

## DAY I

### INTRODUCTION OF STAFF:

Following registration and breakfast, brief profiling of the staff present with special reference to their commitment and involvement in the organization was undertaken by Mr. Gerard Granado, General Secretary of the Caribbean Conference of Churches. They were as follows:

- *Dr. Oluwakemi Linda Banks* : *President, CCC*
- *Mrs. Evelyn Smithen* : *Programme Officer, HIV/AIDS - Antigua Programme Center, North-Eastern Sub-region*
- *Mrs. Tricia Syms* : *Administrative Programme Assistant and Executive Secretary to the General Secretary, Head Office, Trinidad*
- *Mrs. Nadine-Lewis Agard* : *Programme Officer, HIV/AIDS: Head Office, Trinidad, Southern Sub-Region*
- *Mr. Ainsley Reid* : *Programme Officer, Jamaica Programme Centre, North-Western Sub-region*
- *Rev'd Dr. Knolly Clarke* : *Special Assistant to the General Secretary, Ecumenical Relations and Theological Affairs*
- *Ms. Elizabeth Nicholas* : *Regional Programme Coordinator, HIV/AIDS*
- *Mrs. Rosalind Saint Victor* : *Former employee of CCC with a wealth of knowledge and experience in HIV/AIDS. Served with International Agencies including UNAIDS and worked in Africa and Geneva. Volunteer, CCC, Member of the Policy and Action Plans Drafting Committee*
  
- *Recognition was also paid to absent staff especially those at the Trinidad Head Office for their support and devotion to the organization.*

Mr. Granado informed the gathering of the devoted and extremely high-level function of the staff, though at times, with limited human and material resources, and under intense stressful situations. He admitted his admiration for the commitment and drive of the staff who generally operated well and pulled through with flying colours. The staff appointed for the HIV/AIDS programme was well endowed with quality which suited the

seriousness and responsibility of the programme. The operations of CCC were held together in terms of co-coordinating initiatives, visualizing and putting things in place based on the needs of the Caribbean. The Caribbean at this time in its history, faced very different and much more serious issues compared to 1973 when the CCC was inaugurated. Hence, the process of re-viewing, re-visioning and re-positioning must be ongoing. The organization must also be constantly re-engineered to respond to challenges.

HIV/AIDS belonged to a cluster of programmes designated “**Priority Regional Initiatives**” – an initiative which could not be doubted. Other programmes included in this cluster were the Drug Demand Reduction, Uprooted People and Family Life.

- Dr. Banks introduced Mr. Gerard Granado, General Secretary, CCC and spoke favourably of his enthusiasm, commitment and expertise in several fields including management and theology. Over the past eight (8) years, Mr. Granado steered the organization through previously uncharted waters. Under his inspiring and wise leadership, HIV/AIDS and a number of other programmes were launched.
- Mr. Huey Cadette, Church of God, Trinidad and Tobago, President of the Tobago Youth Council and member of the HIV/AIDS Policy and Action Plans Committee, was introduced by Mr. Granado as the morning’s chairperson. Mr. Cadette expressed delight to be chairing that portion of the programme, hoping that participants perused related material in order to facilitate keeping in course with the commonalities and divisions of the group.
- **OPENING PRAYER:**

Fr. Clyde Harvey was invited to offer the opening prayer. He observed the inter-religious nature of the group – Christians of different persuasions, Hindus, Muslims and unidentified others. The group was described as faith-based meaning that there was a sense of belief in a supreme being, larger and greater than themselves and who was held in God’s hand. We were people of WORDS – believing the WORD, in the power of the WORD. However, in the depths of religious consciousness was that only TRUE WORD which came out of SILENCE. He entreated that those moments be taken in order to seek to enter that SILENCE.

- Background Music – “**IN THE RAIN**” – was used to assist in entering into that SILENCE. It facilitated entering the stillness within our hearts where and whatever our words might had been. He reminded us that the WORD brought the life and light – the WORD from scripture: Scripture from our different traditions. The WORD that invited us to recognize the hand of our God in all that was. The WORD that was present in the wind and the rain – the divine spirit, energy, and love that kept us all in existence.

*He implored the Creator of that WORD, Lord of life and death, Master of the wind and the seas, energy of the waters “to be with us as we sought to be present with you, to be aware of your movements in everything that is, especially these persons sharing this day with us, to walk with us, speak in our hearts. Speak through us and allow us to hear you through each other, so that in that deep respect that was borne in your awesome power, in your deep and abiding love, we may come to that space where we see you in each other and recognize your gift, that through our WORDS, you may take flesh and be for each and everyone of us blessing, peace, love and joy, now and forever. Amen”*

- **OVERVIEW OF HIV/AIDS IN THE CARIBBEAN**

The facilitator for this period was Ms. Rosalind St. Victor, who expressed desire for an interactive presentation. She related that her first encounter with an HIV Positive individual was in Geneva. The encounter was with an Irish lady who felt that living with the condition could be considered as one of the best things that ever happened to her since it enabled her to grow spiritually. Ms. St. Victor indicated that subsequently, she had met persons who shared similar sentiments. She suggested that Faith-Based Organizations should find a niche for themselves and determine opportunities for positive action. This action was not to preserve integrity but to release the burden of HIV/AIDS from individuals infected with the condition. The responsibility for contracting HIV/AIDS, though to some extent was the individual's, was generally societal. However, the individual had a responsibility, like all others, for the well-being of those with whom he/she interacted. Attaching blame to individuals favoured the high incidence of stigma and discrimination.

She stated that the days were long past for Pastors to claim that there was no one living with HIV/AIDS in their congregations. As long as people were part of a society, there would be persons living with HIV/AIDS in all spheres. Denial was seen as another area of concern – especially denial in families. Denial breathed a cultural burden of silence which spread the epidemic. Silence in turn spread stigma and discrimination. Persons then experienced difficulty in asserting themselves and in communicating – an issue common in both young and old.

### **COMMENTS:**

- *Mrs. Catherine Williams:* Trinidad and Tobago, HIV/AIDS NGOs, Policy Committee Member tabled two (2) important issues for consideration:
  1. *Attitude to life and death situations*
  2. *Attitude towards life style*

Many young persons' attitude to life and death was that they could die at any moment – regardless of the circumstances surrounding the incident. They seemed to have no value for life and did not necessarily adhere to abstinence and condom use. She felt that because of this apparent lack of value for life, the Church was shouldered with the responsible role of getting people to know and realize that they were special, unique, and creative. They were made in the image of God so therefore they should learn and practise self-value.

- *Rev'd Algernon Lewis*: Moravian Church, St. Kitts, bemoaned the loss of societal core values and that several young persons were maturing without a sense of value and self-esteem. They were unable to defend themselves wisely in this “sexy” societal culture and experienced difficulty ignoring and moving away from certain habits. When they were propositioned, they simply “went with the flow” fully aware that they were flirting with danger. They seemed to lack the capacity or training to stand up for what was right and good, and move forward. There was therefore the need to reflect on the rearing and training of children in our families and inculcate values which would assist them to make sound and informed decisions.
- *Rev'd Harcourt Blackette*, Parish Priest, Barbados, responded to the question of vulnerability and expressed concern for the rapid loss of touch with the sense of family in the Caribbean – nuclear and extended – which contributed emotionally and otherwise to the well-being of the individual. Because of this, many persons found comfort in other sources which led to various avenues of trouble. The Church needed to re-visit the sense of the family and assist Caribbean people to re-discover that which was once known and which was rapidly fading. This, he felt, was of utmost priority.

In reaction to why persons did not come forward and revealed their HIV status Rev'd Blackette equated this to the male situation in the Caribbean. On returning to Barbados, he found a situation of male bashing which caused men to retreat from actively participating in a number of vital areas where they could be of important service. Reluctance to move forward even for medical care and otherwise were demonstrated. It was appalling to witness the plight of males in the Caribbean – the drug addicts, the number on the streets. This could be associated with an array of other situations which needed to be considered while examining the issue.

- *Jaqueline Cornwall*, Grenada, stood in defense and in favour of the youths. She felt that at times youths were unjustifiably bashed. Adults needed to critically analyze their lifestyles and make necessary adjustments in order to be proper models for the youths. As adults and as a Church, a change of lifestyle was a key factor enabling healthy growth and development. The Church needed to be more vocal about HIV/AIDS. The present opportunity should therefore be utilized by

each individual to be cognizant of what was happening and prepare to take interest in community affairs.

- *Dr. Kay Polydore*, Dominica, endorsed some of Rev'd Blackette's comments about male bashing in the Caribbean. However, she felt that parents were indeed teaching values, but somehow the television was exerting a powerful influence on the values of young people. Soap operas and films relayed messages of cheapness and "ready for action in bed" without prior knowledge of the individual. The message of condom use was not reinforced. It therefore gave young people the "now for now" impression. This was then carried to the schools where young people were desirous of engaging in sexual intercourse. Young women believed that they were so liberated that they were making sexual advances – an activity rampant among women.
- Ms. Saintt Victor appreciated the comments which served to move the session. These were described as gaps and possibly niches for Faith-Based Organizations. The following were reinforced:
  - ◆ Youths garnered their values from parents, adults and the society, therefore the values youth reflected were as a result of parents, adults and the society. It was therefore not intended that comments be projected as youth bashing.
  - ◆ Society had become extremely materialistic to the point where some merchants – reference made to Trinidad – were targeting girls between the ages of twelve (12) to fourteen (14) years, and even younger with frilly, pink and expensive designer brand clothes.
  - ◆ The exploitation of the demographic age was rampant and reflected the value of the society.
  - ◆ Businesses were equipped to finance and study researches on trends, then catered styles and fashions to boggle the minds of individuals.
  - ◆ Related factors like poverty and attitudes toward life and death, compounded the issue of HIV/AIDS.
  - ◆ Young people tended to be risk-takers hence, the high prevalence of death due to motor vehicular accidents.
  - ◆ It was important, however, to focus on core values – self, family and community and a purpose of strong self-esteem.
  - ◆ Ignored frills and trappings and focused on positive lifestyles changes as individuals and churches, and the development of self-esteem

- ◆ The silence of HIV/AIDS needed to be broken.
  - ◆ Television could be utilized as a positive parenting and teaching tool. Intelligently used, it could be involved within parenting terms of reference.
  - ◆ Strict monitoring and observance of the internet and computer in the home, especially when children were in the home.
  - ◆ Individual countries especially Barbados and the Bahamas and Faith-Based Organizations were encouraged to share their interventions and success stories in response to the challenge of HIV/AIDS
  - ◆ Each community – Christian, Hindu, Muslim – functioned according to basic core values.
  - ◆ Prevention and prevention messages were areas of debates in the Caribbean over a period of time. Behaviour and behaviour changes were also discussed. These areas were difficult to change and therefore needed critical examination and urgent attention.
- *Pastor Desmond Robinson*, Jamaica, Seventh Day Adventists Church, Community AIDS Response and Effort Society - CARES - recommended the formation of a network support around persons living with HIV/AIDS, interfacing with them across denominational boundaries. He also suggested that it was critical to replicate similar fora of Faith-Based Organizations to support persons living with HIV/AIDS in the various communities across the Caribbean.
  - Ms. St. Victor thought it was also critical to examine the impact of the epidemic in the lives of the society.
  - *Fr. Reid Simon*, St. Kitts, Anglican, shared the comment that young people mimicked adults quite a lot and one of the things definitive of small island state was the issue of politics. He recognized that several persons were close followers of political happenings in the realms of party support. He felt that the Church needed to be more proactive in its call to politicians and Church leaders but especially to politicians, to show forth the kind of life which brought back the family.

He questioned the boldness and willingness of the Church to confront and admonish political leaders to lead by example.

*Reference was made to a Bishop who claimed that a political leader in an African country led by example. The leader informed the people that he wanted them to move to another level because HIV/AIDS was threatening the existence of the society, and by example, he wanted to show that he was living in a house with a wife and family. He was*

*going no where. He questioned the replication of this example in our region where leaders were concerned – especially in our small states. They needed to be examples to our people, specifically the youths and show that the family was the basis of it all – and so, one man, one woman. We are married and we stick together.”*

- Ms. St. Victor underscored the view that all leaders - political and otherwise - should lead by example. It was something by which we needed to live and to be seen to be living by. Support was necessary for persons living with HIV/AIDS. They had special needs associated with their condition. The Samaritan Ministry, Nassau, Bahamas, was recommended as an excellent faith-based contribution to the whole mosaic of providing community and home-based care and support. Reference was also made of the vibrant NGO in Trinidad which was directed by Mrs. Catherine Williams, for its contribution to the health and well-being of PLWHAS. By the end of the Consultation, in addition to the policy guidelines, consideration should also be given to action for care, support and values as well as the underlying niche for Faith-Based Organizations.

Mr. Cadette thanked Ms. Saint Victor for her interactive session.

## **BARCAM PRESENTATION:**

Mr. Cadette introduced the group.

The session attempted to set the pace for the two (2) days Collaboration. It was a collective way of viewing things and to work on strategies of responding effectively to HIV/AIDS regardless of faith-based ideologies.

The BARCAM was thanked and applauded for their contribution.

## **The Samaritan Ministry Programme:**

This was presented by Mr. Amos McPhee, Chief Medical Technician: Chief Medical Technologist for Dr. Perry Gomez, Director, National AIDS Programme: Health Educator, educating people about HIV/AIDS and Sexually Transmitted Diseases: Samaritan Minister, Deputy to Sister Clare Rolle, a Roman Catholic Nun. Greetings were extended on behalf of Sister Clare Rolle, Director, who was unable to be present and from Archbishop Pinder who succeeded Bishop Burke, founder of the Ministry.

Mr. McPhee stated that there was a decrease in the number of HIV Positive individuals in the Bahamas. This was mainly due to the Samaritan Ministry. There was a system where nurses were actively involved in educating individuals on HIV/AIDS., former President Bill Clinton visited the Bahamas about one (1) year ago where he saw the work surrounding the mother to child transmission and the involvement of Dr. Gomez and his team, which resulted in a decrease from 30% of all babies born to mother who were HIV infected to 2 ½%. This 2 ½% accounted mainly for mothers and parents/guardians who were not committed to administering medications to infected individuals.

Mr. McPhee informed the Consultation of his challenge to the CCC to form a Samaritan Ministry Programme several years ago in the Dominican Republic.

The Samaritan Ministry was an extremely effective Ministry in the Bahamas. Because of the Ministry, there was a marked decrease in the number of infected individuals. It also played a part in reducing the number of persons having unprotected sexual intercourse, since individuals had someone in whom to confide. It was therefore imperative that the Ministry be formed in Churches as the Church had an important role to play in controlling HIV/AIDS.

A historical overview of the disorder was recalled. The first (1<sup>st</sup>) case was diagnosed in August 1985. Since then, individuals became HIV Positive and at that particular time, people were afraid to even associate with persons infected with the condition. Individuals died and died lonely deaths. They died without knowing Christ. In 1988, the Archbishop saw what was happening in the community and dispatched letters to all Churches inviting them to unite in action. So even though the Ministry was started by the Catholic Church, it was a non-denominational organization. Everyone had the opportunity to be a part of the Programme.

The Ministry reached out and helped people over the past seventeen (17) years. It was Mr. Mc Phee's hope that Churches had already formed Ministries within their various parishes and communities since he issued the challenge four (4) years previously. He recalled nurses from Nevis who visited the Bahamas, discussed the Ministry and obtained insights into the setting up of similar ministries.

Fr. Jim Lucy, Priest from Detroit, Michigan, with experience in counseling, heard of the Archbishop's initiative. Fr. Jim dispatched a letter to the Archbishop detailing a full programme of training for individuals in the art of counseling and the art of caring for persons with AIDS. Volunteers from various Faith-Based Organizations received training from a fully designed curriculum of ten (10) weeks duration, with two weekly sessions of two and a half (2 ½) hours. It was mandatory that volunteers completed the programme. It was also pointed out that fifteen (15) persons from the Salvation Army congregation recently completed the programme in the Bahamas under the direction of Sister Claire and Mr. Mc Phee. They were serving as Samaritan Ministers.

Infected children responded exceptionally well to prescribed medications. Samaritan Ministers visited their homes twice daily to administer the medications, as part of their duty. Compliance with medication regimen resulted in observable and satisfactory physical and intellectual growth and development, while those who failed to comply developed full blown AIDS.

The ten (10) weeks curriculum included:

- ◆ *AIDS 101*
- ◆ *Feelings*
- ◆ *Listening*
- ◆ *Assertiveness*
- ◆ *Role of Care Giver*
- ◆ *Crisis Intervention*
- ◆ *Confidentiality*
- ◆ *Depression*
- ◆ *Hospitalization*
- ◆ *Stages of Dying*
- ◆ *Meeting your Helpee*

Pertinent information about the helpee was passed on to a compatible helper, from the moment the helpee consented to having a Samaritan Minister. The attachment was throughout the duration of life. The helper was obligated to contact the helpee at least once weekly. The relationship was likened to a “**marriage made in heaven**” and assisted in the growth of individuals.

As a member of the Ministry since its inception in 1988, Mr. Mc Phee had gained strength and fortitude as he encountered challenges faced by PLWHAS. It was satisfying to make a difference in the lives of individuals who were cast out by their families and who wanted to die immediately, faced their conditions with renewed hope and were clinging on to life after several months. Individuals changed their lifestyles. They no longer had the desire to infect others but to give generously for the benefit of others. The invitation was extended for individuals to contact the Ministry at liberty. They were ready to assist.

Services were not only offered to individuals and groups, but also to families. Once a helpee was assigned to a helper, the helpee's family was also included in the care and support. This did appear burdensome at first. It became one big family working towards a common cause. It also assisted in lessening stigma and discrimination as individuals became open regarding their status. They could be embraced, supported and cared for by the family and the community. There would be noticeable changes in behaviour and the burden removed from the individuals' shoulders since they were accepted by the outside community.

They responded more readily to medication, regularly attended follow-up medical appointments, and adhered to medication regimen. Aided by contributions from the Clinton Foundation, the cost of the medication was lowered. The objective of the Consultation was again stressed with the reminder that there was no cure for HIV/AIDS. Consequently, Faith-Based Organizations should be prepared to embrace PLWHAS and with open hearts and arms walk with them through their difficult moments – make a difference.

The session ended with a dialogue “The Day In The Life of A Samaritan Minister.” This emphasized the caring, supportive and concerned role of the helper. The helpee was hospitalized and appeared to be in the final moments of life. She was abandoned by her family but the helper was there to visit, comfort, care, support and restore hope, love, peace and dignity.

## **General Forum:**

This was in the form of comments, questions and answers –

### ◆ **Funding of the Ministry:**

- ◆ This was mostly through the Roman Catholic Diocese of the Bahamas for traveling to two (2) other islands within the country where the Ministry was established. The AIDS Foundation of the Bahamas, situated in the same building, provided funding to obtain AZT for infected children. The public also contributed to various programmes through local fundraising activities.

### ◆ **Training And Coping Skills:**

Training prepared and equipped Samaritan Ministers to cope. Working with PLWHAS also gave added strength and courage. Once a month, all Ministers gathered for reflection and evaluation. There were approximately three hundred (300) trained Ministers and half of them were still with the Ministry.

◆ **Healthy Living with Anti-Viral Drugs and Counseling:**

People were indeed living longer and satisfactory lives with anti-viral medications. The Samaritan Ministers role was to facilitate productive life, through regular contacts – home, work, community, clinic, recreation, hospital, face to face, telephone or second hand. Helpees could be a source of inspiration to helpers especially when success stories were relayed. Helpees also played a vital role during family neglect and abandonment. The focus of the programme was on productive life – not death.

◆ **The Availability of Training For Groups of Persons:**

The Programme was designed to train persons who were desirous of helping persons living with HIV/AIDS – not to don personal resume. Hence, persons were thoroughly screened and interviewed before they were accepted for the training. The interest must be to work with PLWHA and their families.

◆ **Structure Of The Programme and Collaborative Relationships With The Government:**

The basis was a heart for caring. Archbishop Burke in discussion with the Minister of Health, outlined a Programme which the Church was willing to undertake. This was shared with Dr. Perry Gomez, Chief Infections Disease Physician, Sisters and Nurses and gained full support and funding from the government.

◆ **Endorsement and Adaptation of the Programme:**

The Programme was highly recommended for adaptation in other Caribbean regions based on varying needs and specified situations. The longevity of the Programme – began 1985 – facilitated shifting of its focus from enabling peaceful and dignified deaths to living productive lives.

◆ **Accommodation For Accessing Training With Reference To On Line Training:**

A group of genuine and interested individuals from the Salvation Army League of Mercy in the Bahamas was adequately trained by Sister Clare and Mr. McPhee using the guidelines and stipulations of the approved programme. Following the request for training, permission was sent and granted through Archbishop Pinder. These persons were currently functioning as certified Samaritan Ministers within their Faith-Based Organization. The Programme was not available On Line.

◆ **Clarity Regarding the Structure of the Programme:**

Sister Claire and Mr. McPhee were responsible for training. Samaritan Ministers met monthly. Of the three hundred (300) trained Ministers, ten (10) were especially trained in skills of leadership. Two (2) of these were assigned to lead the meetings each month. Leadership was therefore a shared responsibility.

◆ **Compressing Programme to Accommodate Non-Residents:**

Compressing the ten (10) weeks programme into two (2) weeks was neither practical nor feasible. A training session was conducted in Grand Bahamas over a five (5) week period with participants attending morning, afternoon and evening sessions thus covering requirements of the curriculum.

◆ **Similar Ministry at the Jamaica Baptist Union:**

Insight was shared into the Jamaica Baptist Mission, Kingston, Jamaica. Several persons benefited from care and support with regards to spiritual, physical, emotional, economical and health needs. A training programme was formulated to equip individuals from across the island with necessary skills pertaining to HIV/AIDS. There were also plans for the services of a Half-Way House for PLWHAS. The importance of pre and post counseling was stressed as well as the stages of grief and loss. The help, care, support and encouragement of the Samaritan Minister was again underscored, with reference to proper training and adequate preparation.

◆ **Implementing the Programme Independently of Personnel from the Samaritan Ministry – Sister Clare and Mr. Mc Phee:**

A brief history of the Ministry with reference to its inception, birth, growth and development was outlined. It was subtly pointed out that the Programme was the property of the Diocese of the Bahamas under the responsibility of the Archbishop. Consultation regarding this issue was therefore his domain.

◆ **Resolving Situation through Copyright:**

It was suggested that preservation of the integrity of the Programme could be obtained through copyrighting. This was an area to be explored before the introduction of a training of trainers system of training.

- **Drop-In Centres:**

These were established to foster on-going relationships with persons infected and affected with HIV/AIDS. The purpose and activities of these centres were frequently questioned as well as the status of persons attending. In response, it was clearly stated that persons frequenting the centre were good friends of individual employees and that their status were unknown. Relevant information was stored in these centres and blood investigations – viral load and CD4 counts – carried out. Information could also be obtained at the Convent. Clinics at the Drop-In Centres were conducted each Wednesday. They were private – no broadcast, no photographs - and confidential.

The importance of on-going education and awareness was stressed. This resulted in a marked reduction of stigma and discrimination in the Bahamas. Family members were exhibiting signs of deeper awareness and acceptance of infected relatives and were becoming voluntarily involved in care, support, and education.

- **Reference to the Consultation in the Dominican Republic in 2000 – Mr. Gerard Granado:**

- A reminder was given of the historical event in 2000 conducted in the Dominican Republic where heads and representatives of the CCC member churches gathered to begin a process to put on track the desire of a programmatic response to HIV/AIDS.
- Fr. Clive Harvey, the featured speaker, delivered a profound address on Human Sexuality.
- The CCC moved in phases – programmatically and otherwise hence the “I and I” Informed and Implemented – Approach was recommended for adoption vis-à-vis “the jumping in at the deep end approach” which could have resulted in “creating a spectacle of splash” followed by nothing.
- CCC had been building a programmatic response to HIV/AIDS of which the event in 2000 in the Dominican Republic was the first step in the beginning of a consensus among the leadership of Faith-Based Organizations, starting with CCC’s membership. It was then widened to several religious traditions in the region.
- On that occasion, Mr. McPhee encouraged participants to set up Samaritan Ministries in their particular communities and parishes.

- The reality of this was questioned especially its holistic transposition, since there was always a big danger in wholesale transposition of anything from one particular context to another.
- Learning regarding best practices was more preferable.
- The Samaritan Ministry was a model from which best practices could be lifted out. It was re-emphasized that the Ministry was just a model which was going to be transposed nowhere else.
- The Roman Catholic Church in the region was a member of the CCC and its membership was regionally based. Other religions in this category were the Anglican Communion in the region – The Church of the Province of the West Indies – the Methodist Church in the Caribbean and the Americas, the Roman Catholic Church, referred to as the Antilles Episcopal Conference in the region were members of the CCC en bloc – regional members. Archbishop. Burke, now Archbishop of Kingston, Jamaica, was the current President of the Antilles Episcopal Conference – the regional Body of Bishops. Experience in relation with the Bishop’s Conference and with Archbishop Burke gave the idea that there were no difficulties. He was interested in the furtherance of the Ministry and he was in no way trying to claim it.
- Nonetheless, it was the practice that in CCC things were not taken hook, line and sinker and transposed into other contexts. This was alluded to in Mrs. Smithen’s contribution. Within this particular project, based on project management, one of the deliverables was the setting up of home-based care, along the lines of the Samaritan Ministry not AS the Samaritan Ministry.

### Drop-In Centres:

- The first Drop-In Centre was started in Trinidad several years ago at the offices of the AIDS Support Organization. At that time there was a deep concern about confidentiality, so that Centre was named “101 Oxford Street,” as a way of securing privacy and confidentiality. The organization ensured that AIDS was not part of the name. About a year ago, a similar centre was opened in the South. There was a slight apprehension about the location.

The opening made front page article in one of the local papers, following which a meeting was called and a debate ensued relating to making the centres more widely known. With ongoing education, there was increased awareness of HIV/AIDS. Persons living with the condition were no longer seen as direct threats in Trinidad as long as they behaved modestly. It was therefore very important for persons – infected and affected – to know that centres existed and accessed them to receive information, share ideas and receive responsible help.

- **The Belize Experience:**

- UNICEF approached the Belize Council of Churches in terms of their involvement in the fight against HIV/AIDS. The Council selected and sent Ministers to Honduras and St. Vincent to observe the response of Churches to HIV/AIDS. On return, a joint collaboration was conducted with representatives from the Belize Council of Churches, the Evangelical Association and the Adventist Church, and a small committee worked with UNICEF to develop a programme.

Last year, a three (3) day workshop was conducted – “***A Faith-Based Response To Persons Infected And Affected with HIV/AIDS,***” under the guidance of a UNICEF Consultant. Participants were trained as trainers of trainees. The aim was to formulate a unified effort towards HIV/AIDS. A commission was also formed – “***Commission For A Faith-Based Response To Persons Infected and Affected With HIV/AIDS.***”

A UNICEF Consultant collated pertinent information from the Workshop and was in the process of computing a manual for use throughout the country. An NGO, non Faith-Based Organization – “***Alliance Against AIDS,***” was involved in the training of individuals to work with PLWHAS. Their programme entailed the component, “AIDS 101” similar to the Samaritan Ministry. Home-based care was delivered in the country. However, the Church had just started its involvement.

- **Expressions Of Thanks:**

Mr. Mc Phee was thanked and applauded for his informative and interesting contribution. Mr. Cadette summarized the morning’s session.

- HIV/AIDS was indeed not only a disorder of the young. All segments, age groups and age bands consisted of infected and affected individuals.
- The issue of values in the society especially the determinants and maintenance of core values as well as the value system within the community.
- Lack of support for persons infected and affected with HIV/AIDS and the need for a collaborative approach as FBOs to deal with the plight of these persons.
- Responsibility for immediate action and pro-activeness as FBOs – remembering that from whom much was given, much was expected.
- Identification of existing best practices across the Caribbean – and internationally if possible – and tailor to suit individual countries, communities and organizations.

- **Stories / Experiences:**

This session was facilitated by the Rev'd Dr. Marcus Lashley. He introduced Mr. Ainsley Reid as a member of the staff, CCC, at the Jamaica Programme Centre. Mrs. Catherine Williams was a member of the Policy and Action Plans Drafting Committee. Both had special and interesting stories to share with the group. Rev'd Lashley was also a member of the Policy and Action Plans Drafting Committee. He reminded the participants of the importance of confidentiality.

**Mr. Ainsley Reid -**

He started by requesting a show of hands to identify those participants who were meeting persons living with HIV/AIDS for the first (1<sup>st</sup>) time. Three (3) persons responded. He then requested a list of questions which participants were desirous of asking about persons living with the condition. There was zero response.

He identified himself as Ainsley Reid who was diagnosed with HIV in 1992. Since then, he was a force to be reckoned with – trouble-maker at times, good person at other times. Living with HIV was not easy. He often informed audiences that he was making living with the condition appeared easy. If he did not, it would have been better for him to die. For him, living was getting up each morning, going to work, loving his wife, loving the people around him and ensuring that he was making sense each day. It was not different from how the delegates lived, nor was it different from how many persons in the community lived.

He was also the founder of the Jamaica Network of People Living With HIV/AIDS. He started working with PLWHAS since 1996. Apart from this organization, he had the opportunity of working with the Global Network of People Living With AIDS and the Caribbean Network Of People Living With AIDS. Persons were not just getting infected, diagnosed, getting around, waiting to die, but they were active in various groups locally, regionally and internationally.

As a married man, Ainsley had no biological children but “fathered” several god-children who were either orphans or had one parent dying from AIDS. They shared love, resources, and space, which were very important to him. He attended Church and was involved in several HIV/AIDS and other related activities.

Presently, he was employed with the Caribbean Conference of Churches at the Programme Centre, Jamaica. During employment with the Jamaica National Council of PLWHAS, he had difficulty with his peers who were encountering similar issues. He became frustrated as he could not respond with the necessary skills and needed help.

However, since assuming employment with the CCC, he was less stressed, although he was the only PLWHAS in the organization. He felt comfortable and received

support. Request for information and assistance were readily responded to, and according to Mr. Granado, that response was not merely out of lip service. The greater involvement of PLWHA was not only practical but useful and realistic. Participants were encouraged to help PLWHAS with necessary resources as well as to seek to assist them in gainful employment. This augured well in maintaining livelihood for themselves and their families in order that they could realize their usefulness.

Although forty (40) years old, he was told that he resembled a sixteen (16) year old and he thanked God for keeping him alive since 1992. He recalled the support and expert medical attention of Professor. Brendan Bain and the spiritual input of his Pastor, Desmond Robinson, whose guidance impacted his life as well as the life of his local community. Both were invited to stand and were applauded.

As a CCC staff, Ainsley addressed a crusade on “The Response of The Community Regard HIV/AIDS” where Pastor Robinson was also a speaker. On conclusion, he was hugged and embraced by Pastor Robinson at the amazement of the crowd, who in their horror, questioned if the Pastor had AIDS. Since then, Pastor Robinson, Ainsley, the Mayor and other concerned citizens started a group “Community AIDS Response and Empathy Society” – CARES.

He shared another event to highlight the negative response of individuals in the Church. A lady became very ill and died with AIDS. Burial was under a breadfruit tree which fruited abundantly. While loading his car with some of the fruits, a member from the Church scolded him for his action and described the breadfruits as “AIDS Breadfruits.” She also reminded him that he would die if he ate them. She was so concerned for his health and well-being that she began shaking. Ainsley concluded, that as Church people, these issues as well as others in the community needed to be properly dealt with.

### **Mrs. Catherine Williams –**

She started by recalling her father reading a story to her about a man from Ghana, West Coast Africa, who graduated as one of the first doctors in that area. Her father stressed that Catherine was special, nothing was wrong with her and she could become anything she desired. That built and guided self-awareness in Catherine and presently, helped her to live with HIV/AIDS. She was diagnosed with the condition since 1985, but probably living with it for the past twenty three (23) years. She was able to live with HIV though the challenges were numerous. In 2003, she developed a cancerous tumor in her sinus cavity which responded to Chemotherapy from which she almost died. Survival was due to her Christian faith and membership with the Seventh Day Adventist Faith, where training and development programmes were conducted with youths, spanning cradle roll to age thirty five (35). These Programmes were similar to Guides and Cadets where several honors could be

attained. Her training as a Youth Leader was applied to her HIV Positive status following diagnosis in 1985.

She was instrumental along with Fr. Harvey and some other persons in developing the CARE Programme which was very challenging and similar to the Samaritan Ministry. PLWHAS were referred from the clinics to CARE where counseling and support were provided - "getting their heads right" - and then trained to provide care and support for others. As part of her role, Catherine was an international representative for PLWHAS in the Caribbean, since others continued to be afraid of speaking out.

She felt that FBOs were there to support individuals living with the condition and questioned where else could people go for comfort and prayer during illness: when neglected and abandoned by husbands: when in cases of parental drug addition, rape or incest. As a Christian, she could only speak for Christ, who, while on earth claimed that he did not come for the righteous but for sinners to repent.

In the epidemic of HIV/AIDS, the Church seemed not to be there for PLWHAS. She was glad that presently, the Church had turned and returned to its roots. She had issues regarding homosexuals and commercial sex workers – just like the woman at the well and the one who was brought to Christ by the Jewish leaders - to be stoned because of prostitution. Christ stooped and wrote in the sand, "He who is without sin, cast the first stone." People in the Church thought of fire and brimstone. The Church needed to demonstrate the love of Christ to all people. Christ's love for people was demonstrated through his death.

The Church needed to view people beyond the cause of the condition – homosexuality, promiscuity, prostitution – and lead people to know Christ. People should be free to turn to the Church for solace, care, food, love, hospital visitations, support – whether they were sinners or righteous. The Church was the place where people should go – not the government, even though the government had its function. It was re-emphasized that the Church was the Unit where healing, love, and caring should be practised. The Church also needed to explore what brought people to HIV as HIV did not just happen in a vacuum.

Many children were taught by the television, as contacts and conversations with parents were limited to two (2) or three (3) sentences during the day. The time to teach values, self-esteem and the manner in which our manufacturer or designer wanted us to live was no longer available. People in the society were not aware of the master plan, therefore, it became the responsibility of the Church to teach that master plan and fill the gaps in society where there was no social safety net. Many persons including the young, adults, and the elderly were falling through societal cracks, lying by the roadside, buried and broken for life. There seemed to be no balm, no healing, no support.

Participants were called to remember the objective of the Consultation as they returned home because at the end of time at the coming of Christ, the summon will be

issued “I was hungry and you did not feed me. I was naked and you did not clothe me. I was sick and you did not visit me.” This should not be the story of the participants because the mission was not just to preach and quote text but to look at the example of Jesus. He fed the hungry, healed the sick, and after they were filled, talked to them about his greater plan. Therefore, the Church should reach people where they were at the bottom of the ladder - as prostitutes, homosexuals, drug addicts – and demonstrate love, care and support. Only then would they be willing to listen, change behaviour and become models. On return home, each participant should endeavour to make a difference as PLWHAS were similar to any other individual with needs and desires.

She also mentioned that one of the effects of an anti-viral medication was the increased desire for sexual intercourse. This was an issue for the Church to address and although the desires for sexual intercourse varied, with love, care and support, these desires could be sublimated.

- **Responses** – Fr. Clyde Harvey, Mrs. Pauline Bain, Pandit Chrishna Persaud, Ms Nirmala Harrylal and Rev’d Roy Thakurdial.

#### **Rev’d. Fr. Clyde Harvey –**

Fr. Harvey acknowledged Catherine’s life and renowned contribution to the society over the past twenty (20) years. She stood to be applauded by the participants. Rev’d. Fr. Harvey then stated that his responses to PLWHAS took several forms of which the most important was reference to someone who was not only suffering but living with a capital “L” with HIV/AIDS.

He shifted the definition of HIV/AIDS to coincide with the context of the Church, because the Church had the idea that “PLWHAS had something that people out there were living with.” On the contrary, the Church was living with HIV/AIDS even though individual members were not diagnosed as HIV Positive. The Church needed to develop a sense of awareness to enable the dropping of prejudices eloquently requested by Catherine.

When addressing empathy with people, a basic spiritual problem was to view people as the “other” who were distant from us and whether we allow them to enter our space. Spiritual people should know, more than any other, that if God was placed out there, we would never find Him. Whoever entered our personal space became a part of us in all the different experiences. This brought a sense of feeling that “I am in you. You are me and I am in you.” Only to that extent could any depth of spiritual understanding and experience be attained.

This approach needed to be seriously considered by Church people and extended to other areas of Ministry where persons were kept at a local level which signified the good and righteous people and the so-called people who needed to be saved and

therefore, had to provide them with the means to be good and righteous. Jesus consistently entered people's lives and met them where they were. The Liturgy for the past weekend instructed that these people – the tax collectors and sinners - were among the followers of Jesus.

Many persons missed this statement. The tax collectors and sinners were not converted before they became his followers. Presently, much effort was extended to studying the virus and ways of preventing the spread of HIV/AIDS as a pandemic. However, one of the most important actions of the Church was for the first time in the Caribbean, to deliberately begin to shape an ethic of sexuality consistent with human responsibility and life-giving for all. This was not done. Instead, the Church simply looked at a middle-class morality, born out of a Victorian age to a large extent, in terms of colonial experience – a morality inherited from various religious traditions. The Church needed to question human relations as they pertained to this region – given all that was brought, how were we going to relate to each other?

This was a fundamental responsibility of the Church. Sexuality was not about an action, not about having sex with someone. It was about being male or female – a reality that people were not yet ready to pass on in any consistent way as a challenge to young people to be male or female - in ways that really help them to cope with the raging hormones they experienced during teenage years.

Adults seemed to be failing young people completely since all they said to them was: “No!” Adults even seemed to be afraid when youths looked at them. Starting dialogue on HIV/AIDS in the Churches, Mandir, Mosques, or Temples, demanded a clear understanding that such a dialogue could not be without a context of ongoing discussions about human sexuality as well as what it meant to relate to each other as male – female, male-male and female-female. Such dialogue should be open with the best religious traditions.

Rev'd Fr. Harvey recalled a wedding ceremony where vows were exchanged between a Roman Catholic and a Hindu, with the approval and dispensation of the Catholic Church. The Ceremony was conducted in the Hindu Temple and it was a powerful experience of ritual which seemed to speak clearly about male-female relationship apparently lacking in the society. It was indeed vital that the young people understood not only what they performed but the reason for the performance. The text was read and absorbed. It was there – the Christian vision of man and woman – so beautifully articulated in many different ways which seemed not to reach its depth. HIV/AIDS must be debated in that context or else everything said would fall on very harsh and barren ground.

## **PANDIT CHRISHNA PERSAUD -**

He introduced himself as Secretary, Guyana Horrizon Sunside and explained that the word “Horrizon” was chosen because it was used by Mahatma Ghandi during the struggle for the freedom movement in India which resulted with the satisfaction of the tax system. “Horrizon” was used to describe the outcasts in the society.

Although it meant “God’s People,” they were termed the outcasts. The name was chosen for that reason. Very often in society, the stigma attached to AIDS made patients feel as though they were outcasts in their homes and in the wider society. His first encounter with someone with AIDS was in Berbice, where a lady died with AIDS and her relatives experienced difficulty in getting approved burial rites, even though she was a member of that church since she was ten (10) years. Although from a different religion, he had to perform burial rites. He thought it a strange coincidence that while we smiled at people with our lips, our eyes conveyed different messages. While we sat in our chairs and pulpits and spoke words of wisdom, only vibrations of unconcern and uncaring were given off. This also happened in the homes.

He was co-worker to someone living with HIV – who apparently was living healthily. In order to demonstrate care and support, they paid her grocery bill one week when she could not work as her sister-in-law drastically reduced the usual portion of her meal – especially the protein.

### **Caring and Sharing were Partners –**

During 1994 while at a University in Venezuela, a lecturer revealed that a man was just a man. He was no longer human because he had lost human qualities. He needed spiritual investments in order to find himself as he could no longer place himself in someone else’s shoes. Unless the pains from others were felt, an understanding of another’s pain could not be understood. Hunger was not known unless it was experienced. In the Hindu Koran, the term “*Service To Others*” was used to symbolize this. The trees produced fruits but did not eat them. Man relished the milk from cows. Rivers flowed with water from which they did not drink and so man’s possessions must be used to alleviate the sufferings of others. Unfortunately, materialism is placed over spirituality and the ego only allowed concentration on last year’s achievements. Resolutions were made but on what achievements had been for last year – no where in this planning were care and consideration part of the psychic especially for those outside the family circle, because of selfishness.

It was imperative to understand that the God within us was the same God in everyone and that service to God meant service to others. Unless this was understood, there would be no personal blessings. The analogy of loving like the joker illustrated this point. While experiencing hardships, the joker ensured that others smiled even though he himself did not smile. At the end of the day, after others had smiled and

happiness was in his heart, only then did he smile. He performed the duty that was expected of him.

For too long, religious people were occupied with doctrines of the church and arguments of Theology. Very little time was spent in service to others. This was visible in North America and was someone dribbling into the Caribbean where plans for the future did not include care and support for parents. They were in the past. Consequently, when our children planned their future, their parents would not be a part of that future plan. It was therefore imperative to institute necessary changes. If consideration was extended to all, certainly, God would inspire others to consider us.

Pandit. Persaud pleaded for the participants to spend time in service to others in order that their place in heaven would be certain. When they were ready to leave this world, they would be able to say like Jim Reeves “Lord, I have done my duty, take my hand, and lead me on.”

### **Ms Nirmala Harrylal –**

She was representing the University of the West Indies – UWI – Institute of Business as Manager and Senior Associate of Training in Consulting and Public Relations Officer, El Dorado Shiv Mandir. Her contribution centered around “*Media Perspective In The Context of HIV/AIDS and The Response of Faith-Based Organizations.*”

Three (3) media entities were singled out – the television, the radio and the newspaper. From her Trinidadian experience, there was little or no message on the topic of HIV/AIDS on the television or radio, except for special fora on the subject for AIDS promotion. However, the newspaper was more accommodative. In their coverage, topics were particularly focused around HIV/AIDS effect on national development, halting economic growth, the brain drain, strain on social services and the health services, heightening poverty – factors which affected the building of a competitive society.

It could therefore be understood why leaders in the society and the newspapers were reluctant to highlight such articles. At another level, however, there was ample reporting on preventive measures, even though noticable gaps existed in media reporting. Queries were voiced relating to:

- the number of articles, advertisements, as well as radio and television spots focusing of the role of FBOs
- the care, support, counseling measures, and avenues available to PLWHAS
- human rights and advocacy in the work place
- opportunities for individuals who were affected as opposed to seeing the challenges

In Ms. Harrylal's opinion, the media had a role to play as a strategic partner to the CCC and FBOs. As efforts were made to deal with the epidemic in ways referred to by President Jagdeo at the Opening Ceremony and which others had continued to expound, the media could be in essence a powerful force in breaking the deadly silence. It could also be a powerful lobbying voice to change people's mind about stigma and therefore re-focus the population's perspective to be caring, accommodating, loving and compassionate. This could result in moving the subject with greater force to the fore of a nation, organization or Church's agenda as an item needing immediate attention.

In the context of the Consultation through which CCC was trying to achieve and to build with FBOs the task – partnering with the media – could certainly be made easier. It was therefore recommended that strategies for partnering effectively and with greater force with the media be examined. The resulting message was to change mind and focus. This was to impact the population at large in such a way that what remained hidden no longer remained hidden.

### **Mrs. Pauline Bain –**

Mrs. Bain was introduced as a hardworking member of the Policy and Action Plan Committee.

She prefaced her response by stating that she had been living with HIV/AIDS for the past twenty two (22) years even though she did not have HIV/AIDS. This statement puzzled many persons as they did not understand how she could be living with the condition and claimed not to have it. She stressed that when HIV was first diagnosed, her husband was the only infectious disease person at the University Hospital, Kingston, Jamaica. Hence, all the cases were referred to him. People, and especially the secretaries, were concerned for their health - especially the children – as the youngest was five (5) years old. However, they were assured that the family was not afraid of contacting the virus. They would catch other things quicker than HIV because of their lifestyle. Many persons had doubts. Strict hygiene principles were practised when her husband returned home after work – changing and washing of hands – before he touched the children. However, because of the ways in which HIV was spread, she did not find it a worrying concern.

Through this experience, she gathered a wealth of information on HIV/AIDS, worked with people with HIV/AIDS and assisted with home-based care manuals for adults and children. In Boston, she had the privilege to work in a Day Care Centre for children infected and affected with HIV/AIDS who were between the ages of three (3) months and five (5) years.

The issue of “finding your own niche” was raised. It was both worthwhile and imperative for each participant to find his/her niche in the congregation, group or community. Finding gaps through a need's assessment process was also of equal importance. This prevented duplication of similar existing activities.

Human sexuality was the next issue. As a Christian, Bible stories and passages surrounding human sexuality, rape, adultery and similar texts, were selected and used as suitable references. Because some faith-based persons were uncomfortable with these issues, and liked chapter and verse quoted, they were used as in roads into various topics. Persons from other faiths were challenged to find similar passages from their Holy Scriptures and use them to assist others to erase the negative aspects and connotations of human sexuality as it was part of our lives: what we were: how we expressed ourselves. It was something which needed to be discussed publicly. This might result in assisting persons to be less negative about the subject. Faith-Based individuals tended to be very negative about human sexuality which was one of the big problems in the management of HIV/AIDS.

Mrs. Bain ended by pleading with the participants to enable people dying with AIDS to have dignified burial rites. People were still afraid. Hence, this issue needed immediate and careful examination.

Following the presentation, Rev'd Lashley referred to Mrs. Bain as someone who assisted in the process of finding a common language in which to present the Policy and Action Plan Manual. This was necessary as persons were of various living faiths, working and worshipping in different environments. A language compatible and congruent with all who attended the various institutions needed to be decided. Mrs. Bain was thanked for her input.

### **Rev.d Roy Thakurdyal –**

Rev'd Thakurdyal addressed the Consultation on the "Role of Faith-Based Organizations and a New Paradigm Shift." He began by acknowledging and complimenting Ainsley and Catherine for courageously sharing their stories and for the affirmative manner in which they lived as PLWHAS. Their witness was a testimony of courage and inspiration to others in similar circumstances as well as persons who felt defeated.

He recalled that on Boxing Day, the world was shocked and horrified by the unfolding events in South-East Asia. Suddenly, humanity was struck with a tragedy and disaster of immense proportions, difficult to absorb. Several countries separated by thousands of miles, people from different countries, resident or holidaying, suddenly found their homes, families, friends and strangers visited by this tremendous tragedy.

In an address to the United Nations on Disaster, it was, affirmed that a new standard was set for responding to global tragedies. The speaker remarked that the various nations fulfilled their pledges generously. He viewed it as a new standard for humans to respond to the needs of fellow human beings – human to human.

HIV/AIDS presented such an opportunity for the world to re-discover something it seemed to have lost – our common humanity. In spite of who we were, what we looked

like, where we came from, the creed we confessed, we shared the prior commonality of human beings. We should respond to each other out of that understanding of ourselves. He trusted that as Faith-Based Organizations, the ability to make the paradigm shift would be a priority objective in responding to the HIV situation, regionally, in Guyana or globally. He called on Faith-Based Organizations to transcend their differences, confessions and doctrines in order to move beyond the walls of Mosques, Temples and Churches and to embrace suffering humanities in order to respond to their needs.

In speaking as a Christian – he lived in and out of the Church and could therefore speak with authority – the Church sometimes responded to people judgmentally when they cried for compassion, love, and sensitive embrace. The Church readily displayed self-righteousness and condemnation rather than lifting and affirming life. Christians must inform its response to the HIV/AIDS pandemic out of its understanding of creation and the incarnation. We were created in the image of God not as Hindus, Muslims, Christians, Bahaiis or otherwise, but in the image of God. Regardless of individual's confession or belief, when Christians looked in the eyes and face and observe the brokenness of another human being, they must understand that they were sharing with that person and that person was sharing with them the image of the Creator God.

There must also be a response out of the understanding of the incarnation of God whom we believed took on human form and became one of us, to work among us, and to identify with humanity: to bear their burden of sin, to suffer in their stead and to die because of love for humanity. Christ did this for us. We must confess this God who revealed his love for us in Christ. We, who were baptized into his body, must incarnate him in this world, not only in what was said from the pulpit but in our actions. We must be able to incarnate Christ in the streets, and in the world be able, like Christ to embrace the outcasts, the down-trodden, and the rejects in society: to proclaim “I did not come for the whole but to those who are sick.” We knew that he came for all of us because we were all sick – sin sick. To incarnate Christ was like St. Paul admonished, “I live, yet not I, but Christ lives in me.” In Baptism, we were cautioned that when we were baptized into Christ, we were a new creation.

In this new creation, Christ must be brought into the world – to be incarnated in our life, in our action, in our Ministry. The Church therefore had no place for judgment, nor condemnation, nor indifference but only for love and compassion.

Rev'd Thakurdial was thanked and applauded for his contribution, following which Rev'd Lashley invited questions and comments about the session and specially addressed to Catherine and Ainsley.

## - QUESTIONS AND COMMENTS

- **Pastor Desmond Robinson:** Chairman, Community AIDS Response and Empathy Society - CARES – Jamaica: Pastor, Seventh Day Adventist Church.

He stood in response to the utilization of the media. He was privileged to be the Chairman of CARES and the programme started by CARES answered that question. It began with sensitization of the Barbados Jazz and Blues Festival where someone living with HIV/AIDS addressed the forum on the condition. Thereafter, those who were sensitized and urged to action gathered people from clubs, the political and media worlds. They also encouraged dramatization in young people to display in a live way, whatever happened in the world of HIV/AIDS.

When CARES was launched the Mayor, Counsellors, and M.Ps were all included and were followed by the media. In addition, the Mayor officially signed a declaration of support for CARES which brought him on board as one of the key players.

Rev'd Robinson was host to a radio programme where PLWHAS were interviewed. He asked the participants to actively seek access to the media and make it available for the promulgation of the cause. He invited FBOs to co-operate with each other, for although they may not be one in hope and doctrine, but however, for HIV/AIDS, they were one in charity.

- **Mr. Amos McPhee, Nassau, Bahamas:**

His comment was also related to the media and use of the term “victims.” He felt that as a powerful force and friendly agent in the community, the media should be sensitized to drop the term “victims” and instead use the phrase “people living with HIV/AIDS.”

- **Rev'd. Dr.Lashley:**

He requested a show of hands for participants who had written newspaper articles or were involved in radio/television programmes on HIV/AIDS. He also requested a show of hands for participants intending to write articles or be involved in radio/television programmes.

- **Mrs. Merle Ali:**

She commented that the Consultation deserved television/radio and newspaper coverage on individual countries. Positive action should be taken to ensure that this was done. She was attached to 98.1 radio in Trinidad and as opportunity arose to push HIV/AIDS, it was done, and part of the Consultation was highlighted on the Radio Station.

She then inquired from Ainsley his wife's HIV status. In response, Ainsley affirmed that he was married for a couple of years and his wife was HIV negative. He also stressed that they experienced an active sex life and that a condom was used during every act of sexual intercourse. That was how they were able to maintain her HIV negative status. They loved each other, slept on the same bed, used the same knife and fork and shared the same bathroom. They loved each other a lot!

- **Dr. Kay Polydore:**

She needed clarification of Mrs. Bain statement, "I have been living with HIV/AIDS since 1983 but I am not HIV positive." Mrs. Bain explained that both she and her husband had their status tested last year just before making a presentation to a group of persons from a big company in Jamaica. The results confirmed that they were HIV negative. Persons were so afraid of the condition that if someone worked with persons with HIV/AIDS, they were fearful of contracting it, so they both went and were tested. Hence, she had been living with the issue of HIV/AIDS for a long time.

- **Imam Sabir Nakhuda: Barbados – Barbados Muslim Association**

He complimented CCC for the initiative and thanked the organization for inviting the Muslim Association. Unfortunately they had no experience about HIV/AIDS, hence, this was a learning experience for him. However, as he was from a small, closely knitted community, in India. One of their methods was the old method – prevention was better than cure. They believed that as long as they in themselves and also in their children, created what was called in Arabic, "tackwa" or God consciousness – that God was watching their every action, then perhaps that would help deter those who wished to do things that they should not do whether Hindu, Christian or Muslim. It was their belief that as long as there were responsible parents, there would be responsible persons or individuals who thought and cared about personal well-being as well as the well-being of children, especially if God was given priority place. Fifty (50) percent of the task would be completed, then, the other fifty (50) percent could be managed.

In the Christian Book, Jesus was quoted to have said concerning adultery, “But I say unto you that whosoever looked at a woman with an adulterous eye would have committed adultery in his heart.” Another word for adultery was “promiscuity.” Today, in Barbados and other Caribbean countries, children were bearing children. Girls twelve (12) and thirteen (13) years old were having children, thereby becoming grandmothers before reaching the age of thirty (30) years and great grandmothers before fifty (50) years. These individuals could not be described as responsible.

Imam Nakhuda acquired a wealth of information on HIV/AIDS and the coping patterns of PLWHAS in order to keep relatively healthy, as well as the contributions of others towards PLWHAS. He also emphasized the importance of prevention and recommended:

- The education of pre and primary school children on the dangers of HIV/AIDS and addictive substances.
- Creating God-consciousness in children by visiting, extracting and teaching suitable passages from the Holy Books.
- The education of teachers and children in the primary schools on awareness and “bewareness” of dreaded diseases that saw no race, no colour, no religion..
- Continuation of the education process on HIV/AIDS in the secondary schools

It was necessary to begin at the beginning to ensure success by God’s grace. For measures to be effective, plans for prevention and treatment of HIV/AIDS should be both short and long term in order to nip the condition in the bud and so prevent it from spreading and killing future generations.

- **Mrs. Nadine Lewis-Agard, CCC:**

Her observation surrounded the youth culture which was apparently confusing many persons. Unfair judgment was passed on youths and their behaviour. However, she appealed to participants to admit and realize that when a twelve (12), an eleven (11) or a thirteen (13) year old girl became pregnant or sexually active, it was **NOT** a matter of promiscuity but incest. It was rape. It was abuse. Usually, the perpetrator was not a twelve (12) or thirteen (13) year old man, but one who was in his twenties, thirties, or forties. Adults needed to acknowledge what they have allowed to happen in the various countries of the Caribbean and to accept the blame instead of passing it on to the youths.

- **Mrs. Phyllis Smith-Seymour, Moravian - Jamaica:**

She cautioned the Collaboration on blaming the youths. Education on Human Sexuality should begin at infancy and continued through adulthood, as many adults were afraid to discuss the subject. Because of this, children were losing out. They too were not able to deal with the subject intelligently. When sexual intercourse was introduced to pre-teens, they became afraid as they were warned about telling others and were attractively rewarded. Therefore, young people – both boys and girls – should be educated about Human Sexuality.

It was the boys who grew up to become men, who, having contracted Sexually Transmitted Infections, held the myth that having sexual intercourse with young girls cured the illness. Society needed to be trained. She applauded the efforts of the CCC as a clear signal that the organization was enabling the Church and Faith-based Organizations to cope with societal problems and issues. It was again emphasized that youths should not be blamed for these issues. Many young girls were distressed because they were unable to express their fears, fancies and feelings regarding human relations and sexual intercourse. Many of them were not involved in doing wrong – they were just afraid of the issue. Even though there was promiscuity among pre-teens and teenagers, the percentage was not that alarming, and most times pregnancy was the result of abuse.

- **Professor Brendan Bain, Professor of Community Health, Lead Coordinator, UWI HIV/AIDS Response Programme (UWI-HARP)/Member CCC Policy and Action Plan Committee:**

He stated that in dealing with HIV/AIDS he learnt that sex was about power in many instances. The persons at risk were not the powerless nor less powerful. Some persons who thought they were exploitative and controlling and could get what they wanted, got what they wanted. Some ended up getting HIV while they got what they wanted.

Persons who were of the opinion that they were past the “at risk” age must show more active concern for our children and grand-children who were living in a world with AIDS. Professor. Bain revealed that his oldest patient with AIDS was a man of eighty four (84) years who died at age eighty seven (87). He emphasized an earlier point that a person did not have to be sexually reproductive to be at risk of getting HIV/AIDS.

- **Rev'd Algernon Lewis, Moravian, St. Kitts:**

Rev'd Lewis requested additional information from Rev'd Fr. Harvey on Human Sexuality. He thought the availability of a manual would be an ideal source to be

used among Faith-Based Organizations. The information garnered would be useful to educate families in the Church and community.

- **Rev'd. Fr. Clyde Harvey, Catholic Priest, Member of the Policy and Action Plan Committee:**

Sexuality was lived. This was an issue for people to be aware of. Each person, however, was responsible for how he/she lived their sexuality. Persons within the Church often lived in two (2) dimensions – what they said to other people and their own reality in all kinds of weird ways. However, to deal with AIDS as a sexual topic demanded knowledge of the individual's sexuality, otherwise several things would happen in a variety of ways which would then be projected on other people in a confused manner.

Some years ago, Ministers from the Methodist religion gathered to discuss the subject. Similar sessions could be held to prepare leaders to deal with the subject by giving them the opportunity to join in honest discussions relating to their own sexuality. Rev'd Fr. Harvey stressed that there was a difference between talking about sex for exhibitionist reasons and discussions about sexual relations, which challenged people to get in touch with whom they were at that level of existence.

- **Mr. Donald Webley:**

The afternoon speakers expressed disappointment in respect to the response of the Church, members, and Faith-Based Organizations generally. He questioned the state of readiness that was anticipated of the Church in relation to the present and particular challenge. Whether the answer was “yes,” or “no,” how could the Church prepare itself to ensure that it was not disappointed should it be faced with similar crises? He felt the disappointment may not have been experienced by the leadership but certainly by the membership and “followership.” Specific guidelines should be outlined to ensure that, should another crisis of this nature presented itself, it would not be met by surprise.

- **Mrs. Catherine Williams, Activist/Member of the Policy and Action Plan Committee:**

The Church had moved away from its mandate, hence, the issue of HIV/AIDS which involved value system. The Church was the institution which taught morality – not the government nor politician. The Church was the institution that taught value and also the family. The family was created – Adam and Eve – as the first (1<sup>st</sup>) institution in the world. This was the message of the Church. In order to be prepared, the Bible, Koran or Bhagwa Gheeta must be used to guide

our people in the way to live. These principles should be inculcated from youth in order for them to understand who they were.

Abstinence should not be forced on people. Young people should understand that sex should be delayed until they were in a state of readiness. They should concentrate on self-development and delay sexual intercourse until they were ready for commitment and they could cope emotionally. Sexual urges and emotions could be channeled through sports. In order to release that energy, many young persons were unaware of the manner in which to deal with their sexuality. They allowed their rolling and raging hormones to control their desires and responses to sexual feelings. Young people needed to be taught that abstinence was possible through the Grace of God. Teaching should be patterned in a similar way as it was taught for generations. Somehow, this was no longer done. However, it should be re-visited and implemented in order to inculcate values which would prevent similar predicaments.

- **Mr. Ainsley Reid:**

The first time he heard about HIV/AIDS was from reading a pamphlet distributed by the Ministry of Health, which stated that persons carrying the virus were homosexuals, commercial sex workers and that category of persons. This was true of popular cultures. Disc Jockies and such like persons misconstrued the statement, developed and blossomed a language and culture to the extent that in the community, if a person tested positive for HIV , it was because he/she was one of “those people” and should be killed and gotten rid of. Many persons were aware that he was living with HIV. About two(2) years ago, while leaving his office at the CCC building, a group of about five (5) to six (6) men brutally attacked him. He was stabbed in the neck, chest, and back. After stripping him of valuable possessions including his cellular phone, he was left bleeding to near death at the side of the road. He was rescued, and taken to the hospital by a lady. Two days later he dialed the cellular phone number and someone responded that all persons with AIDS should be killed out, because all they did was to go around and inoculate the place with AIDS.

When that type of information was allowed to spread rapidly across the community and took root, anger was developed in many persons. The idea was that PLWHAS were rather strange persons out there.

Statistics attested to the shift of HIV/AIDS from an epidemic which was perceived to be prevalent among the gay community to an epidemic that was generalized and rapidly spreading among women. Many persons continued to perceive that HIV/AIDS was a “gay thing.” It was not for them. Persons in the Church were of the opinion that they were Holy Ghost filled, so it was not among them. It would not affect their children. These were only myths which contributed to the wide spread of HIV in the population.

Ainsley hoped that similar to the manner in which the myths of HIV/AIDS were spread in popular culture, the Church needed to critically examine the angles HIV had in popular culture and use that to address the myths and the stigma.

- **Pandit Chrishna Persaud:**

Certain cultures prevented open discussions on sex. When the AIDS epidemic hit in the early eighties, it was still said that the stars and aeroplanes brought babies, so the issue could not be discussed openly. Students pursuing Biology in school could not venture to discuss certain issues with their parents. Coming from a Hindu culture, he could testify to this. There was a certain taboo on issues relating to sex. There was no discussion on the topic.

AIDS was thought to be a male to male Sexually Transmitted Infection resulting from homosexuality, therefore a stigma was attached which cautioned individuals to stay away from PLWHAS. He recalled that while working with the USSR Embassy, a boil appeared on his lip. He went to work that morning and reported to the doctor who immediately diagnosed it as a sign of Sexually Transmitted Infection - STI. He was referred to another doctor for a certificate. He went and demanded a VDRL. Immediately everyone said, “stay clear from him,” even though he only went for a clearance. A blood sample was taken and the doctor certified that he was OK through a phone call. He lost his job when he reported for duty, which turned out to be a blessing because his wife encouraged him in another line of work which proved to be successful.

Because it could not be discussed, it was allowed to develop. However, with the kind of education from Faith-Based Organizations, NGOs and in Guyana - social partnership between government, FBOs and NGOs - strides were being made. The Ministry was also promoting continuous love relation marriages. Referring to himself, he ended by stating that after thirty (30) years of marriage they still lived as though the honey-moon was not yet over.

- **Fr. Harcourt Blackett, Barbados:**

He expressed gratitude to the afternoon presenters especially Ainsley and Catherine. However, he felt that even among the participants, there was a moving away from the objective and a becoming “what should be done and what should not be done,” event, which he found troubling. It took a tremendous amount of courage for people to share and to enter into an experience. However, it was necessary to begin to unlearn what was learnt about AIDS at the beginning, as this continued to affect us, the Church being the chief culprit.

He was out of the Caribbean at the time when the first (1<sup>st</sup>) recorded death of AIDS occurred in Barbados. He was acquainted with the person at the University during his Chaplaincy. The reports surrounding the person and his death caused Rev'd Harcourt to feel badly and he wished that he was back in Barbados to publicly defend the individual and reversed the condemnation of the "Reverend" people which only resulted in driving people away and underground.

Another painful situation referred to was that of a Barbadian who was diagnosed as HIV Positive and the RSCPA – Royal Society for the Collection and Preservation of Animals – was notified – signaling that the person was no longer a human being. Events like these had a deadly effect on an already deadly situation. Church people should cease moralizing and deal with people where they were, and begin to display sympathy and empathy.

While working in Africa, Fr. Harcourt visited a Province where a young Priest was tested HIV Positive. The Bishop invited him to share his residence and personally journeyed with and cared for him. This example became a taught lesson and Fr. Harcourt was educated about HIV/AIDS. The Church needed to be more compassionate and to move away from wanting to know where and how people became infected and get back to caring and being in touch like Jesus commanded us as Christians.

- **Dr. Oluwakemi Linda Banks, President Caribbean Conference of Churches:**

Appreciation was expressed to those who shared comments and supported Mr. Cunningham's views on youth involvement. Her involvement with HIV/AIDS started in 1987 and some of the most interesting and fruitful experiences were those shared with younger people. As a Consultant for the United Nations Family Planning Association – UNFPA – she was engaged in a project on "*Reproductive Health and Sexuality*" in nineteen (19) Caribbean countries. The issue of sexuality surfaced and it was rather surprising when young people requested additional information on Abstinence, contrary to the view that young people wanted to be sexually active.

Recently, she worked with young people in Belize and Guyana. One of the groups was peer educators and again they held strong views on Abstinence – that sex should be delayed.

Many of them wanted to adopt her as "*mother*" after observing the close-knit relationship between herself and her daughter who was present. They needed to talk to their parents. Even though some were open, others were defensive, while others had never been able to talk to their parents about sexuality and therefore felt the need for a better relationship with their parents.

That project was called FATE – “*Fighting AIDS Through Training and Education*” – a CIDA funded project. She then sought permission for Archdeacon Hodge, St. Kitts, to share information in Abstinence – a project undertaken by Anglican Churches in St. Kitts, Anguilla and other countries. The importance of positive peer pressure from positive youths in order to relate to other people was stressed.

- **Archdeacon Valentine Hodge, St. Kitts, Anguilla, Antigua:**

Last August, the Parish of St. George’s, Basseterre brought into being the project “Abstinence.” They heard of Lakita Garth, winner of several medals, and a beauty contestant from California. She was visiting St. Croix, US Virgin Island. Because of the close proximity between St. Kitts and St. Croix, they seized the opportunity to invite her to St. Kitts.

Lakita was much involved in Project Abstinence and conducted several seminars across the United States. She spent the weekend in St. Kitts where she addressed the congregation at the Sunday morning eight (8) o’clock service. An ecumenical rally was held in Basseterre during the afternoon and from that encounter, a committee was commissioned to organize cells across the island to promote Project Abstinence as a way of life – a lifestyle – for young people. Condom use was not encouraged as it would undermine Abstinence. Committee members served as mentors within their individual churches. Many Pentecostal Churches were on board much to the shame of the Anglicans. Even though some youths were not as involved as was anticipated, Archdeacon Hodge endorsed Project Abstinence as a positive thing for young people.

- **Mrs. Felicity Aymer, Methodist Antigua and Barbuda, recently retired AIDS Programme Manager:**

Since retiring over the past year, many persons were surprised that she was still alive and well. She did not understand the rational behind it until an earlier speaker clarified the issue. She then wondered if those persons thought she had HIV/AIDS and expected her to die. She was heartened to be involved in the Consultation. Recently she was drafted by her Pastor to assist with young people in the Church, addressing Human Sexuality and the Bible. She was amazed about where to start. Even though she had knowledge on Human Sexuality, where to start in the Bible posed a challenge. However, she found it extremely exciting researching and selecting relevant aspects on Human Sexuality.

She experienced a most interesting encounter with the young people at their last meeting. Even though the agenda was already scheduled, they just wanted to discuss Human Sexuality with a continuation of the topic for the next meeting. With an average age of fourteen (14) years – some seemingly sexually active –

they were very concerned and questioned how to live in a world where there was so much about sex.

In her new found life, she realized that the Church did not address the issue of sexuality. Even though she became aware of this for some time, she was too busy to address it. Now, she felt challenged to shoulder the issue to assist both young and old people who might be caring for some of those younger people and for young persons who have children. A concern shared was the number of young persons who presented babies for Baptism with few men as fathers. Probably in the near future, babies would be presented with their mothers only. This, for her was a major concern, challenge and mandate to do something in her Church.

- **Rev'd Cyril Paul : President, Inter-Religious Organisation/Presbyterian Minister, Trinidad and Tobago**

The Caribbean Conference of Churches was highly commended for organizing a Conference of that calibre, which included personal testimonies on the issue that was being deliberated. It gave the Consultation direction, dimension, stature, meaning and purpose. He appreciated the personal testimonies, which in his opinion, brought life to the Consultation. It was good for others to talk about issues but when those who wrestled daily with them confessed that they were part of that issue, they were the issue, then it became alive and meaningful. What he gleaned from the personal testimonies were cries and challenges to the Church and Faith-Based Organizations to open their eyes, ears, feelings, consciences and sensitivities to the realities by which we were surrounded – the needs in the world and in the Caribbean.

Hence, the need to respond in positive ways was critical. In his Church and other Churches as well, if PLWHAS attended worship, they might experience a certain measure of alienation. This was the challenge. Knowing that we were dealing with God's children and people, we needed to prepare ourselves and to be open enough to address that situation: to relate to persons who were brave enough to present themselves as part of the fellowship, wanting to be accepted and loved. They should not be alienated and shunned.

- **Dr. Kay Polydore: Dominica**

She referred to a newspaper article "*AIDS Epidemic: Time For Chairpersons And Chastity Belts.*" In the article, the writer suggested that the laboratories in Dominica should sponsor the following advertisement, "*Before You Kiss Her, Take The AIDS-Free Test.*"

- **Unidentified Response:**

One speaker said that Faith-Based Organizations were featured as negative in their approach. However, it was not the concept. Instead of feeling “bashed” - the purpose of the activity was for self-reflection and self-examination – personal introspection. Look at the gaps and suggest measures for improvement. Someone spoke about experiences in her Church. However, there should be an openness to sexuality.

Education must begin during early life in the various youth groups within the Churches. This helped to begin to set goals, develop values, determine self-esteem, to look at who you were and what you wanted to be, to think about potentials. It must begin very early within the schools but it was necessary to have it in our Churches, Mosques and whenever there was a coming together because God was a God of creation and a God who created us, sexual beings. If this was not appreciated in the Churches, then it would not be appreciated any other place.

It was then concluded that it was not *really* “bashing,” but a challenging opportunity to begin with the youngest, because even at an early age they could understand human relationship and what it meant to be female and what it meant to be male. It was necessary to start early in order that they could appreciate who they were, how valuable they were, and how important it was not to keep secret when somebody said that this was a secret.

- **Rev’d. Fr. Clyde Harvey:**

He referred to the comments made by Dr. Banks and Archdeacon Hodge relating to the project on Abstinence in their various islands. There was also a very active Abstinence Programme in schools which was promoted by the government of Trinidad and Tobago in conjunction with Faith-Based Organizations. Personal experience reminded him that faith-based people thought Abstinence, when they heard Abstinence. However, this should not be! Abstinence was a way of life combined with knowledge and a variety of other things. It also taught about coping with life. This challenge was managed in a very difficult and tragic way when one committed young woman, in her early twenties – the star of the Abstinence Programme – became pregnant. She encountered a very difficult situation with an unscrupulous man and could not claim rape. She was just ignorant of what was happening and did not understand the dynamics of relationships.

Abstinence should therefore be dealt with as a way of living, a way of knowledge. It should not be seen as ignorance. When abstinence and ignorance were fuelled by curiosity, disaster followed. It was important that FBOs did not see Abstinence as DON’T! It was a way of life and should be presented in that manner to young people, otherwise they may be led into more trouble.

- **Representative from the Muslim Community: Trinidad and Tobago:**

There had not been much exposure on the issue within the Muslim Community of Trinidad and Tobago and the wider Caribbean countries. The community placed great emphasis on the family and traditional culture as an institution and in which human beings could receive love and support. Islamic response, beliefs and undertakings would not prevent or cure AIDS. Their beliefs articulated an integral relationship between spirituality and sexuality. Sexuality was not for sexual pleasure.

They did not consider that, as a community, there was a crisis – rightly or wrongly. Their contribution to the material progress of the HIV/AIDS epidemic would be considered during a symposium scheduled for later in the year for sensitization of the Muslim Society. In the past, there was almost total denial by the Imams – priests – and the families, of the existence of a disease called HIV/AIDS.

Statistics published by the World Health Organization – WHO – on the spread of HIV/AIDS some time ago indicated that Islamic value and traditions, although not fully adhered to by many, presented a strong and effective means of prevention. The rates of infection were less than those in non-Muslim communities.

Muslims were about seven (7) percent of the population in Trinidad which did not reflect in the AIDS population. There were no statistics available based on religious affiliation, but there were few cases based on commercial sex and those who might have strayed away from the family and the influences of the extended families. The imams and leaders in the community were advised that they and the congregation had an extremely vital role to play. They preached to their followers that they were to believe that lives and behaviour, faith in God, observation of the laws and guidance were key ingredients. They relied on the following quotes from the Holy Koran which stated “when my guidance be revealed to you, oh mankind, he that follows it shall neither ere nor suffer but he that rejects my warning shall live a miserable life and we shall bring him before us blind on the day of judgment.

The following measures on marriage were recommended by Islam:

- Early marriage must be encouraged
- Proscribing of promiscuity
- Effective deterrents by education and upbringing. The Mosque played a fundamental role in education
- Counseling against free intermingling of sexes
- Women must dress with modesty

Rapes were high among young people but this was targeted in the schools and sermons of the Imams. Religious instructions were oriented accordingly and sex education was to emphasize, uphold and encourage chastity, fidelity and virtue. These noble qualities were high in the priority, and if practiced, were sufficient to guarantee people's total safety and provide them with an effective safeguard against the scourge of any disease and infection.

Peer pressure was guarded against, especially in the negative sense where the affluence of society could cause the lifestyle of the young to change. Islam promoted this because it was the best and most honourable way to guarantee satisfaction of the human sexual desires and provided a proper and healthy environment for raising children.

The Holy Prophet stressed "*Life was just a fleeting period of worldly engagement and the best sort of enjoyment was a good wife*" and of course, vice, versa. The Holy Koran claimed "*And of this sign, that is, the created love and kindness between you and them.*" It also stated that sexual intercourse must involve that part of the female which led to conception and procreation. The Koran continued "*Your women were the depository of your seed. Have intercourse with them however you wish.*"

The community had been in a state of denial and pretense because of the doctrines of Islam which made them believe that they were invincible. Maybe they were indeed invincible. If they practised the doctrines of the Koran, they would be protected. However, this was a totally artificial premise which could easily lull them into a false sense of security. The sensitivities must be awakened so that the dangers could be exposed. This would be undertaken in the context of the planned symposium where the Priests' dilemma would be highlighted. He expressed hope that nothing was said construed to indicate that Muslims were immune from contracting HIV/AIDS. Live testimonies revealed that the entry of the virus into the body did not generally lead to infection. The immune system functioned through the body cells and attacked the virus or consumed them. This was the work of the Almighty God. He had given us a body and the means whereby we could even fight diseases through the immune system.

Rev'd Lashley expressed thanks to members of the forum for their liberal share and exchange of ideas. Ainsley and Catherine were singled out for special commendation.

- **BARCAM: Responses from Ourselves in the Mirror:**

A dramatization followed which focused on.

- *HIV/AIDS Virus*
- *Abstinence, Human Sexuality and Teenage Pregnancy*

## **GENERAL CONCLUSION:**

Mrs. Merle Ali of Trinidad and Tobago gave a general conclusion of the day's events. She worked in the United States of America as a Nurse for over twenty (20) years. She married a Pastor who lived in Trinidad and felt that America was not the place for him. While working in Florida she contemplated the prospect of marrying and returning to Trinidad which she did eventually. In the hospital where she practised, many individuals – including young people – were admitted and succumbed to the complications of HIV/AIDS. Some very close friends – a nurse among them – also died. She witnessed women who gave birth to babies diagnosed as HIV Positive, and children dying on the Paediatric Floor with complications of the disorder.

On return to Trinidad she felt her contributions were most needed in the HIV/AIDS Department. Statistics revealed that since the early nineties, the Caribbean was the second (2<sup>nd</sup>) highest region to Sub Sahara, Africa, with HIV/AIDS. In 1986, her husband started a drug mission called "Rescue Mission," as there was a correlation between drug addiction and HIV/AIDS. Many individuals who were HIV Positive frequented the centre. In 1993, an HIV/AIDS awareness and counseling dimension was added while care and support aspects were presently being contemplated.

Mrs. Ali and her husband – invited or uninvited – attended several programmes on HIV/AIDS especially those organized by the Evangelical Churches across the Caribbean. Her husband was a Presiding Bishop of the Pentecostal Assemblies of the West Indies, so they were involved in conducting seminars and awareness programmes.

Despite the negatives relating to the limited role of the Church, **ALL** major religions were teaching basic principles that served to guard and protect members from the predicament currently encountered. These included abstinence before marriage and fidelity in the marriage relationship. The Church, however, had not focused intently on methodology – how the message was relayed, the vocabulary, the delivery of the message. Every effort must be undertaken to spread the message of HIV/AIDS. Invitation was extended from many churches and the message of HIV/AIDS was discussed and shared.

The aspect of integrating young persons was of paramount importance as they were the ones mostly affected. They could be utilized and raised to spread the message. Her Secretary was actively involved in HIV/AIDS and like members of BARCAM utilized drama in schools and Churches to reach and teach young persons. Young persons in schools, Churches and the community were indeed involved as they were greatly affected and had effective ways of sharing the message. BARCAM was again acknowledged for their outstanding performance.

On reflection of the day's activities, it was to be concluded that despite the rainy weather and the floods, it was a most rewarding day both intellectually and socially.

Participants interacted with each other spiritually in the stimulation of thought patterns, which could be transposed to individual Faith-Based Organizations as a means of helping to promote the message of HIV/AIDS.

Participants were well fed. They enjoyed the meals. The staff at the CCC – Mr. Granado and other staff – worked hard to ensure the visit to Guyana was productive, leaving life-long memories by triggering chain reactions. It was anticipated that on return home, participants would implement various activities in order to give reality to the Consultation. The thoughts, shared experiences, contributions from Catherine and Ainsley, the panels and individual comments were very stimulating, encouraging, enlightening, and informative. Gratitude was expressed for the synergies that were experienced. The power of networking – what each person did in his/her small corner – was great, and demonstrated that similar events were taking place in the various corners. Small fires indeed resulted in big blazes!

It was heartening to hear of Fr. Moses' involvement in the Abstinence Programme, organized by the Ministry of Health and Education, Trinidad and Tobago. Young people were well represented in this Programme. Participants were encouraged to exchange pertinent mailing information as a means of keeping in touch. Lasting friendships were developed regardless of Faith-based affiliations.

#### **PRESENTATION OF POLICY AND ACTION PLAN GUIDELINES:**

Mr. Granado informed the gathering that the Policy and Action Plan Guidelines would be introduced by Professor Brendan Bain, a member of the Committee that drafted the Policy and Action Plan Document. However, Mrs. Rosalind Saint Victor was asked to introduce Professor Bain very carefully. This was important because very often in the region, persons and their work were not appreciated, but it was important to know who was among the gathering.

Mrs. Saint Victor formally presented Professor Bain to the group as an extremely humble person and left to him, needed no formal introduction. He was born in Trinidad and Tobago, studied at Queens Royal College and then proceeded to Mona, Jamaica, where he pursued Medicine. Final year residency was undertaken at the Port-of-Spain General Hospital, Trinidad. Further training and experience were gained at St. Georges Hospital, London, England, and Boston University, USA. He was Professor of Community Health and lead Coordinator of the University of the West Indies (UWI) HIV/AIDS Response Programme at Mona, Jamaica. He was also Director of the Caribbean HIV/AIDS Regional Training Initiatives for Health-Care workers including clinicians. He was the Director of the Regional Coordinating Unit, University of the West Indies (UWI), Mona, Jamaica. He was an Elder at Mona Heights Chapel and had been attending to HIV/AIDS infected persons since 1983. He specializes in Infectious Diseases and was married to his wife Pauline for thirty one (31) years. It was important in that environment to affirm the kind of relationships they exhibited. Both were members of the Policy and Action Plans

Committee. Even though they lived in Jamaica and the committee met in Trinidad and Tobago, they worked seamlessly to ensure that one was always present at the deliberations, depicting a composite. This spoke volumes of their family life and relationship.

The couple was blessed with three (3) children:

- David, who was married and the father of two (2) daughters
- Joel, married in August 2004
- Jenette, a Missionary in Oxford, England in Physical Theatre

- **Professor Bain:**

He stated that he did not consult any member of the Drafting Committee in structuring the presentation except his wife, Pauline. All responsibility therefore for the interpretation of the document rested with Bain and Bain.

The presentation followed thus:

- Title of Document  
*“Guidelines for Caribbean Faith-Based Organizations in Developing Policies and Action Plans to deal with HIV/AIDS.”*

- “Suggested Action Plans” should be added to the title of the Document to read:

*“Guidelines For Caribbean Faith-based Organizations In Developing Policies and Suggested Action Plans To Deal With HIV/AIDS”*

- Page 1:

Policy Committee: Bullet (<>) 5; The objective: “To encourage FBOs to play a responsible, proactive role in public HIV/AIDS discussions.” This objective of the Policy Committee laid the groundwork for the Consultation and a template was produced to assist participants to create their written policies and action plans.

Information was given about the CCC, about HIV/AIDS in the Caribbean and about some behavioral factors during the epidemic in the Caribbean. There were also comments regarding local congregations and devotees:

- **Page 2, 3 and 4**

Background information on the Caribbean Conference of Churches – CCCs - HIV/AIDS in the Caribbean and Behavioural factors which

contributed to the epidemic were outlined. There were also comments regarding local congregations and devotees.

- **HIV/AIDS:**

Professor Bain worked in the field of HIV/AIDS since the nineteen-eighties. He explained that some of the problems pertaining to the condition were due to the “lag time” – the hitting time and the confirmed hitting time. It was about seven (7) years or more, a shorter transition time in the Caribbean from the received information compared to the United States where an average of eight (8) to ten (10) years was claimed. However, averages were averages. To clarify this, an analogy was drawn which considered the best time for exercising disciplinary measures for persons who committed demeanors.

Persons could have been infected with HIV in 2000 and still represented their countries – Trinidad, Guyana, Suriname – at the Olympics in 2004 - with no obvious sign or symptom before 2010, when confirmation of the disorder pointed back to infection in 2000.

Generally, HIV/AIDS was still hidden. Gratitude was expressed to Catherine and Ainsley for sharing their stories with the gathering. For many of the participants, the disorder was no longer hidden as they met at least two (2) persons living with HIV/AIDS. Before this sharing, participants only knew of numbers and statistics. After twenty (20) years, there was still more than numbers, more than vestiges of denial in many quarters. The analogy was drawn between the entry of the HIV/AIDS virus in the body and the entry of termites in a piece of wood. Both multiplied and manifested themselves very slowly over a long period of time.

- **Statistics:**

A graph was presented to highlight the statistics according to UNAIDS. For the first (1<sup>st</sup>) time, in 2004, a range of figures was presented rather than precise figures. These ranges attempted to represent a measure of accuracy which could be referred to in different regions of the world. Hence, in Southern Africa, it might be between seven point five (7.5) and eight point five (8.5) million whereas in the Caribbean, between one point nine and three point one (3.1) million, and in North America between zero point five (0.5) to zero point seven (0.7) million.

The Caribbean was still occupying the second (2<sup>nd</sup>) position even though there was an appreciable gap between the Caribbean and those of

Southern Africa. The statistics for South and South-East Asia were zero point four (0.4) to zero point two (0.2) million. The graph failed to depict a trend even though there were very worrying trends in India, China and parts of Eastern Europe. When these statistics were placed into their perspective regional clusters, their graphs appeared to be low. In countries with large populations, like India, with a fraction of one (1) percent, the raw numbers were indeed large and the angle of the curve was sharp in some parts of India – a trend of great concern.

The Caribbean was warned about a situation relating to the average life expectancy at birth which should not be allowed to happen. With the aid of graphs, rapid and dramatic reduced average life expectancy between 1980 and 1999, less than twenty (20) years in parts of Southern Africa was highlighted. Professor Bain pleaded that this pattern should not be allowed to happen in the Caribbean.

The next graph depicted Botswana – top of the list. Without HIV/AIDS, there was an even population distribution. There was between one hundred (100) and one hundred and fifty (150) thousand persons between the ages of (0-15) zero and fifteen years without HIV/AIDS. However, this was cruelly cut down and seriously eroded by HIV/AIDS. With HIV/AIDS, the population structure was affected.

The next slide was composed by a male individual in California in the middle of 2003. The slide displayed trends in prevalence and trend rates in Sub-Saharan Africa which had a galloping escape. There was a rising angle in the Caribbean. All other areas were much flatter than that of the Caribbean.

This trend in the Caribbean needed not to be continued, even though it depicted helplessness. This was not necessarily so, since there was really a point to the exercise being carried out over the next two (2) days.

A direct quote from the document was “The main means of transmission was through sexual contact with an infected person.” The primary mode of sexual transmission changed over the years from a predominantly homosexual mode across to the heterosexual and bisexual behaviour which was the main bridge in the Caribbean – from men to women. Presently, the epidemic was established in the heterosexual population passing in both directions. It was difficult to identify those infected at any given point in time as those persons were relatively hidden.

- **Behavioural Factors Driving HIV/AIDS Epidemic in the Caribbean:**

HIV/AIDS was a human to human disease. It was not caused by obeah. It was spread by persons who were infected with the virus and who had more than one partner. These were sentences of importance and were therefore written in bold letters in the Document. Having more than one partner, either within the same time period or over a long period, even one partner at a time, was indeed risky. This was a long stay virus that could be carried over from one relationship to another. It had practical implications for national policy. The feelings of some persons were for testing before entering new relationships particularly where the status of persons involved in previous relationships were not known. However, this policy has not been reinforced at national or regional levels.

- **Issues of Prevention and Care:**

These issues did not only relate to PLWHA but the emerging concerns of children in families where parents were infected but the children remained unaffected. They might become orphans requiring care even before reaching that stage.

Prevention and care were inter-related. Persons living with HIV/AIDS required humane and compassionate care and treatment. They could evolve as major forces in preventing the spread of HIV/AIDS if they were treated well. This was a thought to be pondered seriously.

- **Social:**

This was added to the Policy Document. The liberty was taken to include “Gender Related and Power Related.” There was interplay of power within the sexual relationship and power was not always brute force. Power was respect. People who were respected started off with the potential advantage in the sexual rank. They included doctors, counselors, pastors and politicians. There was therefore a responsibility to utilize positional powers and referent power wisely. The settings where clients or parishioners met pastors and counselors were sometimes conducive, especially the touch relationship, which could be the beginning of several activities.

- **Lack of Integration of Social Values and Beliefs: Interpersonal and Social Life:**

This was also added because of the taboo surrounding sex and sexuality – an issue which was skirted around in the Caribbean. There were some cultural practices which, if removed, were similar to taking away the life-blood of the people. The situation was conducive to the kind of sexual interactions that helped to fuel the epidemic. This should therefore be urgently examined in many of the Caribbean territories as fashions and practices spread.

- **Poverty and the Use of Mind-Altering Substance:**

These were previously discussed.

- **Deepening of certain patterns of Social Behaviour:**

These were addressed in the Document. Multiple sexual patterns were underlined and could be placed under culture or a habit that was perpetuated. Early sexual initiation should be noted and the query was raised as to who initiated our youngest persons. This should be asked, faced up to, and then addressed to the right persons.

- **Stigma and Discrimination:**

Media and music were added as they played important roles in education on HIV/AIDS especially among young people. Wisely utilized, they were considered effective communication tools.

- **Common Values:**

This was debated fully earlier in the Consultation.

- **Placing of FBOs:**

FBOs were well placed to spur their members to become more involved with the HIV/AIDS problem. The word “programme” should replace the word “problem.” Hence, “FBOs are more involved with the HIV/AIDS programme.”

- **Questions and Actions:**

The same theme was repeated in the Question Sections and in the Suggested Actions Sections in the document.

The themes were:

- Leadership
- Prevention
- Care, Support, and Counseling
- Human Rights and Advocacy
- Education
- Gender and Power

Groups were permitted to suggest themes for addition and discussion as long as there was sufficient priority. However, if participants were comfortable with the headings and felt that they were indeed adequate, group work could proceed under the guidelines of the presented headings. Some FBOs were already involved in well-developed programmes, while some were in programmes that were fairly new. There were therefore useful ideas that could be shared among the participants.

The current Guyana experience was a clear reminder that we were all in the same boat. The boat could represent one of safety or the boat could represent one of common plight. It was important to wake up and respond to the issue of HIV/AIDS. HIV/AIDS with its peculiar mode of spread and its propensity to continue to spread, demanded urgent and immediate response. It was imperative that serious thought and action be given to it surpassing what was done up to that point in time.

Professor Bain made reference to the recent disaster in Guyana. He relayed that in conversation with some local people, they lamented that there was no plan to aid in coping with the disaster. The lesson to be learnt was that we needed to plan. The Document was already prepared and in place. Though the movement was rather slow, there was still opportunity to do things – “to hold back or roll back.” But there was a double responsibility in prevention and care.

The Chairperson encouraged the participants to peruse the Document in order to be prepared for group activities the following day, especially for debate on the key issues. He thanked Professor Bain for his thorough and useful presentation.