



UNIVERSITY OF TORONTO  
FACULTY OF LAW

INTERNATIONAL  
HUMAN RIGHTS  
PROGRAM

# St. Vincent

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Country Report for use in refugee claims based on persecution relating to sexual orientation and gender identity

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This document was prepared by law students and highlights information about publicly-accessible country conditions available at the time it was prepared. It is not exhaustive, nor is it updated on a regular basis. The information provided here is not a substitute for legal advice or legal assistance, and the International Human Rights program at the University of Toronto, Faculty of Law cannot provide such advice or assistance.

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## Introduction

This Country Conditions report on human rights violations of LGBT and HIV positive people in St. Vincent surveys reports by the Canadian, U.S. and St. Vincent governments, reports by Non-governmental Organizations and media reports documenting persecution of LGBT persons in St. Vincent.

These reports reveal that:

- There is little information available on the conditions of LGBT persons in St. Vincent
- HIV treatment is highly available
- Homosexual acts are criminalized and stigmatized in society
- There is mixed law on the opinion of the IRB towards the availability of state protection for homosexuals
- The IRB has recognized that discrimination against gays and lesbians is a serious problem in St. Vincent due to intolerance and ignorance
- HIV prevalence in the Caribbean is second highest only to Sub-Saharan Africa. There is a great deal of concern in the region over the overall expansion and feminization of the epidemic
- Compared with the HIV rate in other countries in the Caribbean region, St. Vincent is a low epidemic country

## Case Law

### Canada

#### **Immigration and Refugee Board**

1. *Jack v. Canada* (Minister of Citizenship and Immigration), [2006] R.P.D.D. No. 91

*Claim rejected*

- **The Board did recognize that discrimination against gays and lesbians is a serious problem in St. Vincent due to intolerance and ignorance, however**

**this claim failed because the claimant did not meet the burden of showing that he made a determined effort to seek state protection**

The claimant sought refugee protection pursuant to ss. 96 and 97(1) of the *IRPA*. The claimant was physically abused by his stepfather and forced from his home when he was 16 years old because of his perceived sexuality. The claimant was taken in by an older man who supported raped the claimant and assaulted him emotionally. When villagers found out about the claimant's circumstances they thought him to be a homosexual and harassed and assaulted him, despite the fact that the claimant is no in fact homosexual.

The Board was satisfied that the claimant was who he alleged to be, however the Board found that the claimant did not have a well-founded fear of persecution for a convention ground. The Board found that although the claimant did have a subjective fear, the fear was not objectively well founded as the claimant was not able to rebut the presumption that state protection is available in St. Vincent for victims of harassment and discrimination due to their perceived sexual orientation. The Board did recognize that discrimination against gays and lesbians is a serious problem in St. Vincent due to intolerance and ignorance, however this claim failed because the claimant did not meet the burden of showing that he made a determined effort to seek state protection. The Board found that it was unreasonable of the claimant to not have made any effort to seek police protection or the protection of any state authority.

2. *F.S.F. (Re)*, [2008] R.P.D.D. No. 17

*Claim rejected*

- **The Bard determined that there was no persuasive evidence that the government of St. Vincent was withholding medical care from HIV positive persons for discriminatory or persecutory reasons**

The claimant sought protection under ss. 96 and 97(1) of the *IRPA*. The claimant, who is heterosexual, acknowledged that he is HIV positive. The claimant alleged that there is no social safety net for people with HIV in St. Vincent, as well as no legal protection. He alleged that there is limited access to HIV medication and that as an HIV positive man he would be presumed to be homosexual and discriminated against. The claimant alleged that as a result of his HIV status his mother was assaulted and robbed.

The Board denied the applicant's claim on the basis that, on a balance of probabilities, the claimant would not personally be subject to a danger of torture, a risk to life or a risk of cruel and unusual treatment or punishment. The Board found that no evidence was submitted to show that the claimant would be presumed to be homosexual because of his HIV status, and no evidence was submitted to show that the claimant could not seek help through the health care system in St. Vincent. The Board found that the difficulties that the claimant would experience in finding a job or a place to live did not amount to

persecution. Additionally the Board found that the claimant did not rebut the presumption that he had access to police protection, and evidence indicates that the authorities had acted against the claimant's former common-law spouse's ex-husband who had threatened the claimant.

3. *Franklyn v. Canada (Minister of Citizenship and Immigration)*, [2005] R.P.D.D. No. 56

*Claim rejected*

- **The Board found that there was both access to state protection and a viable Internal Flight Alternative**

The claimant applied for refugee status under ss. 96 and 97(1) of the *IRPA* based on her bisexuality and the abuse of her former boyfriend. The claimant alleged that she disclosed to her boyfriend that she was bi-sexual, but remained in a relationship with him. The claimant alleged that her boyfriend beat her on numerous occasions after he learned of her participation in a lesbian act with a third party, her children were harassed as a result of her reputation as a lesbian. The claimant alleged that when she sought police protection for the abuse of her boyfriend, the police were dismissive. The claimant alleged that when she left her boyfriend he threatened to kill her.

The Board denied her claim on the ground that the claimant is neither a convention refugee nor a person in need of protection. The Board found that there was both access to state protection and a viable Internal Flight Alternative. The Board found that although the claimant demonstrated that a particular police officer had failed to protect her, she had failed to prove that denial of state protection was systemic and a general problem.

#### **Federal Court of Canada**

1. *Jack v. Canada (Minister of Citizenship and Immigration)* [2007] F.C.J. 147.

*Appeal granted*

- **The Board, when determining the availability of state protection, did not consider evidence of a similarly situated man in appellant's village who failed to receive assistance from the police.**

The claimant sought refuge in Canada for persecution in St. Vincent as a perceived homosexual. From the age of fifteen, he was raped and sexually assaulted over a two year period by the man with whom he was living. When neighbours suspected he was engaging in homosexual acts he was harassed and beaten. He did not seek police protection because a gay man in his village had suffered similar attacks, and had not received police assistance when sought. The claimant's application for refugee protection was rejected because he had not availed himself of state protection.

O’Keefe, J. allowed the application for judicial review, setting aside the Board’s decision and referring it to a different panel of the Board for redetermination, taking into account the experience of similarly-situated individuals in assessing the possibility of state protection.

Although the Board found that St. Vincent is a functioning democracy and is presumed to be capable of protecting its citizens, the applicant may establish that state protection would not be forthcoming through evidence of a similarly situated individual who was not protected by the State (see *Canada (Attorney General) v. Ward* [1993] 2 S.C.R. 689). The standard of review for state protection findings is one of mixed fact and law, and thus reviewed on a standard of reasonableness. O’Keefe, J. held that the applicant was in fact in the same situation as the homosexual in his village who was ignored by the police. The court held that the Board therefore reached an unreasonable conclusion regarding the availability of state protection to those perceived as homosexuals in St. Vincent.

2. *Muckette v. Canada (Minister of Citizenship and Immigration)* [2008] F.C.J. No. 1752.

*Application for Judicial Review allowed*

- **It is not necessary for death threats for homosexuality to be acted upon in order for them to hold a degree of reality and thus affect the characterization of the applicant’s experiences.**

The claimant, a homosexual ejected from his family house, was routinely harassed and beaten, threatened with death, and finally stoned before seeking protection in Canada. His claim was supported by credible documentary evidence. His application for refugee protection was rejected because his experiences amounted to mere discrimination.

Phelan, J. allowed the application for judicial review. The Refugee Protection Division erred in treating the incidents suffered by the Applicant as mere discrimination, as the death threats he had received suggested a movement into the area of persecution.

The Refugee Protection Division erred in its dismissive attitude towards the credible evidence of death threats that the plaintiff received. The death threats hold a degree of reality despite the fact no one attempted to actually kill the plaintiff, and should therefore form an important consideration in determining if the plaintiff’s experiences amount to persecution.

### **Immigration and Refugee Board**

1. Immigration and Refugee Board of Canada - National Documentation Packages, *Responses to Information Requests, VCT101995.FE* 01 November 2006 <<http://www2.irb-cisr.gc.ca/en/research/rir/?action=record.viewrec&gotorec=450649>>
  - **Sexual relations in private between consenting adults of the same sex are prohibited in Saint Vincent and the Grenadines**
  - **Evidence suggests that in general, homophobia is common in almost all Caribbean countries and that homosexuals in those countries are socially stigmatized**
  - **There is evidence that there are no government programs or non-governmental organizations in place that offer services to the homosexual community**

### **Saint Vincent and the Grenadines: Treatment of homosexuals, including the availability of state protection and the attitude of the general public toward them**

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

“Very limited information on the treatment of homosexuals, including the availability of state protection and the attitude of the general public toward members of the homosexual community in Saint Vincent and the Grenadines, could be found among the sources consulted by the Research Directorate.

Sexual relations in private between consenting adults of the same sex are prohibited in Saint Vincent and the Grenadines (Ottosson 2006; see also World Policy Institute Dec. 2003, 1). According to a report published on the World Policy Institute's Web site, Article 146 of the 1990 Criminal Code of Saint Vincent and the Grenadines states that "any person who 'commits buggery [anal intercourse] with any other person,' and any person who 'permits any person to commit buggery with him or her,' is 'liable to imprisonment for ten years'" (Dec. 2003, 83; Ottosson 2006). Article 148 of the 1990 Criminal Code stipulates that "any person who, whether in public or private, commits any act of gross indecency with another person of the same sex, or procures or attempts to procure another person of the same sex to commit an act of gross indecency with him or her, is guilty of an offense and liable to imprisonment for five years" (World Policy Institute Dec. 2003, 83; Ottosson 2006).

A joint report published by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) indicates that, in general, homophobia is common in almost all Caribbean countries and that homosexuals in those countries are socially stigmatized (UN Dec. 2005; see also *ibid.* Apr. 2004). An

immigration officer at the Canadian High Commission in Trinidad and Tobago provided the following information on the treatment of homosexuals in Saint Vincent and the Grenadines in correspondence dated 9 July 2006. He noted that public statements have been made that promote discrimination against gays and lesbians for religious reasons. However, he explained that although homophobia is still widespread in the country, the general public does not appear to be aggressive toward homosexuals. The Canadian Immigration Officer also indicated that there are no government programs or non-governmental organizations in place that offer services to the homosexual community of Saint Vincent and the Grenadines.

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of additional sources consulted in researching this Information Request.

#### References

Canada. 9 July 2006. Canadian High Commission in Trinidad and Tobago. Correspondence from a Canadian immigration officer.

Ottosson, Daniel. 2006. "Legal Survey on the Countries in the World Having Legal Prohibitions on Sexual Activities between Consenting Adults in Private." (International Gay and Lesbian Association Web site).

<[http://www.ilga.org/statehomophobia/LGBcriminallaws-Daniel\\_Ottosson.pdf](http://www.ilga.org/statehomophobia/LGBcriminallaws-Daniel_Ottosson.pdf)>

[Accessed 18 Oct. 2006]

United Nations (UN). December 2005. Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO). "Caribbean." AIDS Epidemic Update: December 2005.

<[http://www.unaids.org/epi/2005/doc/EPIupdate2005\\_pdf\\_en/Epi05\\_08\\_en.pdf](http://www.unaids.org/epi/2005/doc/EPIupdate2005_pdf_en/Epi05_08_en.pdf)>

[Accessed 18 Oct. 2006]

\_\_\_\_\_. April 2004. United Nations Educational, Scientific and Cultural Organization (UNESCO). *Le nouveau Courrier*. "Santé/Culture. Problèmes au paradis : le sida dans les Caraïbes."

<[http://portal.unesco.org/fr/ev.php-URL\\_ID=21211&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/fr/ev.php-URL_ID=21211&URL_DO=DO_TOPIC&URL_SECTION=201.html)>

[Accessed 19 Oct. 2006]

World Policy Institute. December 2003. Andrew Reding. "Sexual Orientation and Human Rights in the Americas." *World Policy Reports*.

<<http://www.worldpolicy.org/globalrights/sexorient/2003-LGBT-Americas.pdf>>

[Accessed 18 Oct. 2006]

#### Additional Sources Consulted

Internet sites, including: Amnesty International (AI), Barbados Gays and Lesbians Against Discrimination (BGLAD), Human Rights Watch (HRW), International Gay and Lesbian Human Rights Commission (IGLHRC), United States Department of State.”

### United States of America

1. U.S. Department of State - 2008 Human Rights Report: Saint Vincent and the Grenadines <<http://www.state.gov/g/drl/rls/hrrpt/2008/wha/119173.htm>>

Section 2 Respect for Civil Liberties, Including:

#### Other Societal Abuses and Discrimination

There are no laws that prohibit discrimination against a person on the basis of sexual orientation.

Although no statistics were available, anecdotal evidence suggested there was some societal discrimination against homosexuals and persons with HIV/AIDS.

2. United States Agency for International Development, *St. Vincent and the Grenadines: Caribbean Region HIV and AIDS Service Provision Assessment Survey 2005* (November 2006), online: <<http://www.hrhresourcecenter.org/node/1979>>.
  - **Compared with other countries in the Caribbean region, St. Vincent is a low epidemic country**
  - **Government National Strategic Plan goals:**
    - **Reduce the incidence of HIV**
    - **Decrease the case fatality rate of PLHIV**
    - **Offer support to people living with HIV and AIDS and their families**
  - **Care and treatment services are minimal**

### Saint Vincent and the Grenadines

1. The Official Website of the Government of Saint Vincent and the Grenadines Ministry of Health and the Environment, *People Living with AIDS* (2005), online: <<http://www.gov.vc/Govt/Government/Executive/Ministries/Health&Environment/MedicalHea/HealthMed.asp?z=59&a=1073>>.
  - **Mission Statement: “A nation empowered to practice healthy lifestyles, adopt positive attitudes, and offer holistic care for those affected by HIV/AIDS thus working towards a significant reduction in the incidence of HIV/AIDS/STI”**

The government of St. Vincent urges its citizens to “fight stigma and discrimination” and offers advice on living with HIV/AIDS. The website states, “HIV/AIDS does not discriminate, and neither should YOU”.

2. Statement by His Excellency Dr. Denzil L. Douglas, Prime Minister of St. Kitts & Nevis, Chair of PANCAP, On behalf of CARICOM At the High Level Plenary Meeting on HIV/AIDS, UN Headquarters, New York, June 2, 2006 <attached>
- **HIV prevalence in the Caribbean is second highest only to Sub-Saharan Africa. There is a great deal of concern in the region over the overall expansion and feminization of the epidemic**
  - **By 2010 CARICOM hopes that every country in the Caribbean will have introduced supportive legislation and a policy framework to protect the vulnerable populations, in particular men who have sex with men,**

“Thank you Mr. Chairman.

It is my privilege to address this gathering on behalf of the Caribbean Community (CARICOM) and the Pan Caribbean Partnership Against HIV/AIDS, the regional network that embraces Governments, Non-Governmental Organizations, international and regional agencies, business, labour, civil society and representatives of people living with HIV/AIDS, across the English, Spanish, Dutch and French Caribbean.

I do so with a mixed sense of pride and humility. My pride stems from the fact that we have established in our part of the world a coordinating mechanism that is based on a broad partnership of all those actors in HIV/AIDS. I am also proud that the stimulus for this partnership came from the decision of the Heads of Government just after the 2001 UN General Assembly Special Session on HIV/AIDS, and that it represents the proper approach to this multi-faceted problem of AIDS. I am also proud of what we have achieved to date. Spurred on as we have been by the evidence of the gravity of the problem in our Region, we established in several countries programmes that have demonstrable successes: success in extending treatment to many who need; success in reducing mortality; success in the reduction of mother-to-child transmission of the disease.

But at the same time, I am humbled by the magnitude of the task before us if we are to return to this forum in 2010 and declare that no man, woman or child is denied access to prevention, treatment, care and support, for that is our understanding of universal access. We have decided that to achieve this, we must first establish exactly what will be the indicators at regional and national levels of having reached that goal. And we will not be reticent about admitting if in some areas we fall short, which I firmly believe we will not.

But Mr. Chairman, optimistic as I am about achieving universal access, I have to be frank about some of the obstacles that may impede our quest and our programmes.

There are many needs: the need for sustained financing; the need for increased human resource capacity, given the high rates of migration of skilled labour from our region to the developed world; the need to mobilize technical and financial resources that allow greater emphasis to be placed on prevention; the need to strengthen not only our health systems, but also our education system and other social systems necessary for a comprehensive and integrated approach.

To achieve this, our international partners must be encouraged to harmonise and align programmes and to simplify funding requirements. In this regard, the intractable eligibility criteria imposed by multilateral and bilateral agencies, which disqualified medium-income countries of the Caribbean from access to front line awards, must be challenged.

### **Identifying a Supporting Environment**

At the same time, the Caribbean is pleased with the decisions of the Monterrey Consensus and Development Assistance Committee (DAC) of the countries of the Organisation of Economic Cooperation and Development (OECD), which have established standards and criteria for alignment and harmonization. We unhesitatingly support the UNAIDS “Three Ones” Principles, the recommendations of the Global Task Team (GTT) on improving AIDS Coordination among Multilateral Institutions and International Donors; the Rome Declaration on Harmonisation; and the G8 leaders pledge to increase Official Development Assistance (ODA) to approximately US\$50 billion a year by 2010.

We are happy that these global initiatives have been captured in the draft Political Declaration because they accord with the way we in the Caribbean see the role of our developing partners.

### **Why is the Caribbean an important point of reference?**

The Caribbean region is a complex mosaic of 29 countries and overseas territories with an estimated population of 38 million, characterized by tremendous diversity in size, geography, population, culture, development, language, religion, ethnicity and governance structure. HIV prevalence is second highest only to Sub-Saharan Africa. There is a great deal of concern in the region over the overall expansion and feminization of the epidemic. A total of 300,000 persons are currently living with HIV in the region including 30,000 people who became infected in 2005. The prevalence rate in women 15-24 years is two to six times higher than men of similar age group. The Caribbean total death toll due to AIDS since the start of the epidemic is estimated between 350,000 and 590,000 claiming an estimated 24,000 lives in 2005 alone. Among young people 15-44 years, AIDS is the leading cause of death. Since February 2004, there has been more than a 50% increase in the number of people living with HIV/AIDS on treatment. However, access to HIV-treatment drugs remains unequal across the region.

### **What are our goals?**

By 2010 we would have reaped the benefits of a harmonized international partnership.

By 2010 our health and social systems will form the basis of an improved and integrated network of services for prevention, diagnosis, treatment, care and support.

By 2010, we hope that every country in the Caribbean would have introduced supportive legislation and a policy framework to protect the vulnerable populations, in particular men who have sex with men, commercial sex workers and prisoners. But we will also

place emphasis on the particular needs of the disabled and children, for they too are vulnerable.

By 2010 we plan to show the world that every Caribbean woman, man, child has access to relevant information, knowledge and support services by which to take preventative action.

By 2010 we would have organized our regimes for care, treatment and support.

By 2010, the Caribbean would have drastically reduced the spread of this disease through universal access.

These Mr. Chairman, ladies and gentlemen, are our goals.

In this season of World Cup soccer, you will understand when I say we must score. We must win.

I thank you.”

## Non-Governmental Organization Reports

### United Nations

1. United Nations General Assembly Ministry of Health and the Environment, *United Nations General Assembly Special Session on HIV/AIDS Country Progress Report* (31 January 2008),  
online:<[http://data.unaids.org/pub/Report/2008/st\\_vincent\\_and\\_the\\_grenadines\\_2008\\_country\\_progress\\_repor\\_en.pdf](http://data.unaids.org/pub/Report/2008/st_vincent_and_the_grenadines_2008_country_progress_repor_en.pdf)>.
  - **.4% of the population is HIV+, men continue to bear the major burden of the disease**
  - **Vincentians are highly knowledgeable and experienced with HIV/AIDS**
  - **Highly Active Antiretroviral Therapy has been available since 2003**
  - **68% of the infected population receives ART**
  - **Substantial progress has been made on HIV awareness and stigma/discrimination**

The report reveals that while St. Vincent has a low HIV prevalence rate (.4%), with a male to female ratio 1.6:1, it is Vincentian men that are most impacted by the epidemic. Homosexual/bisexual transmission accounts for 10% of total infection. The report notes that while there are a variety of successful programs to assist the HIV+ population, homosexual men, along with female sex workers, constitute the “most at risk

populations,” and continue to “pose a huge limitation in the studies of the HIV/AIDS epidemic” given the lack of data on these groups.

According to the UNGASS, noteworthy progress has been made in the area of stigma and discrimination. A Human Rights Desk, established in 2007, receives reports on instances of discrimination and works in close contact with HIV treatment centers to document accounts of discrimination. Moreover, “the issue of stigma and discrimination receives attention at the highest level of Government. Several political speeches have addressed this problem in support of the call for termination of stigma and discrimination against PLHIV”. The continued success of the campaign is contingent on the availability of financial resources.

2. UN Permanent Mission of St. Vincent and the Grenadines to the United Nations, *High-level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS* (12 June 2008), online: <<http://www.svg-un.org/downloads/HIVAIDSstatement.pdf>>.

- **St. Vincent’s National Strategic Plan has had much success in keeping the HIV prevalence rate low**
- **Survival rate remains unacceptably low**

### **World Bank**

1. The World Bank Projects and Operations, *St. Vincent SNF the Grenadines HIV/AIDS Prevention and Control* (26 June 2009), online: <<http://web.worldbank.org/external/projects/main?Projectid=P076799&theSitePK=40941&pagePK=64283627&menuPK=228424&piPK=73230>>.

- **World Bank project 2004 – 2010 mission is to assist St. Vincent with the control of HIV/Aids**
- **Provides financing for civil society initiatives, the Ministry of Education HIV/AIDS Resource Center, the upgrading of health facilities, and the renovation of the National AIDS Secretariat**
- **To be implemented by the St. Vincent Ministry of Health**
- **As of May 25, 2009, US\$3.3 million has been disbursed**

The 2009 report on the project indicates that many of the goals have already been reached. 9 non-health line ministries and 15 civil society organizations have been established to provide HIV care. Moreover, a Voluntary Counseling and Testing infrastructure has been set up to offer HIV/AIDS support networks.

## **The International Lesbian, Gay, Bisexual, Trans and Intersex Association**

### **International Gay and Lesbian Human Rights Commission**

1. International Gay and Lesbian Human Rights Commission, *St. Vincent #1 Status of People with HIV/AIDS* (1998), online:  
<<http://www.asylumlaw.org/docs/sexualminorities/St%20Vincent%201%20HIV%20%5B86-98%5D.pdf>>.

This packet details the need for increased resources and legislation to protect the HIV+ population in St. Vincent. While the report offers valuable information, it must be noted that it is describing the state of the country over 10 years ago.

2. 2009 ILGA, The International Lesbian, Gay, Bisexual, Trans and Intersex Association, *excerpt of the Saint Vincent and the Grenadines Criminal Code, 1990 Edition*  
<[http://www.ilga.org/statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2009.pdf](http://www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2009.pdf)>

- **Criminalization of all homosexual acts**

#### Section 146

—Any person who —

- (a) commits buggery with any other person;
- (b) commits buggery with an animal; or
- (c) permits any person to commit buggery with him or her; is guilty of an offence and liable to imprisonment for ten years.

#### Section 148

"Any person, who in public or private, commits an act of gross indecency with another person of the same sex, or procures or attempts to procure another person of the same sex to commit an act of gross indecency with him or her, is guilty of an offence and liable to imprisonment for five years."

## **Pan Caribbean Partnership Against HIV/AIDS**

1. UNAIDS Report on HIV/AIDS in Caribbean Highlights, Challenges, Next Steps [Dec 11, 2008]  
<[http://pancap.org/index.php?option=com\\_content&task=view&id=157&Itemid=76](http://pancap.org/index.php?option=com_content&task=view&id=157&Itemid=76)>
- **About 230,000 people in the Caribbean are living with HIV**
  - **Coverage has not reached half of the 80% target made by the UNAIDS Caribbean Regional Support Team**

- **It is especially vulnerable populations that are not receiving adequate protection**
- **The Caribbean region has the second highest HIV prevalence after sub-Saharan Africa**

“About 230,000 people in the Caribbean are living with HIV, and although last year more people received antiretroviral therapy than in 2006, coverage has not reached half of the 80% target and vulnerable populations are not receiving adequate attention, according to a progress report released recently by the [UNAIDS](#) Caribbean Regional Support Team, *Inter Press Service* reports. The Caribbean region has the second highest HIV prevalence after sub-Saharan Africa, and although the HIV burden has stabilized in many countries, "it has done so at a high level," UNAIDS officials said. Last year, 10,000 people were put on antiretroviral treatment in the Caribbean, but the region reported 20,000 new HIV cases during the same period. Amery Browne, Trinidad and Tobago's minister of social development, said this "shocking statistic" should motivate countries to "look at innovative ways to reach key audiences with prevention messages" and "examine what really works" for HIV prevention.

According to the report, certain at-risk populations -- such as commercial sex workers, men who have sex with men, injection drug users, young women and children -- are disproportionately affected by HIV/AIDS. These vulnerable populations "are bearing the brunt of the epidemic and yet are not at the heart of the response," UNAIDS said in a statement. Knowledge about these vulnerable groups is "scanty," Browne said, adding that countries need to "think outside the box and make sure we involve those groups." According to the report, stigma and discrimination against HIV-positive people is "widespread" in the Caribbean and pose "a major barrier to accessing prevention, testing and treatment." Therefore, the region "has to move quickly" to address HIV/AIDS among vulnerable populations, "who do not receive the attention they need given that they carry the greater burden of the virus," according to the report.

The report notes that political will and domestic and international support for HIV/AIDS efforts have increased in the Caribbean and several countries have established HIV/AIDS commissions. In addition, joint planning and reporting systems are replacing project-oriented approaches to HIV prevention, which is a "significant development," according to the report. However, in order to "fulfill our joint responsibility" to ensure universal access to HIV services in the Caribbean by 2010, the region must meet challenges and build upon successes, the report said. The report calls for increased involvement from civil society groups "so that they can play their central role in service provision, implementation and holding partners accountable." In addition, the region will need to scale-up interventions, address stigma and discrimination, and implement legislative reform to ensure that the rights of people living with HIV are respected, according to the report. Karen Sealy, director of the UNAIDS CRST, said that "[s]trategies, prevention and treatment" for HIV "should go hand in hand" because treatment programs cannot be sustained without a reduction in HIV cases. "Too many people are still dying of AIDS in the Caribbean," she said (Richards, *Inter Press Service*, 12/10).”

Media Reports Documenting the Persecution of Gays in St. Vincent
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1. Global Gayz, *Gay Saint Vincent and the Grenadine News & Reports* (01 November 2006), online:  
<<http://www.globalgayz.com/country/Saint%20Vincent%20and%20the%20Grenadines/view/VCT/gay-saint-vincent-and-the-grenadine-news-and-reports>>.
- **Very little information available on the treatment of homosexuals in St. Vincent**
  - **Homophobia and stigmatization are common in the Caribbean**

Global Gayz presents a summary of an IRB report detailing that, “very limited information on the treatment of homosexuals, including the availability of state protection and the attitude of the general public toward members of the homosexual community in Saint Vincent and the Grenadines, could be found among the sources consulted by the Research Directorate”. Due to the lack of St. Vincent specific data, the report points to the general prevalence of homophobia in the Caribbean. Also, it notes that the St. Vincent Criminal Code prohibits homosexual sexual relations between consenting adults.