



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

Ceisteanna ó Cheannairí - Leaders' Questions	2
Teachtairacht ón Seanad - Message from Seanad	11
An tOrd Gnó - Order of Business	11
Ceisteanna ar Reachtaíocht a Gealladh - Questions on Promised Legislation	13
Report of the Commission of Investigation into Mother and Baby Homes: Statements	20
Covid-19 (Health): Statements	48
Covid-19 (Health): Statements and Questions and Answers.	73

DÁIL ÉIREANN

Dé Céadaoin, 13 Eanáir 2021

Wednesday, 13 January 2021

Chuaigh an Ceann Comhairle i gceannas ar 12 p.m.

Paidir.

Prayer.

Ceisteanna ó Cheannairí - Leaders' Questions

An Ceann Comhairle: Fáilte roimh ar ais, a Theachtaí.

Deputy Mary Lou McDonald: Cuirim fáilte roimh an gach duine.

Yesterday was a difficult day right across the island. There were record numbers of deaths were North and South and it is only appropriate to express our sympathy to those who have been bereaved. The mother and baby homes report was also published. We will have an opportunity to discuss that report in due course today.

For now, I wish to discuss the issue of housing. In Fianna Fáil's election manifesto last year, it promised 50,000 affordable homes over five years if in government. It also promised that an affordable housing scheme would deliver homes to buy for less than €250,000. When the Taoiseach appointed Deputy Darragh O'Brien as Minister for Housing, Local Government and Heritage in July, the Minister promised to have the scheme in place by September. Before the budget, he stated that he would publish the scheme with targets and legislation. However, the budget came and went with no affordable housing scheme launched. We were then told that the scheme would be ready in the autumn, but that deadline was also missed. At its final meeting of 2020, a memo was rushed to the Cabinet. There was no legislation, no target. The scheme has yet to be finalised. All the Cabinet agreed was that, at some point in 2021, the Government will introduce a significantly flawed and controversial shared equity loan scheme. That was not in Fianna Fáil's election manifesto. In fact, it is a policy that was drafted for the Government by the construction industry. Last March, Irish Institutional Property, which represents 14 of the biggest players in the industry, published a shared equity loan proposal. IBEC's property wing, Property Industry Ireland, published a similar proposal last May. The proposal agreed by the Cabinet was almost identical to these. Housing policy being directed by wealthy property developers and big landlords is what we have while ordinary people continue to live out the nightmare that is this housing crisis.

Many young people have given up any hope of ever owning their own homes. Gone is Fi-

anna Fáil's promise to deliver affordable homes for less than €250,000. Gone is its promise to deliver 10,000 affordable houses to buy every year. Instead, the Government is going to saddle working people with large debts so that they can buy unaffordable homes. Its scheme will offer a first-time buyer a shared equity loan of up to €100,000 on top of a mortgage to buy a home to the value of €400,000. Worse still, if the value of the home increases, so does the equity stake. This means that the buyer will owe the State even more. Shared equity loan schemes push up prices. Everyone knows that. Even officials in the Departments of the Taoiseach and Public Expenditure and Reform have advised the Government of this fact. In email correspondence dealing with the shared equity loan scheme that was released to our housing spokesperson, Deputy Ó Broin, Mr. Robert Watt is reported as saying that the property industry wanted an equity scheme because it would push up prices. He was not alone in that regard. Another official stated that the provision might not be targeted at those most in need. A third stated that it would push up prices in a supply-constrained environment.

Why is the Taoiseach allowing lobbyists for the property industry to write Government housing policy? Why has he ignored the advice of his own officials? Why has he abandoned his election promise to deliver affordable homes?

The Taoiseach: On the first point, we are not allowing anybody to write our housing policies. Generally speaking, I think the budget was a landmark budget in terms of housing, with €3.1 billion allocation and the largest amount of social housing - to be built this year - on record. Obviously, Covid will interrupt that this month. Be under no illusion - we are taking a multi-strand approach to housing. There is strong investment in social housing in order to address homelessness and deal with the long waiting lists for such housing. We are accelerating our efforts in that regard, which began prior to the budget in terms of getting voids back into operation and providing more than 2,500 local authority houses through investment. This year will be quite dramatic in terms of the social housing output. This will be the result of the prioritisation afforded to social housing in the budget and the allocation of unprecedented funding to achieve that output.

Affordable housing and home ownership are significant planks in terms of the Government's commitment in this area. That is why we are continuing with the help-to-buy scheme and why we enhanced it in the July stimulus package. I know that Sinn Féin opposed this. It seems that the party is opposed to the concept of home ownership in general. It has opposed many motions and voted against help-to-buy initiatives. In addition, it is against the equity scheme before it has even been established.

The objective behind the equity scheme is try to give young people the chance to buy homes and to enhance the affordability of homes. Matters are extremely difficult for them in this regard in the current circumstances and we are conscious of that. We need a balanced approach and a suite of methods to deal with the housing crisis from homelessness in terms of the allocation of specific resources, reducing the amount of emergency accommodation and the number of people in such accommodation, building more social housing through approved housing bodies and local authorities and developing a strong affordable home dimension in order that younger people and those who are working will be in a position to own homes in the localities in which they reside. Work in this regard is under way. The Minister brought the outlines of legislation to the Government. That is being worked on and the various inputs from different officials and different policy perspectives will be assessed. The overall objective is to help people to be in a position to afford to buy homes.

The vast bulk of housing being built is social housing or individual homes. There are no large developers involved in building massive housing estates right now. That is clear from the figures. We need a sense of perspective when language is being bandied about. We need far more activity in the housing market than we currently have if we are to get to the 33,000 to 35,000 houses per annum the Economic and Social Research Institute estimates will be required in the coming years to deal with the housing crisis in a sustainable way.

Deputy Mary Lou McDonald: I am under absolutely no illusions, nor are the Taoiseach's officials, that the proposed shared equity loan scheme will have the effect of forcing up prices and saddling those young people and working families to whom he refers with even more debt. It seems clear that Fianna Fáil has learned nothing from the past and that we are back to the bad old days of developer-led housing policy in which the only people who will benefit from the Taoiseach's shared equity loan scheme are the developers. The scheme will lock in already unaffordable prices and push them up even further. Of course, developers will be laughing all the way to the bank but young people and working families will face huge levels of debt.

The Taoiseach should have kept his election promise and funded local authorities to directly deliver the huge volume of genuinely affordable homes that we need. He could listen to his officials but instead he does what those in Fianna Fáil have always done, namely, listen to the big developers. What big developers want, big developers get. I ask the Taoiseach again why he has ignored the advice of his officials. Does he accept that he has been given the advice that the Government's shared equity loan scheme is dangerous and flawed and will push up prices?

The Taoiseach: I know what the Deputy is doing. She is engaging in a political branding exercise rather than making a serious intervention on housing and housing policy. Sinn Féin seems to be opposed to all home ownership initiatives by this Government and by previous Governments.

Fianna Fáil did one thing in the history of this country. It was responsible for the massive social housing programme of the 1930s and right through the decades to the 1960s, in particular, that dramatically transformed living conditions for many people. Others were involved too. Under this Government, we are determined to build 50,000 social houses over the next five years, working with local authorities and approved housing bodies to do that. That will be very challenging but the funding has been allocated to realise that. In addition to that, we are designing an affordability shared equity scheme to target supports at those in need and to limit inflationary risk with regional price caps. This will take appropriate account of house prices and household income.

We have a massive housing crisis and we need to reflect on the fact that various schemes coming before local authorities and so on are being delayed and being voted against. All the while, so many people out there desperately need housing. We need to put some of the ideological rhetoric to one side and concentrate on getting houses built in this country. The rate they were built at last year is not sufficient to deal with the crisis.

Deputy Richard Boyd Barrett: In the Taoiseach's reply to Deputy McDonald, he was keen to grab credit for Fianna Fáil for things it did in the 1930s. I hope he will be as quick today to accept responsibility for what Fianna Fáil, Fine Gael and the institutions of the church and the State did to tens of thousands of innocent women and children who were imprisoned and who suffered gross abuse. The mother and baby homes report alone documents 9,000 victims, although there are undoubtedly thousands of more infants and women not covered by it, which

is an issue in itself, who suffered obscenely.

I have not had a chance to go through the thousands of pages of this report but I have read the significant parts. It is my job to read stuff like this. One can only imagine what many of the survivors must feel like, faced with the whirlwind of commentary on the report. At this point, my feeling is that the report and the official political commentary coming from Government are beginning to look like a sham, an insult and a whitewash of the gross crimes that were committed against thousands of women and infants.

The report and some of the Taoiseach's comments yesterday seem to very consciously seek to diminish the culpability of the institutions of the church and the State and to disperse responsibility for the crimes that were committed onto society as a whole. There should be apologies for that as well immediately. Some of the passages in this report are offensive: in trying to shift the blame away from the institutions of the church and State, in trying to create a hierarchy of the severity of abuse between one institution and another; and in the constant refrain of there being no evidence of abuse. Is 9,000 children dying in proportions way beyond the number of infants who were dying at that time in society as a whole not in itself evidence of abuse? Was it not in fact an imprisonment sentence for every single woman who was forced to go in there? The report says there was no evidence of illegal adoptions when in fact we have evidence. There seems to be a systematic attempt to not treat as evidence the testimonies of the survivors.

An Ceann Comhairle: I thank Deputy Boyd Barrett. The time is up.

Deputy Richard Boyd Barrett: I hope the Taoiseach will explain to us what the apology is for. Will it be a sincere apology? Will it be an apology that results in actions that give justice and redress to the survivors of the mother and baby homes?

The Taoiseach: I thank the Deputy for his contribution. For my own part, my remarks and my statement yesterday in no way sought to diminish the role of the churches, or indeed the State, and any reading of them would confirm that. I spoke about the perverse moral code overseen by the church that in my view was responsible for this in terms of its attitude to sexual morality, for example, which was at the heart of forcing mothers into mother and baby homes. I will deal with this in substance in the statements later and in the apology. I just want to be very clear. I am somewhat concerned that people are endeavouring to present my statement yesterday in a certain light, and that is not accurate. I equally believe the State clearly failed and I will be dealing with that too. What happened was shameful and was shocking.

On the report itself, I would not describe it as a sham and as an insult; the Deputy is entitled to do so. While he might wish to do so for a reason, the Deputy needs to be careful in using the phrase, "there seems to be a systematic" approach. There is not. I had no involvement, good, bad or indifferent, with the commission. I did not meet any member of the commission. I did not meet any of the commissioners. That has to be accepted in good faith. There has been no involvement between the Government and the commission. The commission is fully independent in the discharge of its duty and it is wrong and is wronging the commissioners to say what the Deputy has said.

On reading their report and their recommendations, the commissioners are very clear that the mothers should not have ended up in the county homes or in the mother and baby homes. They have unearthed a comprehensive amount of material. They have also given voice to those who were forced into the homes, to those who resided in the homes and children who experi-

enced life in the homes as well. Obviously, I will deal with this at greater length shortly.

I just want to be clear that nothing I said yesterday or today in any way is an attempt to diminish the responsibility of church or State.

An Ceann Comhairle: I thank the Taoiseach. The time is up.

The Taoiseach: No doubt the commission brought out a whole range of issues and actions speak louder than words. The most important work we have to do in this House in the immediate future is the implementation in terms of the legislation which the previous Dáil was not in a position to get through.

Deputy Richard Boyd Barrett: The most important action that can be taken is to put the survivors' needs, wishes, feelings, sensitivities and objectives at the centre of this process and to date that has not happened. In fact, they were further insulted with the leak that came out at the weekend. As for being given this report only 24 hours before there is to be an apology, we do not even know what is being apologised for.

I am sorry to say that some of the phrases in the executive summary are unacceptable - they should be withdrawn - in trying to displace blame and responsibility from the institutions of the church and State and somehow disperse them onto something called "society as a whole". There was an element of that in what the Taoiseach stated yesterday and he should apologise for it. It is not acceptable. These were gross crimes.

An Ceann Comhairle: Thank you, Deputy. The time is up.

Deputy Richard Boyd Barrett: Every single woman who went into these institutions was in effect a prisoner. It was officially sanctioned. There was criminal negligence on the part of the institutions of the church, Government, local authorities and so on at the time.

An Ceann Comhairle: Deputy, the time is up.

Deputy Richard Boyd Barrett: There needs to be an honest owning up to that. The survivors need to be put at the absolute centre of this. Even the webinar I heard yesterday was a bit of sham in terms of the disappointment the survivors felt.

An Ceann Comhairle: Deputy, you have made your point.

The Taoiseach: It will be a survivor-led response to the commission. The commission was independent. No politician had any hand, act or role in the deliberations of the commission itself. The Deputy needs to accept that. I hope he was not implying that when he used the phrase "systematic attempt". It is important that this sort of thinking does not gain ground. That is not fair and it is not right. It is not fair to the commissioners in particular.

How would the Deputy define society? We are all society. All of us are part of a society in how we interact with the State and the church. The influence and control of the institution of the church and religious orders were central to this in terms of the response of families. What screams out of the report is that the priest was sent for, the doctor was sent for, the nun was sent for.

An Ceann Comhairle: Thank you, Taoiseach.

The Taoiseach: I can deal with that more comprehensively later.

13 January 2021

Deputy Verona Murphy: As it is our first day back, I wish everybody a happy new year.

As the important issue of the mother and baby homes is being raised later, rather than labour the point, I want to raise another issue of national importance. Utter disruption has ensued since 1 January at ports, within businesses and the supply chain. Does the Taoiseach intend to allow the disruption to continue to the detriment of Ireland? Food is being destroyed. Businesses are failing. Jobs are and will be lost. The consumer will pay a hefty price in their shopping basket if this is to continue, particularly those on low incomes. Will the Taoiseach tell the people how the Government intends to prevent this happening?

Last year customs dealt with 2 million declarations. Now it expects to deal with 20 million declarations. That is 54,794 a day. If one adds to that the ENS, entry summary declaration, and the PBN, pre-boarding notification, declarations, that figure trebles to 164,382 computer entries daily. There are only 500 Customs and Excise staff. It is currently taking four hours to do one declaration. That is why the boats to the UK are empty. That is why the shipping routes to Fishguard are cancelled. That is why our shelves are emptying.

The Government said it was disappointed in the numbers of people applying for the grant to train staff to handle customs documentation. Those who did apply were turned down by Enterprise Ireland, a fact denied by Departments last year. The problems we are facing today were notified to the Government of the day as far back as 2019 through the then Tánaiste, Deputy Coveney. No notice was taken then either.

Customs and Excise readily assured this Government that things are moving steadily and trade is slow. It is but it is the fault of Customs and Excise. The Revenue system has failed twice. That has seen foodstuff going rotten in trailers and has kept drivers away from their families, sitting in ports for up to five days. In addition to Revenue, the Department of Agriculture, Food and the Marine is carrying out sanitary and phytosanitary checks. This is another utter mess requiring 24 hours' notice.

Will the Taoiseach explain why the EU has removed most, if not all, UK food producing companies from TRACES, the trade control and expert system, thereby making it impossible to generate the required health certificates to bring food, animal or plant-based products into Ireland? This will lead to more empty shelves, as well as loads that will not arrive or be turned back. Will the Taoiseach explain that?

The Taoiseach: I thank the Deputy for the question and for raising the issues. I also wish everyone a happy new year and may 2021 be better than 2020, in particular in respect of Covid-19. We sympathise with those who have lost someone, in particular most recently, as a result of Covid.

The Deputy's question relates essentially to the impact of Brexit. We have been very clear for quite some time that Brexit essentially means that the seamless trade between the European Union and Great Britain is a thing of the past. That is a reality. There will be delays at ports, as importing goods from Britain is now much more complex, as the Deputy has said. We are going from 2 million customs declarations to 20 million customs declarations. The UK has left the Single Market and the customs union and this creates additional burdens. There is also some evidence emerging that many UK companies were not as prepared as they could have been for the realities of Brexit and the various additional checks and controls. The State's agencies are working flat out and they are working together to try to ensure the checks and controls

are completed as efficiently as possible. This is a 24-7 operation and more than 1,500 additional staff are working in the State agencies on this. We announced a number of new measures. The Deputy referenced the Ready for Customs support scheme. We are anxious that companies take this up. We have been trying to push for a greater number of applications and greater engagement with Enterprise Ireland on this particular scheme. Higher numbers could have been accommodated in it.

Hundreds of containers are getting through customs every day and the numbers are gradually increasing day on day. Two thirds of imports for businesses, which have engaged with the full suite of Revenue customs procedures, are being green routed directly out of the ports on arrival. Some are coming in without the paperwork correctly done and this is just the reality. People will have to adjust to the new realities that Brexit has brought about.

The key message we have for businesses is to work with Revenue and other agencies that are available to help them. There are regular meetings between Departments and stakeholders, including with retailers who are not reporting any major shortages. This afternoon, there will be a technical briefing, which the Deputy might be interested in, by officials for Oireachtas Members to deal with any queries Members receive. We know shipping operators have increased capacity on direct routes to Europe through Cherbourg, Dunkirk and Zeebrugge and Santander and ferry operators have also increased frequencies of sailings.

Deputy Verona Murphy: What the Taoiseach needs to understand is that the only reality people will face with Brexit is a 50% increase in the cost of a shopping basket, particularly low-income earners. The Taoiseach tells me we have an increased capacity in direct ferry services, which he said was not required when he endorsed an Irish Maritime Development Office report. That report was categorically held up by every Minister in the House to state no more capacity in the direct service was required, only that I had input to the service to ensure it happened. We still do not have enough capacity on the direct ferry service. There has been no input by the Government to the request of those who need help in this particular area. We need more boats and we need antigen testing at the ports. I would prefer if the Taoiseach did not quote the rhetoric he is getting from State agencies to somebody who has been involved for 30 years and is dealing with the entire sector literally on her own because nobody in the Government is listening.

It is not the end because it is the Brexit transition period, it is the beginning. When the shelves are empty I hope the Taoiseach will come into the House and apologise to the people in the same way and say he is not able to do anything about the direct shipping service. I ask the Taoiseach to give Rosslare Europort the €200 million out of the €1 billion contingency fund. It is now required. The infrastructure that is now providing for the country to continue trading is under pressure. I ask the Taoiseach to take this very seriously.

The Taoiseach: The Government did not bring about Brexit. There are issues in terms of rules of origin that will impact on some food products and these result directly from the legal framework governing trade. There are also some significant anomalies in respect of certain goods that are manufactured in Europe by companies that have their main bases in the UK in terms of supplying the UK and Ireland. That has happened in the context of a number of products and because these are reboxed or whatever in the UK, there is a difficulty in accessing the Irish market. In some instances, those products would be subject to higher charges. These are the realities of Brexit. This is not something we caused. We have to deal with the consequences of it and try to iron out some of these anomalies. Those are the realities.

13 January 2021

Deputy Verona Murphy: What about Enterprise Ireland giving money to the people who wanted to-----

The Taoiseach: A range of supports have been given to people. An additional 1,500 public servants-----

(Interruptions).

The Taoiseach: Enterprise Ireland is giving money to many employers but we want more to apply. We have said that.

An Ceann Comhairle: I thank the Taoiseach. The time is up.

Deputy Verona Murphy: They did not get it.

The Taoiseach: An awful lot of them got it. Come on.

Deputy Verona Murphy: I said local-----

An Ceann Comhairle: Please, we cannot have a-----

The Taoiseach: As the Deputy is aware, we have provided a range of business and agricultural supports and loan and grant schemes to support business to get ready for Brexit and so on.

Deputy Michael Healy-Rae: I want to ask the Taoiseach a question on a very important subject, that is, the proposal by his Government - Fianna Fáil, Fine Gael and the Green Party - with regard to its new year ban on the sale of all smoky fuels, including coal, peat briquettes, turf and what people would call “wet wood”. I want him to clearly outline what exactly he is proposing to do, the legislation, if any, it is proposing to bring before the Dáil and what exactly it will be saying to the people of Ireland who rely on this type of solid fuel to keep themselves warm. Water, heat and light are basic requirements of any human being trying to live in this country. The Government proposing to take away that source of heat by banning the sale of the fuels to which I refer would be outrageous, unfair and wrong. I want the Taoiseach to explain the position to the people today. This matter was first reported on in the middle of December. A reporter with *The Business Post*, Daniel Murray, wrote a very good article on his knowledge of what the Government would be bringing before the Dáil at the start of this year. I want the Taoiseach to explain what is involved here.

I also want the Taoiseach to explain another matter. In the context of the horticultural industry, I believe the decision to attack and shut down the peat industry in the way the Government has and, effectively, to close down Bord na Móna, which is what is happening, will be looked on in the future in the same way as the decision to close down the beet industry. Beet used to be an excellent cash crop for farmers and the decision to which I refer is now widely recognised as being wrong. By closing down the peat industry, the Government is affecting the horticultural industry. There are many small garden centres, large-scale operators and medium businesses that all provide valuable employment. The latter need peat for their activities and they are asking what exactly is going to happen to them in the future.

I have a number of questions for the Taoiseach. What legislation, if any, does the Government intend to bring before the Dáil in order to ban the sale of coal, peat briquettes, turf and wet wood? Private contractors who work for Bord na Móna have been in contact with me to say that they do not know whether they will have work harvesting peat in March. They were con-

tracted in the past to work for Bord na Móna. Will they have work this March? These people have borrowed hundreds of thousands of euro and invested it in the machinery and plant they use in the harvesting of peat in the work they do as sub-contractors for Bord na Móna. Bord na Móna is telling them that-----

An Ceann Comhairle: I thank the Deputy.

Deputy Michael Healy-Rae: -----as far as it can see, the Government is pulling the plug on this industry and leaving those contractors and their employees high and dry.

The Taoiseach: In terms of the overall context, it had been both the general and majority view of this House, as articulated at various Oireachtas committees, and of the Government that we need to address the issue of climate change and that we also have to have clean air for the health of the people of the country. I ask the Deputy to confirm that this is also his view. The introduction of the smoky coal ban in 1990 by the then Minister, Mary Harney, was a radical move that dramatically improved the health of the citizens of Dublin and other cities. It is an issue that we need to engage with in this House because there are some towns around the country where reports from experts on respiratory health are categorical about the damage being done to people's health because of smoky coal. I do not think that we should give any succour to the smoky coal sector any more in any shape or form. The fact that we are now in 2021 and that ban has not been completed is an indictment of society. That is my view.

I will ask the Minister, Deputy Ryan, to communicate with the Deputy about other fuel types. He is developing a clean air strategy which will be open to public consultation and is situated in the context of climate change policy more generally. Within that is the concept of just transition. It is not our objective to run down Bord na Móna, but the opposite. Our objective is to make Bord na Móna the agent and a key stakeholder in achieving our climate change objectives in the future and creating new forms of employment, rewetting our bogs and allocating additional resources to the areas in which Bord na Móna worked so effectively in the past. The retrofitting scheme was initiated in the midlands and surrounding counties as part of the just transition programme. Nothing will be forced on people immediately. There is no legislation for this session. We need to embrace the climate change objectives of the country, of this House and of Europe. Climate change is a reality. I have no doubt that it is the existential threat to our society. Part of addressing that is the protection, conservation, nurturing and restoring of our biodiversity. That is key.

Deputy Michael Healy-Rae: It is no wonder that I worry, unless the Chamber has an echo and the Taoiseach did not hear me properly. I did not want to talk about Mary Harney and the smoky coal ban. That was a thing for cities where thousands of people are concentrated. I am talking about people who predominantly live in the country and the only source of heat in their homes is timber, turf and perhaps peat briquettes. I asked the Taoiseach very clear questions and he answered none of them. He ignored the horticultural industry. Does he realise that thousands of people work in that industry and are waiting to hear what the Taoiseach has to say today? All they heard him talk about is Mary Harney and something that happened 20 or 25 years ago. Will the Taoiseach please try to deal with the questions that I asked? I also highlight that fuel poverty is recognised by the Department of Social Protection, and I thank it for the work it does in trying to address the problems faced by people suffering from fuel poverty. Will the Taoiseach comfort people by telling them that he will not ban the sale of coal, peat briquettes, turf or wood in the future? Not to do so leaves the situation unclear and allows people to worry. The Taoiseach cannot compare people living in the countryside with something that happened

in Dublin 20 or 25 years ago.

The Taoiseach: I do not think what the Deputy says is fair. I instanced that as an illustration of an important policy that we should continue with to have air that people can breathe so they can have healthy lives. That should be a fundamental objective of all of us in this House. It is not just about cities but also towns. Last year, the then Minister, Deputy Bruton, expanded it to quite a number of towns and the Minister, Deputy Ryan, wants to continue with that. On the broader issue of other fuels, a clean air strategy is being published. There will be opportunities for public consultation and for the Deputy and others to make submissions. However, I do have concerns that the Deputy is not embracing the principle of clean air. I hope I am wrong in that regard and I take it that the Deputy is. Clean air is important for people and the avoidance of carcinogens in the atmosphere, as much as possible, is very important in terms of our broader health. The impact of poor quality air on respiratory health is enormous, particularly on children and their future life chances and lifespan.

I will engage with the Deputy on the peat issue. There are issues around that but we will do everything we can to help those working in the industry. I take the Deputy's point on fuel poverty. That is why a significant proportion of the fund that will be generated out of the carbon tax will be allocated to offset the impact of fuel poverty.

Teachtaireacht ón Seanad - Message from Seanad

An Ceann Comhairle: Seanad Éireann has passed the Appropriation Bill 2020 without recommendation; and the Harassment, Harmful Communications and Related Offences Bill 2017 without amendment.

An tOrd Gnó - Order of Business

An Ceann Comhairle: The House has agreed that for the duration of the Covid-19 emergency only, the rapporteur's report of the Order of Business shall not be read out but shall be taken as read. There are two proposals to be put to the House today arising from this week's business. Is the proposal for dealing with today's business agreed to? Agreed. Is the proposal for dealing with tomorrow's business agreed to?

Deputy Mick Barry: The proposed agenda for the House tomorrow includes statements and questions to the Minister for Education and the Minister for Further and Higher Education, Research, Innovation and Science. Many of the parties represented in the House expressed the view to the Business Committee that they feel that the overwhelming bulk of the education-related issues the people they represent, namely, their constituents and those corresponding with them, want raised, debated and discussed in the House this week, relate to the brief of the Minister for Education, Deputy Foley, and not so much to the brief of the Minister for Further and Higher Education, Research, Innovation and Science, Deputy Harris. Therefore, I would like the agenda for tomorrow to be amended in order that we have questions and answers to and from the Minister for Education for all the time allotted to education, rather than dividing the time in two, which is a ruse on the part of the Government to minimise the time set aside to debate those issues.

Deputy Mattie McGrath: I, too, would like to wish everyone a happy new year. I am in the same vein. The great proportion of problems is with the leaving certificate and in the area of special needs education. We should set aside more time for the debate on education issues with the Minister for Education, Deputy Foley, tomorrow.

The Taoiseach: I am somewhat surprised by that. I believe that it is 135 minutes each for the Minister for Education and for the Minister for Further and Higher Education, Research, Innovation and Science in respect of the issues under each Minister's responsibility. It is also important that the issues pertaining to third level students in the context of Covid are debated adequately and that questions are asked in relation to that. They have had a very tough academic year because they have been largely online since the beginning of the academic season, so the Minister, Deputy Harris, will be anxious to issue a statement and take questions. I would have thought that 135 minutes each seems generous enough.

An Ceann Comhairle: It must be pointed out that the notification of this plan was circulated last week and we did not receive any objections at that stage to the programme as set out. Is Thursday's business agreed? It is not agreed.

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

<i>The Dáil divided: Tá, 25; Níl, 14; Staon, 2.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Stاون</i>
<i>Bruton, Richard.</i>	<i>Barry, Mick.</i>	<i>Connolly, Catherine.</i>
<i>Burke, Colm.</i>	<i>Gould, Thomas.</i>	<i>Pringle, Thomas.</i>
<i>Butler, Mary.</i>	<i>Healy-Rae, Danny.</i>	
<i>Carey, Joe.</i>	<i>Kelly, Alan.</i>	
<i>Carroll MacNeill, Jennifer.</i>	<i>Mac Lochlainn, Pádraig.</i>	
<i>Chambers, Jack.</i>	<i>McDonald, Mary Lou.</i>	
<i>Costello, Patrick.</i>	<i>Munster, Imelda.</i>	
<i>Crowe, Cathal.</i>	<i>Murphy, Catherine.</i>	
<i>Devlin, Cormac.</i>	<i>Naughten, Denis.</i>	
<i>Duffy, Francis Noel.</i>	<i>O'Rourke, Darren.</i>	
<i>English, Damien.</i>	<i>Quinlivan, Maurice.</i>	
<i>Farrell, Alan.</i>	<i>Ryan, Patricia.</i>	
<i>Grealish, Noel.</i>	<i>Shortall, Róisín.</i>	
<i>Haughey, Seán.</i>	<i>Ward, Mark.</i>	
<i>Healy-Rae, Michael.</i>		
<i>Lahart, John.</i>		
<i>Martin, Micheál.</i>		
<i>McAuliffe, Paul.</i>		
<i>Murphy, Verona.</i>		
<i>O'Callaghan, Jim.</i>		
<i>O'Donnell, Kieran.</i>		
<i>Ó Cathasaigh, Marc.</i>		
<i>Rabbitte, Anne.</i>		
<i>Richmond, Neale.</i>		

<i>Varadkar, Leo.</i>		
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Tellers: Tá, Deputies Jack Chambers and Marc Ó Cathasaigh; Níl, Deputies Denis Naughten and Mick Barry.

Question declared carried.

1 o'clock

Ceisteanna ar Reachtaíocht a Gealladh - Questions on Promised Legislation

An Ceann Comhairle: We turn now to Questions on Promised Legislation. There is one minute for each question, and I call Deputy McDonald.

Deputy Mary Lou McDonald: Children with special educational needs were among those who suffered most during the first lockdown. Despite the best efforts of everyone, including staff, parents and the children and young people themselves, there was regression. The disruption to routine and lack of social contact is very traumatic for them. The parents of children with special educational needs were distraught and disappointed with the Government's failure to plan for the closure of schools because that led to there being no plan for their children's education. Everybody wants to see children back at school, especially those children and young people with additional needs.

That meant that the Government needed to plan and to consult with workers and all other stakeholders. Unfortunately, that was not done and it has led to big disappointment. Remote learning does not work for many children with additional needs. They need in-school support. Will the Taoiseach direct the Minister to negotiate with all stakeholders and ensure that service is delivered to these children and young people at the earliest possible date?

The Taoiseach: It was in response to many contributions in this House during the first lockdown and in discussing the impact of that lockdown on children with special needs that the Government brought forward a proposal to allow special needs children to come back to their special schools or special classes in mainstream schools. Indeed, we facilitated the consultation between the assistant national director for public health, Dr. Kevin Kelleher, and the consultant Dr. Abbey Collins in relation to that proposal. Their unequivocal view was that it would be safe to do so, even taking cognisance of the new variant. That said, I understand the genuine fear out there in relation to this and I assure the Deputy that the Minister is engaging with all the partners in education with a view to facilitating the needs of children with special needs.

Deputy Alan Kelly: On the mother and baby homes report, I have expressed the concern that today we should not necessarily be issuing a State apology. We should have agreed a date with the survivors and their organisation. I have an added concern now in relation to how we will deal with information and tracing legislation to help the survivors and their families. The Minister, Deputy O'Gorman, said this morning that it would be the end of the year before we would look at this. This is deeply concerning. This is absolute priority legislation for all these families. There is a debate whether we need legislation at all, but I will leave that aside. We

can bring in emergency legislation for Covid and we brought in emergency legislation in the past to bail out the banks. Given what has transpired for these people, surely the women, their families, their children and everyone deserves this legislation to be brought forward rapidly in the coming weeks.

The Taoiseach: I do not disagree with the Deputy on the need for this legislation. It is essential. There was considerable debate in the last Dáil concerning a legislative template around access to information and tracing. It proved impossible to get consensus in the House at the time to get that legislation passed. The Government has looked at this afresh and the Minister, Deputy O’Gorman, as he said this morning, is taking a different approach to this. Government is of the view we need to stretch this to ensure access to information for all involved.

On the timeframe, we want to work with Members of the House and other parties in the House. We will do everything we can at Government level, with the Attorney General’s and other advice. The Minister and his Department are taking on specialist advice in relation to GDPR, for example. I take the Deputy’s point about the application of GDPR in terms of access to personal information and data. We will do everything we can to accelerate that.

Deputy Holly Cairns: The front page of today’s *Irish Examiner* lists the 923 children who died in Bessborough mother and baby home in Cork. The burial place of only 64 children has been established. The commission has found that some of the 859 children who are unaccounted for are probably buried on the grounds. Unbelievably, there are planning applications for development on this site. I have raised this with the Taoiseach before and, needless to say, it cannot be allowed to go ahead. The Minister, Deputy O’Gorman, announced legislation for the dignified exhumation of the children in the mass grave at Tuam. Will the Government introduce similar legislation for Bessborough? Can the Taoiseach assure people that these developments cannot go ahead?

The Taoiseach: I empathise with what the Deputy has said. I spoke to one of the representative organisations some time ago on the Bessborough situation. Their main objective was that the burial site would be preserved. There was a view that people can identify. I agree that the first of all needs to be an examination and a proper and robust identification of the burial sites of all the children. I would have deep concerns about construction going ahead in the absence of that having been established and measures taken to protect such burial sites. It is perhaps premature at this stage to talk about legislation. However, the Bill that the Minister is bringing through in respect of Tuam can be applied-----

Deputy Holly Cairns: We need legislation for this.

The Taoiseach: No. I am saying that the legislation that he is introducing in respect of Tuam can be applied to other sites as well.

Deputy Holly Cairns: It should be done as a matter of urgency.

Deputy Mick Barry: I wish to convey my condolences to the family of George Nkencho, who was shot dead on 30 December. The European Court of Human Rights has decreed that the death of any person at the hands of police requires independent official investigation. In this case, there needs to be an independent public inquiry that fully involves the family and the community. Regardless of the serious issues that led to George Nkencho being pursued, it is a matter of the utmost gravity when a young person is shot on his doorstep, not once, but six times and so very quickly after being pursued. Will the Taoiseach outline the training gardaí

13 January 2021

have been given for dealing with people with mental health issues? Will he outline how officers relate to young people in minority communities - African, Muslim, Traveller and so on? Racists and the far right are trying to exploit this tragedy and stir up division in the diverse community of Blanchardstown by spreading vile lies on social media, etc. They cannot and will not be allowed to divide ordinary people on this issue.

The Taoiseach: First, I want to sympathise with the family of George Nkencho on his very sad passing. This is a grave situation that merits investigation. The Garda Síochána Ombudsman Commission, GSOC, will carry out an independent examination of this matter and it is important that we not prejudice the outcome of a fair and independent investigation.

The Garda works extremely hard to develop community relations and its efforts have been very effective in many communities. Gardaí work in very difficult contexts as well and that has to be acknowledged. The reason for GSOC's establishment was to create an independent arm of investigation into very grave incidents of this kind. In terms of community relations generally, the Garda has a very progressive policy. The Garda Commissioner articulated that to me recently.

An Ceann Comhairle: I call Deputy Denis Naughten.

Deputy Noel Grealish: I am not Deputy Denis Naughten.

An Ceann Comhairle: My apologies. I meant Deputy Grealish.

Deputy Noel Grealish: Over the past week, I have been contacted by many parents of children with severe disabilities because those children being at home and have no learning supports. The ongoing struggles faced by these families have been well documented over the past week, including learning loss, significant behavioural issues and serious regression. Will the Taoiseach outline the steps that are being taken by the Government to address outstanding issues in order to ensure that the relevant schools will be reopened? Will the staff at these schools be vaccinated as a matter of urgency so that the children can return to school as soon as possible? Will the Taoiseach ask the Minister for Education to have a Zoom meeting with the parents' representatives at Rosedale School in Galway, Ms Angelina Hynes and Mr. Davy Walsh, to hear at first hand about the difficulties they are experiencing as a result of the prolonged school closures?

The Taoiseach: I appreciate the Deputy's concerns in respect of children with special needs and additional needs. The Minister is engaging with all of the partners in respect of this issue with a view to facilitating a return in a safe manner. Those discussions and that engagement are ongoing. I acknowledge the enormous challenges for the families involved, most importantly the children. I will ask the Minister if she is in a position to communicate with the school community of Rosedale. I read some of the comments. Indeed, I saw them on the "Six One" news, if I am not mistaken. I thought it was a very interesting insight and presentation given by the principal in relation to her sense of her capacity and the capacity of the school to facilitate the return of the children. The Minister is actively engaged in this and I will ask her engage with them.

Deputy Mattie McGrath: I wish to return to the issue of St. Brigid's District Hospital in Carrick-on-Suir, which the Taoiseach and his Minister, Deputy Stephen Donnelly, and Minister of State, Deputy Butler, unceremoniously decided to close. The Taoiseach gave a point blank refusal to meet Mr. Kieran Bourke, a councillor on Tipperary County Council, and activists like

Ms Catherine Foley, who was to push a bed to Dublin today but, due to the 5 km rule, has had to desist. They want to know what is defective in the hospital. HIQA reports stated that it was fit for Covid step-down purposes during the first lockdown. Will it now be used for Covid? Will the repair works necessary to address whatever structural defects it is claimed exist be considered? The HIQA report was not quite clear about what was wrong with the hospital. There is little wrong with it that I can see. It is a fabulous institution. We listened to the testimonies of families over Christmas about how their loved ones were cared for and died there with dignity. Will the Taoiseach meet Councillor Bourke, his colleagues, activists in Carrick-on-Suir and the impeccable medical staff at the facility? Closing the hospital is a shocking indictment on the Government, particularly during Covid.

The Taoiseach: The Government does not decide to close any institution in that manner.

Deputy Mattie McGrath: The HSE does.

The Taoiseach: Yes, the HSE takes operational decisions. My understanding was that the HSE had a plan to invest significantly in St. Brigid's with additional and different services being applied there and that, initially, this met with some positive responses, but people-----

Deputy Mattie McGrath: Window dressing.

The Taoiseach: No, that is my understanding. People have reflected on that and have different perspectives on it. I do not have any difficulty engaging with people in relation to it, but we cannot ignore HIQA reports either in respect of particular institutions or facilities. I will engage again with the HSE in respect of the matter.

Deputy Thomas Pringle: The Government is rightly facing a wave of upset and anger from the survivors and victims of the mother and baby homes on the back of the publication of the commission's report and the Government's handling of it. We in the Opposition warned the Government of this back in October when the Minister for Children, Equality, Disability, Integration and Youth, Deputy O'Gorman, rammed the commission of investigation records legislation through the Dáil in a single day. We now see that subject access requests for personal data are still being refused by the commission contrary to the Attorney General's advice that GDPR be applied, a point the Government only recognised after the legislation was passed. Will the Taoiseach commit to amending section 6 of the Commission of Investigation (Mother and Baby Homes and Certain Related Matters) Records, and Another Matter, Act 2020 to explicitly state the pre-eminence of GDPR and the enabling legislation over domestic legislation?

The Taoiseach: That legislation had to be introduced in order to protect, save and preserve the records. The Minister's bona fides were absolutely correct on that occasion, and that should be acknowledged. If the Deputy reads the sixth interim report of the commission, it makes it very clear that the legislation was both urgent and necessary.

I will ask the Minister to come back to the Deputy on the specific point he raised in terms of the application of GDPR and access to information. As I said earlier, we believe in people's right to access information.

Deputy Thomas Gould: Last night in my constituency, a community came under attack from youths lighting fires and engaging in antisocial behaviour. In part, the reason for this is derelict council properties that have been allowed to lie idle for years. There are a number of problems. First, thousands of families in cork are crying out to be housed. Second, they

are looking at houses that are lying idle. Those houses are a magnet for young people, gangs, antisocial behaviour and criminality. These people are terrifying and terrorising communities. I have asked the Minister to give local authorities complete authority to do up these houses instead of leaving them lie idle for years, to cut out the red tape and bureaucracy in Dublin and to let Cork City Council work on this matter. Will the Taoiseach support my call and ask the Minister to allow this?

The Taoiseach: The Derelict Sites Act 1990 is in place and the local authority should intervene. The Deputy would have been a very active member of the local authority up to quite recently when he was successfully elected to this House in the general election that took place nearly a year ago now. The Deputy knows well that the local authority can and has the wherewithal to intervene, particularly in the context of derelict sites and vacant properties. I accept his point that vacant properties are a magnet for antisocial activity and behaviour and it is not acceptable. I do not know whether the Deputy has been in touch with the local authority in respect of this. I will, however, make the Minister aware of the fact he raised the issue today.

Deputy Danny Healy-Rae: As we all know, the coronavirus has wrecked our country. People have lost their lives, jobs and businesses and the whole country has been totally disrupted. This virus was and is reported to have originated in Wuhan in China. The WHO, to which our Government or the previous Government gave €9.5 million, sought to go into Wuhan before the end of last year and was refused. It was told it would not be let in until, perhaps, 31 January or perhaps not even then.

What investigations have taken place or what has the Taoiseach asked the WHO about what happened? Has the Government spoken to the United Nations? We are a sovereign country that has been impacted by this virus in a dreadful way, more so than if we had been bombed like they were in Pearl Harbour. Will the Taoiseach investigate what has happened? It is already being said now that another virus is originating there, that is, pneumonia. Is the Taoiseach going to let this go on without making any attempt to find out what has happened or what they did to the whole world?

The Taoiseach: I believe in the World Health Organization. It is an essential body that deserves the support of all the member states of the United Nations. It is regrettable that it has been refused entry into Wuhan. A team of investigators was due to go in there to try to identify the source and so on of Covid-19, not in a blaming sort of scenario but rather to try to understand fully where the virus originated and how it spread. I believe that is necessary and I hope that situation can be resolved. The World Health Organization plays an extraordinarily effective role. It needs more support from member states of the United Nations but it plays an extraordinary role in terms of the public health arena. It has been involved in many outbreaks of various diseases across the globe and has helped many vulnerable countries and communities and continues to support them.

Deputy Imelda Munster: Once again and for the umpteenth time, I wish to raise funding for the port access northern cross route in Drogheda. I understand that funding announcements for projects under the local infrastructure housing activation fund, LIHAF, are imminent. This is the third time Louth County Council has made an application for funding. For 15 long years, we have waited for this funding. It is vital infrastructure to allow for the development of Drogheda and for the development of up to approximately 5,000 homes under the plan, something the Taoiseach spoke about earlier.

In February 2019, the Minister, Deputy Darragh O'Brien, was in Drogheda canvassing for the local elections and in that time, he made a public call that the road should be built. Now that he is in charge, if that call was genuine will he follow through and deliver the funding for the port access northern crossing? This time around, after 15 long years of waiting and the third application, will the Taoiseach ensure that we get the funding for the port access northern crossing in this round of funding?

The Taoiseach: Obviously, I cannot pre-empt the allocation or distribution of this particular round of funding. That matter is being considered by the Minister in consultation with other Departments. Obviously, as the Deputy said and has been articulated by others, the case is a significant issue that needs resolution. I will certainly raise the Deputy's concerns with the Minister.

Deputy Michael Collins: The Irish fishing industry was worth €1.2 billion prior to the Brexit trade deal and created 16,000 jobs scattered around coastal communities. The Irish fishing industry cut 60% of its mackerel in UK waters but the new negotiated deal means we will be reduced to approximately 13%. This deal is completely negative for Ireland. For instance, Belgium and Spain will lose less than 1,000 tonnes per annum in the pelagic sector, while Ireland will lose a staggering 23,496 tonnes. Surely, this shows the Irish Government was asleep at the wheel during recent negotiations. The Taoiseach said the deal, after it was signed, would impact negatively on our fishing industry, while President Macron announced the deal done by Mr. Michel Barnier was good for French fishermen. What exactly is the deal that was done with regard to Irish fishing? For the sake of Irish fishing industry and the thousands of rural coastal jobs, please do not announce another decommissioning scheme as every Irish fisherman wants to fish the waters like they always have.

The Taoiseach: One of the first meetings I had this year was with representative bodies of the fishing industry and the fishing co-operatives. We always knew Brexit was going to have a negative impact on our fishing industry, principally because of the high percentages, particularly of the pelagic stock, being fished in British waters and we were particularly concerned about our mackerel and prawn stocks and others. We have mitigated what could have been a far worse impact and because of our close proximity to the UK and the fact we fish so much in British waters, the impact has been more negative for us. The challenge now is to see if we can ameliorate that but also, more importantly, if can we do everything we possibly can to support the fishing industry and those involved in the fishing sector from primary right through the entire production sector, as well as the communities the fishing industry serves, in terms of economic developments and supports.

Deputy Mark Ward: Significant amounts of money have been seized by the Criminal Assets Bureau, CAB, over the years. The last figure I have since its inception in 1996 is €150 million. I come from an area in Dublin called north Clondalkin that has been disproportionately affected by drug use and drug dealing over the years. I have seen whole families being wiped out. Some of these have been relatives, neighbours and friends of mine over the years.

The money seized by CAB originates from areas like my own in north Clondalkin. Will the Taoiseach make sure the money CAB seizes goes back into providing services in the areas that are most affected by this scourge on society?

The Taoiseach: I thank the Deputy for his remarks. I accept the impact of the activities by those who deal in illicit drugs and criminal activity on his community, which CAB has struck at.

13 January 2021

It is a scourge on our society and on communities up and down the country. We need to have a systemic approach to the allocation of funding to communities that suffer from such activities. By that I mean through the various Departments, we should target resources in a proactive and co-ordinated way through the Exchequer, not necessarily coming from CAB, which will go back in, but through education and dealing with young people and early school leavers in terms of psychological supports and whole social supports, a bit like the RAPID areas of yesteryear. We should restore that type of collective co-ordinated approach on the ground, a bit like the initiative which has been highly effective in the north inner city. We need to take that approach more systematically across the country.

Deputy Michael Healy-Rae: Many students have been in contact with me ahead of the 2021-22 academic year, which I know sounds like a lifetime away. As the Taoiseach will be aware, however, for those receiving it, the Student Universal Support Ireland, SUSI, grant will be based on 2020 income. The Covid-19 payment, which a lot of students received and continue to receive, will play havoc with the grants next year. Now is the time to address this issue.

The new SUSI scheme will issue from the Department in February 2021 before SUSI opens for new applications and renewals in April 2021. Clearly, it is my view that the Covid-19 payment should not be assessed against these students. Many reforms are required in SUSI but regarding the pandemic unemployment payments, PUP, as a reckonable income is unfair, however. Perhaps the Minister for Further and Higher Education, Research, Innovation and Science, Deputy Harris, will also address this issue. It should not be taken into account because of the pandemic and the crisis we are in. It would only be right and fair to make sure it would not be taken into account.

The Taoiseach: I thank the Deputy for raising this issue. I will discuss this further with the Minister, Deputy Harris, and the Government will give broader consideration to it but I am conscious that the SUSI scheme is grounded in legislation and has parameters within which it must operate. I will revert to the Deputy.

Deputy Pádraig Mac Lochlainn: The Taoiseach will recall that in 2019, the Sea-Fisheries (Amendment) Act came through the Houses and at that time, the Government stated that its purpose was to reinstate the principle of voisinage to allow Irish fishers, no matter where they were resident on the island of Ireland, to fish and sell their produce on this island. Today's date is 13 January and for 13 days, Irish fishermen with a licence in the North of Ireland are being prevented from landing their fish in harbours and piers across the State, with the exception of Killybegs and Castletownbere. In counties such as Donegal, this means that the Sea-Fisheries Protection Authority is literally at harbours preventing Irish fishermen from landing into those harbours. Worse than that, it is going to co-operatives and producers and getting rid of their lobsters and crabs. It is an appalling situation. The Taoiseach has it in his power to designate more piers and harbours across the State by this Friday and to reinstate the fishing rights of these fishers and their right to supply to this island.

The Taoiseach: The Deputy raises a serious and important issue because from 1 January, the United Kingdom has become a third country and therefore, it is subject to illegal, unregulated and unreported fishing legislation under the North East Atlantic Fisheries Commission requirements. Castletownbere and Killybegs are the Irish ports designated for third country landings of fish for those purposes. That includes Northern Ireland UK vessels. As we know and as the Deputy has said, UK fishing vessels, including Northern Ireland vessels, have had a pattern of landing at many Irish ports prior to the UK leaving the European Union. The Minis-

ter for Agriculture, Food and the Marine has requested the Sea-Fisheries Protection Authority to review the issue in terms of additional resources that will be required in the event of further designations and work is being done on the issue. There are practical issues involved in the designation of further ports but I take the overall point that the Deputy has made.

An Ceann Comhairle: That concludes questions on promised legislation. Five Deputies were not reached, including Deputies Connolly, O'Donnell, Ó Cathasaigh, McAuliffe and Quinlivan and they will be given priority tomorrow.

Report of the Commission of Investigation into Mother and Baby Homes: Statements

The Taoiseach: It is the duty of a republic to be willing to hold itself to account, to be willing to confront hard truths and to accept parts of our history which are deeply uncomfortable. This detailed and highly painful report is a moment for us as a society to recognise a profound failure of empathy, understanding and basic humanity over a lengthy period. Its production has been possible because of the depth of courage shown by all those who shared their personal experiences with the commission. The report gives survivors what they have been denied for so long, namely, their voice, their individuality and their right to be acknowledged.

Before going into detail about the report, it is important to say that it would not have been possible without the steady determination of the former residents and their advocates and researchers, who campaigned with them. I particularly want to acknowledge the critical part played by Catherine Corless, whose work at the Tuam mother and baby home site led directly to the establishment of the commission. On behalf of the Government, I thank the three commissioners, namely, the chair, Judge Yvonne Murphy, Professor Mary Daly and Dr. William Duncan, as well as their team.

Their report reveals the dominant role of the churches and their moral code and lays bare the failures of the State. They have produced the definitive account of how this country responded to the particular needs of single women and their children at a time when they most needed support and protection. This should have been forthcoming from the fathers of their children, their family and friends, their community, their churches and their State but so often, it was not. The often painful and distressing testimony of many survivors is presented in detail in the report of the confidential committee prepared by the commission.

Reading the commission's findings and the report of the confidential committee, the most striking thing is the shame felt by women who became pregnant outside of marriage and the stigma that was so cruelly attached to their children. Testimonies from the women speak of the pressure to make sure that no one in their locality would find out about their pregnancy. One woman speaks of not being allowed to return to school after becoming pregnant because it would bring shame on the school. Extracts from witness accounts shine a light on the attitudes that women encountered such as, "I was being treated like I was a second class citizen" or "Society had an obsession with hiding everything". "Nobody will want you now!", said the mother of a witness who was 14 years old when it was discovered that she was pregnant. "Get her put away!", were the words of a father of a 19-year old when told of her pregnancy.

In the earlier decades covered by the report, witness testimony describes how a dearth of sex education often left young women confused and unaware of how and why they had even become pregnant. Some of these pregnancies were as a result of rape and incest. Children born

outside of marriage were stigmatised and treated as outcasts in school and wider society. Some children who were subsequently boarded out experienced heartbreaking exploitation, neglect and abuse within the families and communities in which they were placed. This was unforgivable. The sense of abandonment felt by many of these children is palpable in the witness accounts. The circumstances of their birth, the arrangements for their early care, the stigma they experienced and the continuing lack of birth information is a terrible burden in their lives. Many mothers, children and fathers left these shores to escape this unfair judgement and life-long prejudice and because they thought it was the only way to protect their families' reputations. While many have built good lives for themselves, many did not overcome the impact which these formative experiences had on their lives and they may have suffered and struggled with many serious personal problems.

One of the clearest messages of the testimonies in this report is how this treatment of women and children is something which was the direct result of how the State, and how we as a society, acted. The report presents us with profound questions. We embraced a perverse religious morality and control, judgementalism and moral certainty, but we shunned our daughters. We honoured piety but failed to show even basic kindness to those who needed it most. We had a completely warped attitude to sexuality and intimacy, and young mothers and their sons and daughters were forced to pay a terrible price for that dysfunction. To confront the dark and shameful reality which is detailed in this report, we must acknowledge it as a part of our national history. For the women and children who were treated so cruelly, we must do what we can, to show our deep remorse, understanding and support. Therefore, on behalf of the Government, the State and its citizens, I apologise for the profound generational wrong visited upon Irish mothers and their children who ended up in a mother and baby home or a county home. As the Commission says plainly, "they should not have been there." I apologise for the shame and stigma which they were subjected to and which, for some, remains a burden to this day. In apologising, I want to emphasise that each of you were in an institution because of the wrongs of others. Each of you is blameless. Each of you did nothing wrong and has nothing to be ashamed of. Each of you deserved so much better. The lack of respect for your fundamental dignity and rights as mothers and children who spent time in these institutions is humbly acknowledged and deeply regretted. The Irish State, as the main funding authority for the majority of these institutions, had the ultimate ability to exert control over these institutions, in addition to its duty of care to protect citizens with a robust regulatory and inspection regime. This authority was not exerted and the State's duty of care was not upheld. The State failed you - the mothers and children in these homes.

The report brings a considerable amount of previously unknown information into the public domain. It has exposed the truth, once hidden, to reveal significant failures of the State, the churches and of society. Women were admitted to mother and baby homes and county homes because no supports were forthcoming from any other quarter. They were forced to leave home and seek a place where they could stay without having to pay. Many were destitute. In the personal testimonies of how many women ended up in these institutions, the priest, the doctor and the nun loom large. The sense of oppression, even at this distance, is overwhelming. Mothers, terrified by the consequences of their pregnancy becoming known to their family and neighbours, entered mother and baby homes to protect their secret and the pressure to maintain this secret added insult to injury and was a large part of the mother's trauma.

Conditions in the homes varied. Before the 1960s, living conditions in many private Irish households were generally poor. In the congregated settings of mother and baby homes poor

sanitary conditions had much more serious consequences for disease and infection control. County homes, as well as Kiltrush and Tuam, are identified as having appalling conditions. Conditions in other mother and baby homes were better and improved over time. Many of the women suffered emotional abuse and were often subject to denigration and derogatory remarks from the religious, with little kindness shown, especially when giving birth. The overall picture is of a hard, cold and uncaring environment.

One of the most disquieting features of the report is that up until 1960 mother and baby homes appear to have significantly reduced the prospects of survival of children. The death rate among infants in mother and baby homes was almost twice that of the national average for children born outside of marriage. A total of approximately 9,000 children died in the institutions under investigation - approximately 15% of all the children who were in their care. It is deeply distressing to note that the very high mortality rates were known to local and national authorities at the time and were recorded in official publications. However, there is little or no evidence of State intervention in response to these chilling statistics and deaths. In fact, a number of reports actually identifying the problems were not acted on.

It will be a disappointment that the report does not answer all the deeply personal questions on the burial arrangements for many of the children who died in these institutions – in many cases the burial location remains unknown and uncertain. There are no records for a number of the large institutions where significant numbers of infants are known to have died, including Tuam, Bessborough, Castlepollard and Sean Ross. While this is difficult, options for dignified remembrance and memorialisation will be implemented where this is not already the case.

While women may not have been strictly legally forced to enter these homes, the fact is that most, especially those who did not have the support of their family or independent financial means, had no alternative.

Overall, the Commission concludes that Ireland was a cold and harsh environment for the majority of its residents during the earlier half of the period under investigation. It was especially cold and harsh for women. All women suffered serious discrimination. Women who gave birth outside marriage were subject to particularly harsh treatment.

Emerging from the survivor stories are the horrific accounts of rape, either perpetrated within families or by someone within a woman's community. This led ultimately to entry into a mother and baby home where the woman bore a social stigma but there was no accountability for the men responsible, and the agencies of the State showed little or no interest in addressing these crimes.

The Commission acknowledges the additional impact which a lack of knowledge and understanding had on the treatment and outcomes of mothers and children with different racial and cultural heritage, those who faced mental health challenges, or those with physical and intellectual disabilities. Such discriminatory attitudes exacerbated the shame and stigma felt by some of our most vulnerable citizens, especially where opportunities for non-institutional placement of children were restricted by an unjust belief that they were unsuitable for placement with families.

While context is essential to our proper understanding of this chapter of our history, it does not lessen what happened or diminish the responsibility of churches and State for the failures laid bare in what we have learned. For much of the period covered by the Commission, women

13 January 2021

as a group, and regardless of age or class, were systematically discriminated against in relation to employment, family law and social welfare, solely because of their gender.

Children were similarly unequal, and none more so than those who were cruelly labelled “illegitimate”. I share deeply the Commission’s unequivocal view that the existence of the status of “illegitimacy” until 1987 in this country “was an egregious breach of human rights.” This was a huge injustice and blighted the lives of many.

It is a sad truth that the history of humankind, even up to today, has largely been defined by a failure to acknowledge and vindicate the rights and status of women and the labelling of those who failed to conform to social norms. We cannot account for what happened elsewhere, but we can and must do so for what happened in our country. An apology on its own is not enough. We, collectively in this House, will be judged by our actions. Actions always speak louder than words.

The Government accepts and will respond to all of the recommendations made by the commission, and this response will centre on four pillars of recognition, remembrance, records and restorative recognition. Recognition begins with this apology and will be followed by commitments to national and local memorialisation and commemoration. The views and wishes of former residents will be paramount and all commemoration will be led by them.

A broad suite of memorialisation, educational and research commitments will support national reflection and enduring remembrance. Future generations will learn of mother and baby homes and of the experiences of former residents, particularly as told through their own words.

With regard to records, the Government is committed to introducing information and tracing legislation as a priority. Access to one’s own identity is a basic right. We will also be advancing a range of related actions to support access to personal information and to ensure appropriate and sensitive archiving of institutional records.

On restorative recognition, similar to the Magdalenes, an enhanced medical card will be given to former residents of mother and baby homes and county homes. This will be in addition to counselling, which is immediately available to all former residents, and patient liaison support services, which will be available to all former residents. The Government will also design a scheme of restorative recognition for former residents and an interdepartmental group will report back it on this matter as soon as possible. All of these commitments will be advanced in a survivor-centred manner with ongoing communication and engagement as plans are developed and implemented.

As a nation, it is important to understand and accept the failings of our past. This is important but not sufficient. We must also learn from those failings. We have adopted national and international laws which oblige us to pursue a different, more humane and rights-based approach. There is in place, as well as being further developed, a wide range of social services completely absent for much of our history.

Under the Minister for Children, Equality, Disability, Integration and Youth, Deputy O’Gorman, we have a Department dedicated to children, to equality and to working across Government and society to promote and uphold the rights of all people. The Citizens’ Assembly is examining further measures to address structural inequalities relating to gender. It is looking in particular at how we can support and respond to the needs of those with caring responsibilities. Through our laws and policies, our systems, structures and services, our actions and our words,

we must always seek to create a more just society, grounded in respect, diversity, tolerance and equality. Continued investment in education, especially for those on the margins and the most vulnerable, is the surest way of making sure that we do not repeat the past.

Similarly, we must learn the lesson that institutionalisation creates power structures and abuses of power. This must never again be an option for our country. Throughout this report, former residents spoke of a feeling of shame for the situation in which they found themselves. The shame was not theirs. It was ours. It was our shame that we did not show them the respect and compassion which we as a country owed them. It remains our shame. I reassure survivors, their families and the country that the Government is determined to act on all the recommendations of the report, as well as to deliver the legislative change necessary to at least start to heal the wounds that endure.

An Leas-Cheann Comhairle: We have gone significantly over time but given the seriousness of the subject I have allowed that. Are copies of all the Ministers' speeches available for Deputies?

The Taoiseach: I will organise that now.

Tánaiste and Minister for Business, Enterprise and Innovation(Deputy Leo Varadkar): This report is the story of a buried past, uncovering buried lives and a buried truth. In some respects, it confirms what was long suspected. In others, it reveals a more nuanced and more challenging narrative. The commission of investigation has spent many years finding the truth in order that we can now begin to provide some measure of healing and reconciliation, and, above all, make restitution.

As a country, we owe a debt to Judge Yvonne Murphy, Dr. William Duncan, Professor Mary Daly and their expert team. Above all, we owe a debt to the survivors who provided testimony and to the work of people who brought the issue of mother and baby institutions to the fore. A special mention must be made of Catherine Corless, whose painstaking scholarship and humble compassion lit the candle which allowed us to reopen and read this dark chapter of our history.

As Tánaiste, as a former Taoiseach, as the leader of my party, which was in government for some of the relevant period, as a member of the Government which established this commission, as a citizen and as a man, I offer my apology to the children who were hidden away at birth, discarded in death or, in life, treated as a commodity or as second-class citizens, as well as to the mothers for whom there was no other option but to enter a mother and baby institution and give up their child. They may have consented but it was not free and informal consent in the way we understand that concept today. We apologise and we ask for their forgiveness.

This report shames Irish society entirely. Women pregnant outside of marriage, some very young, some the victims of rape, were not supported by their families, communities or by fathers of their children. They turned to the church and State for refuge. While they got a refuge, it was a cold and often cruel one. Church and State ran these homes together, operating hand in glove, equally culpable, doing so with the full knowledge, acquiesce and even support of wider society. Church and State reinforced social prejudice and judgment when they should have tried to change them. It must not be forgotten that illegitimacy was not a social prejudice but the law of the land, a law passed in the House in 1931 by our forebears. As was often the case in those days, it was a law very much guided by the Catholic social teaching of the day.

For too many years Ireland was a cold house for children born outside of marriage. This

13 January 2021

report exposes the chilling consequences of such a mindset. Too many children were seen as a stain on society. The truth, however, is that it was our society that was deeply stained. As the report shows, this was a stifling, oppressive and deeply misogynistic culture. It was a cold house for most of its people for most of its existence.

It is shocking to read that more than 9,000 babies died in these institutions - I dare not call them homes. In some ways, it is more shocking that this is not a revelation. The statistics were known at the time. It was known that children in mother and baby institutions were more likely to die in infancy than other children, including other children born outside of marriage. There was no public outcry, no Cabinet memos for the first 50 years, no Dáil debates or motions, few media inquiries or interest. These were second-class citizens, lesser mortals, to be treated as such, perhaps for their whole lives, solely due to the circumstances of their conception and birth. It was a conspiracy of shame and silence and cruelty.

I particularly feel for the children who were boarded out. This was not fostering as we know it today. While there were exceptions, children boarded out were not raised as one of the family. Boys were used as unpaid farm labour and girls as carers or house servants. Their interests were not put first or second. Their education unimportant. This was profoundly wrong and they continue to suffer for it today.

The survivors of the mother and baby institutions, alongside the survivors of industrial schools, constitute Ireland's stolen generation. As a society and as a State, we stole from them the lives they should have had, raised by their mothers in their own communities, known to their fathers, brought up to believe they were as good as anyone else and could grow up to be anyone they wanted to be. It is late in the day but now is our opportunity to make restitution on behalf of the generations who preceded us. The means by which we do so should be guided by the men and women who survived these institutions. They should be given time to read and reflect on the report. They should inform us as to the next steps.

The commission, in its recommendations, points the way. As the Taoiseach said, this should include a formal State apology, appropriate memorialisation, better access to health services, counselling and housing, as well as access to records and information about themselves, including birth certificates and medical records, financial reparations, a repository to archive all of the documents relating to residential institutions to ensure further study can be conducted and assistance with advocacy. We should not forget the survivors now living overseas and in Northern Ireland where inquiries are less advanced.

This report teaches us that when good people believe bad things about others, then terrible actions can be rationalised away. There are lessons here for us as a society and a State. A meaningful response has to go beyond denouncing the horrors of the past from the safety of the present. People want to know their own truth, to find the part of themselves that for too long was forbidden or kept secret. We must facilitate that.

The commission was an excavation into our past. It succeeded in uncovering part of our collective history and heritage. What we now know is compelling and crying out for resolution.

2 o'clock

As a Government, we will do what we can to provide it.

Today is a day of atonement, when we express our horror and sorrow at the story of Ireland

told in this report, and when we promise to do right by those who suffered. In doing so, we should not lose sight of the hopeful story that is also told in the commission's report. It tells the story of a country that has changed and progressed and that is far from perfect but has got kinder, better and more compassionate, more loving and less judgmental, and less misogynistic as the years passed. The flatlets and houses of the 1980s and 1990s were very different to the mother and baby institutions of the 1950s and 1960s and the county homes and workhouses that preceded them.

The commission tells a story of enormous change. This is a story of social progress as the years and decades moved on: legal adoption in the 1950s; sex education in our schools, social welfare payments for lone parents, which gave them real options from the mid-1970s; the introduction of free healthcare for pregnant women and newborns; changing attitudes to sexual morality and personal freedom; a less deferential view of the church and a more questioning attitude to the State, legalised contraception; the Status of Children Act abolished the concept of illegitimacy from our law; the right to divorce and remarry; the slow but steady dismantling of the architecture of patriarchy on which our State was formed; huge improvements in maternity care and neonatal care, leading to a situation whereby death in pregnancy or in the early years of life is now exceptionally rare in this country; the children's rights amendment to our Constitution; new laws and new attitudes to consent and domestic violence; Children First and we had the introduction of mandatory reporting of child abuse; and the ongoing decongregation of our residential institutions for people with disabilities or mental illness in favour of community living, often facing objections.

We should not be afraid or embarrassed to reflect on how much we have changed as a society and as a State, and how far we have come. Doing so does not belittle in any way the maltreatment and experiences of women and children in the mother and baby institutions; rather, it reinforces how awful they truly were. The fact that today's standards are better is not an excuse for the poor standards of the past, nor should we think that today our standards are good enough for the future. Decades hence, people may look back on this time and point to our failings too and have to apologise for them.

As we read this report, both hopeful and shameful, it should spur us on now to do better in the years to come, not just for the women and children who survived the mother and baby institutions but also for the women and children of today and of the future. Today we understand a little better the tears that were shed over many decades by those who were judged so harshly and by those who had their human rights dishonoured. We cannot change the past but we can rededicate ourselves to giving people their truth, recognising the hurt and damage that was caused, saying sorry, making amends and seeking forgiveness.

Minister for Children, Equality, Disability, Integration and Youth (Deputy Roderic O'Gorman): The publication of the report into the mother and baby homes marks another moment of truth for our State and for our people. Its publication is an occasion to acknowledge the profound wrong visited upon the Irish women and their children who were placed in these institutions and too often left with only grief as a companion. It is an occasion to acknowledge, as the Government, the role the State played in this and to apologise for that, and to acknowledge the neglect, the hurt caused, and, in many cases, the terrible toll this has taken on so many of our citizens across decades. It is an occasion to acknowledge also the strength of those who suffered in the institutions and how for generations they endured, and still endure, the awful weight of their experiences within those walls. It is an occasion to acknowledge that it is their refusal to be silent or to be silenced, their campaigning and their commitment to the truth that

has brought us to this day.

With the publication of this report, we are affirming their stories and their truth. We are ensuring that their testimonies are heard, acknowledged and understood. We are affirming clearly, and in the strongest possible terms, that they were wronged and that they wronged nobody. Today is a chance to ask for forgiveness for the failings of the Irish State, failings that were repeated over decades and that had the most horrendous consequences for our most vulnerable citizens.

I would like to acknowledge the work of the commission of investigation, its chair Judge Yvonne Murphy, and the commissioners, Professor Mary Daly and Dr. William Duncan, and their staff. I particularly like to thank all those who, often at great personal difficulty, gave their evidence or their personal accounts to the commission.

The report paints a portrait of a stifling, oppressive and deeply misogynistic culture in Ireland prior to the 1970s, which was ruthlessly reinforced by prevailing attitudes within the church and State. This directly and repeatedly led to women being deprived of choice and agency in their own affairs through coercion, shame and family obligation. Among the starkest declarations by the commission are those concerning the tragic fates of many of the children born in the institutions. The disturbing fact established by the commission is that for children born of mothers who entered these institutions prior to 1960 “the homes did not save the lives of ‘illegitimate’ children; in fact, they appear to have significantly reduced their prospects of survival”. The commission affirms that “infant mortality rates were known to local and national authorities at the time” but the institutions of the State turned a blind eye to them.

In the report, the State was often defined by its absence. Most damningly, during the periods of appallingly high infant mortality within these institutions, the report notes that “There is no evidence that unmarried mothers were ever discussed at Cabinet during the first 50 years after independence”.

The report demonstrates that for much of the period it covers the response of State, church and society was one of gross neglect. The report exposes the social, political, and institutional structures that created, colluded in and condoned such a system. These structures, and the attitudes that were fostered by them, generated a fiercely conservative society. This permitted the State to maintain the status of illegitimacy as a status that consigned children so designated to both moral and legal isolation up until 1987, something that the commission describes as an egregious breach of human rights. Where there were concerns brought to Government, those in power acted only to stifle them.

Alice Litster was an inspector for the Department of Local Government from 1927 to 1957. The commission’s report states that Ms Litster tried valiantly to have conditions in the institutions improved. It was Ms Litster who wrote the first criticism of mother and baby homes by a civil servant, criticisms that were subsequently watered down by departmental officials. It is from her reports on the institutions that much of the commission’s information about them in the decades after independence is drawn. She highlighted the high number of children being sent for adoption in the US. The report makes clear that acts of responsibility from those in power were notable for their rarity, particularly in the early days of the State. As such, Ms. Litster’s efforts over many years to shine a light on the failings of these institutions should be recognised and commended.

The report contains a number of important recommendations and I am committed to ensuring that the Government's response to these will mark a profound transformation not only in the State's engagement with survivors but also in its supports for them. The relationship of trust between the State and mothers and adoptees has been broken. In bringing forward this series of actions, the Government seeks to start the process of rebuilding this relationship. The Cabinet has adopted a whole-of-government response to the commission's report. This contains 22 actions based on eight themes. These themes acknowledge the breadth of the issues that the commission has raised and that mothers and adoptees have spoken about to me and colleagues. The process of this response begins with the State apology made by the Taoiseach in the House today. Central to the response is access to personal information. Legislation on information and tracing is being advanced this year, centred on a person's right to information about themselves and founded on GDPR principles.

The Department is working to put in place mechanisms whereby survivors and adoptees can seek personal information via GDPR when the commission transfers to my Department at the end of February. Our response contains a package of health supports, including a form of enhanced medical card for anyone who spent more than six months in one of these institutions, and counselling services. Legislation to allow for the dignified exhumation of the site in Tuam and providing for DNA identification will be brought for pre-legislative scrutiny soon.

We recommit to establishing a national memorial and record centre related to institutional trauma, engaging with survivors regarding its location and to requiring that Departments and State bodies prioritise ensuring that relevant original files are made publicly accessible. The Government has made a commitment to introduce a restorative recognition scheme to provide financial recognition. The details of this scheme will now be worked on by an interdepartmental group which will bring forward proposals for Government by the end of April.

I know that these actions, either alone or combined, cannot undo the immense hurt that has been done to mothers and adoptees nor can they fully recompense for the impact of the State's failings on individuals. They represent the State seeking to start the process of rebuilding a relationship with those that it has so badly let down. It is essential that the religious congregations, charitable organisations and Catholic and Church of Ireland primates also begin the work of rebuilding trust, both in terms of apologies to mothers and adoptees but also in terms of concrete measures like contributing to the restorative recognition fund and making institutional papers available. I have written to them and sought meetings with them in this respect.

The events described in the report took place over a wide span of time. Some occurred decades ago, others happened very much within living memory. Irrespective of when the events happened, the trauma they have caused is very much alive. They form a scar for so many of our citizens in Ireland today. Equally, the events form a scar for many who were sent abroad to be adopted or who themselves fled our country following the manner in which they had been treated. I know that this diaspora, abroad through no choice of their own, are listening closely today. To all those who carry that trauma, this report will bring conflicting emotions. They have waited a long time - too long - for this recognition. I understand that there exists very little trust between the State and those who were so grievously wronged. It was the State that shattered that trust by failing to live up to its most fundamental duties of protection.

The publication of this report does not end this story. My hope is that it will mark the first step in a new relationship where we will reject the policy of denial as the State's response to grievance, where the State will engage with empathy, humility and generosity with those who

13 January 2021

were wronged and where we will strive to rebuild the trust so grievously shattered.

Deputy Mary Lou McDonald: Tá mo chuid smaointe inniu leo siúd a chaith am i dtithe na máthar agus na leanaí. Inniu, cuimhnimid orthu go léir. Is córas drochíde agus díghrádaithe a bhí ann. Tá an Taoiseach tar éis leithscéal a ghabháil ar son an Stát, ach tá na chéad chéimeanna eile rithábhachtach.

Yesterday was a day of mixed emotions for the survivors of mother and baby homes. After five years, the report of the commission was finally published and it was a very long process from which many survivors and their advocates felt excluded and ignored. Still, there was slight hope that publication of the report would bring truth and real accountability but for many those hopes were dashed. Sadly, many survivors are upset, deflated and angry by some of what they have read in the report. The assertion that there were no forced adoptions, that there exists little evidence of physical abuse and the overarching attempt to shift responsibility from the State and churches has left survivors shocked and some outraged. They are equally furious that, still, barriers to accessing basic documentation, including birth certificates, are placed in their way by the State. This circling of the wagons only adds to their trauma and exacerbates the failures of the State.

The purpose and the power of testimony is that it is given to be believed but many survivors feel that they were not heard and they were not believed. They know that they were coerced and forced to give up their children. They know that they were physically and mentally abused and whatever they read, they know that the State and churches are responsible for the violation of their most basic human rights.

It is plainly untrue to suggest that the whole of Irish society is responsible. That is a distortion of history. The truth is that these crimes were perpetuated by a reactionary Catholic church and a confessional State. Those in power outsourced their responsibility to the religious orders, the churches and to Protestant churches also as we know from the accounts of survivors from places like Bethany Home. This was done by the powerful to those who were vulnerable so any idea that we did this to ourselves is deeply insulting to victims and survivors and it is, frankly, a cop-out.

We know that the death rate of children born in these institutions was multiple of the infant mortality rate in Ireland at that time. Nine thousand children died in the 18 institutions covered by the report and as horrific as this is, it is but a glimpse of the true horror that would have been uncovered had the investigation received a wider remit to capture the vast network of institutions involved in the adoption system, all on the watch and with the connivance of and funded by the Irish State and successive Governments.

It is crucially important that provision is made for the excavation of sites at former homes throughout the State. Many women and families know that their children and relatives are buried on the grounds but they cannot pinpoint exactly where so these mothers must be afforded the human dignity of reclaiming the remains of their children to ensure they can also claim ownership of their individual stories and experiences.

Now is the time for State and church as perpetrators of these abuses to issue formal apologies and take responsibility for the horrific violations. I suggest that a good and perhaps an appropriate point for the current Administration to start is to afford the respect and dignity due to single parent families who as we know to this day remain marginalised and poor and are often

regarded as the low-hanging fruit when the budgets get tight and the so-called tough decisions have to be made.

There has to be full redress and compensation and the rights of survivors and adopted people to access their own information must be realised. The importance of that cannot be overstated.

We would not have reached this point if it was not for the dedicated and selfless actions of countless people, survivors and advocates. Niall Meehan's work in uncovering the deaths and the mortality rate at the Bethany Home was landmark but it is to Catherine Corless that perhaps we owe the greatest debt. She uncovered the remains of 800 babies in a mass unmarked grave in Tuam.

The lived experiences documented within the report amount to a devastating catalogue of heartbreak, misery and the violation of basic human rights so I want to acknowledge the Taoiseach's apology to victims and survivors today on behalf of the State. It is something that they have waited a long time to hear but it is not true to say that what was witnessed was simply a failure of empathy and compassion in Irish society, although God knows that is true.

More profoundly, it was an abuse of power. It was the ultimate abuse of authority. It was brutality inflicted on women and girls, and on the poor in particular.

The value of any sincere apology is always found in the actions that follow. In this, victims and survivor are crystal clear that they want meaningful action and they want to be involved in formulating the State's approach. A good starting point would be to address the fact that the work of the commission covers just 18 institutions, whereas the Clann Project submitted a list of at least 182 institutions, individuals and agencies involved in adoption, informal adoption and other forms of forced family separation. The apology today must be understood to extend to the women and children who went through all of these institutions, including county homes, children who were boarded out, often in circumstances of indentured servitude, and those who were illegally adopted. So far, successive Governments have refused to progress the detailed recommendations of the Mother and Baby Home Collaborative Forum. These, alongside the recommendations of the Clann Project, must be advanced. The Taoiseach must also deliver on his commitment to create the national archive of institutional, adoption and other care-related records while ensuring the proper implementation of EU GDPR rights by all controllers of institutional, adoption and other care-related records.

In addition to its moral obligation to survivors, the State has numerous human rights duties under international law, including access to social services and redress. This means a redress scheme that can be accessed without unnecessary red tape and that the age profile of survivors and families be taken into account. Victims have rightly pointed out that any complicated process would only serve to delay and re-traumatise them. Everything that happens now must be about acknowledging the full extent of the wrongdoing without qualification. A real duty of care from the Government is expected now more than ever. With this in mind, the deliberate leaking of parts of the report was a disgraceful attempt to manage this story. There is a very serious case to be answered in this regard.

The legacy of mother and baby homes is one of shameful crimes perpetrated against women and children by the State, the churches and other institutions. Women were abused and forced to work without pay. Children died of malnutrition, untreated illness and neglect. Some were used as guinea pigs in drug and vaccine trials. It is wrong to use the word "home" in re-

13 January 2021

spect of these institutions. A home is somewhere where one is safe, loved and belongs. These institutions were immoral prisons. There was no love, kindness or care. Our job is to ensure that the survivors now feel from us that love, dignity, and the protection of a real home. Modern Ireland must step up to the mark in providing what the Ireland of the past stole from them: the truth and justice, and the full protection and rigour of the law.

I want to conclude with the words of a good friend of mine, Joan McDermott, who was imprisoned in Bessborough for eight months. She was made to cut the grass of the grounds with scissors. Joan gave birth to a baby boy whose name is David. He was taken from her without her consent or her knowledge. She did not see him again for five long decades. She said:

When I saw my son for the first time in 50 years, he made the most profound statement. He asked me “mam, how old am I really?” He did not know how old he was. He had no birth certificate. He had never been abroad. He has a birth cert now. You and I take these things for granted.

For Joan, for David, for the tens of thousands of women robbed of their futures, for the children robbed of their childhoods, for those who died behind those high walls and iron gates and who were buried in unmarked graves, and for those who made it out and survived to tell the harrowing tale, let today, though imperfect and unfinished, be the start of the final length of the long road to justice. This is not over.

Deputy Kathleen Funchion: Today, as we speak about the mother and baby institutions and the report that was published yesterday, I pay tribute to and commend all of the women and children, many of whom are now adults, who heroically came forward to share their stories. They fought with courage and determination and did not give up. In recent years I have had the privilege of getting to know many people who are survivors of mother and baby homes, including women who had their babies stolen from them and children born into the homes who were denied a relationship with their birth mother. Through many conversations, one common message always comes through, that nobody within the State was willing to listen to them when they were forced into these institutions, and since then, they have been failed by the State on many occasions, including by this Government. Real, meaningful consultation is something that survivors, their families and their representative groups have continuously sought.

When speaking about this matter, I am cognisant that we need to allow survivors and their families the time to read the report in detail and to reflect on its contents. We need to make sure to listen to their voices. We also remember the many women and children who lost their lives in these institutions. I have been contacted by a number of survivors who have not been able to access the report. They are not technologically savvy. They felt they were going to get copies of it in the post. I urge that this be followed up on because I feel it is the least they deserve.

Mother and baby homes were not homes, they were detention centres. A home is somewhere where one should feel safe, loved and protected, not a place where one is tortured, imprisoned and forced to give birth in the most appalling conditions, often without medical support or even basic pain relief. These walls hid torture, deprivation and humiliation on a colossal scale. Human rights did not exist in these centres. As a mother, daughter, sister and Irish citizen, I cannot countenance this cruelty. The cries of children and tortured mothers were ignored and trivialised by cruel nuns and others who were involved in these institutions, who ran the institutions as if they were prisons.

While both yesterday and today are historic points, the journey to truth and equality is not over. Time and again, we have failed survivors and their families, most recently in October last year, when they were appallingly treated by this Government as they attempted to rush through ill thought-out legislation. This caused significant anger and upset for survivors. When will we learn that survivors need to be listened to? They do not need our sympathy. They need and deserve our action. We must set out a path to genuine consultation and the Government must make good on its commitment to repair the damage done to the relationship. I sincerely hope that the Government's commitment to redress is not simply lip service and that real engagement is entered into with all survivors and adoptive rights groups. Survivors need assurances that their rights will be vindicated, especially their right to unconditional access to birth certificates. Their families need a clear statutory right to their own care or adoption file and to records concerning a family member who died in care or when adopted.

It is my fervent wish that the courage shown by survivors in coming forward is met by action from the Government, as the State has failed them. The State did not listen, did not care and it turned a blind eye. Now the State must accept responsibility and come good for survivors. Please let the consultation be meaningful and genuine. Please ensure that people get a copy of the report and that their voices are heard.

Deputy Alan Kelly: Before I start my contribution, I want to put on the record of the Dáil that I, along with many others, think that the leaking of this report caused an awful lot of hurt and distress and should not have happened. I would like the Government - and indeed all governments - to think about this. It is not the first time that this has happened. The Scally report into the CervicalCheck programme was also leaked. Both of these reports dealt with sensitive issues predominantly relating to women. These reports should not have been leaked. It has caused undue hurt.

I wrote to the Taoiseach to stating that I would have preferred the Government to consult with all of the survivors' groups, the families and the victims, regarding when this apology would be made and the contents of it. The Government has made its decision and this is an important day. However, I would have thought that would have been the best way to deal with the apology.

The report of the mother and baby homes investigation tells the tale of an Ireland that we have left behind, yet it is not in our distant past. Reading the report, one would think that it details events of a long time ago, but it does not. The last mother and baby home shut its doors in 1998, which was 23 years ago. I am sure that there are young people in their 20s who are watching this debate, who will find it hard to get their heads around the fact that they were born into an Ireland that still cruelly locked women away behind the high walls of such institutions. Although diminished, in 1998 there were still some perceptions in society regarding unmarried and single mothers remained that in some way there was something to be ashamed of. It may seem as though 1998 is like a long way from the Ireland of the 1940s, 1950s and 1960s, that was so inherently anti-women in its culture and laws, but it is not that long ago at all. Each and every one of us knows many people who have been adversely affected by the shameful actions of our State, institutions, and politicians. All of us who serve in public life should apologise for our predecessors, and for the fact that the Legitimacy Act was passed by the Dáil in 1931. That it was the law of the land is horrendous. All of the political entities that served in governments should apologise for allowing this to happen. When this State was founded and within the first few years of its inception, there were warnings about the mortality rate in these homes and institutions. Nothing was done, a blind eye was turned, and it continued for another 60

13 January 2021

years. Politically, we are all at fault. The State is at fault; we are at fault; institutions are at fault. The women, children and their families share no blame at all. The institutions and the Catholic Church have an awful lot to answer for. We must continue to look at the relationship between the State and religious institutions.

Over the coming days we will hear much about the women who were forced into these homes, but not much about the men involved. These women who ended up in the mother and baby homes did not end up there on their own. Many were raped and some were the victims of incest. Some of the babies were very much wanted and were born out of wedlock to couples who were very much in love, but our society at the time did not approve of this love. Many women were put into these institutions to uphold the reputation of men of a more privileged class and to hide their societal embarrassment. Our society went along with this and it is our collective shame.

We all remember as clear as day the finding of remains at a former mother and baby home in Tuam following the tireless work of Catherine Corless, who is a hero to this nation. The publication of this report is another step in the uncomfortable process of confronting the hidden shame of our nation. It must be noted that the report only concerns 14 institutions and homes. The Clann Project is correct that we must go much deeper. The hidden lives of women who were subjected to devastating neglect and abuse were shamed for their so-called “sins”. For too long, people were determined to keep these stories hidden, but now that these stories are out there, they will hopefully bring some solace.

The Labour Party has long believed that it would be wrong to suggest that the publication of this report will be part of a healing process, because it has come too late for many of the women and children involved. There was no chance at life for the children who needlessly died in infancy, like Anne, the young baby who died in 1968 in Séan Ross Abbey, Roscrea, very close to where I am from. She was the daughter of a friend of mine. For others who left the homes and died before the State embarked on this process, there has been no acknowledgement of their suffering to date. We cannot bring them back. Nonetheless, I hope this report will serve to belatedly put some of the truth on the record. We are past the capacity to put all of it on the record, but we must to everything that we can.

More than 1,000 survivors bravely gave their testimonies to the commission. It has not been an easy process for them but their determination to open society’s eyes to what happened behind the high walls of these institutions deserves a serious amount of gratitude from us all. Careful consideration and reflection must be given to this 3,000-page report and 57,000 children passed through the 14 homes featured in the report. Some survivors groups, including the Coalition of Mother and Baby Home Survivors, have expressed disappointment with what they see as the incompleteness of the report, which does not engage with the more expansive issue of State-sponsored, forced or coerced separation of mothers and babies. The Labour Party joins the call of the Irish Council for Civil Liberties for a separate investigation to examine the entire system of secret adoption and family separation, to add to our knowledge about this shameful history and to build on the findings made in today’s report about the 14 mother and baby homes under investigation. We should also talk openly about the children who were sold into slavery as domestic servants and farm labourers, because that is what happened - they were sold into slavery.

Following the passage of the Commission of Investigation (Mother and Baby Homes and certain related Matters) Records, and another Matter Act 2020, the Labour Party called for

increased supports for survivors and adopted people. Once sufficient time has been given to considering the contents of this report, we must return to that critical matter without delay.

Writing about her experience in a mother and baby home and life after it in the *Irish Independent* this week, my colleague, and former Tánaiste, Joan Burton said that robust adoption tracing legislation must be a key priority. She said:

As a politician it has been my privilege and responsibility to be a campaigner for key social changes in Ireland — divorce, marriage equality, and the repeal of the Eighth Amendment. But the right of adopted people to their own information has never been conceded. It is amazing that this legacy remains in an era of so much progressive change. I do hope that the commission will address this astonishing omission.

This issue needs to be dealt with. Joan Burton is a former Tánaiste and her backstory is incredible.

We also need to ensure that all archives relating to social services provided by the religious institutions are nationalised. That is a very important point. They provided a service in lieu of the State. We need to nationalise all of their archives in order that everything can be preserved. In regard to redress, we cannot undo what happened before. We need to ensure, this time around, that the religious institutions make their contribution to redress for the families and women affected. Once they agree to that, or when they are made to agree, if they do not make their contribution, we will pass legislation - I will draft it myself - to enable us to take their assets and ensure they make that contribution. We cannot go through what happened in this country before in terms of the institutions not making their contribution.

This week is just another part of a much-needed conversation on a dark part of our nation's history. I am sure it will not be the last time we discuss issues like this. The survivors need time to grapple with the recommendations. They need a huge amount of time. Some of them have not had the capacity or the will to look at the recommendations yet. Those who have shone a light on the darkness that is associated with this period in our history, such as Catherine Corless and others, all need time to look at this report.

An Leas-Cheann Comhairle: The Deputy's time is up.

Deputy Alan Kelly: I pay particular tribute to Ms Corless, Joan Burton, my friends, Rosie and Mags McKinney, for sharing their story - I know they are not happy but I will work with them - people like Gerry, whose aunt bought him out of Sean Ross Abbey in Roscrea, my neighbour, Theresa Collins, and everybody else who has worked tirelessly to get to this stage. Today, we are at the beginning of a journey into our past in dealing with this issue. We have opened many doors and we need to open many more in regard to this issue.

An Leas-Cheann Comhairle: We are way over time.

Deputy Alan Kelly: Most of all, we need to provide supports for these women and their families into the future. It is through those supports and showing some love for them that we can truly, as a collective, say we are sorry.

Deputy Jennifer Whitmore: The publication of the report into the mother and baby homes marks a hugely important point in our country's history and the path towards justice for all our citizens. While the women and children in the homes and institutions have never had any doubt

13 January 2021

about the abuses and horrors that took place behind their doors, this report now brings together many of their stories and lived experiences and lays them bare for us all to see. The injustices and horrors that were forced on women by the hands of the State and the church, hands that should have been there to help, support and take care of them, are a stark reminder of our dark side. The report was harrowing to read, but for that to be one's actual life experience, for that to have been one's introduction to motherhood, a period that should be joyful, must have been devastating.

I would like to acknowledge the bravery of the survivors, their children and survivor groups and, in particular, the tireless work of Catherine Corless and Philomena Lee. These were women who never stopped fighting for their own children and the children of others. Their strength shines through the pages of the report. I would also like to remember those who did not survive to see today, including the babies, women and families who are not around to hear this debate, discussion and apology. I say to them that I am sorry.

In his response to the report yesterday, the Taoiseach stated:

The regime described in the report was not imposed on us by any foreign power. We did this to ourselves, as a society.

This is a sentiment and theme, unfortunately, that runs through the commission report. The report talks about how institutions provided refuge when the families of women did not. A refuge is somewhere of safety. It states that there is no evidence that the women were forced to enter mother and baby homes by the church or State authorities. It says that women were admitted to mother and baby homes and county homes because they failed to secure the support of their family and the father of their child. I would like to point out that nearly 12% of the women who went through the doors of those homes were children. They were raped. To expect that they would be the ones to ensure they were looked after by their families is not acceptable.

The report, in several instances, and the Taoiseach, in many of his comments yesterday, fail to acknowledge fully that the fundamental responsibility of protection of its citizens lies with the State and that the culture of a society is moulded and shaped by the most powerful institutions of the State, namely, the government and the church. A State and church which operated hand in glove to implement a State policy of shame, blame and misogyny was one that facilitated and oversaw the horrific treatment of women and children in these homes. There can be absolutely no doubt that the State's policy was one of shame. The State established, funded and regulated these institutions and it outsourced its responsibility to religious organisations. The buck stops with the State, and the State needs to own that responsibility.

I welcome many of the points that have been made here today. However, until the Government's first reaction to an instance like this is not to say, "Well, we were all complicit", then we really have much more work to do. This report represents only a step in the long journey that these women and their families are taking. The survivors need time to digest and take on board the report and its recommendations and that may take weeks. I ask the Government, please, to listen to what the survivors are saying and to be led by their needs and their voices. They have clearly outlined the next steps towards a restorative justice process. It starts with legislating for full and unfettered access to their records. Proper implementation of EU GDPR rights will be required. I maintain that very little legislative change is needed to cover the GDPR requirements. The GDPR applies as standard. Every single person in this country has rights to their own information and that needs to be part of the Government's response in this matter. It must

not spend another year looking at what new legislation we need to implement. The legislation is in place; the Government just needs to apply it.

The church needs to release its records on survivors and to co-operate in full. Survivors must be provided with a comprehensive redress and reparation scheme that meets their needs entirely. We must learn from the mistakes of the past and the past redress schemes, many of which caused further trauma to survivors. The re-traumatisation of survivors must stop now. Putting survivors front and centre of the process will be crucial to its success and to providing the security and certainty many survivors need at this time. These are the things we can do. We cannot go back and change what happened to the survivors and their families. We can only give them our most heartfelt apology, try to repair the trust, provide them with access to justice and support them as they continue on their path to healing. That must be the aim of the Government.

It is within our power to ensure that other vulnerable women and children do not experience such incredible disadvantage, discrimination and State-sponsored human rights abuses in today's Ireland. Women and children in this country still suffer because of the policies of the State. A total of 90,000 children live in consistent poverty in Ireland today. Some 4,000 children are homeless. More than 7,000 people live in direct provision. The latter has been described by many as the Magdalen laundries of contemporary Ireland. I want to make it absolutely clear that society does not condone the actions of this and previous Governments when it comes to the handling of these issues. Society wants the Government to fix them. It is within our power to make sure that whoever is Taoiseach in 20 years' time does not have to stand, as the Taoiseach is standing today, and apologise for the actions of his or her Government. The Taoiseach should use this moment to create a better way. I also call on the Taoiseach to recognise the State's failings, past and present and to listen to the survivors, to their asks and their needs. He needs to recognise what needs to improve and to commit to doing so without delay and to make those changes. Otherwise his apology today may amount to just another apology on top of one apology after another. I ask him to make it matter. Women and children deserve better and as one survivor, Sheila O'Byrne, put it yesterday, it is time to right the wrongs.

Deputy Holly Cairns: I thank the Ceann Comhairle. Today's apology is welcome. It is decades overdue and comes after decades of silence, shame and misogynistic control and abuse perpetrated and facilitated by State authorities, the church and Government after Government.

Ireland's history of using shame and fear to control women and their bodies is truly horrifying in its scale and impact. In 2018, I began knocking on doors for the abortion rights referendum in Cork South-West. I did not know what to expect or what kind of reception we would get. In every town and village, came story after story. Women, often in their 70s and 80s would stand outside and tell us about the girls and women who disappeared from their lives, such as their best friend from school, their cousin or their aunt who were abandoned, shamed and left at the mercy of the State and the church.

On those same nights, we would knock on another door to hear: "But if this comes in, what's to stop the young ones" and "What'll stop them from sleeping around every weekend and getting an abortion every Monday?" It is still here and has not left us. This is the fear of girls and women and this desire to control their lives and their bodies. The "we" narrative around this report needs to be addressed. Yes, society played a part, but this abuse was clearly facilitated and carried out by a powerful State and a powerful religious order which tolerated no opposition. This was a country that virtually outlawed sex outside marriage. This was public policy.

There was no sex education, a ban on contraception, no access to abortion and virtual immunity for rapists.

Pregnancies were inevitable and when they happened, the girls and women were left with nowhere else to go except these institutions. In these, the worst forms of abuse and neglect were systematically carried out. The scale of infant deaths is incomprehensible; it borders on mass murder. Not only was the State aware of this, but it continued to fund and manage the homes and the religious orders profited from this horrendous cruelty and systemic abuse. That an organisation which facilitated the worst kinds of human rights violations imaginable still has any hand, act or part in our schools and hospitals is deeply disturbing.

Then, the Government Departments and church officials denied these realities, further abused survivors and opposed any chance of justice until the discovery of almost 600 babies buried in a septic tank in Tuam forced the Government to establish the commission.

There are no words for this cascade of misogyny, abuse and criminality perpetuated against women and their children. The last thing the survivors need is inadequate apologies from more men in positions of power. They deserve justice, genuine contrition from church and State and complete and unreserved redress. The shame used to control and incarcerate women and children for the so-called crime of getting pregnant was endemic in our society and was misplaced. It is time we re-direct the shame to where it belongs. Shame on the people who committed these horrendous crimes, on the religious orders which oversaw it and on successive Governments for facilitating and condoning it.

If we are to respond genuinely to this report, we must ensure survivors are given redress, that justice is vigorously pursued and that the people and organisations who committed these crimes are pursued and prosecuted. Shame on us all if we settle for anything less.

An Ceann Comhairle: I thank Deputy Cairns. We move to the Solidarity-People Before Profit. Deputies Bríd Smith, Paul Murphy and Barry are sharing time.

Deputy Bríd Smith: I start by saluting the survivors, the women and their families who have put up with years of very deep pain. I also start by echoing the hurt and anger that they feel at this report. No doubt they will also feel some anger and hurt at the apology that they heard here today. I certainly do.

One could say that the report and its contents were to be expected. When the then Minister and current Senator McDowell introduced the original Act to set up commissions, it was very much about being a cheaper, easier, less justiciable version of tribunals and offered a way out of looking at these issues without risking criminal or legal implications. This report, therefore, cannot deliver real answers or address the scale of the crimes or offer any actual solutions. I find the built-in weakness of it shocking. It is shocking not in the facts and the testimonies, many of which were known or people had spoken about, but the constant refrain and single-minded determination to lay the core responsibility, from the State and religious institutions, on to society, fathers, families and on everyone. As Fionn Davenport, himself an adoptee, has said, if one makes everyone responsible then no one is responsible. That is just what the Taoiseach has done here today, as has the Tánaiste. They make us all responsible where, then, nobody is responsible. It is not true to say that we are all responsible and that the chief blame lies with fathers and families.

There was no vote on the attitude that society would have to unmarried mothers or to chil-

dren born out of wedlock. The ethos and the social mores that the report takes as a natural given, as some sort of fixed entity, was hard worked for, planned and argued for by Fianna Fáil, Fine Gael and even the Labour Party at times, which were not innocent bystanders but enthusiastic enforcers of these mores. The Catholic and religious institutions fought for the attitudes and vigorously defended the rules and regulations that went with them. The church and State battered, beat and forced those mores on women and society in a deliberate, premeditated and political programme. It was known and was opposed.

The registrar general reported to this House in 1924 that the rate of death among illegitimate children was way higher than that of Northern Ireland, England and Wales. It is also stated in the record of this House in 1936 in a report from the Department of the then Minister for Local Government and Public Health, Seán T. O'Kelly of Fianna Fáil, in response to a similar report that: "Doubtless the great proportion of deaths in these cases is due to congenital debility, congenital malformation and other ante-natal causes traceable to the conditions associated with the unfortunate lot of the unmarried mother." The abuse and high mortality rates among these children was highlighted and opposed in this House. An Independent Deputy, Dr. Robert Rowlette, in response to Deputy Seán T. O'Kelly said: "I do not know of any evidence that will prove that there is greater general congenital debility or malformation in the illegitimate child than in the legitimate child." He went on to say: "It is a disgrace to a civilised country, and to a Christian country like this, that three-and-a-half times more illegitimates are condemned to death in the first year of their existence than legitimate children".

The idea that children had rights was part of a democratic programme articulated in the 1916 Proclamation and adopted by this State when we signed up to the Declaration of the Rights of the Child of the League of Nations in 1924. The problem here was not that society condoned it but that the political class and the church enforced it. That needs to be acknowledged first and foremost.

The most shocking and offensive matter in this report is, however, that there is no evidence of those abuses, of profit-making from adoptions, or of the coercion of women into signing adoption forms, other than the testimony of those women themselves. That is not dealt with as evidence other than the bones of over 9,000 dead babies' bodies.

I will finish by saying that a number of things have to happen. We have to treat immediately those graveyards around those homes as crime scenes. No more developments or alterations should happen to them and they should be blocked off as crime scenes because somewhere in the future we need to get to the bottom of this criminal matter. They are crime scenes and need to be treated as such. The process of redress also needs to start, not by offering these people enhanced medical cards, but by telling these institutions which have built their wealth on the bones of dead babies, that their assets will be effectively frozen unless they agree to deliver a decent redress that is an absolute benefit to both those women and to society in general.

This report is inadequate, should be rejected in its entirety and the apology of the Taoiseach is utterly inadequate.

3 o'clock

Deputy Mick Barry: This was the Ireland that was presided over by the men whose pictures hang on the walls of the Taoiseach and Tánaiste. It was the Ireland of Eamon de Valera, Seán Lemass, Jack Lynch and Charlie Haughey, and the Ireland of W. T. Cosgrave, John A.

Costello, Liam Cosgrave, Garret FitzGerald and John Bruton. “What upset me is Micheál Martin blaming us - society,” states Galway historian Catherine Corless. She is right to be upset. The Government’s spin machine is emphasising the responsibility of the culture and the society. The spin machine is de-emphasising the responsibility of the church and the State, but who moulded the culture? Who moulded the society? The mother and baby homes were the product of a backward, reactionary, conservative society presided over by the State, the Civil War parties and the church. No amount of spinning can, or will, hide that fact. Today, in 2021, church and State still remain to be separated. One way to honour the survivors would be to completely separate church and State in this country now.

In 1943, 75% of all babies born at the Bessborough mother and baby home in Cork, or admitted to that place, died. Where are their bodies buried? More than 900 babies died at Bessborough. That number does not include the babies who were stillborn. Where are their bodies buried? Is there a danger that some of these babies will be buried now, in the 21st century, beneath apartment blocks? Recently, a planning application was submitted to Cork City Council to build 246 apartments at Bessborough. The developers have not engaged properly with survivors, adoptees and local residents, who say the burial sites must be fully identified before any building can even be considered. The survivors regard the developers’ actions as adding insult to injury, all in the name of profit. This development must not be allowed to proceed.

Deputy Paul Murphy: I want to use my short time to amplify the voices of survivors of these hellish church–State institutions. Repeatedly in the report, their voices are denigrated. Despite harrowing survivor testimonies of abuse, the report states there was “very little evidence of physical abuse” of women, and it downplays the physical abuse of children. On forced adoptions, it essentially states the many woman who have testified that their children were forcibly taken from them are lying. It states:

Some of this cohort of women are of the opinion that their consent was not full, free and informed. However, ... there is no evidence that this was their view at the time of the adoption.

Contrast this with what the Irish First Mothers group says:

The massive abuse they suffered was the forced removal of their child. The Commission is blind to the most grievous injury which was the reason for the inquiry in the first place.

This most grievous injury has been entirely excluded from the very limited consideration of redress for survivors, only some of whom are to be compensated at all and then only for abuse and forced labour, not forced adoption. The Coalition of Mother and Baby Home Survivors states “up to 15,000 people may have been illegally adopted by rogue adoption agencies who were allowed free reign back in the day and now have been given a free pass to escape their criminal behaviour”. The Government and commission have essentially thrown them under a bus and walked away. They are correct that the commission’s report whitewashes foreign and illegal adoptions, which should be the subject of a separate inquiry. Why did this happen? It was not because of some collective pathology on the part of society as a whole, as the establishment parties who oversaw it at the time would have us believe; it was because the ruling class in this country - the church, the State’s officials, the establishment parties and their wealthy supporters — wanted to minimise their financial responsibility for what they saw as a surplus population of impoverished women and children. That is why they did not care about the thousands of deaths and the shockingly high mortality rates. Their only real concern then and now

has been to limit the financial cost. Church and State might be forced to apologise but they still do not want to pay. We must ensure that this time, they do not get away with it. As Claire McGettrick of the Clann Project has said:

In 2013, once the Magdalene apology came, nobody (apart from ... [a few]) was interested in what an insult the McAleese Report was to the women's lived experiences. This time feels different - this time we have a movement.

Finally, the assets of the religious orders responsible should be seized. They should be used to compensate survivors for all the harm that they suffered. The church and State must be fully separated, and institutions such as the Bon Secours, which have devastated so many lives, should no longer have any role in healthcare or the education of children.

Deputy Michael Lowry: I am sharing time with Deputy Canney.

Today is a day that will be recorded in the history of our country. Today we lay bare a chapter that is already soaked in the tears of many of our citizens. Today is the day that we publicly acknowledge the shame and suffering inflicted on countless women and their children. Today should have come a long time ago.

Last October, I voted for legislation that preserved and protected the database of information and allowed it to be transferred to the control of the Minister. It also enabled publication. Without publication, this day would still be a distant hope for many people. We had no right to deny them their truth. I welcome the fact that the Government is committed to passing legislation to give easy access to information and tracing records. I welcome the commitment to establish a redress scheme. I firmly believe that all religious orders involved should join the State and church in a public apology.

The report has confirmed to us what many people already knew. It is distressing and difficult to read this catalogue of neglect. A written account creates a mental image for those who read it. It can tell us the truth about what happened during this shameful era. It can give us a glimpse into the tormented minds of those who suffered. We fervently hope it can help to heal the broken hearts of those who still carry the pain.

The Ireland of the mother and baby era was a different place to the Ireland of today. These were the times when men ruled and the role of a woman was to cater for their needs. This applied across the class divide. Disgrace and shame knew no class. The church ruled with an iron fist. A devoutly Catholic people lived by its teachings. To go against those teachings, particularly by becoming pregnant outside wedlock, was the ultimate shame. Innocence, naïveté, incest, abuse and rape were the cause of many of these girls becoming pregnant. The finger of blame did not point towards the man, but the fist of the church slammed the women. Even in homes where a daughter was loved and a family tried to protect her, the church stepped in and insisted that she be taken from her family. More commonly, rather than face the disgrace, families took their daughters to be looked after by the nuns until after the babies were born. Looking after a sick relative in England was a typical excuse for a girl suddenly vanishing. We can never fully understand what it was really like. I refer to the anguish of the family, many of whom had no idea that in hiding their shame they were walking their traumatised daughters into the hands of people who would leave them with a lifetime of sadness and emptiness. Church-run institutions funded by the Irish State would inflict months, years and, indeed, lifetimes of tragedy on these young girls. One can only imagine the terrifying confusion each of these young women felt

13 January 2021

on waking up in a place where she was scorned or referred to as fallen woman, a sinner. Such was their innocence that many did not even understand how they had become pregnant. The thought of childbirth was a mysterious terror. They were not allowed to mix with each other. Friendships were forbidden by the nuns although shared suffering drew the girls together. At night, these frightened girls lay in bed. The screams rang out along the corridor as one of them went through childbirth without a hint of mercy or even a kindly word, yet those were not the screams that haunted these women for the rest of their lives; rather, it was the unnatural, heart-rending cries of a mother who discovered that her baby was gone, gone without any warning, gone without a mother's kiss goodbye.

One of the mother and baby homes, Sean Ross Abbey, Roscrea, was located in my constituency, Tipperary. From the day it opened in 1930, approximately 6,000 girls and women, passed through its doors. In its opening year, 60 of the 120 babies born there died. Approximately 800 mothers and babies died between 1930 and 1950. The report highlights the glaring absence of official records. I visited Sean Ross Abbey mother and baby home after it closed. I instinctively made the sign of the cross. It is a formidable building and it struck me that it wore its sadness on its sleeve. It was cold, eerie and soulless. Its walls hold hidden stories of appalling mental abuse and neglect. While meandering through the building, it is possible to sense the pain, the grief and the sorrow of innocent victims. One is enveloped by the stark truth of a system that condemned women to be enslaved in a nightmare.

Thankfully, the present generation of politicians have faced up to the sins of the past and are prepared to acknowledge in a meaningful way the suffering endured by so many. Much work remains to be done to meet the justified expectations of those grievously wronged. The doors of these homes of shame are closed forever. The anguish of craving the comfort of a listening voice is gone. The call to have their voices heard has been answered. The hurt and injustice has been recognised and we look to a future of hope and healing.

Deputy Seán Canney: I welcome the State apology by the Taoiseach. I also welcome the words of the Tánaiste and the Minister. These apologies have come today, but they are long overdue. I also welcome the announcement of an apology by the Sisters of Bon Secours earlier, particularly regarding the mother and baby home in my home town of Tuam. I also welcome the apology made today by the Archbishop of Tuam, Michael Neary.

I have not yet read the full report because it is impossible to read a report like this without taking bits of it at a time. It is so horrific. I am aware, however, of some of the harrowing accounts because I know some of the people now living in our community who were babies in that home. What they have told us has always been the truth, but it is only now that it is beginning to seep in that it really is the horrible truth. I acknowledge as well the great efforts made by former Deputy and Minister for Children and Youth Affairs, Katherine Zappone, in her work during the previous Government. Her name has not been mentioned here today at all.

I acknowledge the work, commitment and determination of historian and local person, Catherine Corless, for her work in exposing the facts about the Tuam mother and baby home, as it was called, and in driving this process forward to this day where we now have this report from the commission. I also want to pay my respects to the residents of the mother and baby home in Tuam, as well to the neighbours living around that site who over the years have maintained it and the grave as a sacred place and a place of worship.

Today is the day for saying we are sorry, but it is also the day where we give political

leadership. Individually, we must give leadership and there are several things we must do to ensure today does not pass as just a day of talking. We must pass legislation regarding access to records and that must be done immediately. We also need the creation of a national archive of institutional, adoption and other care-related records. We need the creation of a crime investigation unit and a human rights-compliant coroner's inquest. A redress scheme must be put in place; it must be simple and give direct benefit and restitution to those who suffered so much over such a long time. It cannot be something which will be dragged out and full of paperwork and bureaucracy. These people need help and they need it now. We must also ensure that each former resident of a home receives a medical card for life. I welcome what the Taoiseach, the Tánaiste and the Minister have said in that regard earlier.

The partial leaking of the report last weekend was a grotesque injustice to the people who suffered so much. For somebody to try to curry favour with certain elements of the national media at the expense of the residents of these homes is despicable. We may have an investigation regarding what happened, but we also need to see action and accountability. I was talking to P.J., one of my constituents, this morning. He is a former resident and survivor of the home in Tuam. He made his witness statement to the commission but when sought records from Tusla, they could not find them. Somehow the records showed up in December, after the commission report had been concluded. P.J. asked me to ask the Minister to find out from the commission whether it had his records and, if it had, why he was not told.

We are starting today on a journey of reparation. We are all on the same road. I do not believe that any politician or anybody should be divisive on this issue. We have much work to do and we must do it fast. We must rebuild trust and help these people. I welcome the fact that the Minister brought in counselling services in advance of the publication of the report. However, most people involved with the webinar held yesterday were dissatisfied that they could not ask questions. They have many questions and they need answers. Without a shadow of a doubt, we cannot push them aside any longer.

I finish by stating that if we allow the direct provision system to continue operating in the way it is, we will end up with another commission of inquiry in 20 or 30 years' time and we will again be saying that this was how things were. We must ensure that we learn not only about the past but also that we prepare for the future and to get things right today.

An Ceann Comhairle: I call Deputy Mattie McGrath, who is sharing time.

Deputy Mattie McGrath: I am sharing time with Deputies Michael Collins and Michael Healy-Rae.

This report proves that history is a living thing, and unless we face it honestly, peace and the beginning of reconciliation will continue to evade us. I also welcome the apologies made by the Taoiseach, the Tánaiste and the Minister. I listened to their speeches. I also acknowledge today's apologies by the Sisters of Bon Secours and the Archbishop of Tuam and the apology yesterday from the Archbishop of Dublin. It is right well that they may apologise. I am shocked and disgusted, as are many of the survivors and their families and the supporters who stood with them in recent years to get to the truth and to get some semblance of justice.

The scurrilous and scandalous leaking of this report at the weekend to a Sunday newspaper was despicable and disgraceful. When a previous report was leaked when he was in opposition, the Taoiseach was furious. I hope he will demonstrate the same fury now in rooting out the evil

person who maliciously leaked this report to the media before any of the victims could see it. It is shocking. We have too much of that going on today, with spin doctors all over the place scurrying around for bits of information and not minding how sensitive, hurtful or wrong that information is. Those are highly paid positions and the people responsible should be rooted out.

The pages of this report cry out with pain and anguish. They tell us of the treatment of women and children that no one here would accept for one minute, not one second, if it was one of our children, a daughter, or any relation. Not for one second would we accept that treatment and nor should we. However, we must accept, painfully, that compassion was often absent in the one place where it was needed most, namely the family, as well as in many of the mother and baby homes. Some good people worked in those homes, but, shamefully, many people working there lacked compassion. That was especially the case in institutions where Christianity was most needed, and that was truly lamentable and shocking. This is not to say that all families treated their daughters, children or grandchildren with such coldness and lack of compassion; they did not. The vast majority of people and families in the period covered by this report were hard-working and decent family people trying to eke out a living and educate their children. This was post independence and post World Wars. They were very harsh times with little mechanisation or anything else on farmlands or in the country. The balanced nature of the report makes that clear.

I thank all the people who worked on the report. It is such a detailed document. I have not read it all and it would be wrong to say I had. I have only read bits of it. It is a huge job of work and has been eagerly awaited by the victims. I hope they get some solace from it, that we go forward in a properly chartered roadmap and that we have redress and reconciliation.

As I said, the vast majority of people at the time did their best. The report bears that out. However, it remains true to say that something like a conspiracy of silence existed in our communities and our nation when it came to the issues involved. That is very evident. It was a silence that produced endless grief and pain. Courage was present but so too was a willingness to look the other way. We must accept that. Blind eyes were turned all over the place. Apologies, however important they are, feel inadequate, yet they must be made.

This report is also marked by an awareness of complexity and the inability to portray one single group as the villain of the piece. The inaction of the State, the conditions in the county homes and the role the county councils and courts played in the entire sorry saga are also highlighted, and rightly so. There was fault and, in many cases, grievous fault. How can we remedy this pain? How can we bring healing and restitution to all involved? These will be important questions for us to consider. Every life is precious, every life counts and every life deserves the greatest opportunity to flourish. This did not happen for so many and for so long. We must do better or history will judge us as harshly as it has judged our predecessors, and rightly so.

Deputy Michael Collins: It appears to be the consensus among survivors that they needed time and space to digest the findings of the report before any apology should have been given. The leaking of this report has completely undermined survivors. It was a cruel and deeply cynical move. One way or another, the report was leaked. How did it happen? Who leaked it? Who was given a copy? Surely the State could have at least done this part right but sadly the survivors have been let down yet again.

The Taoiseach, Deputy Micheál Martin, when in opposition was furious when the Scally report on the cervical cancer scandal was leaked to the media by the previous Government in

2018. He said at the time that people were fed up with spin and game playing and demanded to know who was behind the leak. Fast forward to 2021. A new highly sensitive report is produced. Micheál Martin is now Taoiseach and Head of Government and we have another leak. Many feel the report was leaked in an attempt to distract from the shambolic handling by the Government of the Covid-19 pandemic. It was a cynical attempt, they feel, to control the media agenda in the lead-up to the resumption of the Dáil after the Christmas break. If so, this was disgraceful and shameful.

The 3,000-page report is the culmination of a five-year investigation, which was prompted by the discovery of a mass grave of babies and children in Tuam, County Galway. It is estimated that 9,000 children died in 18 institutions between 1922 and 1998, when the last such home closed. The infant mortality rate is said to have been double the national rate, underlining the impact of neglect, malnutrition and disease. Campaigner and human rights lawyer, Dr. Maeve O'Rourke, pointed out that nothing to date had given individuals access to their own files. This has all been an exercise in talking to the public in general terms. There are still no statutory rights and, in practice, people's rights to their own information and their family's files are being denied. We have a situation of enforced disappearance, one of the most serious violations of international law, where someone is institutionalised with the involvement of the State, following which their fate and whereabouts are not disclosed by the State to their family. That needs to be remedied by the Government. This is the type of apology these people need, rather than words that can easily be forgotten. It is time to sit up in this country, to be sincere in our apology, to take stock of the suffering of these people and to take action on the ground that the victims will know is meaningful and measured and will go in some way to ease their suffering.

Deputy Danny Healy-Rae: I am glad to get two minutes to talk about this sorrowful saga, which has gone on for many years in our State. First, I ask, like others, who leaked the report. Was it strategy by the Government? How did it happen? Who leaked it and who was given copies of it? I welcome the State and other bodies saying they are sorry but I believe the law of the land should be applied wherever it can be in any cases that need to be remedied or sorted out. To go back only a few years, we saw how willing was the State to get involved in County Kerry with the Kerry babies case. We know what wrongs happened there, yet the Garda was used to the maximum there. The murder squad and the highest people in that force were down there at that time.

It amazes me that this saga continued until 1998. I did not know that. The Government Members voted a few weeks ago to hide and stash away details of people for 30 years. They got it in the neck, however, from people around the country and were sorry a couple of days later. Now they are trying to remedy themselves. It is a fundamental right of any person to know who he or she is, where he or she came from, who his or her parents were or as much knowledge as can be obtained. People are entitled to know that and it should not be hidden away from them anywhere.

What happened was wrong. Pregnant girls were forced into mother and baby homes and even into county homes and boys and girls were forced to go out to work as hard as they could for wealthy farmers. That was wrong and on top of that, they were not treated like human beings. Many of them were fed in the yard or the dairy or their dinner was handed out the window to them. That was wrong and I resent and reject those people who did those bad things to other people because human life is precious. Everyone has the same right to live and should be treated equally. Clearly, these people in our past were not so treated. If there are any people still wandering around from 1998 or back to 1988 that have done wrong, they should be appre-

hended and brought to task for it.

Deputy Catherine Connolly: This document I have to hand is what the report looks like. I hold it up to show survivors because they do not have it. It is the executive summary with the recommendations and one or two other things. Not a single survivor has it. I have it since yesterday, when it was put in the pigeonholes of Deputies.

I am not sure whether the media colluded with the Government or whether it was pure ignorance on their part but in every bulletin, they said the report would be made available to survivors prior to us getting it. That has not happened. I see two female Ministers of State are present here today and I would love them to address this point. No report was ever given to the survivors. They were invited to a webinar, where they were told the Government's version and then they were invited to download 3,000 pages.

The Government has had the report since October. Members were told there was urgency to the legislation that went through the Dáil and the Government forced the legislation through. That report has sat with it since then. The three wise men running the country - in a worse moment I might refer to the three unwise men - decided to hold on to that report, to still not give it to the survivors and to stand up here today with sweet words and tell us they are apologising.

I welcome the Taoiseach's apology but I will place it in perspective. I will deal with 21 years very quickly. In 1999, we had an apology from Bertie Ahern for the treatment of 15,000 to 20,000 children in industrial schools, reformatory schools and what were called orphanages. I am only picking some of the reports across those 21 years. That apology was followed by the Ferns report in 2005 and the Ryan report in 2009, which found that sexual abuse was endemic in industrial and reformatory schools for boys. Girls and boys suffered emotional abuse on a great scale. In 2009, we had the Murphy report; in 2011, we had the Cloyne report; and in 2013, we had the Magdalen report of an interdepartmental committee, following by a review under Mr. Justice Quirke and the establishment of an *ex gratia* scheme, which was subsequently found by the Ombudsman to have been maladministered. We then set up Caranua. It was appalling to name it that and call it a "new friend" when it was really the old enemy in disguise. This was followed in 2017 by a technical report on the Tuam site, since which nothing has happened.

I wish to pay tribute to a number of people. Mr. Mike Milotte published a book in 1997, entitled *Banished Babies: The Secret History of Ireland's Baby Export Business*, which was republished in 2012. RTÉ ran documentaries by Ms Mary Raftery, Ms Patricia Burke Brogan and Mr. Cónall Ó Fátharta.

Leading to this report was Ms Catherine Corless's discovery through painstaking work paid for by herself that there were 798 bodies. What was the response from the Sisters of Bon Secours at the time through Ms Terry Prone, the organisation's PRO? It was that not a single bone would be found and that not a single child would be found. There was a longer press release from the organisation.

This report comes almost six years since the commission was established by a Fine Gael-Labour Government in February 2015. We have waited and there have been seven interim reports, most of which were published belatedly. The sixth interim report, which dealt with the database, was not published until yesterday. I thank the Government for publishing it, but the Taoiseach has given no explanation for it not being published at the time. It refers to a document relating to Bessborough that was not included in it.

I look at this report and struggle for words, but I owe it to the survivors to find words. The Government has heaped abuse on abuse through the manner in which this subject has been addressed. It might change its approach from today with its full apology, which I welcome, and quick action in terms of a compensation scheme and proper supports. I doubt it will, but I will work with and support it in that. Forgive me for my lack of trust, but it is based on personal, family and professional experience and having taken the trouble to read each of the reports that I referred to and more besides. My trust is stretched, and if I am just a Deputy, how does the Government think the survivors who were sitting in on the webinar yesterday were left feeling when the Government's language and the language of the media told them that they had the report when they did not? The language of the patriarch and the three unwise men continues to tell women what is good for them and, indeed, the men who spent time in these homes.

Regarding this report, I will pay tribute to the survivors who came forward. Deputy Kelly mentioned a figure of more than 1,000. It has been difficult for us all to come to terms with this report quickly, but there were not 1,000. Rather, just over 500 came forward to the confidential committee and told their stories. My experience is that people who spent time in institutions rarely talk about it. A lifetime might go by and they will not talk about it. There are intergenerational consequences. When the 500 came forward to tell their stories, they did so in trust.

The story jumps off the pages - the role of the church, the priest and the county council. Indeed, the Tuam home distinguishes itself by being one of the worst in the country, and although the county council was not actively involved, the home was under its control. It was also under the control of the county manager, who took an active role. There was even a policy there whereby if the woman got pregnant a second time, she was destined for the Magdalen laundry, not the mother and baby home. Can the Taoiseach imagine that? Listen to what I am saying about the county manager being actively involved.

The women tell a story in this report of rape and sexual assault. Nearly 12% of the women in the homes were under 18 years of age. Some were as young as 12. However, the commission found that there was no evidence that they were forced by the church or the State. It is incomprehensible to draw that conclusion or the many other conclusions I have great difficulty with based on the testimonies of the women when they told their stories. The priest jumps off the page. Solicitors jump off the page. GPs who phoned the doctors and priests jump off the page. Some of the sexual abuse was carried out by family members, including cousins and uncles, and priests. All of that is set out in this report, but according to the commission's conclusions, there was no evidence of compulsion. Either we believe the women or we do not. If we do not, then we are adding to their hurt and their fear that they would not be believed. I will use my few minutes in this debate to say that I absolutely believe the survivors who have come forward despite these difficult memories. The commission tells us that there was no evidence of compulsion or forced adoption. All of the evidence given confirms there was.

I would like the Taoiseach to have dealt with this issue in a more nuanced manner in his contribution. I do not expect him to have read all of the report - none of us could have in the time allowed - but the inconsistencies in it are nothing short of shocking. The writing is unprofessional and amateurish in parts and there are inconsistencies in how people are referred to. Sometimes they are called "people", sometimes they are called "witnesses", sometimes they are called "other witnesses", sometimes they are called "a woman", sometimes they are called "a survivor". There is no consistency. If something bad was said, the narrative sought to balance it by finishing on a positive note. I find the whole narrative repulsive. What I do not find repulsive are the stories of the women, which I have read and with which I was familiar.

13 January 2021

The spin continues as regards the way this report was undertaken. That spin came from the then Taoiseach in 2017, which the current Taoiseach is continuing with today. The then Taoiseach stated that the nuns and priests did not come in the middle of the night and take our children. They did on some occasions, but not often because what happened was far more subtle and controlled than that. The powers that be were the church, with politicians playing a subservient role. I will use the county council in Galway as an example because it jumps off the pages. It held its meetings in the home. The absence of records and the appalling mortality rate were known at the time, but the Taoiseach is saying now that we are all responsible. I am not responsible. My family is not responsible. The people I know are not responsible. Those least responsible were those put into the homes. The Taoiseach should not stand here today and expect me to listen to him with patience when he tells us that society did that. It was done by a society composed of the powerful against the powerless. As with the old distinction between public and private medicine, if someone had the money to pay and came from a middle class family, she was treated differently. She paid her way and did not spend as long in the home.

In Tuam, children stayed until they were seven years of age if they were girls and five or six if they were boys. Among many other gaps, what is absent in the report is a failure to acknowledge the importance of bonding and the implications for human interaction of those bonds being broken. There is a dismissal of how children were taken from mothers and an acceptance that adoption was much better. There are statements to that effect in the report - that children were better off being adopted than staying in mother and baby homes.

I could go on. We are being shown more leniency today, but I will not dwell and take it. I have enough said for today. I find the report's narrative disturbing. I accept the Taoiseach's apology. I would like to see it being accompanied by meaningful action, including swift redress, and learning from the debacle of the Magdalen redress scheme and Caranua. Stop making distinctions between children who were accompanied by their mothers and children who were not. Let us accept that this was an inhuman unacceptable system. The one occasion on which the word "inhuman" is used in this report, strangely enough, is with regard to England, which took mothers and their children if they were lucky and have them. The only time the word "inhuman" is used is in connection with the Catholic charities in England that sent the mothers back to Ireland. Imagine, they were repatriated. Does the Taoiseach know what that means? Generally, it means returned. In this instance it means that they were forced to return to Ireland. The word "inhuman" is used simply on that occasion and at no other point in the report.

I hope this is the start of a truly meaningful debate and action where language means something and the Government actually listens to the people on the ground and never, ever repeats a webinar or the leaking of a report so it can control the narrative. It is simply disgraceful.

An Ceann Comhairle: I thank Deputy Connolly. That concludes statements on the report of the commission of investigation into mother and baby homes for today. I understand it is intended to return to the matter in the near future.

Covid-19 (Health): Statements

An Ceann Comhairle: We now have statements and questions and answers on Covid-19. The Minister for Health has 15 minutes.

Minister for Health (Deputy Stephen Donnelly): I will share time with the Ministers of State, Deputies Butler, Feighan and Rabbitte. I thank the Ceann Comhairle for the opportunity to update the House on the national response to the ongoing Covid-19 pandemic. Deputies will all be aware of the significant decisions taken by Government in the past few weeks regarding the new measures put in place to combat Covid-19. I would like to share with the House why these decisions were made.

The epidemiological situation has deteriorated substantially in recent weeks. The level of infection has increased rapidly and our 14-day incident rate is now 1,410 cases per 100,000 population. In addition, the R-nought number was estimated last week to be between 2.4 and 3 for the entire country. The incidence rates are high across all age groups, especially young adults, and across every part of the country. Incidence rates in those aged 65 and older remain high and are a cause for concern. The numbers in hospital and in critical care are increasing and putting enormous strain on our hospital system. Our thoughts and prayers are very much with those in critical care right now and with their families and friends. We know that most people who get the virus will have mild symptoms that resolve themselves but we also know we can expect to see a proportion of people infected with the virus who require hospitalisation. We know a smaller percentage of them will require intensive care and there is a percentage as well, tragically, who will die. I extend my heartfelt sympathies to the families and friends of those who have lost their lives so far to this awful disease.

The prevalence of a new Covid-19 variant is also a considerable concern. The highly transmissible variant first identified in the United Kingdom highlights the importance of strict adherence to public health guidance. It is now more important than ever for everyone to stay at home and avoid social contacts and for us to double down on our efforts to suppress this virus. In tandem with our efforts to limit person-to-person transmission, we must continue to identify the disease in our community. Testing and contact tracing continue to be essential in how we fight this virus.

While what is going on right now is really difficult for people, there is hope. In recent weeks, two vaccines have received regulatory approval from the European Medicines Agency, EMA, and a third will be decided on before the end of the month. Ireland's Covid-19 vaccination programme is now well and truly under way. As Deputies will be aware, the programme has been further accelerated to deliver the first dose of vaccinations to all nursing home residents and staff by Sunday week, that is, 24 January, and to all residents over 65 years of age in residential disability and residential mental health settings and approximately 70,000 front-line healthcare workers both in hospitals and in the community.

Colleagues in the House and people all over Ireland are understandably asking which priority groups will be vaccinated and by when. People want to know when they, their loved ones and those most vulnerable will be vaccinated. To date, only two of several possible vaccines have been authorised and neither Ireland nor any other EU member state has accurate delivery schedules for any vaccines except the two that are authorised, namely, those produced by Pfizer and Moderna. As a result of this, it is not possible for Ireland or other member states to accurately predict vaccination deliveries and, therefore, vaccination levels past approximately the end of February. Nonetheless, I will provide the House with at least some provisional numbers. We are planning on receiving enough vaccines to be able to inoculate 700,000 people by the end of March. Critically, this will vaccinate the top three groups on the prioritisation list, that is, those in long-term residential care - namely, staff and residents - front-line healthcare workers and people over 70 years of age. We are further planning to be able to vaccinate more than

13 January 2021

1.5 million people in quarter 2 and more than that again in quarter 3. At these levels, people most at risk of Covid-19 will be fully vaccinated by the summer. I stress that I am providing this information to colleagues in an effort to give some sense of where we are moving to and at what speed, but these numbers are highly provisional. They include estimates for delivery schedules for vaccines that are still to be approved. I hope colleagues will treat the numbers and the forecasts in that context.

Work is ongoing to ensure that people have easy access to vaccination details, including the numbers who have been vaccinated. I know there is much interest in this. Updated figures, which I am delighted to be able to share, will be available on the Covid-19 data hub from this weekend and regular updates will, of course, follow. Work is also under way to add vaccine numbers administered to the Covid-19 tracker app as soon as possible.

I will finish by making two points. The first is that I want to thank once more everyone working across Ireland's health care system for continuing to step up at our country's time of crisis from those in our hospitals to community health teams to those working in GP practices, pharmacies, voluntary organisations, nursing homes and everybody in between. Second, I reiterate just how serious the situation is right now. The UK variant, which is far more contagious than anything we have dealt with so far, now accounts for in excess of half of all new cases. The way we support our healthcare workers and keep each other safe right now is to follow the public health guidelines and to stay at home.

Minister of State at the Department of Health (Deputy Mary Butler): Covid-19 has posed significant challenges including isolation, bereavement, anxiety and loss of income and work for many. As a nation, we continue to rise to this huge challenge but some of us will need additional support as we face this difficult time. Since the pandemic started, mental health services have responded rapidly, continuing to deliver supports for people in the safest possible way. Some services have been reconfigured while others, like telehealth, have been significantly enhanced with our NGO partners. This has ensured the delivery of the best possible service to some of our most vulnerable citizens in sometimes extremely difficult circumstances. I thank all mental health staff and commend them on their hard work and dedication.

A continuity plan has been finalised for the current outbreak. Experience from the initial outbreak and associated restrictions have ensured enhanced preparedness. Throughout the pandemic, specialist mental health services have operated at 85% to 90% of pre-Covid levels and this level of capacity is expected to continue throughout this current surge. Residential facilities continue to operate as usual with some adaptations and restrictions. Day services will prioritise high-risk individuals with service user and staff safety of paramount importance. Telehealth services are fully established including *yourmentalhealth.ie*, the information line 1800-111-888, the crisis text line 50808 and NGO online supports. Use of these services has increased significantly during Covid-19. Mental health services and supports are available at all levels to children, young people and adults who need them. Recent trends in nursing homes are concerning, with provisional data including 62 new outbreaks in the last week and active outbreaks are three times the number that existed in mid-December.

Some positive news is the approval at European level of vaccines and the start of the roll-out here. The vaccination programme has accelerated to deliver the first dose of vaccinations to all staff and residents of long-term residential care facilities, including nursing homes, mental health and disability residential centres, by 24 January. Vaccinating our older and vulnerable population and those who care for them is our priority.

The HSE continues to provide personal protective equipment, PPE, and other necessary supports to help prevent and control outbreaks of Covid-19. I ask residents and families for their understanding at this difficult time, to work with nursing homes on visiting arrangements and to please support the dedicated staff to ensure a safe and effective roll-out of the vaccine, as it offers hope for better days in the near future.

Minister of State at the Department of Health (Deputy Frankie Feighan): I welcome this opportunity to update the House on the vital public health policy areas falling within my remit. While physical and mental well-being have always been important, the Covid-19 pandemic has put public health and well-being centre stage in both Government policymaking and in citizens' lives.

Empowering people and communities to keep well and shifting focus further towards prevention are key elements of Sláintecare, delivered through Healthy Ireland, our national action plan to help people live healthier and longer lives. Healthy Ireland is being implemented through a suite of action plans and policies, which aim to reduce obesity, increase activity levels, improve health and awareness and help more people to reduce excessive alcohol consumption, illegal drug use and to quit smoking. Since 2018, a core component of Healthy Ireland has been our national communications and citizen engagement campaign, which raises public awareness of supports under three key themes, namely, healthy eating, physical activity and mental well-being. This campaign has been repurposed since the arrival of the pandemic.

In the spring, we supported health and well-being through the In This Together campaign. Last November, recognising that this winter may be one of the most challenging faced in living memory, the campaign was adapted to focus on building resilience, with the theme of keeping well. More details and specific supports are available on gov.ie/healthyireland. Some €7 million in funding has been provided to support a range of initiatives and services under the five main themes. These are: keeping active; staying connected; switching off and being creative; eating well; and minding your mood.

Covid-19 poses a major threat for people with drug and alcohol addiction. In response, drug and alcohol services have adapted new ways of working to continue to support people affected by substance misuse during the pandemic. HSE addiction services have put in place procedures to ensure the delivery of opioid substitution treatment for almost 11,000 service users, including addressing the risk of overdose during Covid-19 by providing increased availability of naloxone.

I could go on and I have a lot more to say but I just want to send my condolences to the families and friends of all those who have passed away and to thank all those who are working to try to reduce this awful problem during this pandemic.

Minister of State at the Department of Children, Equality, Disability, Integration and Youth (Deputy Anne Rabbitte): As my colleagues have pointed out, this new wave of the virus has not spared any sector of society and unfortunately, that is also true for people with disabilities as well. I have been granted three minutes, which is only time to give the House a high-level overview of the significant work that is ongoing.

Last week, in light of the increased levels of Covid-19 transmission rates in the community, the HSE issued revised guidance measures for the disability services. The revised guidance reflects the Government's intention that disability services will remain open at each level of the

13 January 2021

resilience and recovery framework, subject to evolving public health guidance. I am keenly aware of the need for these services to remain open as they are a crucial support for service users and their families. It is also important to acknowledge the great work of the service providers in striking the balance between protecting service users and staff. Service providers have been asked not to take unilateral action on the provision of services and to ensure that robust communication plans are put in place. This ensures that each service user and his or her family has a clear understanding of how services may be impacted during the current restrictions. Residential home support and personal assistant services continue to be prioritised and delivered, subject to a revised risk assessment, public health guidance and direction.

On respite services, I can confirm that those with complex medical and clinical needs are to remain at home, while every effort will be made to provide home support where possible, subject to risk assessments and prioritisation. Therapy services for children with disabilities will continue to be provided, either remotely or face to face, as appropriate. The provision of assessment of needs continues to be a priority and each community healthcare organisation will continue to evaluate its plans on an ongoing basis. Since the start of this pandemic, a level of service continues to be provided for adults and paediatric referrals to each speech and language, occupational therapy, physiotherapy and other therapy service for those referrals that were considered to be a priority.

Extra funding has been provided to build capacity in the adult day services and to extra staff. This will ensure that the maximum service will continue to be provided at a scale that can be provided safely to those most in need. Day services continue to be prioritised and delivered, subject to a risk assessment, public health guidance and direction. Those with complex medical and clinical related needs are to remain at home. Providers have been in contact with the families and one of the recurring themes that I would like to bring up is that I have been working closely with the Minister, Deputy Stephen Donnelly, in respect of the vaccination. We have talked at a high level with the HSE and Dr. Kelleher on this and it is being continuously reviewed.

Deputy David Cullinane: I want to start by wishing the Ceann Comhairle and all of my colleagues a happy new year. Hopefully we will get through this year as best we can.

We are facing into the worst phase of the pandemic on this island. As of this morning, in this jurisdiction, there were 1,750 people in hospital with this deadly virus and more than 170 in intensive care. The HSE forecasted that the best-case scenario for the end of this week was that we would have 1,500 hospitalisations. We have exceeded that. The most pessimistic scenario was for 3,000 hospitalisations and we are edging closer to that. The most optimistic projection for ICU capacity was that we would have 220 patients in ICU and the most pessimistic projection was that we would have 450 patients in ICU, putting real and serious pressure on our front-line healthcare services.

The numbers are not good, as the Minister acknowledged. We have the fastest growing rate of the virus of anywhere in Europe, if not in the world. The Minister might remember, that in December we had a debate in this Chamber before the Government eased the restrictions. I told the Taoiseach at that time, as did others, that we needed to break the cycle of lockdowns. We also said that we could find ourselves in a tough situation if the right decisions were not made. We said that the Government should not put the cart before the horse and that a decision should not be made before the public health advice was given. On the Monday of that week, announcements were made by the Taoiseach and the Tánaiste that we would be moving out of

lockdown. On the Tuesday, we stood in Leinster House debating that decision. On the Wednesday, the Committee on Health was to engage with NPHE and that was cancelled, I suspect, at the behest of the Government. That move limited our access to information on the spread of the virus. It also limited our ability to interrogate the Government's decision and the advice from NPHE. The Government said that it based the decision on its own data that it commissioned on opening up hospitality and retail. We were never given that opportunity.

I sincerely hope, therefore, that the Government and its members have learned from the experience of the last few weeks. It is never good to push back, undermine or move ahead of the public health advice. The consequences are real, including rising hospitalisations, an increasing number of healthcare staff out sick with Covid-19 and a real crisis in our acute hospitals. It is not that this was not forecast. The extreme situation in which we find ourselves may not have been predicted but a serious surge in cases was. We always knew this virus could get away from us if we did not get the basics and fundamentals right.

4 o'clock

Let us be clear. We have to be factual about what has happened in recent months. The Minister and the Government never got testing and tracing right. It was never used effectively to hunt down the virus. We never got testing and checks at airports right and there is still no enforcement of mandatory quarantine. We never got the all-island aspects right. While sometimes the Minister and the Government want to shift the blame to Sinn Féin on this, we have always been absolutely supportive of any and every measure that can be used to ensure that we have appropriate all-island responses. Responsibility for dealing with this matter falls on the Executive in the North and the Government in the South, and we have never got that right either.

I have also stated previously that we wasted the summer months. We did not put into ICUs the capacity that should have been put in place. We did not build up the necessary capacity in the area of healthcare. I published a plan in the summer months and called for the provision of additional capacity - 100 extra ICU beds - to enable us to be better equipped in January to deal with whatever crisis arose. That did not happen. The healthcare unions and I called for modular rapid-build units to be put in place to increase hospital capacity. That did not happen. In terms of beds and staffing, what we are getting is promise after promise but it is not materialising into anything real for people on the front line.

In recent days I have engaged with the Irish Medical Organisation and the Irish Hospital Consultants Association. Tomorrow I will be meeting representatives from the Irish Nurses and Midwives Organisation tomorrow and the SIPTU health division. They all say the same thing, namely, that front-line healthcare staff are not getting close to exhaustion, they are already exhausted. These people are at breaking point and they are sick and tired of hearing promises from the Minister and the Government. We still have not had any movement in respect of the pay for public health specialists. There has been no movement to deal with the two-tier pay issue relating to hospital consultants. There was a slap in the face for student nurses and midwives who were offered a paltry €100 a week. This fell far short of their expectations and, I believe, what was necessary. As they say to me, they do not have the capacity in the hospitals that they should have to ensure that they can provide a safe service. They know they are facing into a very difficult period because they have to deal with this current surge. There is considerable fear among hospital staff regarding what might be coming at them over the next week as they see the numbers increasing. They also know that significant levels of catch-up care will

have to be offered, probably during the summer months.

There will be no let up whatsoever for the front-line staff to whom I refer. Praise is not enough. A clap on the back is not enough. We have to support them in every way we can. I have given the Minister any number of examples of instances where he and the Government failed these people. I appeal to him to meet with the Irish Medical Organisation, the Irish Nurses and Midwives Organisation and the Irish Hospital Consultants Association and listen to what they are saying and to their descriptions of what the position is really like in any of the acute hospitals across this State. The people they represent are at breaking point and they do not believe that the Government has done enough to support them.

We all welcome the fact that the vaccine is beginning to be rolled out. Like other Deputies, I informed the Minister prior to Christmas that I want to get behind a programme or plan that works but that this must be resourced and there has to be maximum transparency. I welcome some of the information that has been provided here. However, a number of us were briefed recently on the vaccine and I have say the information on mass vaccination centres was sketchy. The information relating to staffing and to the number of vaccinators we will have when we get to rolling out the vaccine out into the community was sketchy. At that point, the engagement with GPs and pharmacies had not happened. It has happened since.

People want as much information as possible. They want to know that when we get to a point where it is vaccines in, it will also be vaccines out. The Minister stated that we will vaccinate 700,000 people by the end of March. We are still being told that there is no change in the context of the 40,950 vaccines arriving each week. Has the number changed? Has it increased? We will get to that in the question-and-answer session, but it is information that people want.

If there is not maximum transparency and we are not getting the information that we need, the vacuum that is left will be filled by misinformation. I do not want that. It is the Minister's responsibility to ensure that we get as much information as possible. In the context of the vaccine roll-out, there are many examples of where that simply has not happened. We need an all-hands-on-deck approach. Much more needs to be done.

Deputy Maurice Quinlivan: I have raised the issue of University Hospital Limerick with the Minister on a number of occasions. I raised it in the previous Dáil at every opportunity. Unfortunately, there is an ongoing trolley crisis at the hospital, with 66 patients on trolleys there as we speak. In light of the alarming rise in Covid cases in my home city of Limerick, I am again really concerned about University Hospital Limerick. I am eager to hear from the Minister about the plans he and his Department have to manage the Covid and overcrowding issues at University Hospital Limerick. As the Minister will be aware, the 14-day incidence rate in Limerick has surpassed 2,000 per 100,000 of population, that is, one in every 50 people having Covid-19. Nearly 4,000 cases have been reported in Limerick since Christmas. These are startling numbers. Regrettably, some of these people contracted the virus and ended up in ICUs. Some of them will need access to ventilators.

I fear for the amazing staff of the University Hospital Limerick. As my colleague stated, they are exhausted. They tell me this every day I speak to them. They are already working under conditions of great strain. We already do not have enough beds for those who need them. In the first week of January, 254 patients were treated on trolleys - the highest number in the State - at the hospital. As already stated, there are 66 patients on trolleys in the hospital today. People being treated on trolleys is never acceptable but during a pandemic, it is dangerous.

Overcrowding is exposing patients and staff to potential infections.

I have to ask the question that I asked in the previous Dáil. Is there a particular issue with the management of or what is going on in University Hospital Limerick because it consistently has the highest number of people on trolleys? We delivered the long-awaited 60-bed modular unit but it has not made an impact in the way we would have hoped. There is a plan to develop a 96-bed unit but that is only at the design stage. I ask the Minister to get his finger out and deliver that unit. I ask him to stop talking about this matter and to cut through whatever red tape is in the way. This unit needs to be built. It is not fair that people in Limerick will have to go through this hospital trolley crisis for years. The plan the Minister has in respect of the 96-bed unit will mean that the crisis will continue for a long number of years. I ask him to personally intervene in this matter. We are in the middle of a pandemic but our hospital in Limerick seems to be getting the worst of it.

Deputy Alan Kelly: We are in an unprecedented situation. I will raise a few issues with the Minister and his colleagues in the short time available.

I drove up from Tipperary today. We may have become neutralised to the message that people should stay at home. The figures for close contacts, etc., are going in a certain direction but there was quite an amount of traffic on the roads. We and the Government need to re-emphasise the message in this regard. I make a special plea to employers. We need to go back to them. There are many people who are being asked to go into work or who are being told they have to go into work who could work from home. I ask the Minister to re-emphasise this. Obviously, sick pay or the lack thereof, a matter in respect of which we have advocated, is a real issue.

We also must improve dramatically on communications. Forgetting about the personalities, I have said my bit as regards having one person in charge of the vaccination roll-out. I will not repeat it all here. Communications need to be tight. We cannot have multiple Ministers coming out on national radio and making statements that are diametrically opposed. It is not good enough. I do not know why the Minister is shaking his head. The Minister for Justice, Deputy McEntee, did it. Numerous others also did it. The information being provided has to be consistent. We are either going to have confidence in our vaccination roll-out and the figures the Minister is providing or we are not. If a member of the Government is going on national radio or television, can the Minister ensure that what that person says is consistent with what he is saying? There was information going out recently - I do not know whether it is accurate - to the effect that people who had Covid would no longer be a priority as regards vaccination. If that is a myth, the Minister should get someone to dismiss it.

The private hospitals deal is a disaster. It is not what we need. The Irish Nurses and Midwives Organisation has come out in support of what I had been saying for many years prior to the arrival of Covid, namely, that we need access to whatever we need access to. This is a national emergency. The idea that there is a hospital not signing up to this is scandalous. I do not know why it took so long. I suppose there will be a look-back on this at some time.

There is an inconsistency in the approach of some hospitals with high-risk staff being told to come into hospital settings instead of working from home. Will the Minister talk to the Rotunda and some other hospitals where pregnant staff members have been asked to turn up for work? There is an inconsistency with regard to occupational health advice.

Will the Minister honour the commitment he made to hire 8,500 staff for our health service

13 January 2021

by the end of last year and 12,500 by the end of April this year? Will he give us the updated figures? We must be a long way on the road to that. Will the Minister tell us where we are at with this?

I will not stand here claiming the Minister can work miracles with the vaccine roll-out because he does not have the vaccine. We are part of the European agreement and I hope that European solidarity holds. If it does not hold, then that is a different matter.

I have a serious issue, however, whereby my local hospital in Nenagh has several wards with Covid patients but the nurses and doctors there have not been vaccinated. I know of other locations where people who are not on the front line dealing with Covid patients have been vaccinated. The nurses and doctors in Nenagh deal with Covid patients, in particular those coming out of University Hospital Limerick, but they are not vaccinated. They are as front-line worker as one can be. I am raising it not just because it is my local hospital but the one on which I have got the most representations. While I accept we have a limited amount of vaccine stock, can we prioritise the nurses and doctors who deal with Covid patients? Obviously, it has to be rolled out to pharmacists, GPs and those with disabilities. I understand the pressures. I am not going to say that it is possible for the Minister to do absolutely everything immediately. Surely, however, we can do that.

Several months ago, I spoke here about antigen testing. I did a number of antigen tests myself on my family over the Christmas period to ensure we were protected. Why are we not following the European Commission on this? We know the limitations of this testing. However, considering the situation with this pandemic, in certain settings there must be a role for antigen testing. Can we just deal with that for once? People agree with me on this. If we put antigen testing into certain locations, it will help combat the spread of the virus.

A higher grade of PPE is required for those working on the front line with Covid. With childcare provision, we need to be more innovative. If one looks at the staffing figures, some hospitals will fall over in the coming weeks, even days, if we do not deal with all staffing issues. Childcare is now an issue as we run out of staff.

Will the Government, collectively, at least set a date in the next week or so to make a decision on what will happen on 1 February? We cannot leave this up to the very end. There are too many decisions that must be made. This will fundamentally have an impact on the health service but it will have an indirect impact for schools and a range of other services. If we can make decisions on these early enough, hopefully it will help staffing for our health services and so forth. I cannot see how we will be opening substantially in early February. Accordingly, will the Government make the decision on this as quickly as possible?

Deputy Fergus O'Dowd: This is an important debate at a difficult time in our fight against Covid, not just here in Ireland but right across the world. We heard today of the potential over-running of the ICU system in the United Kingdom, a new variant to the virus from Brazil and challenges left, right and centre. The biggest challenge we have here, however, is to look after our older people and to meet the requirements of their needs. I welcome all the support given and progress in this regard.

Older people, particularly those over 70 and those in nursing homes, are extremely vulnerable. In the first wave, 61% of deaths were among nursing home residents. In the second wave, thankfully, it was reduced to 41%. Now there are worrying signs right across the country. The

Minister of State, Deputy Butler, acknowledged this is a serious issue with a number of nursing homes getting new and significant incursions of Covid.

Families of those in nursing homes are extremely worried about it. Holding people accountable is important when all this is done. What is most important now for older people, particularly those in nursing homes, however, is a 24-7 vaccination programme, if at all possible. I know we are limited by the amount of vaccine we have. The demand and need is there, however. The families of those affected are concerned and their hearts would be broken if they were to lose their family members at this most difficult time. I know this because people are on to me about it, talking about their worries and concerns. We need passion and more commitment from the Government. We need the Government to see and hear these people. We need it to talk about them as real people as we know them. There is a need to make sure that the information and supports are there.

It came to my attention from a piece in *The Irish Times* that there was a question about a vaccination team which had to stop at lunch hour yesterday and that it could not continue to do the work as it did not have a programme in place. That is entirely unacceptable. The only impediment to appropriate and proper vaccination is that supply of vaccine. All engines should be on go and the 24-7 needs are always there. My local hospital, Our Lady of Lourdes Hospital, Drogheda, did its best with vaccinating many of its staff. It still must vaccinate many more, a point about which people are worried. Staff have written to me about this. One of their key points is childcare. Front-line workers, medical care workers, nurses and nursing assistants, cannot go to work if they do not have childcare for their children. It is absolutely essential to concentrate on this issue and put a 100% effort into making sure that all front-line workers have appropriate childcare where necessary.

The St. John of God care services in County Louth have a significant number of residents who were moved out of congregated settings. They are worried and want to know more about the plans for vaccination. I am getting representations from dentists, dental nurses and other workers in dental care. They are one of the most highly vulnerable groups in society. They are concerned because of the processes and procedures they have to carry out every day.

We must pull out all the stops and make sure people in our nursing homes are really looked after. I welcome the significant supports the Minister of State has introduced to support those families. I do not doubt her integrity or her commitment to it. However, we are facing an appalling situation, not just in Ireland but across the world. Those in nursing homes are the most vulnerable and the weakest. We need to do more. We need to pull out all the stops, put aside all the divisions and let everybody step forward as they are. We must fully support the healthcare and nursing home workers and staff. Now is the greatest hour of need for all of these people. Now is the time for action. I would support further and appropriate supports for older people.

An Ceann Comhairle: I am having some difficulties, in so far as we have not been supplied by the Government side with a list of Government speakers. There are Members indicating all over the place. I have already seen Deputies MacSharry and Colm Burke indicate for the remainder of this slot.

Deputy John Lahart: To be helpful, I can email the Ceann Comhairle the list.

Deputy Marc MacSharry: I understood I was to have four minutes. Is that the case?

An Ceann Comhairle: There are only two minutes left. Is there anyone here who wants

two minutes?

Deputy Colm Burke: I was advised I had eight minutes.

An Ceann Comhairle: It would be very useful if the people advising the Deputies advised us here so that we could include them in the list. Otherwise we-----

Deputy Marc MacSharry: Are you cutting me out then?

An Ceann Comhairle: I would be the last person on earth, Deputy MacSharry, to cut out you or anyone else.

Deputy Marc MacSharry: What is the story? Do I speak?

An Ceann Comhairle: The story is the people whose responsibility it is to provide the names to us should be doing their job.

Deputy Marc MacSharry: No clock came up when Deputy O'Dowd rose.

Deputy Fergus O'Dowd: I had no clock.

Deputy Marc MacSharry: He knew he had four minutes and I knew he had four minutes. We had discussed it with our respective Whips. Is it within the bounds of possibility that we could consider a very mild amendment to allow the extra few minutes so we can get in line? We can get the list to the Ceann Comhairle now.

An Ceann Comhairle: We will be flexible but will the Deputies go and work out their lists and give them to us because we are not divinely inspired?

Deputy Marc MacSharry: Can we start with four minutes now and we will all be on route?

Deputy Róisín Shortall: How long was the slot to be?

An Ceann Comhairle: It was to be nine minutes.

Deputy Róisín Shortall: There was no clock for-----

An Ceann Comhairle: The first Government slot, which is what we are on now, is nine minutes. The next Government slot is eight minutes and then there are a further two Government slots of eight minutes each.

Deputy Róisín Shortall: As a point of information, there was no clock on for five minutes and then a further seven minutes were given.

Deputy Marc MacSharry: For the sake of eight or ten minutes can we start with four minutes now?

An Ceann Comhairle: Yes, go ahead.

Deputy Marc MacSharry: I thank the Ceann Comhairle for this opportunity. The Taoiseach uttered a very important line earlier with which I very much agree, although as a nation we are exceptionally poor at it. He stated it is the duty of the Republic to hold itself to account. We never do that, to be honest, until we are dragged, kicking and screaming. Normally we deny, delay and defend, circle the wagons, and dress up mediocrity as efficiency. That is what

we do. It gives me no pleasure to say that vaccination preparation and roll-out in a European context has been an abject disaster and a disgrace. The one thing we had some level of certainty around is the fact that vaccines were coming. We needed to prepare for them and prepare the macro environment for their roll-out in a local and national context and we did not do this. The EU failed miserably in securing adequate supplies for member states. I did not know countries were able to do side deals such as Germany did. If they are, when we get to questions later I will ask what we have done in Ireland about doing side deals of our own to supplement our supplies. I listened to the Minister on Newstalk this morning. He said our target this week was, hopefully, going to be 50,000 vaccinations. If that is to be replicated without some visibility on certainty of supplies at whatever cost to the taxpayer, because remember we are spending €500 million a week or thereabouts on Covid-related costs and expenditure, he should get those side deals done. The Irish people are entitled to the vaccinations of which other countries are enjoying the benefits.

As somebody who lives near a Border county it is certainly not lost on me that quite a number of people in the North of Ireland have been vaccinated already and some of them are not in nursing homes or healthcare professionals. Down here, we are slapping each other on the back saying how great the job we are doing is and taking pictures of a handful of vaccines coming in off a plane and stating we are well on the way, when the reality is we did not prepare when we had time to prepare. Preparing the macro environment means providing for consent and speaking to GPs and pharmacists and preparing the ground so we can roll it out, and not telling the nation that it is such a vast undertaking of scale. Honestly, we have been vaccinating people since the 1950s against polio, TB, and even H1N1 ten years ago. We were not organised. We have this defence in the vaccination plan that describes unknown variants. This covers all the mediocrity. We did not prepare. That is where we are. We are going around looking for consent. We are trying to figure things out. Some hospitals are bringing in local GPs and others are not. Some are giving it to administrators and some are not. Some are giving it to management and not people on the front line and some are not. There is no criticism here of our front-line healthcare professionals.

We are supposed to be leading this. We knew the vaccine was coming. It was not sprung upon us as a surprise. It was not shoved down our throats but we were not ready. Israel is leading the charge globally. Why can we not be like them? Even if we paid €60 per dose to Pfizer or whoever, the cost of two for every person in the country comes in at approximately €630 million, which is less than two weeks' expenditure on Covid, and we are entitled to it. At the Minister's 50,000 vaccinations a week, in 98 weeks or two years, we will be vaccine-free, with all of the associated delay in other clinical care, all of the erosion of all of our mental health, all of the job losses and the cost to the Exchequer in trying to keep people in social supports.

An Ceann Comhairle: I thank the Deputy.

Deputy Marc MacSharry: As the Taoiseach rightly said earlier, it is our duty to hold ourselves to account. The Government should up its game, get with the programme, have some tangible goals and start doing side deals, just like the Germans and everybody else. If the Germans can get it, I want it for the people of Ireland too.

Deputy Mark Ward: I compliment the Sinn Féin Whip for making sure the Ceann Comhairle had the correct list of names and I suggest Fianna Fáil get its ship in action and do it properly.

When the first lockdown and restrictions were introduced last year, they caused concern and increased people's worries and anxiety levels. People who had a history of mental health problems were adversely affected. A proportion of the population also experienced mental health problems for the first time. This resulted in a significant increase in demand for mental health services, be they HSE, NGO, charity or voluntary mental health services. We heard at the Covid committee from stakeholders that Ireland was on the brink of a tsunami of mental health issues and that Ireland's mental health services are out of date and not fit for purpose. This is a damning indictment of years of systemic failures by successive Governments in failing to prioritise mental health provision in the State.

One of the highlights of a very difficult year was how communities rallied around each other. They looked out for our most vulnerable. It was like a throwback to my youth in north Clondalkin, where people had little but gave what they had. This time it is different. People are worn out and tired. There was a sense then that we are all in this together and we are all in the same storm. We might all be in the same storm but we are definitely not all in the same boat.

I have listened to the debate and I have heard from others in the Opposition that the Government failed to prepare adequately between lockdowns in the provision of health services. With regard to mental health, the Government not only failed to prepare but it also decreased the percentage of funding for mental health provision. During a global pandemic that has significantly impacted on people's mental health, the Government reduced proportionate funding. The percentage of the overall health budget allocated to mental health services has fallen by 1% to 6% despite the growing demand for such services at every level. This reduction is outrageous and highlights the lack of understanding the Government has of the inadequacy of current services. This reduction comes despite Sláintecare recommending that 10% of the overall health budget should be allocated to mental health, which is still below international recommendations. Currently, Ireland is at 6%. Ireland is now a first world country with a third world mental health system. Urgent action is needed. We need to start providing 24-7 emergency access to mental health supports so people can access the care they need, when they need it and where they need it.

Free universal GP referral to counselling would be a positive step forward. GP organisations that I have met have indicated that their members would be willing to host these services on-site - a one-stop-shop, so to speak, for physical and mental health services - but what we need now is a plan. We need a roadmap and we need it to be resourced and put into action, particularly during this pandemic. As I said earlier, we might all be in the same storm but we are all not in the same boat. I would go further and say that some people have been thrown overboard and left to fend for themselves because of the lack of access to mental health supports.

Deputy Róisín Shortall: As we all know, the situation in the hospitals is on a knife-edge. We also know that we have currently got exceptionally high daily case numbers. It is very important that there is a recognition of the reason we have got to this point. There has to be a recognition that many of the decisions that were taken in the lead-up to Christmas were high-risk decisions that have put the country at serious risk because unless we do that, we will not learn from those mistakes.

We had a situation where the Government was claiming in Christmas week that the reason things were so bad was as a result of the new UK variant. That simply was not the case. NPHET, the Chief Medical Officer and, in the last couple of days, the WHO have told us that. The Minister will not be able to bring the public with him unless he is absolutely frank and

candid. I ask him to please learn from those mistakes.

We were also told about a meaningful Christmas in spite of the fact that we knew that at the point of early December when level 5 restrictions were being lifted the numbers were dangerously high. The whole purpose of level 5 was to bring the numbers down to between 50 and 100 cases per day. At the point when the level 5 restrictions were lifted, we had an average of 330 cases per day in that first week in December. By 18 December, when the decision was taken to resume household visits, we had case numbers of 582 cases per day. Decisions have to be based on the reality of the situation and the science. Wishful thinking about Christmas has done a lot of damage and we are paying a very high price for that.

I also believe a mistake was made in talking up the vaccines. It is fantastic that there are vaccines now. It is a wonderful breakthrough but the reality is that the Minister and other Government representatives spent a lot of time in December talking up the vaccines. That, combined with the talk of a meaningful Christmas and the lifting of the restrictions, certainly gave people a false sense of security. I repeat that we are now paying an exceptionally high price for that.

The figures seem to be plateauing somewhat even though they are still extremely high but we have to remember that the impact of the new variants is only starting to come through in the daily figures. There is no guarantee that we will continue on the downward trajectory of the daily case numbers. Rather than talking about restrictions for five weeks, a month or whatever, the target should be a fixed number of daily cases. We should have restrictions until we reach what is regarded as a safe number of daily cases. I ask the Minister to please consider taking that approach rather than a particular point in time.

I have a number of serious concerns in respect of the vaccines. We have no delivery forecast even though we were told that the EU had got a delivery forecast for the Pfizer vaccine last week. Can the Minister share that with us? There is a need to be absolutely transparent in respect of the roll-out of vaccines. There is a lot of concern that there is some queue-jumping going on. What exactly is the position with regard to GPs? What exactly is the position with regard to practice nurses? All of these matters need to be clarified. For example, who are the staff that will roll out the vaccines when we are into big numbers? What about the registration system? How do people go about registering? Has the IT system been sorted out yet? These are critical issues and the Minister needs to be upfront and clear with people to encourage confidence in the system but when there is vagueness in that regard, it causes concern.

One of the biggest gaps in the response to Covid-19 has been in respect of international travel. At no point have we been serious about having proper monitoring and oversight of restrictions. The latest announcement is that travellers coming into this country from every other country will be required to have had a polymerase chain reaction, PCR, test prior to travel. That is not enough. Will the Minister please stop telling people that that is sufficient? The public health advice is that one must have two PCR tests at least five days apart to give an assurance that a person is not infectious. I ask the Minister to clarify that and to stop giving out inaccurate information.

Deputy Christopher O'Sullivan: At the outset, I wish to offer my sincere condolences to the families of those people who passed away during the entire course of this pandemic but particularly to those whose family members died over the past few days and weeks when the numbers escalated.

13 January 2021

I take this opportunity to thank the front-line staff who are fighting the fight of their lives against this pandemic to save lives. What they are doing is incredible. In my constituency in west Cork, from the GP clinics to the community hospitals and the general hospital in Bantry, what the front-line staff members are doing is incredible and I want to thank them. They are putting themselves at risk to save others. Unfortunately, they are dealing with a serious outbreak in Bantry. They have lost staff who contracted Covid and have not been able to attend work but they are still bravely fighting the fight. Thankfully, there was good news in Bantry on Monday with the arrival of a batch of 500 vaccines, which have been administered since Monday afternoon. That came as a huge sigh of relief to the staff but, unfortunately, they still have a bleak few days ahead of them.

I refer to the winter plan which was put in place before December. We are seeing the benefits of the investment in that. The health system is under severe pressure from Covid case numbers at the moment but I can tell the Minister it would be under much more pressure if it was not for that investment pre-Christmas. That has to be acknowledged.

I welcome the recent announcement about the requirement for PCR tests from Saturday in terms of those travelling here from abroad.

I join other Deputies in referring to the need for urgency in the vaccine roll-out. The largest volume of telephone calls to my office and to those of many Deputies, is about looking for information and clarity on the vaccine roll-out. There are guidelines on the HSE website but we need more information and clarity. I appreciate that the logistics in this regard are incredibly difficult and that it is not an easy job but the more information we get, the better. As I said prior to Christmas, we cannot be seen to be the laggards of Europe. I know that we are increasing the rate and are moving up that European table but because of the sacrifices that businesses and the Irish people have made in previous lockdowns, it is very important that we are at the top of the table when it comes to the roll-out of the vaccine. Getting the vaccine is what is on people's minds. They are trying to find out where they come in terms of priority, the location of vaccination centres and where they can get information. Not everybody is able to go online and, unfortunately, not everybody is finding it easy to get access to information so printed documents and information must be got out to all sectors of society. The fewer questions that people have, the more certainty and confidence they will have that this vaccine programme will work.

We need a review of vulnerable groups. I refer specifically to adults and children with special needs. There is much uncertainty as to where they will come. In fairness to the Minister of State, Deputy Rabbitte, she mentioned that there is a review and work is ongoing to get as much information as possible about that sector. We need to provide certainty for service users, the parents and the guardians about when children and adults with special needs will receive the vaccine.

We talked about the speed and urgency of the vaccine. Many factors are involved. The most important one is that we will save lives if we roll out the vaccine faster. There are a couple of other factors. We will save regional economies. A place such as west Cork, where I am from, relies heavily on hospitality and tourism. We cannot go through another summer of severe restrictions. Businesses simply will not survive. The sooner we can roll out a vaccine and open up regions such as west Cork, the sooner people can come back and enjoy what west Cork has to offer.

The entertainment industry needs to be supported too. The faster we get a vaccine, the

better it will be for the entertainment industry. I ask the Government to look at its suggestion about helping with the roll-out of the vaccine. The event production industry Covid-19 working group, EPIC, has made a fantastic suggestion and it needs to be looked at.

Deputy Cathal Crowe: I too pay tribute to the many people working in our front-line health services at this time. All that has been said by senior management in the HSE in the last few days indicates just how stark this battle is. This is not all about vaccinations. It is about people playing their role by staying at home, staying safe and keeping out of harm's way, and making that mammoth task a little easier for those at the front line of our health services. I offer my sincere condolences to families who have lost loved ones over the last weeks. This is about saving lives and ensuring that far fewer families have to go through that awful grieving process at a time when grieving is so difficult.

Regarding the AstraZeneca-Oxford vaccine, I note that the European Medicines Agency anticipates that it may sanction that vaccine for full roll-out across EU member states on 29 January. We cannot have this soon enough. I have been reading with great interest in recent days that this is the vaccine that can be rolled out at pharmacy level. It adds an extra tier of rolling out the vaccine, gets it deeper into the community and allows it to be accelerated. As a member state of the European Union, we need to look at every way possible to fast-track that. In any other calendar year, 29 January would be quite soon, but in this calendar year, in the darkest days of this crisis, that date cannot come quickly enough.

I welcome the announcement that from Saturday onwards, all air passengers coming into Ireland will have to have a clear PCR test 72 hours in advance of their arrival. That is welcome and I think it will bring some confidence and certainty to people that those people who need to travel into our country do so Covid-free and are not putting our country at added or heightened risk. When we get beyond this peak period of Covid phase 3, we need to look at PCR testing in the context of aviation. I have noticed that there is significant variance across Europe with regard to the price of a test in a private capacity. In North Macedonia, for example, a PCR test costs €40 to take privately. In Ireland, it costs between €120 and €150 depending on the region in which one undertakes that private test. The manufacturing cost of a test unit is €12. There is significant variance and this will be a stifling factor when we get beyond peak Covid. When we are trying to have aviation and other types of international travel recover, we will need to make it possible and feasible, not prohibitive, for someone to get a Covid test and happen safely. That is for another day but it is a debate that should be happening in the background of the Department in conjunction with those in the travel sector. We also should be looking at antigen testing at points of arrival. They cost about €5 each and it takes minutes to generate a result, as opposed to hours for a PCR test.

Our priority listing for the vaccine roll-out is quite good. I make a pitch that we look again at our teachers, special needs assistants and all those who work in education. We hope that in February, the conditions in our country will be right and safe for them to return to work. They need to be bumped up from category 6 to a higher level.

I note that in 2020, when we looked at how hospitals were impacted, University Limerick Hospitals Group was under the most pressure, with 9,483 cumulatively on trolleys over the year. Some 75 people were on trolleys in the week before Christmas. Much was done for hospitals in the winter plan and much is being done to grapple with the Covid crisis. The solution to the problems in University Hospital Limerick lies in Ennis Hospital, Nenagh and St. John's. I hope that the Department will look at unlocking some of that.

Deputy Patricia Ryan: I thank front-line workers for their service in difficult circumstances since this pandemic landed on our shores almost 11 months ago. The definition of a front-line worker has rightly expanded to include all workers who kept vital services going, not just hospital workers. We are grateful for their efforts. Bad as things have been, they could have been much worse had it not been for the workers' sacrifices. Their roles are too many to list and, at the risk of leaving anyone out, I will not do so. The people of Ireland are appreciative and it is time for the Government to show its appreciation. Applauding their efforts is welcome but it does not pay the bills. We need to pay our student nurses. There should be no more token gestures but a fair day's wage for a fair day's work.

We need to ensure that we learn the lessons that this pandemic has taught us. Our workers deserve better. We need to work towards having a living wage. We need affordable housing and healthcare. There is no point in achieving a living wage if the cost of living erodes it. We also need to look at the quality of life and climate action lessons that Covid has taught us. A shorter working week and working from home for those who can do it are ideas that need further exploration. With more opportunities for exercise, we need to ensure that the necessary infrastructure is in place in order that it can be done safely.

Older people bore the brunt of the pandemic in its early stages and many are still bearing it. They were disproportionately affected and many died needlessly. A public inquiry must be established to investigate and report on all circumstances relating to each individual death from Covid-19. We need to develop a network of publicly owned and operated nursing homes. Experience has shown that our over-reliance on the private sector has been ill-judged, which does not just apply to nursing homes. We also need to support older people who wish and are able to live in their own homes or the homes of family members. I do not mean throwing a pittance to family carers and leaving them to it. I know what that is like since I was a family carer and I can tell the Ceann Comhairle that €219 per week does not cut it. We need a proper support network for older people and their carers, a holistic approach to their mental and physical health and greater support for public health nurses to assist people and for social workers to assist older people in getting what they are entitled to.

I express the concerns of section 39 organisations. They provide vital services in our communities and are reliant on fundraising to ensure the viability of this service. With no opportunities for fundraising, we need to increase funding to them to ensure that these services survive. I feel that they deserve nothing less.

Deputy Gino Kenny: I wish the Leas-Cheann Comhairle and all the staff who operate the building a happy new year. They have been stalwart last year and this year, and I wish them well. A month ago, Ireland had one of the lowest rates of Covid-19 in Europe. That has utterly changed. Ireland now has one of the highest infection rates in the world. As the Chief Medical Officer has said, the pandemic is out of control. I argue that this stems from decisions made in early December to open the economy and lift restrictions. That has come back to haunt the Government. It has put our health service, members of the public and our healthcare workers at enormous risk in their workplaces. Mandatory quarantine has never even been proposed by this Government. Those coming into the country were not even tested until two weeks ago, and nobody was quarantined. There are, therefore, huge question marks over the living with Covid strategy. The yo-yo effect of constant lockdowns will demoralise and break people financially, physically and mentally. The zero-Covid strategy, which isolates this terrible virus, is a better approach than the living with Covid strategy. We have paid the price for the constant lockdowns and the living with Covid strategy. We have the vaccine, and that has given a huge

amount of hope to everybody facing this pandemic. However, I return to the issues of policy and the decisions that this Government has made over the past nine months. Of course this pandemic is difficult. No government in the world could have been prepared for the ravages of it but the policy and strategy, particularly putting the interests of business before those of public health, has come back to haunt this Government. This Government will have to face up to that legacy and soul searching must be done. The living with Covid strategy and the constant yo-yoing do not work.

Deputy Mick Barry: The Government was full of praise for itself when Ireland had one of the lowest rates of infection in Europe before Christmas. Now it is trying to dodge responsibility when Ireland has the highest rate of Covid infection in the world. The Taoiseach went on the Claire Byrne show and tried to put the lion's share of the blame on the UK variant. He did not comment yesterday when Mike Ryan stated at a press conference that the variant is not the driver behind the new transmission rate. It is a factor but not the key factor. The key factor was the reopening of the economy, including the restaurants, gastropubs and big retail, and the decisions made by the Government before Christmas against public health advice.

Yesterday, Fórsa spoke about macho managers in the public service. There are not just macho managers in the public service; there are plenty of them in the private sector. Fórsa made the point that there are more public sector workers at work now, at a time it is more dangerous, than there were in the first wave in March, April and May. The same applies in the private sector. Hundreds of thousands of private sector employees are going to work. No section of the economy should be open, apart from those that are vitally necessary in the fight against the virus, namely, the health service and so on. That should be the policy of the State. If the State does not adopt such a policy, the workers and the workers' movement should adopt that policy. There should be a de facto general strike to close down the remainder of the economy and it should remain closed until such time as it is safe to reopen.

The next two or three weeks will be unprecedented in the history of our health service. I salute our front line staff, and I want to mention a cohort of them, namely, the student nurses. A total of 1,500 fourth years went into the hospitals on Sunday and they are being paid less than the minimum wage. They will now be followed by thousands of their first, second and third year colleagues. There is a recommendation on the Minister's desk that they should be paid €100 per week. That is less than €3 per hour for people going to work in hospitals with a pandemic raging all around them. Is he seriously considering that proposal? I invite him to take up the opposite position, rip up that proposal, state that it is outrageous and pay the student nurses at the level they demand, namely, the healthcare assistant rate

Deputy Colm Burke: It is important, and I join with colleagues, to acknowledge the work of all of our front-line staff in our hospitals, nursing homes and all congregated settings. The past ten or eleven months have been a huge challenge for all of them. The commitment of each and every one of them has been tremendous during that time. It is also important to talk about the people who are not assisting the present scenario. For instance, over Christmas, a friend of mine contacted me. He had been contacted by someone who had tested positive, who was more or less boasting about the fact that they had to contact 52 people to tell them that they were at risk. I do not believe that that person clearly understood the challenges that our front-line workers have to face because of this pandemic. I am talking in particular about those working in ICUs. They are burnt out from the workload they have had to deal with and the care that they have to provide. It is a huge commitment, yet there are people who do not want to appear to acknowledge that. Everyone has a part to play in dealing with this pandemic, no matter what

13 January 2021

their role or job is. We all have a part to play and we need to put out a much stronger message about the responsibility that each and every one of us has in this matter.

My colleagues have referred to the current Covid figures, namely, 1,750 now in hospital with Covid and 158 in ICU. I am sure that in another half hour, the figures will be worse. Our health service is facing a real challenge over the next three weeks. We all need to put our shoulders to the wheel, therefore, to help those who are dealing with this healthcare pandemic.

It is important to highlight one of the more positive aspects. The South Infirmity Victoria University Hospital in Cork opened a special vaccine clinic last weekend. The clinic opened at 8 a.m. on Saturday, and over the weekend, 1,200 people received vaccinations. This included hospital staff, paramedics and those working for the National Ambulance Service, GPs, GP support staff and public health nurses. This work was done by people who volunteered to give their weekend to provide this service. It is a clear indication that there are people who want to make a positive contribution. The important issue now is about making sure that the vaccine is available.

I spoke to the head of the Nursing Homes Ireland earlier and he advised me that there has been a 90% take-up of the vaccine in nursing homes. We face a major challenge in this area because there are more than 70,000 people in nursing homes and congregated settings. I very much welcome the fact that the target date for reaching all of those people has been brought forward. It is important that we try to fast track every effort to get the vaccine out there. There is one group that I am particularly concerned about, namely, those who provide home care throughout the country. They call to four, five or six houses every day. These home helps and carers must be vaccinated at an early stage, because they are calling on vulnerable people. Many of them are living alone and have no other contact with people. Some of them may have two or three different home helps calling to them every day. Home helps and home carers, therefore, must be prioritised in the roll-out of the vaccination programme.

Those providing any kind of home care for the elderly must also be given priority. That is where GPs can play a significant part in making the vaccine available. I have another concern. In some areas of the country, for example, Cork and Kerry, many GPs have been able to avail of the vaccine. It has been made available in the hospitals, such as the South Infirmity Victoria University Hospital and the Kerry University Hospital, but in other parts of the country, GPs have not been able to access it. All front-line healthcare workers must be given priority and must have access to the vaccine at the earliest possible date, because they are the people we will be relying on to give the vaccine.

5 o'clock

I understand that 46,000 doses of the Pfizer vaccine are coming into the country every week. It is not clear what volume of the Moderna vaccine will be coming in each week. The Minister might clarify that. Colleagues referred to the Oxford-AstraZeneca vaccine, which it is hoped will be approved by the end of January. Again, we need to ensure we can get that vaccine in at the earliest possible date. We can deal with this pandemic. We can deal with it by each and every one of us making a contribution in following the guidelines that are in place. As public representatives, we need to get out the message that we can come out at the other end of this pandemic in a positive light but we cannot afford to take any risks from now on. I ask the Minister to increase the amount of information available to the public and the amount given to us, as public representatives. In many cases, we are getting more information on Twitter and

Facebook and in the media than is being forwarded to us by the Department. That is regrettable.

We can help to give a positive message but we need the information. We can deliver the message about the numbers of people who can get vaccinated and that it can be done at an early date. In the meantime, we all have a part to play in making sure that people follow the guidelines and that each one of us, as individuals, do not put anyone else at risk by our behaviour. I acknowledge and thank our healthcare staff for their work and also the people in Departments who are assisting them in their efforts. We have a short period in which, we hope, we can make sure that the smallest possible number of people are infected over the coming weeks and months and the fewest possible die as a result of this pandemic.

Deputy Thomas Gould: During the first lockdown in April, *The Irish Times* reported that take-home alcohol sales increased by 40%, with €158 million being spent on alcohol to be consumed in the home. It is vitally important that we have a conversation about alcohol misuse in the light of the serious mental health concerns raised by my party colleague, Deputy Ward, and me, as a result of the Covid-19 pandemic. Social isolation, depression and anxiety are all triggers for harmful alcohol consumption, yet the Government does not seem to be too pushed to address the harm alcohol is causing to individuals, families and communities.

This week saw the implementation of further measures under the Public Health (Alcohol) Act 2018. People were quick to pat themselves on the back about this and everybody said, “Well done, lads”. It took two years for that legislation to be only partially implemented. Local and regional drugs and alcohol task forces get no specific funding to support the establishment of alcohol misuse services. In fact, in the 2021 budget, there was no funding whatsoever in respect of harmful alcohol misuse. There was also no funding for alcohol-related brain injuries. When treated properly, there can be a 70% recovery rate from such injuries and it is estimated that 2.4% of the country’s population is affected. We have no complete figures because the only treatment programme in the State does not get proper funding and cannot be expanded. There is no funding for the Irish Community Action on Alcohol Network, which has localised, evidence-based plans that work. In my area in Cork city, Cork Community Action on Alcohol Northside can attest to the success of those plans. Despite repeated calls to the Minister for Justice, dial-a-drink services continue to deliver alcohol 24 hours a day, seven days a week to vulnerable people. Nothing is being done about that. Alcohol can be harmful and is a real issue. We have all seen it destroy the lives of members of our community, friends or family members. We need action to address the problem now.

As the Sinn Féin spokesperson on addiction recovery and well-being, I am proud to advocate for all of those who are in addiction and in recovery. The Department of Health needs to abolish its drugs policy unit and establish an addiction and recovery unit. Until that is done, gambling addiction will continue to fall under the remit of the Minister for Justice and people in gambling addiction will be treated the same as those with mental health problems. There are no supports for people with gambling addictions and the Extern Problem Gambling Project, which provides counselling for those with such an addiction, receives no Government funding. I contacted five Departments before Christmas, namely, the Departments of Justice, Health, Children and Youth Affairs, Rural and Community Development, and Education, and each came back with the response that no funding was available. A representative of the Extern Problem Gambling Project told me today that if the Government does not step in now, it will close in six weeks’ time due to a lack of funding. We need to act now to support people who are in gambling addiction.

Deputy Matt Shanahan: For many months now, at various stages of the coronavirus pandemic, the Government, the Department of Health and the HSE have continually been asked what is the plan. It is fair to say that the master plan often appears to be hidden and the perception is that Government health policy and leadership have been reacting to events. One recent decision that could be so described is the announced pending appointment of a new Secretary General of the Department of Health. The decision to award an almost 50% salary hike for this position appears to be both reactionary and rushed. A Government backbencher told me the reason for the decision is that the Department of Health management is dysfunctional.

I have sympathy for this narrative having seen at first hand. I refer, for instance, to the Department's influence in the development of a national cardiac care standard, as set out in the Herity report. This is a clinical standard that exists nowhere else in the world and one that describes travel times between two hospital centres for the treatment of emergency coronary blockage. This is a meaningless clinical measurement. Effective coronary unblocking treatment depends directly on the time envelope between the onset of symptoms and a patient's arrival into a cardiac catheterisation suite. I point also to the funding approval that was delayed by the Department of Health for 14 years to build a new mortuary at University Hospital Waterford, UHW. That funding was only secured in the end because of journalistic endeavour which highlighted the corpses decaying in the unit because of a lack of refrigerator space and capacity. Let us not mention the four-year calendar schedule, which is elapsing, for the delivery of a build tender award for a new catheterisation ward at UHW.

I can indeed believe that dysfunction in the Department of Health may be a reality. If it is, rather than just changing personnel, does it not indicate a need for a real strategic and structural change in the Department? During the banking crisis, it was recognised that the scale, complexity and oversight of the Department of Finance had become too large to be managed by the existing Civil Service structure. As a result, a new Department, the Department of Public Expenditure and Reform, was created. Given the significant scale and wide remit of the Department of Health today, surely now is the opportunity to look at strategic restructuring and a separation of responsibilities, such as the hospital and acute care sector being separated from social and family care services. What about reform within the HSE structure and its remit?

Instead of any strategic review of our health governance, it appears the Government has again taken the decision that an overwrought situation can be solved by a new appointment and a 50% pay hike. It is ironic that the preferred candidate for the position has been leading the Department of Public Expenditure and Reform for many years and, one presumes, has supported the policy to oppose increased appointments and pay increases across medical, nursing and allied grades during the Covid crisis. One might also ask whether this ambition extends to the Civil Service structure. As a Covid-19 response strategy, there are a number of aspects to this appointment that require clarification. What evaluation has taken place on the need to provide a 50% pay rise to the salary scale of the existing Secretary General position? The appointment decision appears to favour a possible panel interview, yet how can that be the case for a fair interview process when the candidate is holding the position on offer, conferring significant advantage in final selection? What discussions, if any, were had regarding the waiving of future pension entitlements on the additional salary proposed, considering that this position attracts the top level Civil Service pension plan? The pay rise by my calculations, and I stand to be corrected on this, is a liability in excess of €1 million to the State. Was any discussion had as to the candidate agreeing to waive the benefits of this salary increase in respect of pension roll-up? If not, given the total employment costs involved, should the Government not have considered a

move to create a contract role with the possibility of allowing private sector health management professionals to apply? It appears also that other Cabinet members were not made aware of the additional salary increases to be offered and neither was cognisance given to the pressure that this will cause in promoting further payouts across the Civil Service and public service at a time when so many private businesses and employees are facing potential ruin.

My personal disquiet on this issue has led me to write to the Comptroller and Auditor General and the Committee of Public Accounts to have this matter reviewed. At a time when Covid-19 mitigation strategy forces hard-pressed taxpaying businesses and individuals to close down and to depend on State subsistence - which for many is completely inadequate to cover their needs - Government leadership should be seen not to be reacting to individual crisis points nor to creating inflationary precedents, but should be, rather, planning strategically based on known deficits that can be overcome.

Regarding the high rates of Covid-19 infection at present in Ireland, which continue to rise and may potentially rise further given the new variant, I also point the Department to the risks around the oxygen supply and I highlight that we are dependent on the UK for the importation of medical grade oxygen. I have written to the Department on this point.

Can the Minister at some point also clarify what is happening with the vaccinators? We have a panel of up to 2,000 additional vaccinators made up of community medics, nurses and retired healthcare people. Will they be trained and when will this happen? The Pfizer vaccine requires 30 hours of online training. If that is the case, have these vaccinators begun this process yet?

There is no doubt that we are now in the throes of a third and probably the most significant wave of Covid-19 and we need every single hand at the pump.

An Leas-Cheann Comhairle: Glaoim ar an Teachta McAuliffe, atá ag roinnt a chuid ama leis an Teachta Lahart.

Deputy Paul McAuliffe: On previous occasions I have started my contribution by offering my condolences to those who have passed away. Over the next few days we know that there will be families laying to rest their loved ones who have suffered the fatal consequences of this virus. They do so in the cruellest of circumstances, limited in numbers to ten mourners, often with a closed coffin, and without the support of their wider family or community. Tomorrow, I and my family will do that with my grandmother, Patricia McAuliffe, who was a very gentle lady who, thankfully, passed away gently on Sunday night in her care home, surrounded not by her family but by those who have become her family during lockdown. I imagine that she will be included in the nightly numbers, but as Deputy O'Dowd has said, it is important that we know that there are people behind those numbers. I only wish that I knew the names of the other 46 people that were mentioned last night, or indeed the 3,894 other people on this island who have passed away. There will be time for commemoration.

For now we must continue to do what we know we must do, which is to wash our hands, stay at home and to keep one's distance. These directions may ring hollow but they work and we need them to work.

There are a number of issues which I will raise with the Minister, one of which concerns the vaccination. Yesterday I started to see the circulation of a website online called *omnicalculator.com*. It appears to be owned by a Polish company and purports to be able to predict where

Irish people will be in the vaccination programme. It is not a HSE website and has misleading information. I encourage people not to use or share it. It highlights, however, a thirst for information which many people have to know where they might be in the vaccination programme. A similar platform might be useful if adopted by the HSE when the vaccine programme gets into full swing. In reality, the reason the vaccination programme is not in full swing is not limited by logistics but by the availability of vaccine. We are not rolling out but are still rationing. The application of the AstraZeneca vaccine with the European Medicines Agency yesterday will be a key changer in that regard because it is the vaccine that allows the least number of restrictions in a roll-out programme. I look forward to that vaccine being approved and made available to us.

It is also important to know that the priority order is not about who is most deserving. When the National Immunisation Advisory Committee, NIAC, established the priority order it did so on the basis of the vaccine itself, knowing as we do, that it prevents death but does not necessarily prevent transmission. Communicating why the NIAC outlined the priority in this way is important and it is deserving that we revisit and communicate this message to people.

Equally, on the question of restrictions, it appears that these will be extended in other countries until March and even into April. Should we now look at our date of 31 January and assess what the likely date will be for these restrictions and make decisions now around examinations, education and business? There are many challenges for us ahead but for the sake of those 3,800 people who have passed away on this island, we must redouble our efforts to ensure that vaccination and reduction are our two priorities.

Deputy John Lahart: I offer condolences to my colleague on the passing of his grandmother and to those other families who have lost loved ones to Covid-19 in the last number of months. I wish the Minister well in the arduous work he has ahead and extend that wish to his officials and to the members of the vaccination task force and NPHET, who have done sterling work and who I am sure must be at the point of exhaustion at this stage.

I must still convey to the Minister the questions that are on the minds of my constituents and of people in Ireland. In one sense a nation is holding its breath, to use that phrase, which I know the Minister is aware of. The public has only one question on its mind now which is when will it receive the vaccine. The private sector has been seen internationally to have rolled out the vaccine at incredible speed. It has moved mountains to ensure that the vaccine has been rolled out. Now there is an expectation that governments and the public sector will do likewise across Europe. There is a degree of incredulity at the European response and I wish to echo the comments made by previous speakers.

My questions include the following. We have been told that there will be an abundant supply from March 1 onwards. That is two long months away. What are the plans for the roll-out of this abundant supply? Is the ICT infrastructure built and operating? The public has clearly moved from pre-Christmas-mode vaccine anxiety to vaccine hunger. There is a great appetite for the vaccine. What is the latest information on 24-hour vaccination centres? We have seen these operating in other jurisdictions but have not heard anything about them here. What is the latest information on mass vaccination centres and when will they be located? What is the latest information on vaccines outside of office hours and when will that become available? Has a deal been done between GPs and the Government with regard to vaccine roll-out in surgeries when that is possible with the Oxford-AstraZeneca vaccine? We have the vaccines and the question now arises as to whether we have the personnel and the infrastructure to roll them out and when the personnel will be in place. How many people, if any, have received both doses at

this stage? By my calculation we need approximately 1.1 million doses of vaccines to reduce deaths and hospitalisations by approximately 85%. If that was done, society could lead a good life at these levels and the awful hospital burden would not exist or be nowhere near as acute as it is now. We saw yesterday, because we get so much news from the UK, that the UK Government rolled out 250,000 vaccines in one day. Therefore, there needs to be a system that allows no delay between the arrival of the vaccine and its rolling out. I welcome the roll-out of the Moderna vaccine but we do not know when we will be in a position to receive it. This lack of hard information is causing a lot of anxiety.

There are questions over whether there are people trained to administer the Moderna vaccine. People of my age are asking when they will receive the vaccine and how they will be informed. How will older people be informed about when they might receive the vaccine? I have a constituent who is over 100 years of age. There cannot be many such people in Ireland. When will such people receive the vaccine? How will they be prioritised? When will carers and the vulnerable get access to the vaccine? When are people who give home care to special needs adults and children, for whom testing for Covid, contracting Covid and isolation are traumatic, to receive the vaccine? When will the special needs adults and children being cared for at home be treated the same as those with special needs in institutions? When will children with special needs at home receive the vaccine? When will ambulance crews be vaccinated?

I have about 20 more questions I could ask but I have limited time. The message is not getting through. There is a hunger for information that will be replaced by anger very quickly if answers are not forthcoming and if the public is not given a calendar and certainty as to when they can receive the vaccine.

Deputy Danny Healy-Rae: I wish to add my voice to the call for vaccines and vaccination as soon as possible for each and every person on our island. All patients and front-line staff in public homes that house those with physical and mental disabilities, such as the Cheshire home, Deer Lodge and Cherryfield House in Killarney, should be vaccinated sooner rather than later. The workers who are doing such great work should be vaccinated as soon as possible. Home helps and carers who are in and out of the homes of the elderly and who do great work day in, day out, to ensure the elderly and those with disabilities can remain in their own homes for as long as possible should receive the utmost attention and the vaccine as soon as possible.

What does the Minister know about the new pneumonia virus that we hear has arrived in Wuhan? Will all our own people be vaccinated here before this new virus comes from there? What does the Minister know about it? He needs to let people know about it.

I am glad that, at last, after my calling for it for months, the Government is now asking that people who intend to come to this country by air be tested within the three days prior to flying. I have been asking for this for so long. It is not that I am against people coming home because that is not the way I want it; I want people to come home but everyone needs to have a test before coming here. How much of the Citywest Hotel is being used? Are we still paying for it? There is an anomaly whereby people are flying into Belfast and coming down here without any test. The same story applies here in that people using Dublin Airport are saying they are going to Belfast, yet they are coming into the Twenty-six Counties. Something has to be done about these things.

Deputy Michael Collins: There have been more cases of Covid-19 per million people in Ireland over the past seven days than anywhere else in the world. There is a complete lack of

13 January 2021

focus on some factors that have not been addressed. Experts, including Professor Anthony Staines, believe the following four factors apply. The Government decided not to test adequately for Covid-19. In fact, Ireland was one of the only western countries that was neither carrying out testing at airports nor requiring incoming passengers to have a clear PCR Covid test within 72 hours of boarding a flight to Ireland. We now know circumstances have changed. For many, I fear it is too late. I have been calling for rapid testing at airports nearly since the start of the pandemic but my calls fell on deaf ears. The overall testing regime lacked any strategy and planning and it was not of the scale required. There was an utter lack of meaningful implementation in respect of compelling individuals entering the country to self-isolate for 14 days. The overall plan is akin to flying blind. There is no strategy and there is no proper plan; instead, it is a complete case of making it up as one goes along. The Government's overall approach has been all over the place and extremely confusing. For example, we do not know whether the 54,000 people who flew into Dublin over the Christmas period quarantined properly because the Government put no proper measures in place. The UK variant of Covid-19 that arrived in Ireland was almost certainly brought by someone who flew into Dublin and did not quarantine adequately.

There are many more reasons I would like to read out but I must mention the student nurses and the way they have been treated throughout the pandemic. They are now being offered €100. It is an absolute disgrace even to consider offering that to people working at the front line. I even hear the pay of fourth-year students earning €14 per hour is now to be reduced to €10.60 per hour because it is said that the pandemic is under control. It is not under control in any manner.

I commend hospitals such as Bantry General Hospital, which has had to operate under extreme pressure. I commend the staff and all concerned.

Staff providing ambulance and home help services are looking for the vaccine. They are going from door to door so we need to have the vaccine rolled out properly. There are some rumours that it is being rolled out properly up the country but that is certainly not the case regarding the west Cork home helps. The Taoiseach, Tánaiste and other members of the Government took credit on 8 December when Ireland was at the bottom of the Covid-19 case table. Equally, they must now take full responsibility for the fact that, in four weeks, Ireland went from the best in Europe to the worst in the world where cases of Covid-19 per head of population are concerned. Ireland's dramatic surge in Covid-19 cases has made headlines all over the world. The words "too little, too late" come to mind.

Deputy Thomas Pringle: Gaslighting is the process of causing someone to doubt their own thoughts, beliefs and perceptions. We have reached a stage of Government gaslighting where people are quote-tweeting news headlines correcting the information that is being falsely peddled by the Government. The Government did not listen to NPHET advice in the run-up to Christmas and instead went along with what its lobbyist friends wanted. In the last week or so, the Taoiseach, Tánaiste and Minister for Health have been doing interviews and completely contradicting themselves, refusing to accept responsibility for the fact that Ireland is now the worst in the world regarding the Covid resurgence.

I was dismayed to see that Letterkenny University Hospital has been so badly impacted by the latest wave of Covid. Earlier this week, staff were called to come in urgently so extra beds could be opened up. Patients were being seen and triaged in ambulances in the carpark. Owing to the high Covid numbers and the level of community transmission, we have a staffing crisis.

Reportedly, around 170 staff from Letterkenny University Hospital are unavailable to work due to Covid. Staff in Letterkenny and other settings are working extra shifts to try to help in the effort to increase capacity. While the Government reopened the economy to let businesses boost their profits, those on the front line of our health services have had absolutely no let-up since early last year. They have made huge sacrifices in the fight against Covid and the Government has let them all down.

This morning, it was reported that health staff who were self-isolating due to their having been in close contact with people who tested positive for Covid have been called back in to work. I refer to those who are asymptomatic. Such is the crisis in the staffing of our health service that we are bringing potentially contagious staff back into settings with sick and vulnerable people and health staff, putting them all at risk. This is what happened in Letterkenny University Hospital last week. Staff were called back into work despite being identified as close contacts of people with Covid.

Today, there are just 24 available ICU beds in public hospitals across the country and 14 acute adult hospitals have no ICU beds available. The Minister's media appearances are not doing anything to reassure the public about the competency of the Government in handling this pandemic. If the Government could just give an honest, straight answer, take accountability for wrong decisions and clearly communicate how to make things better, there would be more buy-in. Yes, there is Covid fatigue but mainly there is Government spin fatigue. The Irish electorate are not stupid and do not like to be taken for fools.

Numbers in Donegal and other Border counties have been consistently high, as we have waited to see what belated action would be taken in the North. Months ago, I submitted freedom of information requests regarding the level of co-operation and forward planning taking place between the North and the South concerning Covid restrictions and management. I received responses from the CMO and the HSE basically stating that no contacts had been happening. I only received a reply yesterday from the Taoiseach's Department, which released one document from the 33 requested and that basically says nothing. That is the height of the co-operation taking place.

Yesterday, I attended the online meeting of the Oireachtas Disability Group at which we heard from organisations that work with people with disabilities. In the first wave in the UK, six in ten of all Covid deaths related to people with disabilities. Thankfully, we managed to avoid such a terrible fate here but there are serious concerns about this wave and what is happening now. Support organisations have staffing issues due to the high rates of Covid infection, and there are no details available regarding the vaccination of people with disabilities who are under 65 years of age. Will staff in section 38 and 39 organisations be treated as equally essential in respect of receiving vaccinations?

At the start of the pandemic, disability organisations were included on the NPHEC Covid-19 vulnerable people subgroup, but that subgroup was disbanded last year. Why? Advocates say they are noticing the acute gap caused by not having this subgroup in place and have called for its urgent reinstatement. Surely, with Covid numbers as high as they are and have been, vulnerable people should be represented. How many women are in the room with the decision makers? How can we be protecting all of society, if we are only hearing from male and pale voices? That is not to be disparaging about NPHEC, but we must make an effort to ensure that diverse and representative voices are present at the tables at which decisions are being made.

13 January 2021

A final point I will make in the brief time available concerns high-risk groups whose pandemic unemployment payments have been reduced to €203 per week. Members of the Oireachtas Disability Group mentioned this aspect also. There are some people who are high risk but whose workplaces remain open. With uncompromising employers and-or without the possibility of working from home, there are instances where people are being forced to go to their workplaces, despite their high-risk vulnerability. This needs to be investigated. The Minister, the Government and its lobbyists always focus on employees, but Covid has given an opportunity for exploitative employers to be uncovered and penalised, if the Government wishes to do that. It will be interesting to see if it will. Sadly, we are almost a year into this crisis and what is obvious is that all the Government is interested in is publicity and publicity stunts. It has learned nothing. More gaslighting is all we are getting.

Covid-19 (Health): Statements and Questions and Answers

An Leas-Cheann Comhairle: We move now to the second round of statements. To clarify, there is a set time for this item, which is precisely 100 minutes for questions and answers. We will begin with the Government side. Deputies Carroll MacNeill and Alan Farrell have 15 minutes to make statements or pose questions. That time also includes the time for the Minister's reply, and that should be borne in mind. I will stop the speakers after 15 minutes.

Deputy Jennifer Carroll MacNeill: I wish to speak again about clarity regarding the vaccines. We have reached the point in this pandemic where people are under stress like never before. At the beginning, we did not know what Covid-19 was and we did not know how bad a virus it was. Now, however, we do know that information. We all now know people who have contracted this virus, who have been seriously ill and who have been hospitalised. I believe also that everybody at this point now knows somebody who has sadly died. Pharmacists, front-line workers and GPs working throughout this pandemic have faced stress. That is nowhere more acute than with front-line workers, but I was thinking today about pharmacists who cannot triage people coming into their premises in the way GPs can. Those pharmacists and their staff have been suffering the stress of not knowing who is coming in, and the difficulty caused by that situation.

I still cannot answer the question posed to me by a pharmacist in Shankill today concerning what level she was at regarding her treatment of patients. Is she considered to have direct patient contact or is it potential patient contact? I cannot answer that question or other questions. I cannot answer the question that came from the mother of a four-year-old child with type 1 diabetes. She is a lone parent and the only carer for that child. Will she get the vaccine when he gets it? It seems logical that she would, and that the programme has that flexibility built into it. All that mother wants to know to mitigate her stress is the knowledge that she will get the vaccine.

I also cannot answer the question posed by the son of a 91-year-old lady who lives in my constituency. That man is not sure when his mother will get the vaccine. He appreciates that people in congregated settings and in the healthcare system have to get the vaccine before his mother, but the question is when will his mother will get it. The reason I cannot answer those questions or provide clarity in those cases is that we do not have any sort of pictorial graph or spreadsheet in the way that we have for other things in our documents regarding the vaccination implementation plan. I refer to page 19 of that plan, which contains a spreadsheet of activities

for three months. I also point to a similar document from Denmark, which was highlighted by the Minister's party colleague, Barry Andrews, MEP, on social media today. That document also contains a schedule, albeit that being an indicative schedule and one with different levels of certainty regarding presentation. It is, however, a schedule.

We have heard the argument in response when these issues have been raised, and I understand why it is being made, that we cannot provide such a schedule because we do not know how many vaccines we will have. We can, however, provide a schedule based on the number of vaccines which we know we have. What would be the schedule based on the current vaccine which we know we will have available? If that schedule is then expedited, then that will be fantastic. If I were to go and tell somebody, based on our current vaccination plan, that it seems he or she will be vaccinated in June, perhaps the first or second week of that month, and it then turns out in reality that the vaccination takes place in the first week in May, that is misinformation I am happy to stand over and a clarification I am happy to make.

Can we do more in the context of providing clarity for people in order that we can try to retain the social solidarity that exists? The implementation plan and the associated communication strategy focuses on convincing people not convinced by vaccines at present. I do not think that is the problem we have in respect of communication. We must address those people willing to queue overnight in the snow to get this vaccine and to try to keep those people with us as we go through the next phases.

Those are my questions for the Minister. In particular, can we go back and examine the possibility of providing a spreadsheet which will give a visible representation to people concerning when they may get the vaccine, while recognising that the process may be expedited? Can I get clarity in respect of pharmacists? If the Minister will answer those questions for me, I will then come in again.

Minister for Health (Deputy Stephen Donnelly): In answering the question, there is nothing that I or the HSE would like to do more than to be able to say "Here is our week-by-week allocation. Here is what is coming in, here is what is coming in month by month and here is how that feeds into all the various priority groups" and then to be able to put up a simple calculator or drop a document into homes which would give people, in light of their individual profiles and attributes, such as age, underlying conditions, etc., the date on which they are scheduled to be vaccinated. Most Deputies who have spoken referred to this matter. We are all being asked this question about the vaccination schedule. It is the biggest question on people's minds. There is nothing I would like more than to be able to come into the House and give an accurate answer to that question. We must be honest, however, about what we know so far.

What we know so far is that we have the prioritisation groups, and they are as recommended by the National Immunisation Advisory Committee, NIAC, endorsed by NPHE and agreed by the Government. We have that list. After that, we know two vaccines have been authorised by the European Medicines Agency, EMA. Those are the Pfizer-BioNTech and Moderna vaccines. We have a reasonably accurate delivery schedule to the end of February for the Pfizer-BioNTech vaccine and a provisional delivery schedule for the Moderna vaccine. The first doses of that vaccine arrived in Ireland just yesterday, initially at small volumes. For Ireland and every other EU member state, everything after that is informed speculation.

Deputy Jennifer Carroll MacNeill: Having been in my seat, the Minister will appreciate how difficult time and the management of time is for backbenchers. If this situation is as the

Minister has said, we still do have a certain amount of information. We can provide information to people on the basis of the information we do have. I prefaced my remarks by recognising that we would get more vaccines and not less, that we would get more speed and not less and that it would be a schedule which will be expediting over time. The Minister will have the opportunity to address that aspect further.

I have also had communications from senior staff in the Central Mental Hospital, who have yet to receive information regarding when they will receive vaccine doses for their long-term patients. We saw a report in *The Irish Times* today regarding the difficulties experienced at St. Vincent's Hospital yesterday and the day before, where people who were not in direct contact with patients were being vaccinated. This is where that measure of flexibility comes in. It is difficult and understandable. Professor Karina Butler, the chair of the National Immunisation Advisory Committee, NIAC, commented that one does not want people who are not on the front line to leapfrog over others at greater risk but hospitals had to have a measure of flexibility and the vaccines that were taken out of cold storage had to be used within a certain period. That is totally understandable and I get that. However, the more that happens and the more that people like me cannot account for why that is happening, why this person is getting it and that person is not, why leapfrogging is going on even though it should not be and why flexibility works for this person but there is not flexibility for that person, the greater the risk. This is the only measure in this pandemic that we can foresee and over which we have some measure of control. As Members pointed out in the Dáil before Christmas, this is the biggest logistical exercise this State will face and the risk is that if we do not do this and we cannot provide that clearly, we will lose the solidarity we have. It is crucial we get our priority groups looked after.

Deputy Alan Farrell: I will try to continue in the vein that Deputy Carroll MacNeill has started. It is pretty much the same thing. I echo the comment made by Deputy Colm Burke earlier on. As a Member of this House for the past decade, I am getting information on Covid vaccinations from journalists. That should not be the case and I know the Minister, Deputy Stephen Donnelly, accepts that. That has to change dramatically and quickly.

The public is in need of a significant shot of hope and the vaccine roll-out is a great opportunity to do that. A number of constituents have been in contact with me over the past week or so who simply want to know. I got a text message late last night from a person who had completed the online predictor Deputy McAuliffe referenced earlier, wanting to know what the story was. Of course, it is not an official source and it is problematic but these are the sources of information and the lengths to which people will go to get information. I acknowledge the Minister knows this. I welcome his comments earlier on the provision of information from this weekend. I also welcome the comments of several colleagues, myself included, that the app should be used for the provision of this information on a daily basis. Along with the number of new cases and the number of unfortunate deaths, we should provide the number of vaccinations administered in that day or perhaps the day prior. That can be achieved and I would like the Minister's further commitment on that.

We know that when the Pfizer vaccine arrived, the training to administer it had not been completed. Will the Minister give a commitment that this will not occur with Moderna? Will he give a commitment regarding the number of vaccinators in the country? I believe 1,400 individuals have been trained and I have heard a figure of 2,000 being mooted for those who are in training. Can the Minister confirm that?

Can the Minister confirm the approximate number of total vaccinations he proposes to have

within a given period, say, to the end of January or perhaps the end of February? This will give people the information and hope I believe they require in the coming weeks and months. The Minister has said repeatedly, and I accept the point, that one cannot make a plan without knowing precisely how many vaccines will arrive at any given period. However, he was in business prior to his role as a Member of this House and he is a practical person. I know he knows that people are looking for our best-case scenario. Perhaps the Members opposite will bash us over the head with it but I think the public will accept our bona fides in trying to present factual information based on what we believe will come in terms of vaccinations. That is the point my colleague and other colleagues have been making in the House throughout the afternoon. The best-case scenario is what we want to see. We want to know there will be 100,000 vaccines delivered in the next two weeks, or 200,000 or whatever it is. Let us tell people that. We know that somebody knows in the HSE. The provision of that sort of information is critical to providing the hope that the public requires.

On ICU capacity, there has been talk of 25% or thereabouts of the private healthcare provision being taken up as part of an arrangement. On the last occasion this happened, Members of the House on all sides were provided with the information. On this occasion, it happened over Christmas. I looked at my inbox, where there was no information. The only information I got was from cursory references to it by journalists. Last week, we were at the bottom of the pile. This week, we are in the middle of the pile. It shows the necessity for us to provide as much information as possible. I am a pragmatist, like Dr. Mike Ryan, who said something to the effect that perfect is the enemy of good. Somebody has to be first; somebody has to be last. I do not want to be in either of those positions but I would like to provide certainty to the people who have been kind enough to support me over the last decade in this House in my constituency and to give them the information they need. There are a few questions there, which I hope the Minister will cover in the time provided.

Deputy Stephen Donnelly: I thank the Deputies for the questions. I assure them that the vaccination task force and the HSE share the frustration behind the questions. Everyone here is representing their constituents and the questions people are asking them.

I will lay out for Deputy Farrell what we know. We know that on Sunday week, our target is to have vaccinated 140,000 people. That is split 50:50 between long-term residential care and front-line healthcare workers. In long-term residential care, it is the entire nursing home sector. That is 589 nursing homes, residents and staff. In mental health residential care and disability residential care, it is residents over the age of 65. In healthcare, colleagues have rightly raised the question of who are front-line workers and what are the protocols. The HSE has an agreed protocol for who front-line healthcare workers are, both in the hospital system and in the community. I will make sure that is made available straight away to colleagues. It will be 70,000 healthcare workers. On Sunday week, which is a week and a half's time, the first 140,000 people will be vaccinated. We are then cycling back immediately to start the second doses in the nursing homes and with healthcare workers who have had their first dose because that happens on day 22.

The figure I shared earlier with the House, which comes with many caveats around it, is our aim to have 700,000 people or thereabouts vaccinated - most with the first and second dose but some with only the first dose because the second dose would spill into April - in quarter 1, that is, by the end of March. Critically, that covers more or less the first three cohorts. That is the entire long-term residential care sector, staff and residents; about 150,000 healthcare workers in hospital and the community; and almost all of the population over 70 years of age. There are,

13 January 2021

as colleagues know well, other cohorts who are high risk but by the end of quarter 1, which is just 11 weeks away, those first three cohorts will have covered off a lot of those who are most at risk and those who take care of those most at risk.

An Leas-Cheann Comhairle: Moving on to Sinn Féin, Deputy Cullinane is sharing with Deputy Patricia Ryan. They have ten minutes in total.

Deputy David Cullinane: I have seven and a half minutes and there will be two and a half for my colleague. I want to go over and back as fluidly as I can with the Minister. I accept this is a difficult format.

I do not want to bash the Government over the head on the roll-out of the vaccine and I certainly do not want to bash over the head Dr. Colm Henry, Professor MacCraith and Professor Butler. They have difficult jobs and we all wish them well and want this to be a success. Everybody in this House wants the roll-out of the vaccine to be a success because it is vital in terms of eliminating this virus as best we can. Be under no illusions that this is the case.

There is a lot of hunger for information from the public. The Minister should draw on that as a positive because it shows people want to be vaccinated. We were having discussions even before a single dose arrived as to who would or would not get the vaccine. We can now see that people want it. People want information, clarity, certainty and honesty in relation to all of that. The Minister stated that 700,000 people would be vaccinated by the end of March. Briefly, is that inclusive of the second dose?

Deputy Stephen Donnelly: For most people, that includes both doses, but the Deputy will appreciate that there will be a three-week gap. For those we start reaching in the last three weeks of March, their second doses will spill into weeks 1, 2 and 3 of April.

Deputy David Cullinane: Of the 700,000, the most up-to-date information given to health spokespersons at the latest briefing by Professor MacCraith, his team and Dr. Colm Henry was that we would get 40,950 doses of the Pfizer vaccine weekly until the end of March, although that amount might increase when the additional procurement through the EU comes on stream. Has that position changed? Is the figure of 700,000 people vaccinated by the end of March based on the current flow of 40,950 Pfizer vaccine doses or is the AstraZeneca vaccine, which might be certified at the end of January, built into that?

Deputy Stephen Donnelly: Our assumptions might not all come to pass, but to give people a sense of what might be possible, we are assuming that the AstraZeneca vaccine will be authorised on 29 January and that we will begin to get amounts of it quickly. We are planning on several hundred thousand doses within quarter 1. Although it might not come to pass, we are also planning on the number of weekly Pfizer doses increasing, albeit not by vast amounts. This would include the additional opt-in.

Deputy David Cullinane: The 700,000 is the best -case scenario and is based on including the AstraZeneca vaccine and the current number of Pfizer doses increasing. On the day we were briefed by Professor MacCraith, the news came through that 300 million more doses would be procured through the European Commission, of which we would be in line for 3 million doses. When are they likely to arrive? Where does Ireland lie in terms of priority? The US is in line for more and Germany has ordered more. Will they be ahead of us? When are the 40,950 doses of the Pfizer vaccine that are arriving weekly likely to increase? Has any timeframe for that been given to the Minister?

Deputy Stephen Donnelly: Of the 300 million, the EU has confirmed the first 200 million. Yesterday, the Cabinet agreed to buy into that. We will get 1.1% of it. It will be the third tranche, as it were. There was the original Pfizer amount under the advanced purchase agreement, APA, and we got an additional amount through an opt-in. What was agreed yesterday was a third amount. Under the schedule we have, that amount will begin to arrive in quarter 2. I will get the Deputy and other colleagues the breakdown of the amounts in quarters 2 and 3.

Deputy David Cullinane: I accept that. I will ask my next question constructively, although I am not sure whether what I am asking for is possible. If the AstraZeneca vaccine receives certification at the end of January as anticipated, and given that AstraZeneca is one of the companies that has undertaken a great deal of advanced manufacturing, will it be possible to get shipments of the vaccine to the State before certification so that, when it is certified, the doses are in Ireland? Has the Minister asked the European Commission whether that is possible?

Deputy Stephen Donnelly: I have asked my Department to look into exactly that. The CMO and I had that conversation this week. It is what I want to see. The UK did it, including in Northern Ireland. The doses were in GPs' surgeries and they were able to start vaccinating the moment the vaccine was authorised. Since the vaccine is manufactured in the UK, we can get it into Ireland very quickly. As such, the additional time we would get to vaccinate would not be much, but I agree that if we can save a day here or there, we should do so. I have asked the Department to engage with the Commission and, critically, the pharmaceutical company to determine whether we can ship in doses ahead of time.

Deputy David Cullinane: My colleague wants to contribute, so I will ask a final question on the vaccine before putting a question to the Minister about what is happening in our acute hospitals. We are all getting genuine queries from different cohorts of the population about where they will be in the roll-out of the vaccine. Carers and home helpers are two categories of people from whom we are getting many calls. Where do they come in the roll-out? The Minister stated that he would publish the priority list of front-line healthcare workers from which hospital managers were working. I asked for it last week but I still have not received it. It is important that it be published. When are carers and home helpers likely to receive the vaccine?

Regarding acute hospitals, and as I told the Minister, I am dealing with various representative groups and have met many of them. They are very worried about what they are dealing with and what they anticipate they will deal with next week and the week after, given the increasing number of hospitalisations. They are sore about the fact that investments in ICU and hospital capacity were not made to their satisfaction. There has been no rapid modular build to any great degree. We called for that in the summer. There are issues with public health specialists, who called off strike action and are now sore that that was not recognised by the Minister in a positive way. Hospital consultants have raised pay equality issues and student nurses and midwives have legitimate pay claims. They see all of these issues and the failure to deal with same as a failure to value the work they do. Will the Minister engage with the representative groups on these issues? Those on the front line are dealing with a dire situation and the seething anger they feel at these issues not being dealt with is genuine and palpable.

Will the Minister address my points in the short time available?

An Leas-Cheann Comhairle: He has barely 15 seconds. I am sorry, but that is how it has worked out.

13 January 2021

Deputy Stephen Donnelly: Will I write to the Deputy?

Deputy David Cullinane: Yes.

Deputy Patricia Ryan: I will ask three questions quickly, since I am aware of the time. I will ask them constructively and respectfully and I hope the Minister will understand why.

When will the public inquiry into deaths in nursing homes due to Covid-19, as recommended in the final report of the Covid-19 committee, be established? Will the Minister provide funding to section 39 organisations to account for their inability to fundraise? I have been contacted by a family whose father received a cancer diagnosis before Christmas. They are unable to visit and comfort him and difficult conversations are being held in public wards over the phone. What can be done to ensure that dignity is maintained and our health services are kept open for screening and treatment?

Minister of State at the Department of Health (Deputy Mary Butler): Regarding the Deputy's first question, the pandemic has borne down hard on the older generation. The Minister and I are on record as saying that people need to receive answers, but we are in the middle of the third surge and our focus is on nursing homes and keeping our elderly generation safe. There will be time for a discussion on the matter in question. People need answers.

Minister of State at the Department of Children, Equality, Disability, Integration and Youth (Deputy Anne Rabbitte): We built into the budget an extra €30 million to support section 39 organisations' workers and staff and to help them with the gap created by fundraising.

Deputy Patricia Ryan: How will we keep screening and treatment open? Can we ensure that they will remain open and that there will be dignity for those undergoing treatment?

Deputy Stephen Donnelly: Will the Deputy clarify which screening services she is referring?

Deputy Patricia Ryan: I was contacted by a family whose father had received a cancer diagnosis, which was being discussed on a public ward via phone. There is no dignity in that. Can dignity be maintained and can we ensure that our health services are kept open for screening and treatment?

Deputy Stephen Donnelly: Urgent non-Covid care is being kept open, including referral clinics for urgent cancer care and urgent screening. The situation the Deputy described sounds distressing. I have no doubt that the clinicians involved would not want that to happen. Unfortunately, with the system under this level of pressure, they are probably having to make decisions that they normally would not. We need to encourage people to stay at home, continue reducing the number of cases and give the hospital system the space it needs.

Deputy Duncan Smith: Before asking my questions, I wish to say that my thoughts today are with the victims and survivors who passed through our mother and baby homes.

I will speak and leave the Minister with a few questions. The first matter of two that I wish to focus on is that of travel. The Minister knows how strongly I felt about a proper regime of testing and follow-up contacts in respect of people travelling to this country. The requirement for a PCR test within 72 hours in advance of travelling is a welcome step, but it is nowhere near enough. The Government has bottled this in a major way. One of our first interactions with the Minister was on this matter at a testy meeting of the Covid committee in early autumn. Along

with others, I believed even then that we had lost so much time.

6 o'clock

Even though many horses have bolted from many stables on this, will the Minister consider bulking up and providing a regime that includes quarantining in hotels and a follow-up test within a couple of days upon arrival? If we do that along with what the Minister has bought in, people will feel much safer and it will get us somewhere to where we need to be. I do not hold out much hope but the facility at Dublin Airport is a private testing facility in the long-term car park. According to anecdotal evidence from north county Dublin over the past number of weeks, it was used by as many locals as people travelling into this country. I tabled a parliamentary question seeking breakdown of who used it in terms of people who are travelling in and who are locals. That data are not available, which is really disappointing.

The second issue I wish to discuss is workers. Over recent weeks, as the spread of the virus has intensified, health workers have been left truly in the dark over how many of their colleagues have tested positive for Covid-19. The Health Protection Surveillance Centre, HPSC, has produced weekly reports to give health workers and their union representatives a fuller understanding of the infection rates. The last of these reports was published on 23 December. Since then, there has been a deafening silence.

We are in a crisis and these workers are going over and above. They are stretched beyond belief and at absolute capacity. The old saying comes to mind that when we look back on this - when we do is up for question but we will get through it - and think about what our health workers are going through right now we will need to remember, to borrow the phrase, that never in the field of the Irish health service will so many of us owe so much to so few because that is what it feels like in terms of how our health workers are operating at the moment. They are stretched and there is no data they can work off to know how many of their colleagues are sick. It was reported today that in the health service, close contacts of people in the who tested positive had to come into work to fill the gap.

This is a pandemic and a crisis; I understand that. Will the Minister, however, ask the HPSC to publish this data again regularly? Does he know how many staff have been affected in this latest wave and how many are out sick, or worse? Will he provide an update on the plan and promise in budget 2021 to hire 16,000 additional healthcare workers? Where is that at and how is it progressing?

Deputy Stephen Donnelly: I thank the Deputy. I acknowledge his strong and ongoing position on travel measures. As he will be aware, we had a full travel ban between Britain, South Africa and here. That has now been changed. There were two steps. The first was to bring in a mandatory requirement for a clear or negative PCR test up to 72 hours before travel. On top of that, critically, when a person travels here, all the same measures are still in place. It does not replace them. Therefore, a person coming from Britain and South Africa still must self-isolate for 14 days, get a day-five test and that is it. It is three days before a person travels with a PCR test and all of that.

Yesterday, the Cabinet went further and extended the mandatory three-day PCR test to every country. Everyone coming into the country now needs the PCR test and needs to be able to produce documentation of that. If they do not, it is an offence with a fine of up to €2,500 or six months in prison. We are taking it very seriously indeed and on top of that, a person still must

restrict his or her movements for a full 14 days or take a second PCR test on day five.

Deputy Duncan Smith: Will the data be published?

Deputy Stephen Donnelly: I will contact the HPSC today on that, absolutely.

Deputy Jennifer Murnane O'Connor: I wish everyone a happy new year. We are in worrying times and yesterday there were 46 additional deaths related to Covid-19. This is such a difficult time for families. My sympathy goes out to everyone who has lost a life through Covid-19. Today we will have more high numbers. We have 172 people in intensive care and 1,750 in hospital so it is a worrying sign for us all. GPs around the country are reporting that not only is there a marked increase in people presenting for tests, more people are sick. Dr. Liam Woods, the HSE's national director of acute operations, said that intensive care figure could increase to 300 by early next week. That is a concern. Our hospitals are straining. What is the Government's plan? Do we have a plan B? Will the Minister please come back to me on that?

Have there been cases of healthcare workers who are close contacts of a positive case being asked to return to work? What protections are there for them, the public and, of course, other staff? I was contacted recently by a constituent in County Carlow who told me that due to the increasing number of Covid-19 cases, she could not have a childminder in the house so had no-one available to mind her children. She and her husband are both front-line workers who work with Covid-19 patients. She is now working four days per week and they are trying to work opposite shifts because they cannot get childcare. Does the Minister feel that we are on brink of a burnout? It is getting to the stage where family members in one home are going from work to try to cover to make sure their childcare is there. This is hard. This healthcare worker is not alone in being unable to access childcare. Not every healthcare worker can form a support bubble with another household. I heard that 7,000 healthcare workers are in direct need of childcare assistance. What are the plans? What can we do to help these people?

It is welcome that an agreement has been reached in the past week between 16 private hospitals and the HSE, which is really good, to provide additional hospital capacity to deal with the surge in Covid-19 cases. Are there plans to roll out a full policy of care in their own homes for those who have Covid-19 and are very sick but can be monitored virtually from a healthcare setting? This is happening in some hospitals.

I have two more questions and then I will come back to the Minister. We will be getting 40,000 doses per week of the Pfizer-BioNTech vaccine. It is welcome. The Moderna vaccine arrived yesterday in Ireland but other speakers mentioned that the UK vaccine, AstraZeneca, is the main hope for us all in the fact it will provide for an easier roll-out and can be stored at room temperature. It is important that we communicate with the public. My phone has been ringing all over Christmas as people want to know what is happening with the vaccine, what is the roll-out strategy and communications strategy and when they can apply for it. Communication is the key. The Minister said he will not have an answer on that until the end of the month. I believe he was at a Zoom meeting this morning with some of the other European health ministers. He might come back to me on that. We need to roll the vaccine out quicker. I know many Deputies have been asking about that. More than 2,000 people have been trained to give the vaccine, however. Are we rolling out more resources now for when we have access to more vaccines? We need to vaccinate straight away the minute we get it.

I am also concerned about creating an online platform for people to register for the Covid-19

vaccine. Not everybody wants to go online. The Minister knows broadband access is a problem and, perhaps, people do not want to register. Have GPs and pharmacists been asked if they can assist in registering interest in giving the vaccine by phone or, perhaps, a drop-in service? Perhaps the Minister could come back to me. I have a few more questions.

Deputy Stephen Donnelly: I thank the Deputy. On critical care and ICUs, she is absolutely correct. The hospital system is under severe pressure. It will get worse before it gets better. We know it will get better because we are beginning to see the effect of the measures in place. We are beginning to see the cases go down but it is essential we maintain that at a tight level so that they go down as fast as possible. That is how we will help our healthcare workers the most.

Regarding the numbers in critical care, there were 255 critical care beds at the start of last year. That was brought up to 285 beds. They are not all being used but there are now approximately 305 critical care beds available and that can be scaled up to 350. As the Deputy said, we have an arrangement in place with the private hospitals where we can access their beds and their critical care units as well. A large number of nurses have had additional training in critical care. The HSE has done a lot of work to make sure it is in a good place regarding many of the real concerns we were all looking at carefully in the first wave, for example, around ventilators and PPE. The HSE now retains a three-month stock of oxygen and so forth. The Deputy asked about healthcare workers and close contacts. There is a derogation in place, which the HSE uses sparingly. The derogation is that if somebody is non-symptomatic but is deemed a close contact, he or she can have a PCR test. If he or she tests negative and if it is deemed appropriate, he or she can come into work under the supervision of occupational health, in an appropriate way, in the hospital setting. That is the only place in which it is used.

Childcare for healthcare workers is something I am pushing hard on. There has been progress and I would like to see more progress. Preschool childcare is available for essential workers, including healthcare workers. I am working with the Minister, Deputy O’Gorman, on what more can be done for primary school children, which would help with a lot of those needing childcare. Then there is the remaining question of secondary school children. As the Deputy quite rightly says, there are many households in which there are two essential workers. They might be healthcare workers, gardaí or other essential workers. Their children are at home during the day and it can be really hard to find childcare. Even if childcare can be found, it can be really expensive. That is a real problem.

I spoke with the HSE about this just a few hours ago and the Deputy’s figure of 7,000 is exactly right. The HSE’s estimate from the first wave of the number of people who would be quite stuck was 7,000. I am working with the Minister, Deputy O’Gorman, at a Government level and we are working with the HSE. The HSE is putting in place flexibility wherever it can to facilitate it. The Deputy has explained it really well in asking if this will push some couples and households to a level which is incredibly hard. It will do so because we are seeing in some cases that healthcare workers are doing shifts and their partners then do another shift while they mind the kids. It is a really tough time for them and we have to do everything we can to facilitate them, particularly the households that might have a lone parent or where both parents are essential workers, be they healthcare workers or other essential workers. One of the additions that is worth mentioning is that households with essential workers in them can pair with another household outside of their bubble, specifically for the provision of childcare. That will not solve the problem for everybody so we have to keep working on it but it will help to some extent.

13 January 2021

The Deputy asked how we can scale up the vaccination programme. We all hope that we get a vast number of vaccines into the country. We are watching AstraZeneca particularly carefully, for example. We can scale it up with the vaccination programmes we have, with the thousands of vaccinators who are trained up and in addition to that, with the GPs. There are thousands of GPs and many practice nurses, not to mention the pharmacies. We must create an army of vaccinators all across the country and I mention the vaccination centres as well. The real advantage of the pharmacists and GPs and of their staff is that they are in every town and many villages across the country.

Deputy Pádraig Mac Lochlainn: I want to raise the concerns in Donegal about its major acute hospital, Letterkenny University Hospital. The Minister will be well aware that in recent days, approximately 170 staff were off work at the hospital for a variety of Covid-19-related reasons. Seven ambulances were backed up outside the hospital. That meant that half the capacity in the county was tied up, which caused great alarm. What assurances can the Minister give that additional resources can be deployed to Letterkenny University Hospital? What proactive efforts is the Minister making to appeal to those who may have retired as healthcare workers in Donegal to come and assist? I understand there is additional capacity at St. Joseph's Community Hospital, Stranorlar. Can that capacity be utilised? At present, there are more than 100 patients with Covid-19-related issues in the hospital.

I will take this opportunity to convey my utmost solidarity with front-line healthcare workers across the State who have done incredible work throughout this crisis, particularly in recent weeks. However, they need assurances that everything possible is being done to assist them in the incredible pressure they are under.

The other issue is the vaccinations. As the Minister knows, up until recent weeks Donegal had the highest numbers per 100,000 in the entire State. They were stubbornly high numbers and the hospital staff were carrying that responsibility. We would have expected that they would have been top of the list for vaccination but they were behind by a week and we are still getting reports from front-line nurses in the hospital that they have not received the vaccination.

My questions are around vaccinations for the staff in Letterkenny University Hospital, getting extra staff into the hospital and the issue of extra capacity being available at St. Joseph's Community Hospital in Stranorlar.

Deputy Stephen Donnelly: I join wholeheartedly with the Deputy in his support of the staff and healthcare professionals in Letterkenny University Hospital. They dealt with the serious pressure point they had and which we were all watching within a matter of hours. Donegal has done well. As the Deputy noted, the figures were right at the top of the county table recently. As for the figures I have been sent for today since we have been sitting here, the rate is now very slightly below the national average. It is now mid-table and coming down. The people of Donegal are clearly doing an awful lot of hard work to get that figure down and that should be recognised.

I will write to the Deputy and give him a longer answer but the short answer is that the vaccination programme for hospitals is being done hospital group by hospital group. There are about 150,000 front-line healthcare workers in cohort 2 and by Sunday week, 70,000 of them will have been vaccinated. That is the pace we are looking to get through on the first dose. I will revert to the Deputy in writing with the rest of the information.

Deputy Róisín Shortall: As the Minister has heard from all sides of the House, there is a huge gap in information on vaccines and the public is crying out for that information. The quicker we can provide that information and the more clarity that can be brought, the better for everybody.

I want to ask the Minister if he will commit to providing a number of pieces of information on vaccines. I fully accept that it is a fluid situation but will the Minister set out the current expectation and then that can be amended on a week-to-week basis? Will the Minister set out a schedule for the expected delivery of all vaccines over the first and second quarters? Will the Minister set out a schedule for the expected administration of those vaccines and for what cohorts are expected to receive them? Will the Minister set out the weekly deliveries of vaccines into this country and the numbers of people vaccinated? When will details be available on the registration process for those cohorts coming after the first two groups?

Deputy Stephen Donnelly: On current expectation, I want to provide as much information as possible for the same reason that we all want that information. We only have two authorised vaccines. We are looking to put in place figures that are reasonable as quickly as possible. There are ongoing conversations with the pharmaceutical companies and figures are moving around a lot but I take the Deputy's point. On the different cohorts, I will provide Deputies with the numbers in each cohort this evening. On weekly figures for vaccinations and deliveries, this weekend we will be putting up the weekly vaccination figures on the data hub. That will be updated regularly and then I want to move fairly quickly to updating that daily. There is no problem at all with putting up the figures for the weekly deliveries that we get in.

Deputy Róisín Shortall: What about registration?

Deputy Stephen Donnelly: Does the Deputy mean the portal where people will be able to sign up?

Deputy Róisín Shortall: Yes.

Deputy Stephen Donnelly: It is being worked on at present. There are many different factors at play including GPs, pharmacists, local clinical judgment, the protocols etc.

Deputy Róisín Shortall: Has the IT system been sorted out? Is that ready?

Deputy Stephen Donnelly: The IT system is active at present through the long-term residential care and with the front-line healthcare workers. There is another piece to it, which we do not need yet but we hope to need very quickly, which is the portal. That will be ready very soon and certainly well before it is needed when the vaccination schedules increase.

Deputy Róisín Shortall: I look forward to getting that information.

In relation to healthcare staff, they are all under enormous pressure at present. They are doing incredible work in extraordinarily difficult circumstances. There are two particular areas where they need the Minister's support. The first is in relation to public health doctors. Traditionally, they have been very badly treated in this country. They have been campaigning and have been made promises that their status would be upgraded. It is the only specialty that does not have the status of consultant. There is no explanation for that. They have the same qualifications as all other consultants. The Minister gave a commitment to address this issue. It has not yet been done. The doctors had to threaten strike action and, because the virus situ-

13 January 2021

ation was so bad, they withdrew that. When will the Minister sort this out? The Minister has been making promises since he came in to office and he made many promises before he came in to office. When will the Minister sort that out? When will the Minister upgrade specialists to a consultant grade?

Deputy Stephen Donnelly: I agree they have been treated as the poor cousins in public health. I want to see them having consultant status. It is moving quickly. There has been much work done between my Department and the Department of Public Expenditure and Reform. Obviously, these are contractual. It is a very significant increase in pay and, as the Deputy will be aware, these issues must be syndicated at a Government level.

I can assure the Deputy that the threat of strike action did not speed things up. We were already moving on this. I would love to have had it over the line by now. It is a top priority and I want it done quickly.

Deputy Róisín Shortall: With all due respect, there is vast amounts of money going into call centres privatising elements of this service. It is the public health doctors who are the people who know how to do the proper tracing and who know how to manage staff in that regard. Can the Minister give us a date when those promises will be delivered on?

An Leas-Cheann Comhairle: We have run out of time. If the Minister has a reply, he may go ahead.

Deputy Stephen Donnelly: I will revert in writing if the Leas-Cheann Comhairle wants.

An Leas-Cheann Comhairle: I thank the Minister.

Deputy Richard Bruton: I welcome this opportunity and put on record my thanks to those who are putting in superhuman effort to deal with this crisis. I include in that Ministers and their advisers and senior public servants who are making very difficult decisions in the face of this virus.

One of the biggest problems, apart from the virus itself, is the fear and isolation that are taking a huge toll on many people and it is important that we seek to build public morale at this time.

I am pleased that this debate has not all been about a blame game and criticising the weakness of plans. I think there is a realisation across the House that we are facing a situation where there is no manual. There is no accurate model, as we have seen, to predict how this will work. There are no pathways that avoid a very painful impact for different sections of our community. There is no nailed-down supply chain for the vaccine for which we all hope. It is important that we cut our decision makers some slack at all levels - in the vaccine roll-out, in the HSE and at local level in making decisions - because what we need here is people with the sense of confidence to act imaginatively and compassionately to deal with the challenges that they are having to face without having to look over their shoulder continually. That does not mean there is not accountability but it must be accountability that encourages people's willingness to be innovative, to learn from what is happening and to evolve policy as we gather experience.

As other Deputies have said, it is important that we get the information flow right. The approach of establishing Professor Brian MacCraith's task force with expertise from IDA Ireland and from logistics from the sectors was an important initiative. I refer also to the National

Immunisation Advisory Council led by Professor Karina Butler. These are important and they inspire public confidence. Could the Minister arrange that they would have the same sort of daily or weekly briefings so that difficult questions could be responded to by these people in whom I have great confidence because that has been one of the successful features of Dr. Nolan and Dr. Holohan's work, and, similar, would instill the same sort of confidence in people who have their fingers on the various elements? This is not all about politics. Politics should not be making decisions about who gets immunisation first. By and large, these are not political decisions. They are technical decisions based on evaluation of evidence. I wonder, and would be interested to hear from the immunisation council, is age the most reliable determinant. I am surprised that there is not an attempt to identify vulnerable people other than by the age category at an earlier date.

The second question I would put to the Minister is, does he agree that there is a need to have deeper analysis of the collateral damage that Covid is creating outside of the virus itself, in mental health and in education? One of the worrying features in the past week or ten days is the Government's correct instinct to protect special education. It could not be done in practice because deep thought had not been undertaken and fully explored as to how that would be done. We cannot afford that. We need to have more deep investigation of these issues so that we can as the opportunities arise deliver in mental health, in education but also in economic spheres as we seek to reopen sectors of our economy. We can create nuanced responses to allow limited opening for the most important elements as that evolves.

These are my final questions for the Minister. Do we need to think about local escalation because there are patterns that are different so that there would be different levels of protection in different areas? Where stands the private hospital beds and the access? When, how and where will those become available as we see the build up of stress? Can the advisory council be part of the briefings?

I also ask the Minister of State, Deputy Butler, if there is any contingency funding available for community groups. There is one in my constituency, called Doing The Best We Can, based in Raheny, trying to provide support for mental health. Are there any contingency funds available for such groups which are trying to respond on the hoof to real problems that we could see supported?

Deputy Mary Butler: I will take the last question from Deputy Bruton. I agree wholeheartedly with the Deputy that there is no manual for this and there is no accurate model. Those are fair words.

In relation to the contingency funding, the best I can say is if an application is made to the Department we will have a look at it. In the budget for this year, there was an extra €15 million allocated for Covid responses. That is the best answer I can give the Deputy.

Deputy Stephen Donnelly: I thank Deputy Bruton for his questions. I will try and go through them quickly. The Deputy asked can we arrange briefings on the vaccination programme. Absolutely. We had two briefings last week for the Oireachtas. We had one for party leaders. We had another for Health spokespersons. I hope the Deputy has been getting the regular updates from me which I have been sending out to all TDs and Senators.

Deputy Richard Bruton: I mean along the lines of those of Dr. Holohan.

Deputy Stephen Donnelly: That is something we can look at.

13 January 2021

The determinant is not only age. There is the underlying medical conditions group, which is quite a big group. That was the recommendation from National Immunisation Advisory Committee, NIAC, based on the principles it put together. Obviously many people are asking similar questions and want to understand why one group and not another is dealt with. It is the kind of thing that could be addressed by the type of briefings about which the Deputy spoke.

Do we need a wider analysis of the damage? I could not agree more. We measure this in terms of cases and, tragically, in terms of deaths. We need to know, however, about mental health, economic damage, social isolation and loneliness, as well as long Covid. There is more evidence emerging, particularly for younger people, that there are potentially long-term changes and damage for those who get through Covid. We need to be aware of all of that.

In terms of local escalation, the Government framework can be done county by county or region by region. Obviously, given where it is at, it is a national effort. I will revert to the Deputy with a note on the private hospitals.

Deputy Mark Ward: There is no doubt but that Covid has shone a bright light on the inefficiencies of the health service. Years of underinvestment and systemic mismanagement are there for all to see. Up to 21,000 children are waiting for occupational therapy, 9,000 children are waiting for psychology treatment and 4,000 children are waiting for an assessment of needs, while an astonishing 41,000 children are waiting for speech and language therapy. Successive Governments have failed these children. Children are being moved from list to list without getting the treatment they need. It is an old-fashioned three-card trick, a sleight of hand of Government policy. Children are missing out on lost opportunities while their developmental needs are not being met.

These waiting lists were here long before Covid. While it might not come under the Minister's remit, many of these children referred to are now not able now to access special needs education. These children are not only not getting their long-term developmental needs met but they are missing out on vital daily education and routines. We have heard from parents that some of these children are regressing instead of progressing.

I, like many others, was shocked to hear that some of the specialists providing the treatments in question were moved from delivering them to contact tracing and community swabbing. These children were again abandoned. Up to 72,000 people applied to Be On Call for Ireland. I was one of them. I wanted to volunteer my previous experience of working with those with mental health and addiction issues for the common good. I, like 72,000 others, was prepared to put my shoulder to the wheel and do my bit.

Out of these 72,000 applications, how many of these could have been or were used as contact tracers and community swabbers? Why was the decision made to use specialists who provide life-changing treatment for children instead of using the pool of applicants from the Be On Call for Ireland initiative? What other alternatives did the Government consider? Will the 75,000 children in question get the treatment they need any time soon?

Deputy Anne Rabbitte: Only several weeks ago I answered the same question. In my opening statement, I stated that, under level 5, assessments of needs will continue, whether it is face to face or whatever alternative measures are put in place. That does not just mean assessment of needs. It also means all other interventions as well. I have secured support on that from the Minister, Deputy Donnelly.

I am delighted the Deputy brought up the issue of special needs schools and classes. I have a real concern about the regression of those children who do not get the routine and the intervention they need daily. I am equally dismayed and shocked by the stance the unions have taken. Perhaps they might reflect over the coming days on their intervention and what has happened to these children. We need to look at a whole societal approach. While we need to protect the staff, we also need to look at what effect regression is having on the children and their families.

Deputy Gino Kenny: Last November, I questioned the Minister on the cost of private hospitals to the State. He was quite honest about it. He said things would be done differently if we all had hindsight. Last year, the State paid €115 million per month for private hospitals, the equivalent of one third of €1 billion. That is to Larry Goodman and Denis O'Brien.

The Irish Nurses and Midwives Organisation, INMO, stated today that all private hospitals should be nationalised immediately because of the emergency. There is a new agreement with private hospitals that up to 30% of their capacity will be taken. We should not be negotiating prices about private hospitals. Instead, we should be commandeering them for this public health emergency.

Does the Minister stand by what he said in November about private hospitals, namely, that there should be oversight and things done differently?

Deputy Stephen Donnelly: Yes, I absolutely do. The new deal reflects exactly that. I want to reiterate that while I felt last year the deal did not work for anybody, there was no criticism of those involved for doing it, given the level of the crisis. I have said that many times previously.

We did need to learn from that, however, and do it better. This deal works for patients first and foremost and for the State better. If and when the State needs to use the capacity, then we pay for it. We are avoiding exactly what the Deputy and I have discussed before, namely, these vast payments which essentially emptied out the hospitals with some hospitals left completely empty. That is not going to happen again.

The hospitals will continue using their capacity. The State will use the capacity for public patients as and when we need it. The VHI pricing for that, an established pricing mechanism, is being used. Critically, if we need over 30%, which we well may need, there is a clause in the contract whereby the amount the State uses can be expanded in agreement with the private hospitals.

Deputy Paul Murphy: Today we had 63 notified deaths, almost 2,000 people with Covid in our hospitals and 172 in ICU. The Minister now oversees the health service in the country with the worst rates of Covid infection in the entire world. It is worse than Trump's US and Johnson's Britain.

All of this was predicted. It is the direct consequence of the deadly mistake that the Minister made to ignore the public health advice that he got. Does the Minister accept responsibility for the terrible state of affairs in which we are? Will he learn the lessons from it?

Deputy Stephen Donnelly: I and the rest of the Government accept responsibility for the decisions we make. Every Government must accept responsibility for the decisions it makes. Was this predicted? Absolutely not. The worst-case scenario we saw was a R value of 1.8. Last week, the R rate was calculated at between 2.4 and 3. The Deputy is entirely wrong, however. When the Government decided to move from level 5 to level 3 on 1 December, it was in line

13 January 2021

with NPHEt's advice. NPHEt said to go to level 3 and keep hospitality closed but open up households. The Government said we are going to move to level 3 and do that the other way around. Accordingly, we had a 3A and a 3B level. Nobody knew about the variant. We found out about the variant on the Friday before Christmas. That was when the UK Government said it had a very serious problem. We worked through that weekend and on the Monday, before NPHEt met but in consultation with the Chief Medical Officer, CMO, the Cabinet Covid sub-committee met and agreed to move the country to level 5. These are the facts. I know it does not suit the Deputy's political narrative but-----

Deputy Paul Murphy: On a point of order-----

Deputy Stephen Donnelly: It is not a point of order. These are verifiable facts available to the Deputy and to everybody else.

Deputy Paul Murphy: On a point of order, the Minister is lying. He is telling bare-faced lies. The Government-----

An Leas-Cheann Comhairle: I ask Deputy Paul Murphy to resume his seat.

Deputy Paul Murphy: I have a point of order. The Minister told bare-faced lies.

An Leas-Cheann Comhairle: It is not a point of order. The Deputy has interrupted the Minister and accused him of telling lies. That is not acceptable and it is not a point of order. It is simply not. I ask the Deputy to withdraw the remark.

Deputy Paul Murphy: He did lie to the House.

An Leas-Cheann Comhairle: The Deputy is repeating it and that is not acceptable. It is not a point of order. I will move on and leave the matter. The Deputy might reflect on his use of language.

Deputy Paul Murphy: May I get a correction on the record?

Deputy Cathal Crowe: I have a number of questions to pose and I ask the Minister and Ministers of State to engage with me on an over-and-back basis. I commend the effort. Earlier, I spoke about the immense effort being undertaken by our front-line health services. I now want to speak about Covid vaccinations and the immense effort being made to roll them out. With regard to vaccinations for GPs, in Clare, we are watching how GPs in other counties are getting the all-important Covid job. In recent days, I have seen how Bantry General Hospital in Cork was bringing in GPs from the local area to inject them with the Covid vaccine and put them safely back into the community. This is not happening in County Clare, where GPs are being told it could be February, perhaps even late February, before some of them will be vaccinated. Will the Minister update me a little on this?

Deputy Stephen Donnelly: Like the Deputy, I have been contacted by many GPs throughout the country very reasonably asking the same question as to when they will be vaccinated. Not only are they front-line workers, they will also be involved in the vaccination programme. There are 150,000 front-line healthcare workers in the second prioritisation cohort. They include GPs and many others who work in hospitals and throughout the community. As a result of this, some GP vaccination has already started and more will be starting in the coming days.

Where we are right now is that by Sunday week we will have vaccinated 140,000 people.

This will include just over 70,000 individuals who are in long-term residential care and approximately 70,000 front-line healthcare workers. We will have got out almost all of the vaccine that has come into the country. We have reduced the buffer. At first, Ireland and most other countries decided to keep the second dose in reserve because there were questions about supply chains. That very quickly improved and we moved down to holding just one week's supply. As a result of the urgency and because of the very positive supply chain deliveries we have had, we are reducing the buffer to approximately 2.5 to three days. All front-line workers can know they are being prioritised. Half of the vaccinations are going to front-line workers, including GPs, and the number we are aiming for is 140,000 by Sunday week, which is approximately a week and a half from now. Specifically, which GPs in which towns, villages and counties will be vaccinated is an operational decision for each of the hospital groups.

Deputy Cathal Crowe: We see other hospital groups, such as that in west Cork, bringing in GPs but it is not happening in Clare. They will have to wait an awfully long time. I know it is an operational issue but I ask the Minister to look at it. With regard to vaccinations reaching hospital groups, we were all delighted to see vaccinations been rolled out in Dublin in recent weeks but it took two and a half more weeks for it to come to the mid-west group of hospitals.

A nursing home in County Clare has a Covid outbreak. All of the patients there were tentatively waiting for a vaccination date but now it cannot happen. How will it be rejigged? Perhaps the Minister of State, Deputy Butler, will respond briefly.

Deputy Mary Butler: I thank the Deputy for the question. The situation in respect of nursing homes is that we have 111 nursing homes with Covid outbreaks at present, with 72 of these occurring in the past seven days. It is very serious. With regard to vaccination in a nursing home, if there is a small outbreak that is very controllable it will continue but if there is a significant outbreak the best practice is not to continue. We cannot give the Pfizer-BioNTech vaccine to a person who has Covid. The person has to be clear of Covid for 28 days. If a situation arises whereby vaccination cannot proceed in a nursing home, it will go ahead when the staff and residents are able for it.

Deputy Marc MacSharry: Has the Minister, the Taoiseach or anybody on behalf of the State been in contact with the CEOs of Moderna, Pfizer-BioNTech, AstraZeneca or Johnson & Johnson to acquire supplies additional to those being delivered via the EU scheme?

Deputy Stephen Donnelly: There is ongoing contact at the appropriate level, which is task force level, between the State and the pharmaceutical companies. However, let us be very clear. If Ireland went on its own and tried to secure volumes of vaccine, as a tiny country in a highly competitive global market right now, we would not do very well. What we are doing is working as part of the EU. The EU has supplied significant quantities and they are being distributed *pro rata*. Ireland gets 1.11%. The total amount we have now signed up to is a little in excess of 14 million doses of vaccine.

Deputy Marc MacSharry: I will take that as a "No". The Minister indicated that there was contact at the appropriate level but then went on to say that the EU is doing a great job and we will be doing well. Earlier, he stated that there will be 50,000 vaccinations a week. If that is the limit we are tied to then, as I said earlier, it will take us two years to inoculate everyone. I respectfully suggest that the Minister or the Taoiseach lift the phone because that is what I would do. If the Minister decides that Ireland is a small country and will not get the vaccine anywhere else, then he will be right that we will not. I would lift the phone to Stéphane Bancel

13 January 2021

of Moderna, Albert Bourla of Pfizer, Pascal Soriot of AstraZeneca and Alex Gorsky of Johnson & Johnson and ask how much do they want because we are prepared to pay and that Ireland is putting Irish citizens first, just like Germany and Israel are doing as regards their citizens. As the Minister's party colleague, I appeal to him to shelve the good European line just for once. We will pay for whatever they give us but let us look for more for our people.

My next question is not related but it is very important. In the post-Brexit scenario, it seems that under the cross-border directive, pre-authorised patients in the Republic seeking various surgeries in the North for which they were preapproved are now being told by the relevant section of the HSE in Kilkenny that it is awaiting a policy decision from the Department of Health and that until it gets that decision, it can do nothing. The Minister is aware, as are all Ministers and anybody in the business of politics, that people have taken out credit union loans and borrowed from family to arrange their procedures in the North under the cross-border directive with pre-authorisation from the HSE. Now we are welching on it because we are waiting for a policy decision from the Department of Health. We all celebrated a Brexit deal. It would not look like much of a deal to me if I had booked into a clinic for a procedure for which the HSE was going to reimburse me and I borrowed from the credit union or family members to pay for it and now the HSE is saying it is waiting for a policy decision. Let us up the game, take the policy decision and ensure that patients are getting what we told them we would provide.

An Leas-Cheann Comhairle: I thank the Deputy. Moving on-----

Deputy Stephen Donnelly: A Leas-Cheann Comhairle, two seconds.

An Leas-Cheann Comhairle: I am sorry, Minister-----

Deputy Stephen Donnelly: No, sorry, a Leas-Cheann Comhairle. I am responding to this, with respect. It will be one sentence and I am responding. Deputy MacSharry-----

An Leas-Cheann Comhairle: Minister, please, I have already taken one Deputy to task. You do not tell the Leas-Cheann Comhairle what you are doing. The ruling from me is that we are sticking to the time. If you seek permission by way of exception I might accede to that but I ask you to have a little respect for the Chair, not a finger-pointing exercise. I am giving you 20 seconds to answer.

Deputy Stephen Donnelly: Thank you, a Leas-Cheann Comhairle. I would note that when you were on the floor-----

An Leas-Cheann Comhairle: Would you please reply?

Deputy Stephen Donnelly: -----you were given a lot more than 20 seconds.

An Leas-Cheann Comhairle: I am going to stop now and move on because the Minister has not used his-----

Deputy Stephen Donnelly: Agreed.

An Leas-Cheann Comhairle: I am sorry, Minister. I am moving on-----

Deputy Marc MacSharry: On a point of order-----

An Leas-Cheann Comhairle: What is the point of order?

Deputy Marc MacSharry: I propose a very small amendment to the Order of Business to permit the Minister of the day to answer a question. I am sure we will get a seconder.

An Leas-Cheann Comhairle: That is not-----

Deputy Marc MacSharry: Would anyone like to second that? The idea that-----

An Leas-Cheann Comhairle: Would the Deputy please resume his seat? I have been more-----

Deputy Marc MacSharry: It makes a mockery of this House.

An Leas-Cheann Comhairle: Deputy, could you please resume your seat?

(Interruptions).

Deputy Marc MacSharry: As an outspoken Deputy-----

An Leas-Cheann Comhairle: Deputy, would you please resume your seat?

(Interruptions).

An Leas-Cheann Comhairle: That is not a point of order. I have been more than flexible in my time. I am now moving on. If at the end some Deputy decides not to use all of his or her time or if the Ministers are quicker there might be some time available. I call Deputy Darren O'Rourke.

Deputy Darren O'Rourke: In fairness, the Leas-Cheann Comhairle did provide the Minister with some time to respond but he did not use it. That was the way I saw it.

I want to focus my contribution on the issue of travel restrictions onto the island and into the State. At the outset I want to highlight that in our opinion the checks at our ports and airports today are wholly inadequate and have been since March. I welcome the announcement last night that a negative or not detected PCR test would be required for people arriving from all countries. That is an extremely late development but nevertheless it is an improvement.

Since last March Sinn Féin has been asking the Government to bring in strict checks and controls at our points of entry but successive Governments have resisted it at every opportunity. Month after month various spokespersons, myself included, have asked for airport testing, a robust passenger locator form and follow-up and it has not happened. As a result of that our points of entry have become a weak point in the national effort against Covid-19. We were forever getting lectures about the nature of testing, false negatives, false positives and the assessments that were being conducted of testing regimes but we had no action until we had 6,000 cases a day. That is a bad way to do policy.

The truth of the matter is that the measures announced last night should have been introduced a long time ago. If we were to listen to the European Centre for Disease Prevention and Control, ECDC, we should have introduced them when the numbers were low. That is when checks and controls at our ports and airports are increasingly effective and important. That said, while the new PCR testing requirement is extremely late in the day it is welcome but more needs to be done. Foreign travel must be restricted to only those cases that are essential at this time.

Sinn Féin firmly believes that testing post-arrival should be mandatory as the current voluntary system is insufficient. All the Minister has to do is listen to himself and his Government colleagues in respect of what he said about a pre-departure test. He said that a single negative PCR test, whether taken prior to travel or on arrival, does not exclude the presence of disease due to the incubation period. That was true then; it is true now. I appreciate that there are additional regulations in respect of quarantine but in truth they are not being implemented. We do not have a monitored quarantine or self-isolation regime. We do not have adequate follow-up on our passenger locator form. When I submitted to the transport committee that only 18% of people received a follow-up call for their passenger locator form NPHEt queried it and I had to show it that it was the Minister's Department that confirmed those statistics. It is wholly inadequate. We need a post-arrival PCR test. We need monitored and rigorously tracked and traced follow-up of the passenger locator form or we will continue to have a weakness at our ports and airports.

An Leas-Cheann Comhairle: Deputies have a choice whether to use their time for statements or questions. I do not mind. It is entirely up to them. The next speaker is Deputy Denis Naughten who has six and a half minutes.

Deputy Denis Naughten: Last June I wrote to the Minister's predecessor pointing out that Portiuncula University Hospital, Ballinasloe was in a desperate situation because it has lost 10% of its acute hospital capacity due to Covid-19 configuration. The hospital was very proactive. It put forward two very specific proposals. The first was to develop two separate modular buildings, one for an accident and emergency department that could segregate Covid and non-Covid patients. The second modular building was to take the outpatient department out of the acute hospital and convert the old outpatient department into 13 single rooms. Currently, Portiuncula hospital, which is one of the biggest acute hospitals servicing the midlands, has only 13 single rooms. It is down 10% in terms of its capacity. Last week the daily average of patients on trolleys overnight was 13.

While funding has been forthcoming for the modular building for the outpatient department no refurbishment work has taken place of the old outpatient department and no funding has been provided for the second modular building for the accident and emergency department. As a result of that, the hospital is operating at 10% less capacity today with just 13 single beds. It is not in a position to manage the pandemic and the challenges that currently exist. Will funding be provided to expedite the refurbishment of the old outpatient department? Will funding be provided to ensure that we have a modular building to deal with the chaotic situation we currently have within the emergency department?

Deputy Stephen Donnelly: I will revert to the Deputy with a note on exactly that. It is a very specific question around a very important capital build and capital refurbishment so I will revert to him with a note on it.

Deputy Denis Naughten: I thank the Minister. I turn to the vaccination issue. First, as he knows the Oxford-AstraZeneca vaccine is likely to be approved at the end of this month but we need to see that particular vaccine distributed in advance of the EU approval to GP surgeries so that the administration of the vaccine can take place the following day. Can the Minister assure me that that will happen? Second, by the end of February it is hoped we will have four vaccines in use. Three of them will require two shots but today we are still using a paper based system. When will we get the fully electronic system? When will the GP IT system be fully operational, which it has not been up to now? That is causing confusion and, importantly, good

records are vital to identifying and tracking any adverse reactions that may arise in respect of any of these vaccines.

Deputy Stephen Donnelly: I thank the Deputy for the questions. The most important thing for all of us to understand, and I have asked the question myself on the IT system, is that a very complex IT system has been put in place that did not exist previously. Due to a lack of investment in public health in the past we did not have an existing national vaccination IT system and that has now been put in place in record time. Critically, none of the IT development is slowing down the vaccination programme. In some cases, as part of the data gathering, people are inputting on paper and that is then being entered into the IT system. It is not causing confusion to the best of my knowledge. It is requiring some data entry but, importantly, it is not slowing down the vaccination programme.

With regard to the GP system and the wider portal for the public, which will become very important, the system that is required for what we are doing now was delivered around 29 December - I cannot remember the exact date.

7 o'clock

Additional functionality is being added but it is not needed yet. We are in a targeted phase of the programme, involving front-line healthcare workers, nursing homes and other long-term residential care facilities. The portal and other functionality are being put together and I am told they will be ready well in advance of when they are needed.

Deputy Denis Naughten: The fact is that we are using sheets of paper to record vital data that are needed to track adverse reactions. I took this issue up with a predecessor of the Minister, the current Taoiseach, 18 years ago and the Minister is telling me that we still do not have an IT system in place. When will we no longer be using pen and paper to record the numbers of patients being vaccinated? As the Minister knows, some of our hospitals complained in the past that they did not have enough bins available to them for PPE. There has not been capacity to manage the amount of PPE waste that is being created. With such a high rate of infection in the hospitals, this gives rise to significant concern if we are not able to manage the used PPE. At present, there is an industrial emissions licensing application with the Environmental Protection Agency, EPA, to ensure that a system can be put in place to deal with PPE on-site. If I provide the Minister with the detail after this debate, will he intervene with the EPA and plead with it, in the interests of the patients in hospitals across the country and the staff working in those hospitals, to approve this licence once and for all and allow us to protect people who are using our hospitals?

Deputy Fergus O'Dowd: There has been a significant increase in the incidence of Covid-19 in nursing homes, in which tens of thousands of people live day-to-day. If the vaccination date is, for example, next Tuesday and there is an outbreak before then, what happens? The Minister said if there was a small outbreak, vaccinations could continue but there is a question mark over cases of large outbreaks. There needs to be absolute clarity. I ask the Minister to ensure that all residents are tested if there is an outbreak. Anybody who has a negative test should get the vaccine, with no ambiguity or doubt.

I welcome what the Minister of State, Deputy Butler, said, that nursing homes must continue to play their part in having robust contingency plans in place and dealing with issues related to infection control and so on. Is she satisfied that all nursing homes are taking all of the

assistance and meeting all of the requirements that they are obliged to?

My last question may require a written reply. The St. John of God service has residential units in County Louth and some in County Monaghan. It has about 400 people, some over 65 and some under 65. The over-65s thankfully have a definite date by when they will be vaccinated but I do not have clarity about the under-65s or about the staff. Will the Minister examine that issue and respond?

Deputy Mary Butler: I thank the Deputy for his questions and continued interest in the nursing home sector. I reiterate the plan is to vaccinate in all 585 nursing homes, with 70,000 staff members and residents, by Sunday week, with the first dose of the BioNTech vaccine. I spoke to Brian MacCraith, the HSE and the Department about this last week and we had a meeting which the Minister, Deputy Donnelly, was at last Friday. If there is a small outbreak, we will proceed as planned. However, if there is an outbreak among 50 residents, and more than 80% have Covid, a decision may then be taken with regard to health and safety. The decision will be taken by medical people and the HSE. The co-operation between Nursing Homes Ireland, which represents 80% of nursing homes in Ireland, and the voluntary and community sector is at an all-time high. Everything that can be done for nursing homes is being done. There are significant challenges regarding staff. Some 890 staff from the nursing home sector are currently out because of Covid, which is a significant challenge.

I do not have an answer about St. John of God. Perhaps we can come back to the Deputy in writing.

Deputy Fergus O'Dowd: I accept that there may be public health issues and I acknowledge them. However, if people in a nursing home do not have Covid and their vaccination date is due, and one can be assured by testing that they do not have Covid, it is essential that they get that vaccination.

Deputy Mary Butler: Another issue that arises is if a substantial proportion of the staff have Covid too. The main aim is to vaccinate everybody in the nursing homes as quickly as possible. We have some critical levels in nursing homes at present. If over 80% of staff and residents have Covid, it is hard to organise provision of the vaccine. The plan is to do it as quickly as possible and I agree with the Deputy.

Deputy Kieran O'Donnell: On the roll-out of vaccines to GP practices, a number of GPs from my constituency in Limerick have contacted me in recent days. I have been in contact with the Minister's office. GPs in Cork and Kerry have got the vaccine, as have many GPs in Dublin. There appears to be significant inconsistency in the roll-out of vaccines to GPs. Who is responsible for the roll-out of vaccines to GPs? Is it community health services or University Hospital Limerick? Will the Minister look at having a national roll-out of the vaccine to GPs and their practices? They are on the front line. The people who refer people for Covid-19 tests are GPs. They are on the front line. It does not in any way take from other healthcare workers. Some 1,100 vaccines are coming into Limerick on Thursday. Only 300 of those are going to community health services. In our case, we have such a high rate of Covid that while I understand they have been dispersed based on population criteria, surely there should be an element related to risk too. That is a significant factor for GPs. Will there be a national roll-out for GPs, including in Limerick? Why are GPs in Cork and their staff vaccinated while GPs and their staff in Limerick are not?

Deputy Stephen Donnelly: The roll-out to front-line health is an operational decision which has been given to each of the hospital groups. Therefore there may be GPs vaccinated in one county or city in the same way that residents in one nursing home might be vaccinated a week or two before another, or that nurses and doctors might be vaccinated in one hospital before another, or indeed colleagues in the same hospital. There is a national roll-out programme. It has started. GPs are part of the front-line healthcare worker group, which is the second cohort. They are very high priority. There are approximately 150,000 front-line healthcare workers, including the GPs. The plan is to have vaccinated 70,000 of the 150,000 with the first dose by Sunday week. On day 22, the teams cycle back for the second dose.

Deputy Kieran O'Donnell: The Minister has not answered my question. How can GPs in Cork all be vaccinated out of the South Infirmery and Bantry and people in nursing homes be vaccinated, while GPs and their staff on the front line in Limerick are not? The roll-out is inconsistent. Will the Minister look at putting in place a national roll-out specifically for GPs to ensure that there is consistency of treatment throughout the country? That is of great importance. There were other questions I wished to ask. The vaccine programme is a ray of light. It will bring us out of this pandemic but there must be consistency of treatment throughout the country, particularly in respect of GPs and their staff. Once again, I ask the Minister to give consideration to a designated roll-out for GPs and their staff as part of the vaccine programme in order that there is consistency in the treatment of GPs and their staff nationally, including in Limerick city and county. I ask the Minister for a brief response.

An Leas-Cheann Comhairle: The time has been used up. I am trying to be consistent. At the end I will offer the Minister a minute or two if he wishes to come back on a few of the issues. I am sticking to the time limit as best I can. If the Minister wants to give a "Yes" or "No" answer, he can. He is not in a position to do so.

Deputy Mattie McGrath: I ask the Minister why he refused to seal the airports and ports. He knows from his previous meetings with our group that I, as leader, have been asking why the ports were not sealed. It is now being done from 16 January. The Minister is closing the stable door when the horse has bolted. I believe that 54,000 or 56,000 people arrived here from England over the Christmas period and none of them were asked to do anything. Now the Minister is proposing to prosecute the people and we have a mess.

Deputy Stephen Donnelly: On the issue of international travel into the country, Ireland signed up to the EU-wide approach, namely, the traffic light approach. In common with all the other member states, we implemented that approach. On airport testing, the consistent public health advice is that it is not the right way to proceed. It is not recommended by the WHO or the ECDC. The firm view of our public health experts is that it is not the right way to test. The current situation is that inbound travellers, whether at airports or ports, cannot come into the country without a clear PCR test done up to 72 hours before travel. If they arrive without that, they are subject to prosecution and face a fine of up to €2,500 or six months in prison or both. On top of having a clear PCR test, those coming into the country must restrict their movements for two weeks. They need a clear PCR test on Day 5 and if they get that, they can be released from the two-week movement restrictions. Therefore they need to provide the results of two PCR tests, done between five and eight days apart, both of which must be negative. The situation for Britain and South Africa is different, in that two weeks mandatory self-isolation is required, regardless of any tests.

It is fair to ask whether we put the travel measures into place quickly enough, particularly

in light of the emergence of the UK variant. I will outline the timeline in this regard. On the Friday before Christmas, the UK Government issued a warning stating that there was a highly contagious variant present in the UK. We worked through the weekend. Our public health officials were in touch with their UK counterparts and I was in touch with mine. On the Monday, the Covid committee met and recommended an immediate ban on travel from Britain, which was then extended to South Africa, based on the emergence of the South African variant that has also been detected here.

Deputy Mattie McGrath: I wish to raise the issue of St. Brigid's hospital in Carrick-on-Suir. It was commandeered by the last Government at the start of the last outbreak and was deemed to be fit to serve Covid step-down patients. I note that the Minister of State, Deputy Butler, is present. Why was the hospital closed in the middle of a pandemic? Why did the Minister of State refuse to meet her own colleague, Councillor Kieran Bourke from Tipperary, in relation to the issue of the closure of the hospital? It is a wonderful institution, as the Minister of State knows well. Why has the rug been pulled from underneath it? Why are people being denied the services they need? I do not want to hear anything about diabetic clinics. How was the hospital deemed suitable for treating Covid patients when it is not now deemed suitable for patients convalescing?

Deputy Mary Butler: St. Brigid's hospital was built in 1837 in Carrick-on-Suir. It was a long-term residential care home that used to be home to between 16 and 18 residents. The care that was delivered there was always exceptional. I do not live far from the hospital. HIQA flagged issues with the hospital in 2018. These issues included the age of the building, the fact that there was only 76 cm between the beds on the two five-bed wards and the fact that there were no shower facilities on the men's ward.

Deputy Mattie McGrath: I wish to make a point of order.

Deputy Mary Butler: I would like to be able to answer the question.

Deputy Mattie McGrath: That is not the question I asked. I said-----

An Leas-Cheann Comhairle: The Deputy can come in if he lets the Minister for State finish.

Deputy Mary Butler: HIQA determined that the facility would not receive registration going forward under infection prevention control and due to the fact that it could not guarantee patient safety. The decision was taken by the HSE that the facility would no longer be used as a residential centre but it is going to be recalibrated into a community healthcare network. Seven new jobs will be created and the building will be used as a facility for people with long-term conditions such as diabetes, asthma and chronic pain. Work has started to reconstruct the premises and the seven new jobs have been advertised.

Deputy Mattie McGrath: Why did HIQA deem it to be suitable for step-down patients during the Covid pandemic and then decide that it was no longer suitable?

An Leas-Cheann Comhairle: The Deputy is not making a point of order. While the Deputy may be unhappy that his question has not been answered, he did not make a point of order.

Deputy Michael McNamara: One of the key recommendations of the Covid committee, of which the Minister was a member, was that in the long term, we should move away from care

and congregated settings to care in the community. Rightly, those in congregated settings are a high priority for the Government's vaccination programme. The Minister may correct me if I am wrong but I do not see any mention of those who are in receipt of home care. They have a vulnerability over and above elderly people generally, because two or three different carers are coming into their homes every day, and those carers are also visiting many other homes every day, by necessity. Will this group be prioritised in the roll-out of the vaccination programme? Deputy Michael Fitzmaurice also wants this question answered.

Deputy Stephen Donnelly: The Deputy has asked a very fair question. My own granny is about to turn 102 and has carers coming into her house. I want to know when she and her carers are going to be vaccinated. The key is to protect the vulnerable person in the home, more than the carers coming in and out. The key is to vaccinate people like my granny, quite frankly. The answer lies in the prioritisation. For example, the third cohort is those over the age of 70. Based on the schedule that I laid out before the House earlier today, the population over the age of 70 will be vaccinated within the next 11 weeks.

Deputy Michael McNamara: I am sorry to cut across the Minister. I accept that those over the age of 70, and those in nursing homes should be prioritised, and I agree with that. Will there be a prioritisation for persons who are in receipt of home care because of their unique vulnerability? It is a "Yes" or "No" answer.

I will ask a couple of other questions because of the propensity to develop a narrative. I do not disagree with that; it is just that my time is limited. Antigen testing is something that I have called for in the past. I am not saying that it should replace or supplant PCR testing but I am asking whether the Government will consider the roll out of more antigen testing for travellers and the general population, in order to ascertain whether they pose a risk. The European Commission has recommended it and we seem to be laggards in Europe in that regard.

I also want to raise the issue of blame generally. Like everyone else, I am hugely concerned about the Covid figures. There is a tendency to blame people, and that concerns me. I worry about the effect that will have on society. Where is the flu this year? A small minority of people behaved recklessly, and I do not condone that in any way. If the population or indeed, the Government behaved as recklessly as some would suggest, then where is the flu? Clearly the social distancing measures such as the wearing of masks etc. seem to be having an effect on the flu. Lastly, in the event that there is a flu pandemic this year, as there is every year, are we prepared? I have put four questions to the Minister.

Deputy Stephen Donnelly: I have written down three and will do my very best to answer them. In regard to the situation of people in receipt of carer services, I am not trying to obfuscate. I am trying to make the point that it is not a question with a "Yes" or "No" answer. NIAC has given a prioritisation process and some people in receipt of carer services will be higher up or lower down that list. Being over the age of 70 will have a person in one group and having an underlying condition will put one in a different group. People can be in receipt of carer services and fit into neither of those categories, in which case they will be in a different group again.

Deputy Michael McNamara: Does that apply to people who have carers coming into their homes?

Deputy Stephen Donnelly: Yes. Is that not the question the Deputy was asking?

Deputy Michael McNamara: Yes.

13 January 2021

Deputy Stephen Donnelly: In terms of rapid antigen testing, I fully agree with the Deputy. I want to see more of it. It is already being deployed, including in Letterkenny and in health-care settings. We are working on other places where it can be deployed. I note, for example, the very wide use of it in the UK and we are exploring how it can be deployed here. I agree wholeheartedly that it is not in a place where it would replace PCR testing. It is to be used in places where we would not otherwise use PCR testing.

What was the Deputy's third question?

Deputy Michael McNamara: What is the situation regarding the flu virus this year? Does the Minister anticipate that the flu will come here? If it is not here, why is that the case? Is it because people have behaved reasonably responsibly?

Deputy Stephen Donnelly: I do not know where the flu virus is. I do know that it is not here, which is fantastic, and that the position is the same in other European countries. I am not really qualified to answer the causality on this but my best guess would be a combination of, as the Deputy said, the use of masks, basic infection prevention and control and the biggest flu vaccination programme we have ever had. I would say it is a combination of things. Thank goodness it has not arrived here.

An Leas-Cheann Comhairle: I said I would come back to the Minister if he needed a little leeway at the end.

Deputy Stephen Donnelly: I thank the Leas-Cheann Comhairle but I am fine.

An Leas-Cheann Comhairle: Sin deireadh leis an seisúin seo.

The Dáil adjourned at 7.22 p.m. until 12 noon on Thursday, 14 January 2021.