing the debate on the Bill in the coming weeks.

Question put and agreed to.

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**Criminal Justice (Money Laundering and Terrorist Financing) (Amendment) Bill 2018:
Referral to Select Committee**

Minister for Justice and Equality (Deputy Charles Flanagan): I move:

That the Bill be referred to the Select Committee on Justice and Equality pursuant to Standing Orders 84A(3)(a) and 149(1).

Question put and agreed to.

Sitting suspended at 3.25 p.m. and resumed at 3.35 p.m.

Topical Issue Debate

Anti-Social Behaviour

Deputy Thomas P. Broughan: Like me, I am sure the Minister was horrified to receive reports about the incident that occurred at Clongriffin DART station on Tuesday night. This was a very shocking and traumatic experience for the passengers and Irish Rail staff who witnessed the atrocious anti-social and criminal behaviour that occurred. What was reported in the media as “an unprecedented graffiti attack” seems to have been much more sinister, with up to 20 young people, allegedly wearing balaclavas and armed with knives and lumps of wood, blocking the doors of a train at approximately 10.30 p.m. More shocking still is that it appears there may have been two rival gangs the members of which then fought among themselves to damage the train. We cannot imagine the terror for the passengers on that Dublin to Malahide DART train.

Regrettably, although this attack reached a new level of depravity, it is not an isolated incident. In recent years, a small number of miscreants seem to have repeatedly vandalised this station and terrorised commuters. I have visited the station many times and have contacted An Garda Síochána and Iarnród Éireann since 2016 to convey the complaints and annoyance of so many citizens from the area. I had previously requested that a full-time security team be placed at this station, for regular Garda patrols and for the installation of a full CCTV system and other increased security measures. This week, I again contacted our local superintendent and chief superintendent of An Garda Síochána to ask what they are doing to improve security at the station and ensure passenger safety in light of the appalling incident on Tuesday. I repeatedly contacted former Irish Rail CEO, David Franks, and have now also contacted the acting CEO, Jim Meade, regarding this criminal activity.

For approximately eight years before its opening in 2010, the people of the new estates in Beau Park and Clongriffin, in Dublin 13, campaigned for the Clongriffin DART station and were delighted with its impressive design and facilities. However, over the past three years, particularly since the middle of 2016, I have received numerous emails, calls and visits from concerned constituents who are living in fear. Clongriffin, Belmayne and the Coast in Dublin’s north fringe are growing areas in which many young, hard-working families with children live. There is a wonderful sense of community among the people who live there, with regular and well-attended community meetings, although the delivery of education, health, shopping,

crèche and security facilities has been dismally slow from the main developer, Gannon Homes, Dublin City Council and Fingal County Council. Residents believe that Clongriffin DART station is being targeted because of its distance from the district Garda station, which is located over three miles away in Coolock. Residents report that it can take over 20 minutes for gardaí to arrive on the scene of an emergency. In some instances, where residents have reported stolen cars, suspicious behaviour and other anti-social behaviour, particularly in the station and near Fr. Collins Park, I am told that it has taken over an hour for gardaí to arrive. For most of my political career, the people of Donaghmede - a large parish of more than 4,000 houses where many of the north fringe estates, including Clongriffin, are located - have demanded their own Garda station, but have never got it. It has never been realised.

The station has been targeted for a long time. Irish Rail has had to replace the front two main windows on numerous occasions before finally opting for an unbreakable front option which is not as aesthetically pleasing. During last summer, 42 out of 45 of the glazed panels had been smashed or shattered. Two weeks ago, during the daytime, there was also a robbery of a cash-in-transit van.

The residents of Clongriffin are growing tired in their efforts to create a positive community spirit only to have repeated attacks on their public transport facility and neighbourhood, and there is a growing unease over using their local DART station. This disgraceful nonsense has gone on long enough. It is now critical that Irish Rail, Dublin City Council, Fingal County Council, Gannon Homes, Cairns Homes and other key stakeholders get together with public representatives and An Garda Síochána to ensure that this breakdown in law and order stops immediately and never reoccurs.

Minister for Justice and Equality (Deputy Charles Flanagan): I thank Deputy Broughan for raising this important matter. I am pleased to be able to respond.

I am aware of the serious incident that took place earlier this week concerning a number of youths who vandalised a DART train as it arrived into Clongriffin station. The youths in question then proceeded to engage in other serious anti-social behaviour and accost members of the public. This is completely unacceptable behaviour and will not be tolerated. I am advised that this incident is now the subject of an official investigation by An Garda Síochána, in conjunction with Irish Rail, with CCTV footage being reviewed to help identify the culprits. Photographs were also taken at the scene of the graffiti tags which are also being circulated in order to identify any links with known graffiti offenders and I encourage anyone with information about this incident to contact An Garda Síochána as soon as possible.

In terms of tackling this particular type of crime, I am advised by An Garda Síochána that Garda management engages extensively with transport operators and a range of regional and local operations has been put in place to address incidents and issues that have arisen at specific locations. There is ongoing communication between An Garda Síochána and the respective control centres, and access to good quality CCTV helps provide assistance to gardaí when investigating serious incidents, such as what we saw in Clongriffin earlier this week.

I listened carefully to Deputy Broughan and take on board the points he raised. He will be aware that An Garda Síochána already employs a wide range of operational measures aimed at tackling public order offences and anti-social behaviour. These measures are underpinned by the existence of a comprehensive legal framework, which assists the Garda in tackling this type of crime. Addressing local community concerns in relation to public order and anti-social

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behaviour is a key focus of An Garda Síochána's national community policing model and a range of strong legislative provisions are available to An Garda Síochána in this regard, including those under the Criminal Damage Act 1991, the Criminal Justice (Public Order) Act 1994, the Criminal Justice (Public Order) Act 2003, and the Intoxicating Liquor Acts 2003 and 2008.

The type of behaviour we witnessed in Clongriffin this week has no place in civilised society. For its part, the Government remains committed to ensuring that An Garda Síochána has all the necessary resources to tackle all forms of criminality in our communities. In this context, the Deputy will be aware that some €1.65 billion has been allocated to the Garda Vote for 2018 and €98.5 million has been provided for Garda overtime for 2018, which will also assist with Garda operations to tackle the type of problems we saw this week.

The Government is committed to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and to deter crime. Budget 2018 will support the continuation of this high level of investment in the Garda workforce and ensure that the vision of an overall workforce of 21,000 by 2021 remains on track.

I listened to Deputy Broughan's remarks on stakeholder engagement and stakeholders being brought together and I agree with the Deputy.

Deputy Thomas P. Broughan: I thank the Minister for his reply and the report on the official investigation which is now taking place. However, at this stage words are meaningless. Residents and commuters want action. Most of all, my constituents want those involved in behaviour such as that which occurred in Clongriffin DART station last Tuesday night to be apprehended, put into the juvenile diversion programme, and prosecuted, if necessary. Resources must also be put into increased security at Clongriffin station. The incidents are occurring because perpetrators are getting away with it. That station cost €22 million almost a decade ago and it has been under sustained attack, which is now worsening. We need a permanent, static security presence there indefinitely. The Minister must assure me that the safety and well-being of my constituents and our commuters is paramount.

It is not just Clongriffin DART station which has been under this kind of attack in recent years, however. The Howth Junction and Donaghmede DART stations to its south have also suffered a great deal. I have lost count of how many times I have had to contact Irish Rail and An Garda Síochána about vandalism, threatening behaviour, lift breakdowns and so on at the stations. These incidents are part of a wider issue of anti-social behaviour in areas of Dublin Bay North which I raised with the Minister and the Taoiseach only months ago. I have also raised the cuts in community policing over the decade of austerity. The Minister knows I have repeatedly written to him about dangerous joyriding and criminal behaviour in other areas of Dublin Bay North. The behaviour in Clongriffin is escalating and will lead to a very serious incident with people getting hurt or even killed. The time for action is now.

I repeat my invitation to the Minister, which I have issued to him a couple of times in the past six months, to come out to Dublin Bay North to meet our community in Clongriffin and the other districts in the constituency, local Garda officers, Irish Rail staff, and local authority staff. I ask him to make that visit and see at first hand the resources that are necessary to ensure that this crazy, wild west-type behaviour never happens in this city again.

Deputy Charles Flanagan: It is clear that this is an issue of concern and something on

which Deputy Broughan has strong views, as indeed do we all. It is important that we work together to eradicate this type of unacceptable behaviour in our society. I am advised that the incident in Clongriffin remains under active investigation by An Garda Síochána. Every effort is being made locally to identify those involved.

I am further advised that close contact is being maintained with local and senior management in Irish Rail and other transport providers, and An Garda Síochána has a good working relationship with the public transport providers in the district. There are patrols by uniformed and plain clothes gardaí, including personnel on foot patrols, and other community engagements are maintained in the vicinity of the area where this incident occurred. I can assure Deputy Broughan that I remain in ongoing contact with the acting Garda Commissioner on all new and emerging crime trends. I am committed to ensuring that An Garda Síochána has all the necessary resources required to deal with this type of criminality in our communities, including the type of unacceptable criminal behaviour we saw this week in Clongriffin. I assure Deputy Broughan of my ongoing support.

Public Liability Insurance

Deputy Martin Ferris: Recently, my party colleague from Limerick, Deputy Maurice Quinlivan, met with the Alliance for Insurance Reform there. This alliance is a non-political group that brings together 20 civic and business organisations from across Ireland, including charities, representing 35,000 members, over 633,000 employees and 41,300 volunteers. Over many years, the cost of public liability insurance has been a consistent problem. Not alone does it affect small and medium-sized businesses, pubs and other local social activities across Ireland, and in rural Ireland in particular, but it also affects things such as children's playgrounds, GAA social centres, and taxi drivers. It has had the effect of closing down many small enterprises, with the consequence that people are becoming unemployed. It also affects the hotel industry, small garages and practically every aspect of this huge source of employment right across this country. Obviously some form of regulation is badly needed to prevent the vultures, the insurance companies, pushing up the cost of insurance. The cost of insurance is a crippling factor for those trying to create jobs or make businesses viable. This report is a damning indictment from a non-political organisation. There is a lack of response to the massive problem of escalating costs.

I understand the Joint Committee on Business, Enterprise and Innovation has been examining issues surrounding the cost of doing business in Ireland over the past year. I welcome this and I have read part of the report, much of which is very progressive and long overdue. The implementation of that report will be of huge importance for the sustainability of small and medium-sized enterprises. All commercial representative groups have cited insurance costs as a threat to the viability of businesses across Ireland. That is part of what the Joint Committee on Business, Enterprise and Innovation was told.

IBEC described how insurance costs are not merely high but enterprise-threatening in areas such as hospitality, distribution and retail. It went on to say that the solutions to the problems of insurance costs are remarkably simple, but politically challenging. I think that is a very adequate statement. It is politically challenging. For too long this House, irrespective of who has been in government, has failed in its responsibility to stand up to the big insurance companies and to protect the people who need to survive and to be viable and who continue to employ tens

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of thousands of people right across Ireland.

According to a recent survey from the Irish Hotel Federation, more than 80% of hoteliers have said that rising insurance costs are having a significant negative impact on their businesses. That is a huge indictment. That indictment is also a challenge for all of us to try to ensure that insurance costs are reasonable and that our businesses will continue to be able to afford insurance and afford to survive.

Minister of State at the Department of Finance (Deputy Michael D'Arcy): I thank the Deputy. This is a good opportunity to answer the question on insurance. There is one line from the report which is very relevant. It says that if we have high awards, we will not have low premiums, and we have very high awards in our insurance sector. All one has to do is look at any of the awards at the moment. Some of them are quite staggering.

Both I and the Government are very conscious of the difficulties that increased insurance costs generally, and in many instances the limited availability of cover, are having on small and medium-sized enterprises, as well as on businesses overall and on community activities. Consequently, following the publication of its report on the cost of motor insurance in January 2017, the cost of insurance working group undertook an examination of the employer liability and public liability insurance sectors in its second phase of work.

While a number of the recommendations in the motor report are relevant to the area of business insurance, in particular, the recommendations regarding the book of quantum, the Personal Injuries Assessment Board and the establishment of the personal injuries commission, it became clear in preparing that report that there was also a pressing need to examine the drivers of the rising cost of business insurance. The second phase work culminated in the publication on 25 January 2018 of the report on the cost of employer and public liability insurance, following its approval by Government. This new report makes 15 recommendations with 29 associated actions to be carried out, which are detailed in an action plan.

The recommendations, covering three main themes, include actions to increase transparency, such as providing improved data sharing and collection processes and reviewing the level of damages in personal injury cases, which I spoke about at the very start. One action to review damages is to request that the Law Reform Commission undertake a detailed analysis of the possibility of developing constitutionally sound legislation to delimit or cap the amounts of damages which a court may award in respect of some or all categories of personal injuries. As the Deputy knows, personal injury cases are civil cases and these Houses do not interfere in the level of costs awarded in such cases.

Another recommendation of the report is to improve the personal injuries litigation framework through a number of measures, including ensuring potential defendants are notified in sufficient time that an incident has occurred in respect of which a claim is going to be made against their policy. One of the big things we want to ensure is that the time periods contained in the General Data Protection Regulation and the data protection laws, which are kicking in on 25 May, align in respect of insurance. For example, if people have an obligation to erase video or any imagery taken in their premises within a period of 28 days, they must be given the opportunity to store it so that they can use it when defending a case taken against them.

The most important of these measures to improve the framework is tackling fraudulent or exaggerated claims and ensuring that suitable training and information supports are available to

the Judiciary to assist in the fair and consistent assessment and awarding of damages in personal injury cases.

All 29 actions are scheduled to be implemented before the end of 2019, with 26 of those actions to be completed by the end of this year. The fifth quarterly progress update is due to be published tomorrow and will focus on the implementation of both of the primary reports. I am pleased to inform the Deputy that, in respect of the eight actions from the report on employer and public liability insurance due for completion in the first quarter of 2018, all eight deadlines have been met. It is appreciated that these eight actions, in the main, can best be described as stepping stones to the implementation of broader policy initiatives such as improving the engagement process between insurers and policyholders with claims submitted against them, and ensuring that enhanced communication between An Garda Síochána and the insurance industry will lead to more effective investigation and prosecution of cases involving insurance fraud.

Deputy Martin Ferris: I thank the Minister of State for his reply. If the recommendations are implemented, and the Minister of State says they will be by the end of 2019, it will certainly go some way towards addressing this ongoing abuse. I refer in particular to fraudulent and exaggerated claims and to a sharing of data and so on in respect of what I would consider serial claimants who have persecuted premises, small businesses, people involved in car accidents and so on. One sees many of the same names coming up again and again.

It has really been brought to my attention recently, with regard to somebody I know well, that the insurance companies are reluctant to challenge a claimant. This is often because the companies fear it would cost more to challenge the claimant in court. As a result of this, the person who has the insurance gets a loading on their policy because the insurance company pays out. The companies have a responsibility and need to face up to it. The fraudulent claimant is one thing but the reluctance of insurance companies to adequately represent the people whom they insure, as they should, is another. The Minister has said we expect this by the end of 2019.

Deputy Michael D'Arcy: Yes, all actions.

Deputy Martin Ferris: It will certainly go some way towards helping to reduce insurance costs in order to protect small and medium-sized businesses, social clubs, play areas and even county councils around the country in respect of their public liability. We have seen time and time again that they are being persecuted with fraudulent claims and so forth, but this will go some way towards helping them and I hope it works out as the Minister of State said in his reply.

Deputy Michael D'Arcy: One of the things I found early in this process was that different companies have very different business models. There is a very great difference between FBD's model and Aviva's model. They all operate and they are all profitable but they all operate in different ways. One of the biggest issues in the conversations we will have in these Houses will be the capping of claims. As I have said, it is a civil matter. Are these Houses able to get involved? I do not know. We have asked the Attorney General for his view. He is strongly of the view that we should go down the route of the Law Reform Commission and ask it to put together a report to which stakeholders could contribute.

Subsequent to that, we will see what can happen. People have access to courts, as allowed for in our written Constitution.

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For me, there are pathways that have to be improved. With regard to data and imagery, I mentioned that people should have the opportunity to protect themselves. On too many occasions, I have heard people say they were told 18 months after the event that there was a claim coming and that they had no method of protecting themselves. That is wrong so we are going to rectify it.

I met the Minister for Justice and Equality, who just left the Chamber, and we are satisfied the analysis was that the legislation in place was sufficiently strong to deal with somebody making a fraudulent or exaggerated claim and did not need to be improved. However, where a judge in a case says some part of a claim has been exaggerated or is fraudulent, we have to improve the pathway between the parties in court and between the Garda and DPP. In the context in question, however, the sanction is sufficiently strong but the pathway was poor. We are, therefore, trying to do everything I have described. The process is to be concluded by the end of the third quarter of this year. We will be in a position to have many of the recommendations concluded. The focus on people who are fraudulent is one thing but the Deputy should note that, for every fraudulent claim, there are many more exaggerated claims. In Ireland, people do not view an insurance payout as the sum of money required to put one back in the position one was in before the event leading to the claim; they ask how much they can get out of it. We must try to defeat that.

Animal Identification Schemes

Deputy Charlie McConalogue: I thank the Ceann Comhairle for selecting this as a topical issue today. I also thank the Minister, Deputy Creed, for coming to the Dáil to respond.

The issue I wish to raise is the unilateral decision by the Minister, announced a couple of weeks ago, to introduce mandatory electronic tagging for all lambs under the age of 12 months, even when they are going directly to the factory from the farm. This move was taken by the Minister without consultation. It was landed on the farming organisations and representatives without any notice. One question is why there are farm organisations and farmer representatives if the Department and the Minister are not going to engage with them and treat them as the stakeholders they are in our agriculture sector. Although there was some consultation and although there were meetings between the farm organisations and the Minister in the summer of 2015, there has been no real engagement whatsoever since. There were points of dispute with regard to how electronic tagging could be introduced at that stage. The Minister has not made an effort to resolve these matters since then.

The Minister very opportunely took the decision to announce the unilateral decision on the same day that the Common Agricultural Policy budget and associated cuts were announced. I wonder whether the Minister considered it to be a good day to bury more bad news. Obviously, the very difficult news that we were going to have a challenge regarding the Common Agricultural Policy budget was going to dominate the headlines.

There seems to have been a lack of preparation and proper consideration by the Minister. There are a few points to which I would like him to respond clearly. The first is on the cost of introducing electronic tagging. When lambs are going straight from the farm to the factory, a tag that costs 18 cent currently suffices. With electronic tagging, that cost will increase to €1.05, amounting to a 90 cent increase. The IFA estimates this will result in an overall cost of €2 million, borne entirely by farmers. The Irish Natura & Hill Farmers Association and the

Irish Cattle and Sheep Farmers' Association, along with the IFA, have opposed adamantly the Minister's approach to this and have stated how they have been ignored in the process.

What engagement has the Minister had with the factories on seeking a contribution from them towards the cost? The new system will be of benefit to the factories and assist them in streamlining their processes. There should be a contribution from them to assist.

The Minister introduced a sheep welfare scheme last year and there was under-expenditure in this regard of €7 million. A sum of €25 million was budgeted and €18 million was allocated. Surely the Department could assist with the cost.

On the timing, the Minister is seeking to make electronic tagging mandatory from 1 October. I am interested in hearing the rationale for picking that date. If the Minister is seeking to ensure clear identification of this year's crop of lambs, showing their origin, he should note most of those lambs will already have left the farms by 1 October. Surely it would make more sense to introduce the initiative in the following year.

What plans does the Minister have to introduce a sheep database? Will he consider it? Does he believe there can be full traceability with electronic tagging without introducing a database alongside it?

Overall, I ask the Minister to think again. Unfortunately, he is not working with the stakeholders involved - those who will be involved in implementation. It is a disgrace that the Minister ignored farmers to this extent. The unilateral move shows he is out of touch with them. Unfortunately, that is consistent with how he approached the fodder crisis and other crises experienced by the farming community over the past couple of years. I ask the Minister to draw a line and start to engage. He should try to ensure this issue will be addressed hand in hand with farmer representatives.

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I thank Deputy Charlie McConalogue for raising the matter. I am surprised he did not refer to the fact that I engaged in extensive consultation with him and Deputy Martin Kenny when they called to the Department. They got a full briefing on electronic identification, EID.

Deputy Charlie McConalogue: I would not call one meeting extensive.

Deputy Michael Creed: One cannot argue that there was no consultation at political level. There was consultation at farm organisation level in 2015. There was consultation with farm organisations in the context of the sheep welfare scheme, which was worth in the region of €20 million to the sheep industry. Therefore, I do not accept there has not been consultation, both formal and informal, at political and farm organisation levels.

I announced the mandatory extension of EID for all sheep in a press release issued on 2 May 2018. The new rules will require all sheep sold from 1 October 2018 to be identified electronically. I announced also the introduction of a one-off support measure, up to a maximum of €50 per keeper, for the first purchase of EID tags.

Electronic tag readers and associated software are included as eligible investments in the TAMS to assist sheep farmers in flock management. There will be no change to the identification requirements of sheep aged over 12 months, all of which will be required to be identified with a full EID or bolus set. This measure was necessary as the current sheep identification

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system is overly complex, relying heavily on the reading and transcription of lengthy identification numbers at all levels of production. The current system relies almost totally on paper records, leading to avoidable errors at all stages of the movement cycle of the animal, including at slaughter.

Let me outline the benefits of EID to the sheep industry as a whole. Full EID in sheep will simplify the sheep tagging system and will significantly reduce the onerous administrative and record-keeping burdens currently imposed on sheep farmers as they move sheep to livestock marts, slaughter plants and export assembly centres. The new rules will provide a more robust sheep traceability system and will further support the development and sustainability of the sheep industry, as detailed in Food Wise 2025. EID will enhance our opportunities for market access to third countries, including the USA, as well as considering the potential of sheep meat access to Japan and other markets. The move to full EID and the inclusion of EID readers as an eligible investment in TAMS will make the recording of the movement of lambs off farm much more convenient and will greatly simplify the paperwork involved for sheep farmers.

Animal health is a significant concern for the Department in the context of the sheep traceability system. Trace-back is required from perspectives of food safety and animal health. Producers will have a significant reduction in both the administrative burden and the time and effort associated with the movement of sheep, and will have more accurate records, thus reducing the risk of a cross-compliance penalty related to sheep. Societal and market expectations regarding food traceability are increasing in line with electronic developments. In the interests of the highest standards of protecting the food chain and public health in general, reducing the administrative burden on farmers and underpinning the animal health status of the national flock, the extension of EID to all sheep is a necessity. While I accept that additional costs will accrue to farmers in extending EID to all sheep, they will benefit from a significant reduction in the labour requirements for dispatch documents that must accompany all sheep on movement. At present, keepers are required to complete the individual tag number of each sheep presented in a batch, a task that is very onerous and open to error and can result in the loss of traceability. Under the new system, marts and factories will operate as approved central points of recording and will provide the presenting farmer with a printed list of all tag numbers scanned in a particular batch, which in turn can be associated with the corresponding dispatch document. Accordingly, the farmer will only be required to record the total number of sheep presented. All other information such as the name, address, flock identifier, etc., is pre-printed on the dockets.

The Government is keen to ensure that we make further progress on sheepmeat access to third countries in 2018 and beyond. Ireland has market access for sheepmeat to 45 countries at present, compared to our beef access to 65 countries, and exports of dairy products to almost 180 countries. Opening new markets for sheepmeat access, including potentially valuable markets such as the United States of America, Japan and, in due course, China, is therefore a key concern. The enhancement of the current sheep identification system will allow the sheep sector to further develop and build on the impressive performance which, in 2017, saw this sector increase the value of its exports by 12% in volume and 12% in value to €310 million, supporting some 35,000 farm families directly in addition to supporting several thousand jobs indirectly in rural areas.

Deputy Charlie McConalogue: I asked the Minister a significant number of questions when I outlined the problems with how he has gone about doing this. I have not had any answers to those except for the stock response which was mostly outlined in the press release announcing this decision. I asked the Minister about the factory contribution and whether that is

something he sought assistance with in his engagement with the meat industry, or if he sought a contribution from it about the issue. The Minister has outlined how farmers should be glad that there will be a saving of labour with lambs leaving their farms. There will also be a significant saving of labour for the factory. I would have thought the Minister would have engaged with them to seek some contribution. I outlined that if lambs are going straight from the farm to the factory, if a farmer has 50 lambs, they will all go from his farm with his tags and it will cost him an additional €50 now. That is a significant cost for an enterprise and for farmers where the average sheep farm makes €15,000 a year. We should not be so flippant about the cost implications for them and placing the entire burden on them.

The Minister outlined that there was consultation. I remind him that any consultation he had with the farming organisations dates back to summer 2015. If there has been more consultation since then, the Minister might outline what it was. All the farming organisations, including the Irish Farmers' Association, the Irish Cattle and Sheep Farmers' Association, and the Irish Natura And Hill Farmers Association, INHFA, have been annoyed at how the Minister has gone about doing this. He might outline that to us. I remind the Minister that the consultation he had with political parties amounted to one meeting.

Deputy Michael Creed: The Deputy did not ask for any more. I gave a comprehensive briefing and he did not ask for any more.

Deputy Charlie McConalogue: There was one meeting which I attended.

Deputy Michael Creed: I appreciate that the Deputy did.

Deputy Charlie McConalogue: I will remind the Minister of what I said at that meeting. I said that there was some merit to be explored in electronic identification tagging and that it had to be done in a way that bore in mind that the cost should not be on farmers. I also said that the Minister needed to consult with the farming community. There has been no consultation since that meeting.

An Ceann Comhairle: The Deputy's time is up.

Deputy Charlie McConalogue: The Minister has acted unilaterally and in a way that ignores their important role as stakeholders despite the fact he expects them to implement this new regime. I ask the Minister to answer those-----

An Ceann Comhairle: The Deputy's time is up.

Deputy Charlie McConalogue: -----questions and if he will go back to the drawing board, engage with farming communities and come back to this in a way that means everybody works together to address this issue.

Deputy Michael Creed: I do not propose to go back to the drawing board or to change the proposal in any considerable detail. I will address the Deputy's issue of a factory contribution. We can take costs out, such as administration from the farmer, which is a cost and labour requirement. If one brings in a batch of lambs, one reads it one's self, one by one, transcribes it and then puts it into a dispatch document. That cost is all gone now. There is a cost gone at the factory because the lambs will walk up the chute and be read with an electronic wand. Taking out all those costs will deliver a better return to the primary producer. More importantly, we should reflect on the cost of not doing it because our traceability system for sheepmeat is not

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fit for purpose. EID is the best available technology. I have never hidden from the fact that a cost is associated with it but we need to reflect on the costs and opportunities forgone by not having it. I can clearly state that, in the context of market access, for the US, Japan and other markets, not having this form of traceability is a critical issue. If there was an incident where we failed to recall, not only would it be an issue for our sheepmeat sector, but it would reflect poorly on our entire meat export industry. We have an effective traceability system for bovines but we do not have it for sheep. We should reflect on that calmly. Having met with them, I do not think any farm organisation is opposed to the principle of EID. I accept the point that it is about the detail of it. In any scheme such as this, we need to make a decision about introducing it and that decision has now been made for 1 October. There are many issues to be worked through relating to the existing stock of tags, etc. I hope we can resolve that. This is the right thing to do. I do not know quite whether Deputy McConalogue is in favour of EID or not but, in the interests of the sheep industry, this is the right thing to do. There is a cost but there are also costs associated with not doing it.

Emergency Departments Services

Deputy Niamh Smyth: I raise the need for investment and expansion in the emergency department of Cavan General Hospital and the minor injury unit in Monaghan General Hospital. Cavan's emergency department is attended by approximately 32,000 patients each year. It is a busy and highly utilised service that is under huge pressure with its current layout and facilities. It has ten examination cubicles, which is clearly inadequate to deal with 32,000 patients. Admitted patients who do not get a bed on a ward are kept in the examination cubicles, further reducing the availability of examination beds and causing further delays in the assessment of new patients in the emergency department.

The resuscitation room is inadequate. There is one trolley space and no room to accommodate another trolley. It is not lead-lined and the radiology department is reluctant to do portable X-rays in that room for that reason. It is difficult for staff to manoeuvre around the room during cardiac resuscitations or when dealing with trauma patients. There is only one small triage room in a hospital and emergency department that has a throughput of 32,000 patients. It needs at least four triage cubicles. We need a minor operation theatre in the emergency department and we have no designated paediatric area in the emergency department which means, as the Minister of State knows, that children are currently assessed and treated alongside adults.

We have inadequate facilities for women who are pregnant or gynaecological patients. We have no appropriate isolation facilities in the emergency department. Our reception area is small and cramped and there is no privacy for patients. We have only three public toilets in the emergency department, which is insufficient for 32,000 patients annually. This is against a backdrop of staff working night and day, above and beyond the call of duty to take care of their patients. The Taoiseach said he wishes more people would use the minor injury units, such as in Monaghan, to help to cut back on waiting times in emergency departments, such as in Cavan General Hospital, but in 2011, the HSE cut the opening hours of Monaghan's minor injuries unit back from a good service from 9 a.m. to 9 p.m. seven days a week to a 9 a.m. to 5 p.m. service from Monday to Friday. It is a ridiculous move when our local emergency department in Cavan General Hospital is overcrowded and working with inadequate facilities.

All of this is against a backdrop of appalling ambulance response times, particularly in

Monaghan, where people are losing their lives. In recent times, a young father of two suffered a cardiac arrest in Ballybay, County Monaghan. He waited almost an hour and a half until the ambulance arrived. The doctor on call arrived after the ambulance. Tragically, that man lost his life before the ambulance made its journey to the nearest hospital. His family truly believes that he could still be here today if the ambulance response had been prompt on the night in question.

The RCSI hospital group has submitted an application for funding to the Department. Will the Minister approve that request? Will he extend the opening hours at the Monaghan minor injury unit and broaden the facilities that are available? Will the Minister and Minister of State meet with the family who lost their son that night because it took the ambulance so long to arrive at the scene of a dying man?

Minister of State at the Department of Health (Deputy Catherine Byrne): Unfortunately, the Minister cannot be here so he has asked me to convey his apologies. I will read the reply and then come back to the Deputy regarding some of the issues she raised. On behalf of the Minister, I thank the Deputy for the opportunity to update the House on this matter.

We are all aware that this winter was particularly difficult for our health service. The most recent verified figures show emergency department, ED, demand continuing to rise through March 2018. Nationally, ED attendances have grown by 3.7% by the end of the first quarter, with subsequent ED admissions up 3.3% when compared to the same period in 2017. Of course, any increased demand was further exacerbated by the severe weather associated with Storm Emma in early March. ED attendances at Cavan General Hospital have increased marginally by 0.2% and there has been a 3% decrease in attendances by patients 75 years or older as compared to this time last year.

While there has been an increase nationally in patients on trolleys, I assure the Deputy that the Minister is committed to breaking the cycle of overcrowding in our health service. As part of budget 2018, €40 million was provided to respond to winter pressures, of which 60% - €25 million - was allocated this year for social care measures. This includes €3.5 million for 480 additional transitional care beds and €18 million for 1,080 additional home support packages during winter. The Minister is fully aware of the need for additional capacity during periods of peak demand. The Deputy may wish to note that over 200 additional beds have been opened this winter.

As the Deputy may be aware, the hospitals in Cavan and Monaghan operate as one hospital serving the local population, with the ED located in Cavan and the facilities in Monaghan focusing on elective care and the streaming of appropriate patients to the minor injury clinic. In recent years, Cavan General Hospital has seen a number of investments in its services, in particular a new waiting area and additional treatment space in the emergency department in 2009, an acute medical assessment unit, AMAU, and a new cystic fibrosis outpatient suite. The AMAU officially opened in 2014 and consists of a ten-trolley treatment area, including two single rooms. It provides urgent assessment and care for patients with medical conditions and facilitates more capacity for patients presenting direct to the AMAU and medical patients who previously were being assessed in the ED.

Deputy Niamh Smyth: I appreciate that this is a scripted answer but I must point out that there is very little relating to the issues I raised today. The one small token concerns what I am talking about, which is the ED and in respect of which we are given figures for 2009, which is nearly ten years ago. I know the Minister for Health visited the hospital recently to open the

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fantastic new cystic fibrosis outpatient unit. However, somebody standing in the ED in Cavan General Hospital would see that all of the issues I have outlined to the Minister of State are accurate and in no way exaggerated. People walk in the door and are straight into reception. They must give their personal details right across the counter and the entire room is obliged to listen to them. We are talking about personal details about their family, age and date of birth, all of the information that someone would never discuss with a total stranger, least of all in an ED.

Apart from all that, we are talking about 32,000 patients in terms of the footfall for the accident and emergency department in Cavan General Hospital. This department services a huge region, not just County Cavan. As the Minister of State clearly outlined, Monaghan Hospital lost its ED. Since then, the minor injury unit, which is a fantastic facility, has had its hours reduced. Therefore, Cavan General Hospital, particularly in the context of the ED, is crying out for investment and expansion. These are not my words. They are the words of the staff and patients who attend the ED. It is my understanding that the RCSI group has submitted an application. It was hoping for capital funding investment from the Government. I also understand that there is no mention of Cavan General Hospital in the national development plan, which does not bode well for people living in the Border region who depend on the ED in Cavan General Hospital to service a huge area. I accept that it works hand in hand with the minor injury unit but the latter also has very limited opening hours. In general, who has a fall or breaks his or her arm between the hours of 9 a.m. and 5 p.m.? Those kind of things generally happen after hours or at weekends. I ask the Minister of State to respond to the specific questions I asked. Will the Department grant the application that has been made by the RCSI hospital group? Will it extend the opening hours in the minor injury unit in Monaghan General Hospital? Will the Minister and Minister of State meet with the Dempsey family, which had such a horrific experience based on the ambulance response times in Monaghan?

Deputy Catherine Byrne: Unfortunately, I cannot answer some of the specific questions because I am not familiar with Cavan General Hospital. I take the Deputy's concerns on board, particularly those relating to the minor injury unit and the fact that the opening hours have been cut. I see that as a very real issue so I will relay that. I do not have any information about the application. All I can tell the Deputy is that further investment in Cavan General Hospital will be considered within the overall acute hospital infrastructure programme. I do not have a time-frame. In saying that, I will ask the Minister whether he would consider meeting the Dempsey family. I have taken some notes on the other issues raised by the Deputy and will refine them when I go back up to my office.

Deputy Niamh Smyth: Would it be possible to get responses from the Minister for Health on the three specific questions? I appreciate that the Minister of State is not-----

Deputy Catherine Byrne: I assure the Deputy that any time I take a Topical Issue, the first thing I do afterwards is go back to the Minister's office. The second thing I do is send on emails outlining all the questions that were asked. I cannot be responsible for whether people reply but I complete matters on my end in order to ensure that people's concerns are raised. I expect the Minister to respond to the individuals. If that does not happen, I would appreciate it if the Deputy would come back to me because I will continue to pursue the matter on her behalf.

Report on Mental Health Care: Motion

Deputy James Browne: I move:

That Dáil Éireann shall consider the Report of the Joint Committee on the Future of Mental Health Care entitled 'Interim Report of the Joint Committee on the Future of Mental Health Care', copies of which were laid before Dáil Éireann on 12 December 2017.

I thank the Minister of State with responsibility for mental health and older people, Deputy Jim Daly, for attending to debate the committee's interim report on the future of mental health care. I also thank the members of the Joint Committee on the Future of Mental Health Care who contributed to the production of the report. The report was unanimously agreed by the committee at the committee's meeting on 6 December 2017 and I am delighted that it is now the subject of a debate in the House.

The Joint Committee on the Future of Mental Health Care was established in July 2017 with the aim of achieving cross-party agreement on the implementation of a single, long-term vision for mental health care and the direction of mental health policy in Ireland. This interim report outlined the committee's proposed goals, work schedule and approach to its work. The committee held a number of initial briefing sessions to inform its work. On the basis of those sessions, the committee formed the view very early on in its deliberations that it is necessary for a permanent Oireachtas mental health committee to be established in order to have ongoing accountability, particularly in the context of funding. The establishment of a permanent committee was the main recommendation in the committee's first interim report.

From the outset, the joint committee identified three main areas of focus, namely, primary care, recruitment and funding.

Since the publication of the first interim report, the committee has gone on to examine these areas in detail and has heard a number of presentations from relevant stakeholders. The committee also requested written submissions from a number of relevant organisations. These presentations both oral and written assisted the committee greatly in the publication and launch of the committee's second interim report on 26 April.

The committee's further examination of these issues has cemented the view that a permanent Oireachtas mental health committee is required. The committee calls on the Minister to ensure this happens once this committee has finally reported in October.

The second interim report contains a list of 35 recommendations which it believes need to be acted upon in order to ensure a positive future for mental health care in Ireland. As stated in the report, the order of the three thematic headings is not coincidental. The committee has realised in the course of its deliberations that primary care, which is vital to the efficient delivery of services, is hampered by problems with recruitment, which is tangled in a complex dynamic with funding.

The committee believes that in order to gain a clear picture of expenditure, possible deficiencies and areas for improvement, it is necessary to identify how the funding is being spent within mental health services. However, the committee was dismayed to learn at its first meeting with representatives of the HSE that it was not capable of subdividing mental health budgets in this way, therefore making it very difficult to ascertain what extra funding is required when we do not know how the existing budget is being spent.

Some of the stand-out figures the committee has discovered are as follows. The 2018 budget for mental health is €917.8 million, representing 6.4% of the total health budget and well below the 8.24% recommended in A Vision for Change and the 10% recommended in Sláintec-

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are. In 1984 mental health funding represented 14% of the total health budget while in 2004 it was 7.34%. Ireland's proportionate expenditure on mental health is very low by international comparison which is 13% in Britain and Canada, and 11% in New Zealand.

The incidence of mental health issues appears to have increased substantially along with the population but the budget clearly does not reflect this. Successive mental health policy documents have advocated a move away from psychiatric hospitalisation. However, while many inpatient beds were removed - a reduction from 12,484 in 1984 to 1,002 in 2016 - the alternative treatment arrangements have not been adequately developed.

Throughout the committee's deliberations, we repeatedly heard that recruitment and retention of staff are huge issues in the Irish health service, with the HSE using the excuse that health professionals can avail of better working conditions abroad. However, further investigation revealed a poor process of recruitment that would impede recruiting professionals because of the ineffectiveness and inefficiency of the recruitment procedure. If we are to retain the staff that are so desperately needed in the mental health service, the HSE needs to listen to the advice of experts, including staff working on the front line as to how to recruit at local level and how to improve working conditions that will encourage people to remain in their employment. Securing a sustainable flow of clinical recruits, who are incentivised to stay in Ireland's mental health services in the long term, is probably the single most important challenge to be met by Government and the HSE in order to provide a robust, world-class mental health care service in Ireland.

The most startling gaps in service provision are felt in the child and adolescent mental health services. Representatives of the Irish Medical Organisation told the committee that its GPs describe the situation in CAMHS as "heart sink" and the Irish Hospital Consultants Association directly connects excessive waiting times for assessment in the area with staff shortages. Staffing levels in CAMHS is only at 56% of that recommended in A Vision for Change, a foundational report for mental health service design from 2006.

The committee recommends a number of actions regarding recruitment and retention of mental health staff, including to promote the use of flexible work patterns to retain staff; to amend the Medical Practitioners Act 2007 to allow doctors from other jurisdictions to take up training posts in Ireland; and to review the recruitment process particularly regarding recruitment being carried out on a national level rather than local level.

The practice of admitting children to adult psychiatric units must cease immediately by increasing the number of CAMHS beds available nationally. A Vision for Change recognised the crucial role of the primary care sector in mental health care. This report highlights that the current GP contract for the medical card system is now almost 40 years old. There is no provision in the contract for GPs to provide ongoing care for long-term conditions, including mental health conditions, many of which require and benefit from ongoing care.

Most mental health problems are dealt with in primary care without referral on to specialist services. However, significant gaps in the delivery of mental health supports remain. There is a lack of referral options for GPs to counselling, psychotherapy and family therapy or community health teams, resulting in over-reliance on prescribing medication. The Irish College of General Practitioners pointed out that less than €10 million per annum is spent on services such as counselling in primary care and yet more than €400 million is spent on psychotropic medication. The continued use of emergency departments as access points for mental health

services is totally inappropriate. Only 60% of the 114 community mental health teams have a seven-day service. Providing primary care in a consistently available setting in which to access mental health care involves increasing staff levels.

Home-based crisis intervention teams should be rolled out nationally as well as increasing coverage to 24-7 mental health services in the community. These can only be increased by significantly increasing clinical staff in the community system.

The committee also recognised the special consideration that should be given to people from minority groups, who can be affected by unique issues. The committee feels it is extremely important for service providers to place a greater emphasis on mental health services for people from minority groups. The committee heard disturbing statistics which quantify the scale of the health and mental health problems which affect people from minority groups. Travellers experience a suicide rate that is six times higher than the national population. Traveller men are living 15 years less than settled men and Traveller women 11 years less than settled women. LGBTI young people have three times the level of self-harm, three times the level of attempted suicide and are four times more likely to experience severe or extremely severe stress, anxiety and depression. Some 56% of LGBTI young people between 14 and 18 have self-harmed and 70% have suicidal thoughts. Challenges are also faced by migrants in Ireland regarding mental health issues and accessing services to deal with them.

The committee found these statistics to be quite startling and has made the following recommendations. Supports and funding for Traveller-specific services should be provided. A specialist health unit should be established for transgender people which would remove the unnecessary reliance on services such as CAMHS for gender dysphoria diagnosis. Mental health supports should be integrated into the health programme for victims of human trafficking in Ireland.

Overall, the committee's work has shone a light on the glaring inadequacies of the Irish mental health service, and the urgent need for action to be taken, particularly in the areas of primary care, recruitment and funding. I again ask the Minister to give consideration to the committee's recommendation that a permanent Oireachtas committee on mental health be established.

In his appearance before the committee on 28 February, the Minister for Health said:

I see this committee as having an opportunity to scrutinise in a public forum the working of our mental health services. That is extraordinarily important.

There is much work to be done in this area and the committee is just getting started. The mental health services have some of the most dedicated staff in Ireland who are doing such important work. As any one of us might need these services at some time, we owe it to them and to everyone in the country to keep this important spotlight shining on mental healthcare in Ireland not just during the time of this committee, but in the establishment of a permanent committee.

Minister of State at the Department of Health (Deputy Jim Daly): I begin by thanking Deputy Browne for introducing this motion. I welcome today's debate as an opportunity to restate the Government's commitment to our mental health policy and to the continued development and improvement of our mental health services. I am pleased to have this opportunity to speak on the action that has been initiated, and continues to be advanced, on this issue.

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In recent years, there have been welcome changes in the area of mental health. We have witnessed a significant shift in our society's willingness to discuss and address mental health issues. It is now recognised that there is no health without mental health. This has been reflected in the Government's approach.

Mental health has been shown to be a priority care programme for the Government. Since 2012, approximately €200 million, or 28%, has been added to the HSE mental health budget which now totals over €910 million. This extra funding has permitted us to approve about 1,800 new mental health posts over this period. This is a significant investment by any standard and the Programme for a Partnership Government gives a clear commitment to increase our mental health budget annually, as resources allow, in order to expand existing services. Budget 2018 made allowance for an additional €57.5 million for mental health services for 2018. This funding will help us to build on the work commenced in 2017 on the enhancement of community teams for children, adults, later life and mental health intellectual disability services.

A Vision for Change, published in 2006, set out a ten-year policy framework for Ireland's mental health services. It recommended that interventions should be aimed at maximising recovery from mental illness, building on service user and social network resources to achieve meaningful integration and participation in community life. It was welcomed as a progressive, evidence-based policy document that guided the development of our mental health services towards a new model of service delivery, one which would be service user-centred, flexible and community-based.

A Vision for Change highlighted many areas which were in need of increased attention in the shift from a service with an institutional focus to a community-based service. Implementation of A Vision for Change was undoubtedly affected by a number of factors after 2006, including the changed economic context, public spending constraints and the moratorium on recruitment. However, recent years have seen investment in this area prioritised and significant advances made in the reconfiguration and delivery of services.

In line with A Vision for Change, our focus continues to be on building the capacity of community mental health teams across all areas to facilitate the move from the traditional institution-based model of care to a more patient-centred, flexible and community-based service, where the need for hospital admission is greatly reduced while still providing inpatient care, as appropriate. Progression in other priority areas is also ongoing, such as the continued move towards the delivery of a full 24-7 service, work in the psychiatry of later life, perinatal mental health, ADHD in adults and children and dual diagnosis of those with mental illness and substance misuse.

While much of A Vision for Change remains relevant, its term came to an end in 2016. The Government recognised the need to update the policy in order that we can be assured we are adequately meeting the current mental health needs of Ireland. The establishment of the oversight group was agreed prior to the establishment of the Joint Committee on the Future of Mental Health Care. The commitment to review A Vision for Change policy was referenced in a Private Members' Bill speech on 15 November 2016. In addition, I understand that the review of the A Vision for Change policy is noted in the joint committee's own terms of reference.

With this in mind, the Department published a request for tender in August 2016 for a review and analysis of international evidence and best practice in the development of mental health services, including a review of current delivery of services in Ireland. In September

2016 this external evidence and expert review was commissioned from WRC Consultants as the first step in determining the parameters of a revision of A Vision for Change. This review was completed on 17 February 2017 and provides evidence to inform the policy direction for a revision of A Vision for Change, both in terms of international best practice and the experience of implementing A Vision for Change. An independent chairperson, Hugh Kane, was appointed in July 2017, with oversight group membership finalised in October 2017.

This oversight group is responsible for producing a high-level policy framework which sets out future service priorities. The group is overseeing the development of a refreshed policy for mental health based on the recommendations arising out of the expert review and other documents. The policy review process will also involve consultation with key stakeholders, which is due to take place in the coming weeks. The oversight group is scheduled to have completed its work by December 2018.

Concurrent to the progress of a review of A Vision for Change, on 13 July 2017 the Dáil agreed to establish a new Joint Committee on Future of Mental Health Care. While all-party agreement exists on A Vision for Change, the committee was established with the aim of achieving cross-party agreement on the implementation of a single, long-term vision for mental healthcare and direction of mental health policy in Ireland. Upon establishment, through the terms of reference the committee formally recognised that the Department of Health was simultaneously conducting a review of A Vision for Change. The terms of reference also commit the committee to examining the implementation of A Vision for Change, the current integration of delivery of mental health services in Ireland, the availability and accessibility of services and supports and alignment of services and supports, the challenges in the recruitment and retention of skilled personnel and the efficacy of establishing a permanent mental health Oireachtas committee.

To this end, I would like to recognise the substantial amount of work that has been completed thus far by the committee. The first interim report recognises the need for a collaborative working relationship between the Oireachtas committee and the oversight group and I am aware that a copy of the work plan issued to the committee in March of this year. While not the subject of this discussion, I understand there has been recent criticism about the relationship between the oversight group and the committee. It should be noted that both I and the Minister, Deputy Harris, have appeared before the committee, along with the chair of the oversight group, Mr. Kane. The joint committee has expressed concern that the HSE was not in a position to provide detailed financial analysis on how mental health funding was being spent and I welcome the committee's recommendation that proper systems be put in place without delay in order that detailed information can be made available.

Both the Department of Health and the oversight group are committed to obtaining the best possible future for Ireland's mental healthcare. I know the committee shares this sentiment and vision. It is through working together and supporting each other's work that this outcome will be achieved. Going forward, I hope this is where the focus shall be.

I would ask that today we maintain sight of our common goal of ensuring that the mental health needs of the nation are served in the best manner. The Government continues to be committed to the development of a high quality, person-centred mental health service. I welcome open and positive discussion on this important area and I look forward to the suggestions and constructive comments from the floor.

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Deputy Mick Wallace: The interim report is ambitious in its scope but, I would say, cautious in its goals. The proposed staff and service provision increases are a no-brainer and, basically, no mental healthcare to speak of is provided by the HSE. There are three excuses for mental health provision in Ireland: locked up on drugs, drugged in the community and trapped on waiting lists. The report mentions these problems in passing but one gets the sense that the only thing that will change if the report is implemented is that the waiting lists for being seen might decrease.

The report acknowledges the lack of talking therapies available in Ireland and that there is an over-reliance on pharmaceutical interventions, but there is no mention of the problems surrounding these issues or the type of actions that will better this state of affairs. There is no mention of a lack of expertise and help provided by medical practitioners in weaning people off medication and dealing with after-effects. There is no mention of the negative effects or even the usefulness of antidepressants and other powerful drugs that are almost exclusively used alone for long periods with no auxiliary counselling services provided. There is no discussion of the types of talking therapy that need to be expanded, or discussion or evaluation of the types of therapy the HSE promotes at the moment. There is no mention of the fact GPs are allowed to prescribe drugs while the majority of them have zero training in helping people in distress. There is not a word of input from those who have survived the mental health services or who are going through them right now. There is an old saying that has been adopted by those who have survived mental health services, “nothing about us without us”, the idea being that no policy should be decided by any representative without the full and direct participation of members of the group or groups affected by that policy.

Last week I spoke here about the dominance of the medicalised model of mental healthcare in the HSE and how GPs and psychiatrists were prescribing powerful antidepressants like they were fertiliser, all without so much as a question about what may be going on in the lives of those in emotional or psychological distress. There is a huge misconception about how these drugs work and around the idea that they work at all. They are nothing more or less than very powerful painkillers. Much like the dominant philosophy one finds in the HSE, they sometimes work on people to remove them from their pain and remove them from difficult and uncomfortable experiences in the short term. When the situation is a crisis, this kind of intervention can have a numbing effect which may help. However, a growing body of evidence is demonstrating that, as a long-term solution, it is not a good approach. Much better outcomes are achieved by helping people through their pain, by being there for the patient and by helping them to build the tools they need to confront their pain and trauma. This approach should be pursued by the HSE but, instead, we have set up a situation where patients are diagnosed with illnesses based on checklists and their pain is outsourced to the pharmaceutical business, while their underlying problems are buried where they cannot possibly deal with them.

What makes the situation even worse is that there are terrible side effects from taking these drugs that can last years. Aside from the fact that the class of drugs called SSRIs are known to increase suicidal ideation, as the clinical trials of the drug show again and again, sexual dysfunction is also a major problem with these drugs, with many people reporting, even after coming off the drugs, that they feel they will never enjoy sex again, which leads to further distress. There is a lot of misinformation, which leads to people continuing to take these drugs and downplaying the side effects.

The best at promoting these products are those in the psychiatric profession. Only two months ago the president of the Royal College of Psychiatrists and the chair of its psychophar-

macology committee claimed in England's *The Times* newspaper that, for the vast majority of patients, "any unpleasant symptoms experienced on discontinuing antidepressants have resolved within two weeks of stopping treatment". This is not true. A formal complaint disputing this claim has been signed by 30 people, including ten psychiatrists, and the president of the Royal College of Psychiatrists has not been able to come up with any scientific research to back up the claim. It is clear that there are disagreements within the psychiatric discipline about what forms of care have the best results for patients. It is frightening that powerful members of that group will put the lives of thousands of people at risk in order to protect the reputation of the pharmaceutical industry. Coming off antidepressants is extremely dangerous and should be done with the assistance of a professional. The idea of a two-week hangover is a dangerous one. Fortunately, there are other ways to address mental health issues but based on our office's experience with the CHO 5 top brass, and their lack of respect for the people with whom they work, it is hard to be optimistic about progress and reform in this area.

Two years ago, I spoke in the House about Open Dialogue, a mental healthcare approach that has been used in Norway for 30 years with amazing results. It has been successful in curing so-called schizophrenia and other mental health-related diagnoses. The Open Dialogue approach is about person-centred care, where the medical professional is present with people's distress and open to it. Most important, it ensures the person having the crisis is empowered and has the final word about how their care proceeds. The mental health professional goes on a journey with them and is open to going where they are and letting them decide what happens next. The whole system needs to be organised to facilitate this, especially in terms of continuity of care. The same professionals who are involved in the meetings when the crisis first arises are involved through the whole process of care. What we have now is very different because people go from team to team. If relationships are fundamental to care, why have we created a system that is like a conveyor belt? In Open Dialogue, the same professionals must engage with the social network of the person in crisis because the crisis is not just happening to the patient and trained staff must work with them mindfully. It is a whole-system change that puts the patient at the centre of care and empowers them and their social network to move forward together.

In the UK, the NHS is conducting a randomised control trial of Open Dialogue interventions in seven centres throughout the country. They are trying to see if they can replicate the success they have had in Norway and they have trained up to 400 people in Open Dialogue practice in their training centre in London to take part in the trial. We should pay heed to the results as they could be very interesting. To really change the system one needs a system-wide approach and not just a set of interventions and techniques. It is obvious that the system is going in one direction, that is, the medicalised one with the dominance of the notion of brain disorders, diagnosis and medication. This report may be calling for a few different techniques but, unless we change the direction of the stream, very little will change.

I would not lay this at the Minister of State's door. We have a lot of problems in this area. I think he is very interested in the whole subject but he has an incredible challenge on his hands to persuade the HSE to take a different approach. This goes for every section of the HSE. The organisation is a monster that is very difficult for any Minister to get to grips with in a short period of time. I wish him the best of luck with it.

Deputy John McGuinness: I pay tribute to Deputy James Browne on the interest he has shown in this area since his election to this House. I am also aware of the Minister of State's support for change in this area. I served with the father of Deputy Neville who is sitting beside

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him. Dan Neville also had great interest in this matter at a time when it was not being talked about and he brought great attention to it in the course of debates in this House. He focused on the need for change and I compliment him on doing that.

This report is very timely. Members have put a huge amount of work into it and it needs to be considered fully by the HSE. The implementation of a lot of the things in the report may cost money but it will save lives and will give better quality of life to the family and social network of the individual concerned.

Mention has been made of A Vision for Change from 2006. Unfortunately, that policy change was not followed through with the appropriate sums of money that were required. All over the country there are huge gaps in the service that is delivered at community level. This is further damaging the health of those who are out in the community but have very little support. I meet them regularly in Kilkenny and Carlow and I am sure there are Deputies in this House who also engage with the services in terms of how clients and patients are supported. The time has come for a significant move to be made in the context of funding. We need to examine where A Vision for Change is at. Demand on services is great but the service is simply not there for some people. I have witnessed individuals in distress and deeply depressed and upset over something that has happened in their lives but who cannot access the service. Someone in such a high level of distress needs immediate attention and care but they are told they cannot see a counsellor for six months.

I do not share Deputy Wallace's view on medication but neither am I in favour of the over-use of medication. A balance has to be struck. A lot of mental health issues are being faced by people because they do not have the service. In Kilkenny, the Teac Tom voluntary service is funded by people shaking buckets. It deals with referrals from the HSE as well as other referrals from GPs, or just people who turn up to request immediate support. They can deliver immediate access to a counsellor for an individual but the HSE cannot do it. The HSE tells us there is a wait of several months for such a service but the HSE refers people in distress to Teac Tom. When Teac Tom sought funding from the HSE, however, it was told there was no money in the budget, yet the HSE itself uses the service. Something has to be done to bring private operators, which are delivering a decent service, under the HSE or to allow them to work with the HSE. Their service is far more flexible than what the HSE can offer and maybe it is now time to fund them adequately so that they can pick up the slack when the HSE cannot deliver.

I have spoken to families of persons in distress who have been referred on to hospitals in Dublin but who stay there for the best part of three months. The only thing they get is medication. If it is difficult for them at some point during the day, they are given more
5 o'clock medication. Families have taken family members out of such hospitals for fear of the high use of medication where it is not appropriate. I have seen the same patients engage with the community services, as limited as they are, and with the likes of Teac Tom and, over time, they gradually get themselves back to better health.

However, they do not receive the support or access they need in a timely fashion. Many are being moved away from an institutionalised setting, which is fine and is a good idea, but I am concerned that the necessary services are not in place and that they are being substituted by private businesses. I do not know how long the HSE can afford that, but that model needs to be examined in the context of the individuals who are living in community settings, trying to establish a life for themselves but not having the supports they need. I refer, in particular, to young people who are on the autistic spectrum. In terms of being cared for in the community,

what plan has the HSE to assist those who are teenagers now but who will become young adults and then adults or those who might be left behind after their parents have died? I do not see the services being developed at the speed necessary to keep up with all those changes. It is a great concern that schools and so on that are funded are now working to capacity. There is no capacity in the system and there is a lack of professionalism within it. There is a lack of future planning for those on the autism spectrum, to whom I specifically refer. I find that quite shocking.

In the context of this interim report, one would imagine that a modern health service would be constantly planning for the next phase. For example, we should look back over the previous two or three years and then establish the plan for the following two or three years, bearing in mind the changes in modern medicine and treatments, including talk therapy and so on. I acknowledge the desire of the professionals in this area to do better and to go the extra mile for their patients, but it seems the HSE and the Department of Health, whichever it is, are incapable of establishing a programme with a review provision every three years. I find that difficult to understand, particularly in the area of mental health. I would say there is not a person in the House who has not been touched in some way, shape or form by the experiences of a person who has mental health issues.

The final point I make relates to our understanding of mental health. One does not know on seeing a person in this House or anywhere else in the workplace whether he or she may have a mental health issue. We have little tolerance of mental health and those with mental health issues in the context of our work in this House. We should have more understanding of the fact that within any workplace there are people with mental health issues who are trying to cope on a day-to-day basis. We need to be far more open in terms of how we deal with each other, be it here or anywhere else, because of the fact that it is deemed to be a weakness if one was to admit that one had a mental health issue. We have to get over that. As public representatives, we should be to the fore in ensuring that is the case. I commend the members of the committee on the work they have done.

Deputy Tom Neville: I thank Deputy McGuinness for his remarks. I agree with what he said about how we approach the subject of mental health and how we speak openly about it. Unfortunately, we have to contend with the fact there is still a stigma attached to it and it is quite prevalent. It is different among different generations or age groups. I am heartened by the response I get from younger age groups, particularly teenagers, when I speak to them about mental health, and I have spoken about that previously in the House. They are much more open about it. The next step is for people who are facing a challenge in terms of their mental health to be able to open up about it. As Deputy McGuinness said, that is what fosters an environment, culturally, where people will feel more comfortable in being able to do that. It is easy enough to talk about mental health, particularly in the third person, but it is still very difficult when it is personalised. That needs to be recognised.

I thank the Government for appointing me to serve on the joint committee. I commend Deputy Browne on the work he has done on this committee and echo his sentiments that the committee should be established as a permanent Oireachtas committee. We have shone a light on this issue in the six months or so that the committee has been *in situ*. We have turned over many pebbles and uncovered much of what has been going on, brought it into the open and put it in this interim report format.

Deputy Wallace mentioned a number of factors. I do not discount what he said but a more balanced approach is needed, depending on the person's clinical requirements and the type of

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therapy or mixture of therapies he or she may require. The interim report recommends that a permanent committee be established, which could approach all these issues as it would develop.

Issues highlighted by the committee in its work included management systems, including management information systems particularly around information technology and the way budgets and sub-specialty budgets are reported to those in government who are the budget-holders and give the money over every month. We could not be told about particular sub-specialties. I would refer to a response I got to a parliamentary question on 24 January last, which states:

The HSE's financial reporting systems do not provide for sub-specialty reporting and on that basis we cannot isolate specific spending on children's mental health services. The mental health division is working on a resource allocation/costing model that will allow more detailed reporting on service type when the project is completed.

That is a vague answer from HSE management on that issue. There are no timelines or any indication of when it will happen or where it is in the process. We, as committee members, are trying to get the answer to those questions.

Many of these systems were built *ad hoc* in recent years and are used as financial reporting systems. They will fulfil audits as they come up but regarding front-end budgetary terms, it is very difficult to see where this money is being spent, particularly where there are needs. We, as decision-makers, need to be able to get that type of reporting structure in place. That was very much highlighted by the committee. It was something of which I was not aware beforehand or in such detail.

Another point concerns recruitment. At our last meeting I proposed we would see an end-to-end recruitment process, in a diagrammatic form, in mental health services and how the stakeholders from all sides come into that. There are anomalies and delays in that process that are not helping with the recruitment of staff. I am not discounting that these are challenging times in terms of recruiting staff. We are in competition with other jurisdictions in terms of our very well educated and strong staff here in Ireland. However, to be able to compete we need to streamline our processes, particularly the recruitment process. We need to see that end-to-end process to determine how we can work more efficiently in that respect.

I have been told that the recruitment process can take more than 12 months. Posts are not advertised or flagged in terms of people who are coming towards retirement age and the end of their career. Those are the tangible solutions that can be put in place straight away as opposed to the longer-term solutions in terms of IT in which a vanilla-type or homogenous-type system would be in place which all the services could look up and which would be electronically integrated. Some of the staff still use paper trails. In terms of systems, it is like driving on a 1980s road when a highway or motorway is needed. Again, that can be achieved as that system is implemented, but we need a long-term plan. Such a plan could be integrated into the Sláintecare report on the future of healthcare and there can be synergy and integration in that respect.

At the outset, it was difficult for us as committee members to see how we would approach this task. There are 21 members from across all parties and the tack we took was to get behind the nuts and bolts of the implementation of A Vision for Change. That is the reason we are seeing the anomalies in recruitment and issues concerning IT systems arise again as well as the other issues outlined in the report. The Government has made some moves on the issue of mental health. Spending has increased: the mental health budget will increase by €55 mil-

lion next year. Schools are being resourced with a 300 hour emotional well-being module. I welcome the fact the Minister is working on a single dedicated phoneline and a digital and text service he hopes to roll out. The introduction of regulation for counsellors and psychotherapists will begin soon, which is to be welcomed. Jigsaw has opened in Limerick and Cork, which is a free service for people between the ages of 12 and 25. We are seeing a marginal reduction in suicide figures as well, which I welcome. Obviously the figures are still too high and I have the greatest of respect and sympathy for those who are affected by the issue. I am mindful of that while speaking. We want to move towards a 24-7 service based on that line. Some 112 assistant psychologists and 20 psychologists have been recruited at primary care level. We need to target that area. There is a problem at acute level in terms of waiting lists. The referral pathway has to be tackled, and the Minister has looked at tackling the manner of referral for people who have been left on waiting lists for a very long time. We have to improve at primary care level. We also have to improve mental health awareness and well-being. This issue is similar to the old scenario of the vitamin pill versus the painkiller. It is very difficult for people to engage with vitamin pills to stop the pain in the first place, whereas people will take a painkiller because it works straight away.

We need to start focusing on mental health awareness as a society. It should be promoted through the arts, through sport and community initiatives. We can do small things and make subtle changes which will have a huge, lasting effect for people. In my county there was a drive against suicide a couple of weeks back. The initiative is in its second year. It really connected with young men in their 20s, rural people whose pride and joy is their car. They connected with that drive against suicide, which was phenomenal. It created a sense of community and brought people together. It allowed people to address the issue and to meet people from different backgrounds and communities. These people then formed their own sub-communities. There are subliminal, knock-on effects that result from initiatives such as this. People are able to open up and move forward. These are the challenges we face as a result of the change in Irish society that has occurred over the past ten to 20 years.

I look forward to working with all the Deputies on this committee. We are scratching at the surface at the moment: we need to get into the issue in more depth. I look forward to the next report. The committee will address more issues as we go along, but this report contains the main issues that the committee began with. The committee itself has started to find its feet. It had a shaky start because we did not really know how to approach the issues. I very much hope that this will become a permanent committee to send a message that this area has been neglected down through the years, that it has not been spoken about enough, but that we will give it that profile, shine the light on it and hold people to account in front of an Oireachtas committee.

I am very mindful of the front-line staff who work in this area and thank them for their work. They work in very challenging environments at times, which I have learned from my time in the committee. While I have criticised management information systems and management organisation systems, I do not want to deflect from the fact that those working in the front-line service who actually deliver the service and work on a day-to-day basis, interacting with the patients, are doing a great job, and I want to pay tribute to them.

Deputy Willie Penrose: I extend the apologies of my colleague, Deputy Kelly, who cannot be here to speak on this motion. I compliment Deputy James Browne and the committee for producing this comprehensive and focused report. It is an invaluable contribution to this important area. As Deputy Browne said, it is a very important and vital first step towards addressing an area that has long been neglected and overlooked. It was often looked at as a Cinderella area

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in terms of budgeting. I recall my colleague, the former Minister of State, Ms Kathleen Lynch, having to fight extremely hard to maintain the €35 million that was earmarked for the area some years ago. She fought to the bitter end and held on to that funding.

On behalf of the Labour Party I genuinely welcome the publication of the interim report of the Joint Committee on Future of Mental Health Care. We are at a critical juncture as we seek to ensure the full implementation of A Vision for Change. The aim of the Joint Committee on Future of Mental Health Care is to engage with all relevant stakeholders and to achieve cross-party agreement on the implementation of a single long-term vision for mental healthcare and the direction of mental health policy in Ireland. We recognise that the Department of Health is simultaneously conducting a review of A Vision for Change, which in my view requires significant repair and refurbishment, with renewed focus and new objectives.

To put the matters in context, we are struggling with a situation whereby children are waiting 15 months to see a psychologist and 2,500 young people are awaiting access to public mental health services more generally. We have a crisis in the provision of child and adolescent mental health services, where patients are placed on lengthy waiting lists because of the serious lack of immediate counselling available. This is an important issue. Recently I discussed mental health with teachers, who informed me that due to an increase in mental health issues emerging in our schools at both primary and secondary level, for example social media addiction, suicidal ideation and the rise of suicide in young people, there is a need for professionally trained school counsellors or psychotherapists. The Government in the UK and Northern Ireland is investing serious sums to make sure that a counsellor is placed in every school. Counsellors are extremely important. They deal with young people who are having suicidal thoughts or who talk about contemplating dying by suicide. It is very likely that we would have a significant decrease in serious mental health issues among young people if we had those services available. It would be a positive, preventative measure to invest in accessible mental health services in schools rather than having to invest in intervention at a later time.

The recent survey carried out by Jigsaw and Headstrong, the My World survey, illustrates that young people need one good adult who they can go to for support or consult at various times. While in schools our teachers have provided that one good adult down through the years, all too often our teachers are stretched and do not have the time or resources to support our pupils in the way they would like to and in the necessary way. It is time to listen to the principals and teachers in our schools. They say that there is a huge need for school counsellors or psychotherapists in each and every school in the country. We should be positive and proactive in that regard.

We spend approximately €910 million annually on mental health services. That only equates to 6% of the total health budget, and in my view it is totally insufficient. It is approximately half of what is required. In other countries 12% to 14% is the norm. We are starting from a very low base. A more radical approach is undoubtedly required. Indeed, the committee has remarked that the most startling service area in which the gaps in provision are felt is in child and adolescent mental health service, CAMHS. The committee views the mental health of children as being particularly important, therefore it is clearly incumbent on the State to ensure a responsive and meaningful service to children, to be provided as soon as they experience any mental health difficulty. Unfortunately, currently this is far from being realised. This is a reflection of particularly low clinical staffing figures in CAMHS. It is disturbing to note the number of young people with mental health issues who have been referred to adult facilities. I have experience of that situation: it is something that has to be addressed in the 21st century.

The Irish Medical Organisation, IMO, told the committee that its GPs described the situation in CAMHS as heart-sinking. There is a direct link between over-long waiting times in the area with staff shortages, the relatively low level of child and adolescent psychiatrists and the general shortage of front-line resources as a result of an unacceptably high number of children on the CAMHS waiting list. The waiting times are too long. It is clear that solving the recruitment and retention crisis with healthcare professionals is going to be absolutely vital and pivotal to building a fair, equitable and available mental health service for all.

We have arrived at an ironic scenario whereby we have a significant number of medical schools, among the highest per head of population of any other country in the western world, and are near the top of the scale in terms of the number of doctors we export and import. It is a truly remarkable and baffling situation. We have to examine seriously why our graduates are choosing to go overseas. We are all aware of why that is the case and we have to try and address that. We are beginning to examine it now. A re-examination of career progression and training opportunities for healthcare graduates is going to be a cornerstone in re-imagining the mental healthcare system that we want to see in Ireland. I certainly hope that Deputy Browne and his colleagues continue with the excellent work they have done in this area.

We need to move to a space where mental health is treated on a par with physical health. A motion in that regard was debated in the House last week. I think it was a British doctor, Martin McShane who, in 2014, succinctly described the issue of parity of esteem for mental health when he said:

To me parity of esteem means tackling mental health issues with the same energy and priority as we have tackled physical illness.

It is about changing the experience for people who require help with mental health problems.

It is about putting funding, commissioning and training on a par with physical health services.

And parity of esteem is about tackling and ending the stigma and prejudice within the NHS which stops people with serious mental health problems getting treated with the same vigour as if they had a physical illness such as, say, diabetes.

That stigma can be demonstrated like this [what Dr. McShane says next is interesting]: if you fall down and break your hip, an ambulance will be with you in eight minutes to give emergency care at the scene before taking you to A&E. If, however, you suffer an acute psychotic episode in the street, you are just as likely to be attended by a police car and taken to a cell.

We must end the stigma associated so often with mental health. We must raise awareness of the importance of mental health care and recognise the inadequacies of how we have regarded mental health in the past. This means raising awareness within the NHS itself. And we must create parity for mental health care in reality – rather than just issuing rhetoric and paying lip service to it.

I think that encapsulates where matters stand. If an NHS director is saying that in a jurisdiction where the authorities invest more, it is certainly a portent of how we have to raise our ambitions.

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I wish to comment on the reference the committee has made to early intervention. Early intervention in psychiatric care is absolutely critical to reducing the severity of conditions, especially in the areas of depression and bipolar disorder. However, the principle is effective right across the board. The committee's recommendation of providing a psychiatric nurse for initial assessment is a welcome first step. This would serve to reduce waiting lists by filtering the people being directly referred to CAMHS and adult services without prior screening. Collaboration on a temporary basis between public and private psychiatric teams would also assist in achieving the goal of early intervention as a more rounded approach is devised.

In order for the aims of the committee to be successfully accomplished, we need to ensure that the stakeholder input outlined by Deputy Browne is continuously focused on and not just paid lip service. Real and tangible recognition must be given. I was concerned to read in the report that the HSE was unable to provide a breakdown of mental health spending by service area at the committee meeting on 22 November 2017. This is just one example of a number of issues raised by the members of the committee. The HSE and the Department of Health need to act prudently in terms of supplying the necessary information to assist the work being carried out. If they cannot do that, how can they plan for the future and bring about improvements?

I am not a member of the committee. Like Deputy Neville, I genuinely hope that a standing committee of the House will be established to deal with this issue. That would be an important step. There is not a family in this country that has not been touched. I spent eight years suffering from panic attacks. Indeed, I was brought out of this House on a stretcher on three occasions and taken to St. James's Hospital. It was a fairly sobering experience. A particular event triggered it and, as a result, I spent eight years suffering, almost crashing a car on one occasion. This is a significant problem. It affects everyone. The people we speak to may well be suffering and they may be doing so in silence, which is the worst of all worlds.

I look forward to seeing the final report when it is published later in the year. Mental health reform is long overdue. I am optimistic that with the help of colleagues here, and with a degree of goodwill, foresight, co-operation and strategic thinking, we can achieve a world-class service that our people expect and deserve. In that context, I again congratulate all the people involved in preparing this report. I hope that it leads to a significant improvement for all the service users in this area.

Deputy John Lahart: At the outset, I want to acknowledge the final comments made by Deputy Penrose. It is that kind of courageous contribution which helps advance the progress of the entire debate on mental health. I also want to acknowledge the work done by my colleague, Deputy Browne, on the Mental Health Parity Bill 2017. It is ironic to think that, in 2018, we are looking at the topic of mental health parity. However, I think we have come a long way.

I also want to acknowledge the role of the Acting Chairman, Deputy Durkan, who was here at the start of the debate and who is always here for the mental health debates. He inaugurated the mental health symposium at the start of this Dáil term. I know there is keen interest in the latter. Like Deputy Neville, I acknowledge the role of all parents, families, guardians, organisations, public servants, volunteers and particularly the front-line services, who keep our people mentally healthy by and large from one end of life to the other. Throughout their lives, they are there at key moments.

It has been stated that it takes a village to raise a child. That is certainly true. I am coming at this debate from a particular angle - acknowledging the value of every other contribution -

but I will not incorporate my background because I have a limited amount of time to speak. It certainly takes a village to raise a child but, clearly, as we have seen from many of the scandals in this State over the last number of years, it takes a village to destroy a child. The HSE alone cannot solve this issue. Certainly it has to play a very key and very significant part in this.

I would like to quote, if I may, the poet John Milton. I quote him because of his insight when he said in one of his poems:

The mind is its own place, and in itself

Can make a Heaven of Hell, a Hell of Heaven.

Those words were written 350 years ago. I think they provide an insight that is sobering to listen to today. Mental health is not a new, 21st-century issue. There were wise people and sages around many centuries ago who recognised that people were not only physical beings but also had a mental aspect to their lives that was very significant. That insight is as valuable in 21st-century Ireland as it was 350 years ago.

Clearly, mental health's time has come. Contributions such as those of Deputy Penrose and other Members in recent years, as well as other notable people in society who have helped to ensure that mental health can be talked about in an open way, have been the first wave of recognising that mental health's time has come. Clearly, however, as with any topic, the rubber has to start hitting the road at some point. Public figures have had the courage to come out and let people in wider society know how mental health issues have impacted on their lives. At what point do those disclosures create a real momentum? Will we take action to ensure that in 40 or 50 years, celebrities or public figures do not have to repeat the same kind of personal disclosure?

One of the things that struck me about the debate is that with mental health issues we are always reacting. It always seems to be fire-brigade action. As a society, we are only beginning to discuss the notion of being proactive in respect of mental health. Deputy Neville mentioned sports and things like that, and I will come back to that. That feeds into the notion that it takes a village to raise children. Every aspect of a person's environment and their community is important. One of the aspects that I want to focus on in the limited time I have is the value of mental wealth, as opposed to mental health. I refer to the importance of developing resilience in our community. "Bouncebackability", as the psychologist Maureen Gaffney calls it, is the ability of people to bounce back from the slings and arrows of life. It allows them to discover they have the capacity to face any difficulty and that there are reserves of potential within human beings which need to be tapped into.

That knowledge, sense of resilience and the ability to bounce back are developed at a very early age. During my childhood, there was a great deal of running wild and free. Nowadays, play and play environments are controlled and it is difficult for children to take risks, be wild and discover they are resilient when they get cuts, scrapes and bruises and bounce back from them. I acknowledge, however, that I have often seen in my own professional and personal life just how fragile human beings are. I do not remotely take that for granted. To some degree, we are all on the cusp of physical illness and potentially on the cusp of mental illness. I have learned about the Irish predilection along the way and heard the phrase "lack of expression leads to depression". The inability to talk is a particularly Irish thing. People like Deputy Willie Penrose encourage people to express themselves. He said that a few minutes ago. If Deputy

Penrose can do it, so can I.

Learning to express how one is feeling comes back to what Deputy Neville said. Expression takes many forms. It is not just verbal but can be in sport, the arts and any creative aspect of life. It can be in play, music or drama. From the earliest point in life, children ought to be educated in forms of expression. The ability to express oneself is very much dependent on the environment in which one is raised. Many children in this country, however, are not raised in an environment where the whole village is involved. In many cases, the village may be engaged consciously or unconsciously in keeping them down and fencing them in.

PwC has done a great deal of work on business and mental health in Australia. It has discovered that taking care of mental health is good for business and every \$1 invested in mental health by a company gives a return of \$2.30. No similar research has been done in Ireland. That is why I refer to the notion that it takes a village. The HSE cannot solve this. The whole community must get involved. We are nowhere close to raising the awareness that every facet of Irish life must be involved. We always talk about schools and front-line services, which are really important, but everyone and every institution in Irish society has a role to play and a stake in the mental health of our people. Work has also been done in Australia on the prevalence of particular types of mental illness in particular occupations. Such work has not been carried out here. They found in Australia that particular types of mental illness are prevalent in specific occupations. They did not look at politics, but they looked at other jobs.

Our pharmacies dispense drugs electronically now, but we have no way to track on a county-by-county basis the prevalence of prescribing anti-depressants or to determine why it might be higher in one county or town than another. Surely, we have the ability to harness that. It may be a question of investing in the technology which can provide the data. Doing so could be hugely valuable. We might discover a wealth of knowledge about where depression is more prevalent and devise policies to address that.

I repeat the phrase I started off with, which was related to Deputy Neville's concluding remarks: it takes a village to raise a child. Equally, it takes a village to destroy a child. Lack of expression leads to depression. Every child in this country must be encouraged and provided with the resources to express himself or herself, whether that is verbally, through sport, art, drama or in any creative way. We must start to develop resilience at that age. That is the kind of thing which leads to a mentally healthy and mentally wealthy society.

Deputy Gino Kenny: I commend Deputy Browne on bringing this motion before the House. It is a very worthwhile debate to have. I commend Senator Joan Freeman on her chairmanship of the Committee on Future of Mental Healthcare and her staff. I have been on the committee since January and it has been an education to say the least. I knew there was a crisis but I did not realise its extent and profundity. It is important not to bad-mouth the health service in which there are some fantastic people at work, but the reality is that there is a crisis. Anyone on the committee will echo what I have to say in this regard. The crisis relates mainly to the retention and recruitment of staff, pay and conditions, waiting times for early intervention, in particular around CAMHS, understaffing and lack of resources. These are endemic problems in our health services.

Deputy Neville made a very important point. Someday, we will have an ideological debate on this issue. I agree that there is a great deal to be said about quality of life and alienation in society. As a socialist, I believe that many issues relating to mental health are attributable to the

system under which we live. It is a very competitive and individualistic system rather than a collective one. Collective joy sometimes brings the best out of people. We are social animals. Deputy Neville and I might have that ideological debate over a cup of tea sometime.

I turn to the serious issues around waiting times and pay and conditions. The reality is stark. In 1984, we were in a recession in Ireland but 14% of the health budget was spent on mental health services. In 2004, that went down to 7.3% while in 2015 it went down to 6%. I presume it has increased by 0.5% in 2018 but that is nowhere near the 8.6% stipulated in A Vision for Change or the European level of approximately 12%. There is a disparity of 6% there and people want to engage and seek those services. That is the crux of the problem. When there is a lack of access to mental health services and people must wait to see a psychologist or for speech and language therapy and more serious services, there are deaths. That is the reality. People have been let down by the system and the Government, which is unacceptable. There are people who should be alive today but the system failed them. If more staff and resources are put in place and people benefit from early intervention, common sense suggests that it gives them a chance. It will not save everyone, but it can surely save some.

I do not know if other Members saw the recent episode of the RTÉ documentary series “The Big Picture”. It was on CAMHS and the lack of intervention for young people and it was heartbreaking. It should be a flag for all of us here. I touched last week on the RTÉ news item on patients in prison who cannot access the Central Mental Hospital due to a bed shortage. The director of the hospital has said this is completely unacceptable in Ireland in 2018 and I agree.

Finally, there were some very good contributions by organisations such as the Psychiatric Nurses Association, PNA, the Irish Medical Organisation, IMO, Pavee Point, BeLonG To, the Migrant Rights Centre and many mental health service organisations. They have been educational and important. However, the main issue is that this document should not be left to gather dust somewhere. I am sure there are thousands of documents that look and feel great but never see the light of day. The recommendations have to be put into practice, and only the Government can do that. They are the people who can implement this. It probably will not be implemented in its entirety but surely some of the recommendations Members have mentioned must be implemented. Otherwise, we will be talking about this issue constantly, and people will die. People will be let down by the system and they will die.

Deputy Michael Harty: I thank Deputy Browne and Senator Freeman, who pushed for this committee to be established. Fianna Fáil and Fine Gael came together last year and formed the committee, which was a visionary act. I am Chairman of the health committee and there is no way that committee could devote the amount of time the Committee on Future of Mental Health Care can give to this subject. It is a wide-ranging subject and having a stand-alone committee for it is a good idea. The Government should consider continuing the committee beyond its one year remit.

To take up the theme of implementation mentioned by Deputy Gino Kenny, that is my fear about reports. A wonderful report can be produced but its implementation, the final leg of the cycle for implementing change, does not happen. We are beginning to see that with the Sláinte-care report. It has been languishing for almost a year and given the evidence we saw this morning, it could be substantially longer before the Government gives a response to it. We have also seen the difficulties with A Vision for Change. It is now ten or 12 years since A Vision for Change was produced yet many of its recommendations have still not been implemented. We must guard against having wonderful reports and then failing to follow through on them.

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With regard to mental health, we should speak about mental well-being, as Deputy Lahart said, rather than mental illness. We must build up resilience in our society, particularly in children. Talking about mental health issues and mental well-being in both primary and secondary school will be very important. It is much better to prevent the development of mental health issues before they become so difficult that people must seek help. We should be talking about prevention and self-help to prevent the development of mental problems.

Generally, primary care is the first port of call when mental health issues arise and the majority of cases can be dealt with in primary care. However, there must be access to other services, not necessarily psychiatric services but talk therapies, counselling, social workers and support workers, who should be part of a community mental health team. We have community mental health teams but, unfortunately, those teams are not fully populated. There might be no psychologist, counsellor or social worker and these are important members of a team to contribute to the care of a patient. Medication should be a last, rather than a first, resort. I agree that we tend to over-medicate patients. A contributory factor to that is that patients do not have access to talk therapies and the other supports that should be available to support them. While I would not go as far as Deputy Wallace in his comments, we certainly tend to rely on medication because the support services are not available. It is not that we are over-prescribing for the sake of it. The difficulty is that we cannot get access to the other social services that are required to help people's mental well-being.

There is a lack of 24-7 crisis intervention services. Many people end up in out-of-hours GP services, which soak up much of the pressure. However, some people also end up in accident and emergency departments and unless there is a dedicated psychiatric or mental health service in those departments, the patients get lost. It certainly is not the appropriate place for them. We must examine our 24-7 services and consider helping the general practitioners who are providing out-of-hours services to access support out of hours, and not have people ending up in inappropriate areas such as emergency departments.

The report states that only 56% of the child and adolescent mental health services are fully manned by the various disciplines that are required to deliver such services. That is a damning indictment of the system. Again, it goes back to the failure to implement A Vision for Change. At the other end of the spectrum are the old age psychiatry teams. Only 60% of those teams are fully manned. Again, that is an indictment. If people cannot access the proper professionals it leads to inappropriate treatment for patients.

There is also a lack of integration between primary care and secondary care. I have already referred to counselling. We are also facing a decline in the number of GPs. General practice is suffering greatly at present. There is great difficulty in recruiting and retaining GPs. In addition, the age profile of GPs means that many of them are due to retire over the next ten years. Once that layer of access to treatment diminishes patients will end up in secondary care, most likely inappropriately. Many of the community psychiatric teams are undermanned as well. In some of the community healthcare organisation areas, only 47% of the staff required to man the community psychiatric teams is available. In other areas it is 94%. There is a geographical lottery in that regard.

We must also examine the issue of dual diagnosis of mental health illness along with addiction to opiate drugs, benzodiazepines or alcohol. That is a huge problem. In urban areas, particularly Dublin, if somebody has an addiction problem the psychiatric services do not wish to know, while if one has a psychiatric problem the addiction services do not wish to know.

There is a lack of integration and interlinking between those services, which is a huge problem. Another problem is the division of the city. There can be different access to different services on the north side and the south side of the Liffey. People with a dual diagnosis and, indeed, a triple diagnosis where a physical illness is compounding the problem, are very difficult to treat. Emphasis must be placed on that.

I should also refer to alcohol. It is a huge depressant. People in Ireland have a very unhealthy relationship with alcohol. Alcohol precipitates and is part of many of the problems people encounter with their mental health.

Mental health is not just an issue for the Department of Health. It crosses Departments. While it is the responsibility of the Department of Health, the Departments of Housing, Planning and Local Government, Education and Skills and Employment Affairs and Social Protection have a role to play in dealing with people who have a mental health issue.

I will finish by referring to recruitment. There are huge recruitment issues not only in mental health services but across the health system. This comes down to a number of factors, among them the working conditions under which people are expected to work, quite often because the teams are understaffed and many members of the community teams are missing. The pressure on those teams increases, which makes working conditions very difficult. Quite often they are overwhelmed with the number of patients they are expected to look after, which puts immense pressure on them. This also affects their mental health because they are also subject to the pressures of everyday life. Once the amount of work they have to deliver exceeds what they can comfortably do, they suffer from mental health problems. This puts them off continuing in the service and this is the difficulty - that staff may be recruited but, because of the conditions under which they must work, they cannot be retained. Ireland has become simultaneously one of the greatest exporters of doctors and nurses and the greatest importer of doctors and nurses. Now that our graduates have left the country, we are trawling the world to try to replace them. This comes down to the conditions under which people must work. We have an issue currently with mandatory reporting. There must be mandatory accountability in our health services, whereby people must perform and deliver and management must live up to the expectations of delivering a proper service.

Deputy Dara Calleary: I too compliment Deputy Browne and the rest of the committee, including Senator Freeman, on their work and the report. This Oireachtas has been criticised a lot for its inaction and inactivity, and the brand of new politics is a handy kicking bag for some, but one thing we can say with certainty is that it has brought a focus on mental health like no other before it. I am sorry Deputy Neville has left the Chamber because his dad was a lonely voice on mental health issues for so many years when he was here. So many people have brought that focus to the matter. Deputy Harty's remarks were quite succinct in that they painted the whole picture of the matter and illustrated that this is a primary care issue. The challenges facing our primary care system will not go away. There was a response to Deputy Wallace's contribution on managing the deficiencies in resources through medication because there is no choice in many cases. Deputy Lahart commented earlier on wellness. The Deputy, who has experience in this area, is very passionate about wellness and the broader picture of mental health.

I made a proposal here a number of weeks ago that if we are to change our attitudes as a country to mental health, we must start at primary school level. Many Deputies have spoken about the resource issues, and Deputy Browne has championed the need for 24-7 care and

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more community care. I often feel that some of the walls that used to surround mental health treatment institutions in the 1950s and 1960s still exist in our minds today in the way we as communities respond to those with mental health issues. Yes, tomorrow night will be amazing. Hundreds of thousands of people all over the world will be out for Darkness into Light, and the community response around the country to mental health issues is local and often led by people working in the services. However, we still struggle with people - colleagues, friends and family - who have mental health issues, and many do not feel equipped to deal with them.

We need to start changing attitudes gradually and to start bringing in, to go back to Deputy Lahart's point, a well-being programme at primary school level. One of the most effective things I have seen in changing this country's attitudes to the environment is the green flag programme. Kids at schools are coming to their less aware parents as champions of the environment. Regarding energy awareness, water awareness, recycling and other things we would not necessarily have done, children are coming home and being the parent in the way we respect the environment because they are learning it and living it at school. Similarly, we need to introduce into schools some kind of mental health and wellness awareness programme in order that children from the earliest age take it as normal to discuss their mental health, just as, if they fell in the playground, they would discuss a graze on a knee or, if they broke a limb, God forbid, come into school with the arm or leg in a cast and everyone would sign it in celebration. We need to do the same with mental health. We need to take into account all the factors that contribute to mental health, including diet and awareness of and participation in sport and athletics, not just academic programmes at school. We need to assure schoolchildren that there will be support and a community response if they encounter mental health issues in the same way that the meitheal of community goes around. As with people who suffer physical illness or some kind of tragedy or trauma within the family, that meitheal should be available and should be a natural response to a mental health issue or challenge. We must start changing the attitude at that generation and taking down these walls that are still in many people's minds, even though the physical walls may be gone, not necessarily out of ignorance, but just out of a fear of the unknown, a fear that people might make things worse by getting involved or fear of an invasion of the privacy we still associate with and attach to mental health conditions.

This is why this report and the work of Deputy Browne, the rest of the committee and all the spokespeople on mental health - I see Deputy Buckley here - are so important. I refer to the awareness of mental health issues being introduced, and awareness of this report, into the mental health budget in particular. Having worked on and negotiated two budgets now, the mystery and the walls that surround the mental health budget are Byzantine. I pay tribute to Deputy Browne and the mental health alliance, who went after the mental health budget like dogs to bones to try to get through those walls in order that next year we will have for the first time a beginning, a proper rolling budget specifically for mental health.

However, there must be accountability for that budget. We must see if services improve on the ground. Users and their families need to see that that money is being used on the ground and not poured into administration or overheads and other costs. It must deliver services and make a change to outcomes. The work that has gone on in this report must change delivery on the ground, and other work will have to change attitudes. Mental health's days of being the Cinderella of the health service need to come to an end. Cinderella needs to go to the ball and marry the prince. If we keep treating the matter as an AOB item in terms of budget and policy, it will continue to lag behind resources, services and community attitudes.

Let this report therefore signify that mental health is now serious. I would like to see the

Ceann Comhairle drive to ensure that under Standing Orders a mental health committee will be established forever and that that awareness will forever be there as a legacy of this Oireachtas. Bit by bit, every local authority should establish a mental health committee. There were mental health committees in local authorities decades ago to deliver the service, but now we need to put that back at local authority level, not just at HSE regional level because HSE regions have become completely unaccountable to elected members. Would it not be a good thing that after next year's local elections every local authority established a local mental health committee in its area to bring an awareness to the delivery of services and an awareness of mental health in every local authority area? It is something different and would bring home the message.

Deputy Browne, Senator Freeman and all the other members of the committee - I think Deputy Buckley is on the committee as well - hid down in the basement and did a job many people probably wished someone else was doing. They took it on and they have delivered. It is now up to this Oireachtas and the Government to deliver on the promise of the report and to start actually changing the outcomes in and, most importantly, the attitudes to mental health in this country.

Deputy Pat Buckley: I thank Deputy Browne and congratulate all members and the Chairman of the Committee on the Future of Mental Health Care. As I have said on many occasions in the Chamber, we must keep mental health to the fore. What is so important about doing so? Recently, I was at a public meeting in Tipperary at which more than 250 people were in attendance. It was the harrowing real-life stories of people thinking things cannot get any worse that struck me.

A few really touched my heart. One mother said that she had to have her son sent to jail because there were no mental health services in the area. It must be devastating for a mother to have to have her son sent to jail because of the lack of services. Another man in his 60s had to return to Ennis from Kilkenny having been released from an emergency department because he had no money. I am not inventing these stories and I could go on about what is happening. I commend many of the previous speakers who covered a lot of matters, including dual diagnosis.

I praise front-line staff who are the core of the service and who work so tirelessly and give 100% every day, although many come out of work feeling worthless. We must think of who this issue affects. We are well aware of the marginalised people in society, such as those with a disability, Travellers, LGBTQI, the elderly, the unemployed and children. As I said before, it affects all of us regardless of colour, class, creed or religion and there should be no politics when it comes to mental health and well-being.

The Committee on the Future of Mental Health Care is probably the best committee I have ever sat on. The members of the committee are very strong and committed. We are committed to getting to the truth. If something is broken, we should get to the crux of the matter, look under the bonnet, get into the engine, take off the axle and see what is broken so we can try to fix it. We know in our hearts that this system can be tackled. The situation is heart-wrenching. I deal with it daily in my office and I get emails and texts on my phone about it. Many people are dying in this country and that could be prevented. Many of them could have been treated. Many are suffering from temporary episodes but they have nowhere to go. Last week I asked people where they would go if they wanted a loaf of bread and they said they would go to the shop. I asked them where the shop was and they told me it was in the town. I asked them where they would go if they broke a leg and they said the emergency department. When I asked them where that was, they said it was in the hospital. When

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I asked them where they would go if someone of 14 years of age or 65 years of age belonging to them had mental health difficulties, they said they did not know because they cannot access the service. Accessing the service is the biggest problem here. It is great having a recipe but if one does not have all the ingredients, one cannot make the cake as it will not come out right.

One of the most startling things recently was the Court of Appeal's ruling on the case of *A.B. v. the Clinical Director of St. Loman's Hospital* which underlined the drastic need for serious focus on improving the legislation. The court not only ruled that what happened was wrong but that part of the Mental Health Act was unconstitutional and represented a serious breach of duty by the State to protect its citizens. It found that the legislative framework allows involuntary patients to have their detention extended for up to 12 months without an effective or independent review within a reasonable timeframe. All of us as legislators should try to get these things right, and not only the members of the Committee on the Future of Mental Health Care. We have a window of around eight months to sort this out. I have mislaid the figures but I believe there may be more than 65 patients affected by this major flaw in the legislation. This issue was highlighted some time ago by Dr. Shari McDaid of Mental Health Reform who pointed out that the Act is 17 years old and is certainly out of date. The solution is fairly simple. Some 12 months is far too long a period to extend detention of a patient without review and it must be reduced.

I will quote from the recommendations in the expert group review on Mental Health Act from three years ago which were given to the Government led then, as it is now, by Fine Gael.

Section 15(1) of the Mental Health Act 2001 authorises the making of an admission order for the reception, detention and treatment of a patient for a period of 21 days. The order may subsequently be extended for periods no longer than 3 months, then up to six months and thereafter periods of up to 12 months. A number of submissions to the original Steering Group felt that the third time period of 12 months was too long and it was subsequently recommended by the Steering Group to reduce the 12 month period to a period not exceeding 9 months. The Expert Group re-examined the time periods for renewal orders and after some deliberation, it was felt that there was merit in limiting the maximum time period for which renewal orders can be made to 6 months.

It is a nice idea and it all sounds very pretty but the problem is that collectively we need to do the right thing. I appeal to all parties and none on this. I am wholeheartedly committed to the Committee on the Future of Mental Health Care because I believe things can be done better. We are only at the tip of the iceberg but we are getting into it. It is not cut and dried but we need clarity.

Many speakers referred to accountability and responsibility. Of course we need that. Last week a number of witnesses appeared before the committee without prejudice but were threatened by their managers if they told the truth. It is totally unacceptable. Imagine what their mental health was like under that pressure as they strongly and proudly told us the absolute truth of what is happening in the system. The fear of repercussions when they returned to their jobs was at the back of their minds. That should not happen. We need to crack the whip. It is not fair on people with these responsibilities. Excuses can always be found for failures in the service but failures in the legislation are undeniably our responsibility as legislators. I want to flag this issue because it will come up at the mental healthcare committee, the health committee and probably the Department of Justice and Equality in coming weeks.

I now return to where the Committee on the Future of Mental Health Care has reached. It has been an unbelievable journey. We have heard from the most admirable, amazing witnesses, some of them victims. We have heard from front-line staff who broke down. One could not write a book on it, but one could write a piece of history by all of us in this House keeping the committee going. I assure the House that it will bear fruit. Where there is action, there will be an instant reaction. We spoke of prevention being better than cure. Let us not be reactive in society but proactive. It is very simple if we invest strategically and properly. It is about education in schools. We do not give our children the coping skills to deal with life and what will be thrown at them in future. If we invest in it now, the rates of mental health issues will go from high to low. Slowly the emergency rate will fall. Of course, this takes time but eventually we will win. It will require less investment and there will be a better atmosphere and better working conditions. We will have a better country and a better society. We have lost a lot of that. We need to foster respect and empathy for people. I appeal to the House to keep this committee going because it deserves to be kept going and the people need it.

Acting Chairman (Deputy Bernard J. Durkan): I remind Members that we have 19 minutes left before I bring proceedings to a halt and three speakers left. Members have about six or seven minutes each. I call Deputy Eugene Murphy.

Deputy Eugene Murphy: Less than five minutes will certainly do me because in recent months I have taken the opportunity on numerous occasions to deal with the issue of mental health and, in particular, the situation in my county. The Minister of State, Deputy Catherine Byrne, is here again this evening. She always seems to be here for these debates. I appreciate that because she takes a very genuine interest in this area of health.

I will begin by supporting what Deputy Buckley said. The committee should remain in place in order to keep a focus on mental health. Since he became a Member of the House, my colleague, Deputy Browne, has given much of his time to studying this issue. Much of his work has been done behind the scenes. He even came to our own constituency and listened to people attentively for three hours one night and took on board their suggestions and ideas. I welcome that.

There have been some welcome changes in recent years. It is good to see a better conversation taking place on this issue. I would like to use a phrase from an old radio programme in the station at which I used to work - "Let's talk". On so many occasions when people are suffering from depression, I find that one of the greatest avenues to support them, or to perhaps bring them out of the deep depression in which they find themselves, is to talk. It might be a very simple conversation. One might go and have a cup of tea with them. It is a very simple thing.

I wish to comment on social media and the effect it has on us. I always refer to text messaging, which, I acknowledge, is very handy, as silent talking, if people know what I mean. Silence can be golden but it can also sometimes be detrimental to the health of people who desperately need to talk to someone. They may be at a very low ebb in their lives and just do not meet a person when they really want to. Sadly, that situation in which they do not meet that person often leads to tragedy. I know of such situations and I am sure that other Members are aware of similar cases as well.

I acknowledge that the mental health budget is improving but I want to discuss the example of Roscommon. The Minister of State is probably tired of hearing me refer to Roscommon. I know that Deputies Browne and Buckley have both spoken about Roscommon and the need to

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implement the 27 recommendations suggested by the independent review group that published its report in late 2017. I would say again that there has been very little movement on those recommendations. There has been some movement but it is crucial that all the recommendations should be implemented as quickly as possible.

Before I conclude, I return again to my county and the mental health centres there. As the Minister of State probably knows from replying to a Topical Issue matter I raised, the Rosalie unit in Castlerea, County Roscommon, used to cater for 33 people with mild mental disabilities. It now caters for 12 patients and the HSE is refusing to take any more in. The unit is desperately needed. It is a beautiful centre but the HSE keeps telling me and other politicians that these people need the psychiatry of later life care. I beg to differ. The people in that centre have built up relationships and friendships with the staff there. Taking them away from what they are used to is making them unhappy. I keep saying this. We should not be making people or their families unhappy. I worry about matters of that nature. We must get the HSE to understand this. I have difficulty getting the HSE staff in my area to understand it. I acknowledge that some of these people are experts in their fields but I do not think they are necessarily right about the way they handle these situations. This is a matter of concern to me.

That said, what is happening here this evening is good. We must provide the necessary funding. As Deputy Buckley has said, there are some outstanding front-line staff who are doing an awful lot and who want to see the services improve. I will conclude my few comments with the phrase I used earlier - "Let's talk".

Minister of State at the Department of Health (Deputy Catherine Byrne): I will try to be as quick as I can. On behalf of the Government, the Minister of State, Deputy Jim Daly, and myself, I thank Deputy Browne and everybody who has contributed to today's debate. I welcome the very constructive contributions which have been made by everyone in the Chamber. I also welcome this opportunity to reiterate the Government's commitment to the development and improvement of mental health services. I have taken notes on some of the issues Deputies raised. If I have time, I will mention one or two of them.

As the Minister of State, Deputy Daly, mentioned in his opening remarks, real and significant developments in mental health services have been initiated since 2012. In the intervening period, approximately €200 million has been added to the HSE's mental health budget, which now amounts to more than €910 million. At a time when health budgets were subject to reductions, investment has been prioritised and increased to develop mental health policies and all connected services. The Government is committed to continuing to progress the real changes needed in mental health services in line with our commitments in A Programme for a Partnership Government.

It is equally evident that this same passion for enhancing the supporting structure of mental health in Ireland is shared by many in this Chamber. The first interim report of the Joint Committee on the Future of Mental Health Care in Ireland clearly indicates the commitment of Oireachtas Members to championing the enhancement of mental health services in Ireland. The report highlights the need for joined-up thinking among policymakers and service providers. I agree that there needs to be greater cohesion and inter-governmental planning when it comes to expanding mental health services in Ireland. It is only by working together that we can deliver on effective mental health strategies and reduce duplication. The committee recommends that a more robust financial reporting system be developed. This is essential to ensure that Government has oversight on how effectively money is being spent on mental health services. Our

commitment to seek new ways to further enhance service provision, while also prioritising the updating of our mental health policy, indicates that we take mental health very seriously.

The Government understands that mental health needs to remain a priority. This can be clearly seen in the establishment of the joint committee and the oversight group for A Vision for Change. The creation of these two forums within which to reflect on and progress our mental health services emphasises this commitment. While the joint committee and the oversight group have distinct final aims, there is also shared focus. The first report of the joint committee has set out its aims in a clear and definitive manner. The report identifies the pillars of attention; namely accountability of expenditure, the gaps in primary care, and recruitment issues.

While the difficulties are recognised, we should also acknowledge the positive advancements in this area. The extra funding added to the mental health budget since 2012 has permitted us to approve approximately 2,000 new mental health posts in the intervening period. In line with the commitment to develop early intervention mental health services for those under 18, €5 million has been allocated to primary care. Of this, €3.4 million will fund the recruitment of 114 assistant psychologists in primary care. Of the 114 posts, 111 positions have been accepted and these assistant psychologists have taken up employment. The development of assistant psychology grades will help the HSE primary care service to be more responsive to the needs of children requiring psychological therapies. This should, in turn, reduce the demand on CAMHS and also help to meet the demand from Tusla for psychological support for children in care.

The work of the oversight group will also look at the issues currently facing mental health in Ireland. The oversight group is tasked with refreshing the still well-regarded mental health policy, A Vision for Change, identifying gaps in implementation and updating it to the current mental health context. The oversight group has emphasised the importance of consultation through focus groups and stakeholder groups in the formation of final recommendations. These consultations are anticipated to commence later this month. It should also be emphasised that the formation of the joint committee has been warmly welcomed by the oversight group. The work of the committee will help to ensure that the policy refresh has political support and it will facilitate additional voices from this area as well as examining further areas for attention.

This continued focus of Government on mental health as a priority is essential to ensure that those who require assistance are in a position to access appropriate supports. The Department of Health and the A Vision for Change oversight committee will continue to work with the Oireachtas joint committee to safeguard mental health in Ireland.

When I came in, Deputy McGuinness was speaking and I wish to comment on one point he made. He said each of us in this Chamber has identified a family member with a mental health issue. A family member of mine had a mental health issue and is continuing to be looked after by the mental health services. Mental illness is a hidden secret in many families and communities. Parents are lost and confused when it knocks on their door. Most of all, they blame themselves for where they went wrong. If they did not go wrong, they ask what happened to make the person end up with such a mental illness. What sinks into one after a while is fear that somebody might take his or her life or do something we cannot predict.

I commend all the members of the committee. I hope it continues to exist.

The Departments of Health and Education and Skills are putting together a well-being pro-

gramme for schools covering mental and physical health. We have appointed Dr. Donal O'Shea to address dual diagnosis. He is working with a group to examine evening accident and emergency department admissions in this regard. Deputy Harty spoke about how we can deal with this in the confines of an accident and emergency unit rather than by sending people home.

Deputy James Browne: I thank the committee members who worked so hard on the first and second interim reports. It is very clear that party politics was very much left aside. Considerable work is ongoing. I thank, in particular, Senator Freeman, who chaired the committee and brought it as far as it has come. No doubt she will bring the proceedings to a very successful conclusion. With regard to what the committee can do and its fixed purpose, the key to a really successful conclusion would be the implementation of what is contained in the report.

We heard very substantial contributions today from the Deputies, including committee members and non-members. It shows the level of interest in and support for the objective of addressing mental health issues. Even in the term of this Dáil, over the past two years, the quality of the debate has increased from a level of tea and sympathy to one involving a detailed understanding of mental illness. There is a very fine debate now on the issue of mental health in this Chamber, the committee rooms and Seanad.

We heard some very detailed and fine contributions, including from Deputies Wallace, McGuinness and Neville. I never met the former Deputy, Mr. Dan Neville, but his name rings out throughout this building. He made a real contribution. It is fair to say we would not have come as far as we have, or even close to it, without the real groundwork done by Dan in his time. Deputy Tom Neville is following his noble footsteps. We heard a very strong and personal contribution from Deputy Penrose and the Minister of State, Deputy Catherine Byrne. When leaders in society open up about their experiences in this area – Deputy Buckley has done so in the past — they help to destigmatise and normalise mental difficulties.

When I speak to families experiencing issues connected to mental illness, I note that blame and fear almost envelop them. They experience considerable stress in deciding how to deal with that very difficult situation.

Deputy Calleary talked about increasing awareness of mental illness and the supports that exist. This absolutely needs to be done. Intervention is required at the earliest level. From talking to primary school teachers, we hear mental health issues are experienced by children as young as four, five and six. We need to intervene at the earliest stage to make the children aware of what is happening and to give them the coping skills with it. Young people today are being exposed to things at such a young age that it is having a dramatic effect on their mental well-being.

Deputy Gino Kenny talked about the profound crisis with regard to mental health. He also made the important point that there is some fine work being done in the mental health sector. We have fantastic staff in the sector and we must be careful not to terrify people such that they do not seek support to deal with mental illness. Help and support are available, but not enough.

Deputy Harty talked about GPs and the very difficult circumstances they are in. First, there are fewer of them, which in itself is becoming a serious issue. GPs, because they do not have clear pathways and cannot gain access to the supports they need, and in certain circumstances may not even have the training they need, very often have to fall back on medication for sending people to accident and emergency units. The point on medication feeds into what Deputy

Wallace was talking about. We probably have an overly medicalised service. Medication certainly has its place but we do need to examine other approaches. Deputy Wallace referred to open dialogue that was very successful when tried in the NHS. We must consider a more holistic, community-based and patient-centred service.

Deputy Buckley talked about front-line staff and referred to the frustration they must be experiencing. We have seen evidence of the stress they are under because they do not have the necessary supports to help.

Very clearly, the dual-diagnosis issue is not resolved. Deputy Buckley has been very strong on this for a long time. He is absolutely correct that the dual-diagnosis misalignment in this country needs to be addressed. Yesterday, we were talking about gambling addiction, which involves an area of dual diagnosis that is probably not addressed. Gambling is dealt with through addiction services. Many mental health issues arise because of gambling.

Deputy Eugene Murphy made very strong points on mental health generally and on issues in Roscommon. He has been constantly raising the scandalous circumstances that arose in Roscommon.

The key will be implementation. I urge the House strongly to support the committee's request that a permanent committee be set up. A number of issues were highlighted that the committee is not dealing with. The committee is limited in both scope and time. A permanent committee will be required. As Deputy Neville stated, we are overturning the pebbles but we need to go deeper and go at it for longer. We are certainly highlighting very many issues. As Deputy Harty, Chairman of the Joint Committee on Health, pointed out, his committee simply would not have had the time to go into the detail. It is worth going into detail.

I thank the members of the Joint Committee on the Future of Mental Health Care. I thank its Chairman, Senator Freeman. I thank the secretariat, including Ms Gina Long and her team, who have been a great support to the committee. I thank everybody who has contributed today. As Deputy Buckley mentioned, the key is keeping mental health on the agenda. That is what we will all keep doing together.

Acting Chairman (Deputy Bernard J. Durkan): I compliment the Members on adhering to the timeframe.

Question put and agreed to.

The Dáil adjourned at 6.30 p.m. until 2 p.m. on Tuesday, 15 May 2018.