
THE

House of Assembly Debates

(UNOFFICIAL REPORT)

SECOND SESSION 2008 – 2013

HOUSE OF ASSEMBLY

Tuesday, June 3, 2008

At a meeting of the House of Assembly at the Parliament Buildings on the 3rd day of June, 2008, pursuant to the adjournment.

PRESENT

His Honour M. A. CARRINGTON, B.A., LL.B.
(Speaker)

His Honour K. St.C. BEST, LL.B.(Hons), L.E.C.
(Deputy Speaker)

Rt. Hon. O. S. ARTHUR, M.Sc. (Econ.)

Hon. D. J. H. THOMPSON, LL.B. (Hons.)

(Prime Minister, Minister of Finance, Economic
Affairs, Labour, Civil Service and Energy)

Mr. G. W. PAYNE, Q.C.

Mr. R. C. EASTMOND, J.P., B.A. (Hons.) Dip. Ed.,
LL.B.(Hons.)(Lond.), LL. M (Leic.)

Mr. D. St. E. KELLMAN

Hon. Miss M. A. MOTTLEY, Q.C., LL.B.,
(Leader of the Opposition)

Miss C. Y. FORDE, J.P., L.C.P.

Hon. R. D. JONES, J.P., M.A. (Ed.), B.A.,(Hons.)
Ed.,

(Minister of Education and Human Resource
Development), (Leader of the House)

Hon. D. D. MARSHALL, Q.C., LL.B. (Hons.),
L.E.C.

Hon. M. A. LASHLEY, LL.B. (Hons.)

(Minister of Housing and Lands)

Hon. E. G. HUTSON, F.C.C.A., C.A., (Minister of
Trade

Industry and Commerce)

Hon. S. D. BLACKETT, (Minister of Community
Development and Culture)

Dr. the Hon. D. S. LOWE, Ed.D., M.Ed., B.A., Dip.
Theology (Minister of Social Care, Constituency
Empowerment and Urban Development)

Mr. S. A. LASHLEY, B.Sc., LL.B.(Hons.)

L.E.C. (Chairman of Committees),

Hon. R. D. JONES, J.P., M.A. Ed., B.A., (Hons.

(Minister of Education and Human Resource
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Hon. D. D. MARSHALL, Q.C., LL.B. (Hons.),
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Hon. M. A. LASHLEY, LL.B. (Hons.) (Minister of
Housing and Lands)

Dr. W. F. DUGUID, J.P., B.D.S. (Comm.), F.D.S.,
FDRCS.

Hon. F. J. STUART, B.A., LL.M. (Attorney General
and Minister of Home Affairs)

Hon. J. D. E. BOYCE, M.Sc., C. Eng.,

Minister of Transport, Works and International
Transport)

Hon. P. M. T. TODD, B.Sc., (Minister of State,
Ministry of Social Care, Constituency Empowerment
and Urban Development)

Hon. D. O'N. INNIS, M.B.A., B.Sc., (Minister of
State, Ministry of Foreign Affairs, Foreign Trade and
International Business)

Dr. the Hon. E. R. BYER-SUCKOO, M.B., B.S.,
(Minister of Family, Youth, Sports and the Environment)

*Prayers were taken by Canon Father Ivan
Harewood.*

Mr. SPEAKER: The House is now in session.

MINUTES

Mr. SPEAKER: Minutes of Tuesday, May 27, 2008.

Hon. R. D. JONES: Mr. Speaker, I beg to move that
Minutes for the Honourable The House of Assembly for its
meeting of Tuesday, May 27, 2008, which have been
circulated be taken as read.

Hon. F. J. STUART: I beg to second that, Sir.

Mr. SPEAKER: If there are no corrections or observations, then let those Minutes stand confirmed.

ANNOUNCEMENTS BY HIS HONOUR THE SPEAKER

Mr. SPEAKER: I am to report to this Honourable House that I am in receipt from the Accountant General the Accounts and Statements for the month of September and October, 2007.

MINISTERS STATEMENTS

The Honourable Member for St. James South.

Hon. D. O'N. INNISS: "MINISTERIAL STATEMENT TO PARLIAMENT REGARDING THE CONTINENTAL SHELF JUNE 3, 2008

Mr. Speaker, I have the honour to report to this Honourable Chamber on a subject of great significance relating to Barbados' maritime space. It concerns the matter of the extended continental shelf.

On the 8th of May 2008 Barbados submitted to the United Nations Commission on the limits of the Continental Shelf (CLCS) information regarding its continental shelf beyond 200 nautical miles. Barbados' submission to the United Nations is the first to be made by a small island developing state, and is scheduled to be considered during the Twenty-Second Session of the CLCS to be held from August 11 to September 12, 2008, in New York.

I am pleased, Mr. Speaker, to lay the Executive Summary fo Barbados extended continental shelf submission as a document of the House. I should mention that the Executive Summary may also be viewed online on the United Nations website by anyone wishing to pursue the document. Under the rules governing these matters, the complete submission is a classified document and cannot be made public at this stage.

Mr. Speaker, Barbados' submission is in keeping with the decision of the States that are Parties to the United Nations Convention on the Law of the Sea. That decision mandates, in part, that coastal States meet a deadline of May 2009, for submission of their cases for an extended continental shelf. Mr. Speaker, the issue of entitlement to maritime space under the international legal framework of the United Nations Convention on the Law of the Sea is an extremely complex one, and one that is not easily understood by the public at large. It might be helpful therefore, if I offer the following clarification for the benefit of this House, and of those outside this House who have an interest in the subject.

Put simply, there are three maritime zones provided for under the Convention which are of relevance to Barbados. The first is the 12 nautical mile territorial sea, over which a coastal State exercises complete sovereignty."

10.10 a.m.

The second is the 200 nautical mile Exclusive Economic Zone, or EEZ over which the coastal State has sovereign rights. If less than 400 nautical miles separate a State from its neighbour, then the boundaries of the EEZ are agreed by negotiation, or where necessary, by recourse of a third party process, such as arbitration.

Barbados has completed this process with regard to Trinidad and Tobago, and is in the final stages of negotiations with France, in respect of its boundaries with Martinique and Guadeloupe, and had preliminary discussions with St. Lucia, St. Vincent and the Grenadines. We have also concluded an Exclusive Economic Zone Corporation Treaty with Guyana.

Mr. Speaker, the third Maritime Zone of relevance is often referred to as the Extended Continental Shelf. Under the Convention where the geophysical conditions exist, a coastal State may exercise sovereign rights over an additional 150 nautical miles of maritime space, beyond the 200 nautical mile Exclusive Economic Zone limits. It is this third zone, or Extended Continental Shelf, which was the subject of our recent submission to the United Nations, and is therefore the central subject of my statement to this Honourable House.

As I indicated earlier, the Convention on the Law of the Sea recognises the rights of a coastal State over the Continental Shelf up to approximately 150 nautical miles, beyond the 200 nautical miles Exclusive Economic Zone. These rights can be exercised on two conditions.

First of all, that the geographical and juridical circumstances pertaining to the area permit the unencumbered exercise of jurisdiction by a coastal state over the continental shelf beyond its exclusive economic zone limits in a manner that does not conflict with the sovereign rights of another State.

Secondly, that the coastal state is able to prove that its Continental Shelf possesses certain geophysical characteristics.

Barbados meets these conditions with respect to two distinct areas, one to the north and one to the south. These two areas are the subject of Barbados' detailed submission to the United Nations.

Let me emphasize that while in the Exclusive Economic Zone, the coastal state exercises rights over both

the water and the sea bed. In other words, it has access to both the fish and the minerals in the Continental Shelf. Only certain limited rights are exercised over the shelf and its subsoil. The waters above the shelf are, for all intents and purposes, the high seas and therefore, accessible to all. In other words, in the Continental Shelf, there is no question of special access for the coastal State to living resources such as the fisheries, as is the case of the Exclusive Economic Zone. The exercise relating to the Continental Shelf is therefore separate and distinct from the matter of exploitation of the sea's living resources.

Mr. Speaker, this notwithstanding, I know that whenever the word 'fishing' is used in contexts such as this, thoughts immediately turn to ongoing process to conclude a Barbados/Trinidad and Tobago Fishing Agreement. By way simply of update, permit me therefore to inform that earlier this year, the Prime Ministers of Barbados and Trinidad and Tobago agreed to work together to address the stipulation of the Arbitral Tribunal, whose award in 2006 instructed the two countries to reach a fishing agreement.

The Food and Agricultural Organisation (FAO) of the United Nations is carrying out a study on the state of the flying fish resource in the region, as it is a stock common to the entire eastern Caribbean. Barbados and Trinidad and Tobago have, at the highest level, indicated their commitment to this process.

The FAO study will be the subject of an important regional meeting in Tobago in July. We are optimistic that Barbados and Trinidad and Tobago will be in the position thereafter, to conclude our fisheries negotiations with expedition.

Sir, let me, however, reiterate that Barbados' Continental Shelf submission has nothing to do with fisheries as the two are completely unrelated.

Finally, Mr. Speaker, the Convention on the Law of the Sea indicates specifically that the State's establishment of the outer limits of its Continental Shelf, is without prejudice to the delimitation of the continental shelf between relevant states. The Commission on the Limits of the Continental Shelf, which is a technical/scientific body, will examine Barbados' case and determine whether or not the information provided to it is in conformity with the provisions of the Convention. This means that even if there were any overlapping entitlements with another State, Barbados' case will not affect either its rights or the rights of that State.

In every respect, therefore, in the filing of this submission, the Government of Barbados has acted in conformity with its rights and obligations under the United National Convention on the Law of the Sea.

Mr. Speaker, I wish to close by stating that the submission of Barbados' extended continental shelf case, represents an important milestone for Barbados in securing the totality of the maritime space to which it is entitled under international law. It is an achievement in and of itself, for which all Barbadians should be justifiably proud.

Above all, it is an achievement that would not have been possible without the tireless efforts of the remarkable group of professionals who comprised the Barbados Government's Extended Continental Shelf Project Management Team, ably led by Dr. Leonard Nurse, Special Envoy for the Environment. The team comprised officers from the Ministry of Foreign Affairs, Foreign Trade and International Business, the Ministry of Finance, Economic Affairs, Development and Energy, the Office of the Attorney General, The Coastal Zone Management Unit, The Barbados National Oil Company Limited, The Barbados Coast Guard, and The Lands and Surveys Department. Their efforts were supported by the expertise of the National Oceanographic Centre of the University of Southampton.

These officers desire our highest commendation for their assiduous work and dedication to the preparation of the Barbados submission, a task which has been completed one full year ahead of the stipulated deadline.

I thank you, Mr. Speaker.

SUSPENSION OF STANDING ORDERS

Hon. R. D. JONES: Mr. Speaker, I beg to move that Standing Orders 6, 16, 18, 20, 43(5), 43 and 44 be suspended for the remainder of today's Sitting.

Hon. F. J. STUART: I beg to second that, Sir.

The question was put and resolved in the affirmative without division.

Mr. SPEAKER: Government Business is now the order of the day.

ORDER NO. 3 – RESOLUTION TO TAKE NOTE OF AND APPROVE THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS PREVENTION AND CONTROL 2008-2013

(Resumed)

ORDER NO. 4 – RESOLUTION TO TAKE NOTE OF AND APPROVE THE BARBADOS NATIONAL HIV POLICY – A FRAMEWORK FOR ACTION.

(Resumed)

Mr. SPEAKER: The Honourable Member for St. James Central.

Hon. E. G. HUTSON: Mr. Speaker, I rise to support the two resolutions before this Honourable Chamber. The first is to take note of the National Strategic Plan for HIV/AIDS Prevention and Control 2008-2013 and the second is to approve the Barbados National HIV/AIDS Policy - A Framework for Action.

10:20:14

Mr. Speaker, the first reported case of AIDS in Barbados occurred in the mid 1980s and the National Aids Programme was implemented under the Ministry of Health. In those days, it was felt that the disease evolved predominantly within the homosexual society. Over the years, as circumstances change and more information was gathered, the disease took on an epidemic proportion and became prevalent in all of the faces of society.

Mr. Speaker, individuals who were heterosexual were tested HIV positive. The disease was found in the rich as well as in the poor. It was found among men who engaged in sex with men, among women who engaged in sex with women and among young boys and girls.

Mr. Speaker, concurrent with the increase in the incidence of HIVAIDS, successive Governments in this country paid increasing importance to this disease. Mr. Speaker, we would have found that the St. John Government of the mid 1980s, the Sandiford Government as well as the first terms of Barbados Labour Party Government paid increasing importance to the spread of this disease. Mr. Speaker, the Ministry of Health in all three of those Administrations paid prominence to the development of measures to control and address the issue of HIVAIDS.

Mr. Speaker, the National HIVAIDS Commission was established in 2001. I believe that it would have been initiated within the Office of former Prime Minister Arthur. Sir, the last occasion that we met, the Honourable Member for St. Thomas made the submission that this Government's transferal of the responsibility for the National HIVAIDS Commission from the Prime Minister's Office to the Ministry of Family, Youth Affairs and Sports was a retrograde step. Mr. Speaker, in respect of that, I wish to say that the decision by former Prime Minister Arthur to place that Commission in his Office was influenced to a large extent by international financial sources, who insisted that prominence be given to the HIV efforts in Barbados.

Mr. Speaker, I submit that he was also influenced by the lack of depth within his own Cabinet at that time. Mr. Speaker, at that time where else would he had put it. He

could not have given it to the Deputy Prime Minister of that time. Sir, you would recall that at that time the former Deputy Prime Minister, the former Honourable Member for the City, was preparing for retirement. She had no intentions of picking up on something new.

Mr. Speaker, the former Minister of Health was also new to the job at that time. Mr. Speaker, with the focus of the HIVAIDS Commission on behavioural changes, I do not believe that the Honourable Member for St. Peter would have been of the view that his new Minister of Health, given the new focus and thrust of the HIVAIDS, would have attacked that programme with the sort of vigour and enthusiasm that he would have preferred at that time.

Mr. Speaker, the Honourable Member for St. Michael North East would not have wanted to accept that Commission, because she was very focussed on the developing her skill for the role that she currently plays in this House. Mr. Speaker, I submit that there would have been a lack of depth within the Cabinet at that time.

Mr. Speaker, let us contrast that with the current situation of the Honourable Member for St. John, the Prime Minister of Barbados. By contrast, he has within his Cabinet, the Honourable Member for St. George South who is a medical practitioner by profession with emphasis on family. The creation of the Ministry of Family under this Administration was to put significance on family values.

Mr. Speaker, I submit that the Honourable Member for St. George South is in a position to take up and move with the development and forward thrust given the new emphasis on behavioural change within the National HIVAIDS Commission. Mr. Speaker, I want to wish her well and congratulate her on the importance of her role.

Mr. Speaker, the national policy for HIVAIDS is evolving constantly. The way forward must be guided by the changing dynamics of the epidemic.

Mr. Speaker, I would want at this point to join with other Honourable Members and commend the National HIVAIDS Commission, ably led by Dr. Carol Jacob, for its work over the years.

Mr. Speaker, there is no known cure for the HIVAIDS virus at this time. However, people with HIVAIDS are living longer and are in a position to develop more and continue their productive lives. Mr. Speaker, that occurrence has been due to the fact that substantial investments have been made by this country in the purchase of anti-retro viral drugs and the making of those drugs available to all.

10.30 a.m.

Mr. Speaker, I want to quote from the Barbados National Strategic Plan for HIV Prevention and Control, 2008-2013 at page 23, where it says that 'in respect of persons who were HIV-positive, the number of deaths have been reduced by 75 per cent between 2001 and 2005. In addition, there has been a steady increase with 81 per cent of those enrolled between 2002 and 2006 that are still alive by the end of 2006.' Sir, one-year AIDS survival rate has risen from 65 per cent in 2000 to 95 per cent by the end of 2006. By the end of 2006, 65 per cent of those diagnosed with AIDS over the years are still alive.

Mr. Speaker, this is not without a considerable investment and cost by the taxpayers of Barbados. Over \$92 million is projected to be spent on the cost of treatment alone. Sir, the vast majority of this sum will be absorbed or has to be shared from the Consolidated Fund, from the taxpayers of this country.

Mr. Speaker, at page 47 of the draft National Strategic Plan, and I quote:

"The expenditure in 2008-2009 on taking this policy forward, is BDS\$23.6 million. In 2009/2010, that is projected to be \$30.8 million. In 2010/2011, \$37 million is projected to be spent, and in 2011/2012 that figure will increase to \$40.7 million, and in 2012/2013, it will increase to \$47.6 million."

Sir, this is a total in excess of \$180 million that will be spent on this programme over the next five years.

Mr. Speaker, 50 per cent of that, as I said, will be on treatment.

Mr. Speaker, this is the sort of cost that will be borne by the taxpayers of this country as we seek to address the issue of HIV, and so, it has to be everybody's business. The increasing social cost of doing business in Barbados will be impacted upon over the next five years and beyond, until there is a cure. Sir, as you can appreciate, that will have an impact on the whole question of the cost of living.

Mr. Speaker, the loss of man-hours as a result of people who are living with HIV/AIDS and who have to continue their employment, obviously as the disease progresses, there is going to be absenteeism or the loss of productivity within our workplace which will be impacted upon. Mr. Speaker, the loss of friendships and relationships have been one of the side effects, so to speak. This is one of the experiences that people living with HIV/AIDS are encountering today.

Mr. Speaker, as you are aware, the Elroy Philip Centre which under this Administration will be relocated to the area of Coverly, Christ Church. This centre currently houses approximately 13 persons. I had the opportunity of

visiting with many of those residents, where I interacted with them. There are a number of agencies who pay visits, from time to time, and I am thinking of the Soroptimist Club, as well as a number of other groups who will visit, from time to time, to offer cheer and to interact with many of these residents.

Mr. Speaker, as I said, the loss of relationships is a great concern to most of these persons. When I spoke with them, I found that many of them had been thrown out of their homes, by parents and other members of the family because of their HIV-positive status. This is unfortunate and it is primarily the reason we need to continue our efforts to sensitise the Barbadian population in general, as to the means by which the virus can be contacted, so that the current level of ignorance in respect of the disease will be removed or reduced, so that persons living with HIV/AIDS will be able to continue their normal working and productive lives in Barbados, like every other individual. Mr. Speaker, these are some of the initiatives that the National Strategic Plan for HIV Prevention and Control, 2008-2013, will consider.

Mr. Speaker, I want to comment on page 8 of the Barbados National HIV Policy, and I quote: "The objective of the Policy is to achieve positive and sustained behavioural change, not only among the vulnerable and marginalised groups, but also across the entire population, through evidence-based planning and targeted interventions guided by operational research."

Mr. Speaker, sex workers, men who have sex with men, persons with disabilities, children under the age of 15, and persons over the age of 15, are some of the vulnerable groups that we have within our society to which the plan will address.

Mr. Speaker, I want to quote some figures produced by the World Trade Organisation. Sir, as at December, 2007, the number of persons living with HIV is estimated at some 33.2 million. Sir, adults amount to 30.8 million, women amount to 15.4 million and children under 15, amount to 2.5 million.

10.40 a.m.

Mr. Speaker, from this same set of statistics the number of persons newly infected with HIV/AIDS in 2007 globally was 2.5 million, adults 2.1 million and children under in excess of 400 000 and, Sir, this must be of concern to all of us. Sir, I will bring those statistics a little closer home. When we look at the statistics as it relates to the Caribbean, persons living with HIV/AIDS at the end of December 2007, was some 230 000 in the Caribbean and children under the age of 15 was 10 000.

Mr. Speaker, this is of grave concern and must be addressed as a serious issue. Sir, our future, our children, it is said, is the future of our society and so we need to focus on measures that can address the prevalence of HIV/AIDS among children, particularly those innocent children under the age of 15.

Mr. Speaker, within the National Policy Statement, it is proposed that the age of medical consent will be lower from 18 years to 16 years. Sir, we on this side supports this measure. It brings it consistent with other bits and pieces of legislation with children, in terms of the right to have sex, which I believe the age of consent is 16 but, Sir, this move to reduce the age to 16 puts it to be consistent with other pieces of legislation. I daresay that while I am 100 per cent in support of this measure, I am also concerned over the fact that we need as a nation to address the issue of HIV/AIDS from outside the box and be more aggressive than we have been.

While I am conscious of the opinions of many of our parents, there are several of our children who do not have the benefit of that close parental interest and guidance and they represent another vulnerable group. Sir, those children are not restricted just to persons over 16.

We have a serious problem of teenage pregnancy in this country, because children are getting pregnant from as young as 12 years old. Mr. Speaker, we are introducing this legislation and while we are very conscious of the need to bring to bits and pieces of legislation together, we also need to give consideration to whether we should not be going even below the age of 16.

Mr. Speaker, we have to look at legislative changes that would protect vulnerable groups, particularly our underage children within this society. I am concerned as well, over the number of persons over the age of 50, who are testing positive for HIV/AIDS. Sir, several of us in this Honourable Chamber are over that age and I want to quote some figures also from the National Strategic Plan on page 10. This refers to the age distribution of HIV/AIDS cases, and I will focus just on those over 50 years old.

Sir, in 2001, when the AIDS Commission was commissioned, the level was 9.5 per cent. In 2002, the percentage of persons over the age of 50 testing positive for HIV/AIDS was 12.5 per cent. Sir, in 2003, that number increased to 16.8 per cent. In 2004, it dropped slightly to 14.3 per cent and again in 2005, 10.1 per cent. In 2006, it increased to 18 per cent, the highest it has ever been since statistics were being recorded in respect of the incidence of HIV/AIDS and, Sir, this must also be of concern.

Mr. Speaker, access to drugs like Viagra and Cialis has enabled persons over the age of 50 to extend their sexual lives and many of us in here would recall the sexual

revolution of the 60s and 70s, and if you plot that age group, you will understand and be able to relate it to the fact that we have these new drugs. Sir, a lot of people over the age of 50 would have been persons that grew up as teenagers and started their own sexual activity during that age of sexual revolution.

Mr. Speaker, much of the risk of what is referred to as “risky sexual behaviour” would have been traced back to that particular era. Sir, I am referring to things like oral sex.

10.50 a.m.

Mr. Speaker, I want to quote a comment, because we have noticed within our small country, persons in senior years becoming more and more active, it is not unique to Barbados. Sir, I have a newspaper clipping. I believe from the City Press in South Africa.

Asides.

Mr. SPEAKER: Honourable Member, you cannot quote from it.

Hon. E .G. HUTSON: Sir, it indicated that in South Africa, and no doubt in the African Continent - and I am aware of the Barbados situation as well, there are some, who is commonly referred to in that country as ‘Sugar Daddies’, persons, generally senior men, who are able to induce younger females and in some cases young boys into the performance of sexual acts and so on, in exchange for money.

Sir, the Honourable Member for St. James North, who is not now in his seat, referred to that as transactional sex. It also draws my attention to the fact that there are cases where senior men will trouble little boys and girls. This must be looked at very seriously. It has serious implications for our society and to the sort of behavioural changes, we would want to foster in this new policy.

Mr. SPEAKER: Honourable Member, you have two minutes in which to conclude.

Hon. E .G. HUTSON: Mr. Speaker, I want to quote Page 20 of the Plan:

“Men who have sex with men, 8 per cent of those individuals reported having been raped, and over 11 per cent of them were sexually abused as children.”

Sir, in respect of females with HIV cases reported being sexually abused, over 18 per cent were physically assaulted, with 13 per cent of them living in abusive a family environment. There is a definite connection between the question of child abuse in this country, and some of the sexual practices that we will see evolving at the time

children are in their mid-teens and early twenties. Sir, this is a serious cause for concern and we need to address that particular issue.

Sir, the question of sex education in school must be addressed. It must be given more prominence. I do not have enough time to talk about the abstinence and Abstinence Plus Programme, but these are things that the National AIDS Commission would need to address and to take on board as we move forward.

Thank you very much. I am obliged to you, Sir.

Mr. SPEAKER: The Honourable Member for Christ Church West.

Dr. W.F. DUGUID: Sir, first, let me give my support to the presentation of both Resolutions, the Barbados HIV Policy - A Framework for Action and the Government of Barbados' National Strategic Plan for HIV Prevention and Control 2008-2013. Sir, this is an extremely serious topic and a difficult topic, because it has far-reaching implications, not only for us here in Barbados and the global situation, but for our children, grandchildren and those not yet born. It is not often that we have an opportunity to speak to a policy framework, a strategy, that would take a country decades into the future. I think that I will start my discourse with that somber and serious note in which I hope to carry through the entire presentation.

Sir, just to give a little background of HIV/AIDS. Sir, everybody talks about HIV/AIDS, but we in the medical profession call it High V. It is a code that we used not to alert people, but I guess now the code is out, for those who are listening.

Sir, HIV is a retro virus that leads to what we call AIDS - Acquired Immune Deficiency Syndrome. Previous names for HIV were HTLV III or the AIDS Associated Virus. It is important to know these, because earlier in the days when we did not have an understanding of what was the cause of AIDS or the cause of HIV, we used to call it the 'Gay Plaque', because they found incidents of homosexual men, in particular, dying from this disease, a disease that was thought of unknown origin at the time, which had certain symptoms that all of them tended to exhibit. It is through work in San Francisco, in particular, where there was a high proportion of homosexual men, a lot of work was done on the 'Gay Plaque', as it was then called, to bring it to international prominence and helping the world to understand HIV/AIDS.

Sir, how does infection occur? Infection occurs from the transfer of blood, semen, vaginal fluid, pre-ejaculate or breast milk. Those are the main ways in which infection occurs. That does not cover the routes of transmission, which are different. The main route of transmission is

unprotected sexual intercourse. We have to understand that. Sir, in today's world, that is the main route of transmission. The second route is contaminated needles, and I would speak more to that as it relates to health care workers. The third route is breast milk, the fourth route is mother to baby, particularly at childbirth, and the fifth route which is minor today, but used to be a major means of transmission in the past, was people receiving blood and blood products. That used to be a major source especially at the time when we were not aware at testing blood and blood projects.

11.00 a.m.

Sir, that used to be a major source, especially at the time when we were not aware, or we were not as good at testing blood and blood products. For instance, hemophiliacs, who get factor seven, factor eight, whichever hemophilia they suffer from, and would have gotten scores of injections of that factor, which would have been collected from many sources of blood, got HIV due to blood products.

Sir, now with our vigilance of screening blood and donors for blood, certainly in the developed world, we are not seeing that mode of transmission anymore, as we used to see it in the past. Unfortunately, that screening is not as prevalent in the developing world to some extent, so we still see, in small quantities, that mode of transmission, but it is something that we need to take note of, Sir.

Mr. Speaker, HIV/AIDS is now a pandemic. I heard the Honourable Member for St. James Central give some numbers. I would like to join with him and talk about the effect that this disease has had on the global community.

Sir, as of January 2006, the United Nations Programme on AIDS and the World Health Organisation, estimated that AIDS has killed 25 million people since it was first recognised on December 1, 1981. This makes AIDS the most destructive pandemic the human race has ever seen and it is getting worse, not better. It is estimated that 0.6 per cent of the world's population is infected. That means six per thousand people either has HIV or AIDS, so you could work out what the estimation would be for a population of 290 000 in Barbados.

It was also claimed that 2.4 million people lost their lives in 2005 alone. That is 2.4 million in one year, lost their lives due to this disease of which 570 thousand were children. Simply put, this is a serious disease and it has serious implications and ramifications for the global community.

Mr. Speaker, this disease is set to infect 90 million people in Africa, resulting in more than 80 million orphans. Massive numbers. This disease is wrecking a major human tragedy on this global world.

Now, science has been tremendously good in producing what is called 'Anti-retro viral Treatment.' We have it here in Barbados and it works. What it does is that it reduces morbidity, that is, the sick feeling of HIV & AIDS. It reduces death mortality of HIV & AIDS. It is available in all countries, I understand.

The virus attacks the immune system of the body, in particular the CD4 Helper Cells. It stops them from dividing. It causes them to live longer, but be inactive. It also stops them from being created. Therefore, it has multiple ways in which the virus affects the CD4 Helper Cells.

It also affects macrophage, which is another type of cell used for the immune response of the body. When the body is infected and reaches that optimum level of infection, or decrease in the number of cell-mediated defences, then the body becomes susceptible to certain opportunistic infections.

The principal one that I am very familiar with, is candidiasis. It is a fungal infection which can be found in the mouth, the vagina and other certain areas of the human body cavity.

In addition, people also get infected with tuberculosis. We are now seeing a resurgence of tuberculosis, a disease that we once thought had been eradicated. Now, due to one disease, HIV & AIDS, we are seeing more and more people having to deal with, not only HIV & AIDS, but also the resultant opportunistic infections like candidiasis, tuberculosis, pneumonia through pneumocystitis carini, as well as Kaposi's sarcoma. Kaposi's sarcoma is another cancer caused by HIV.

The reason that I can speak so freely about these is because I deal with HIV and its incidence, prevalence and problems on a daily basis in my practice. Sir, not only does HIV have a lot of oral signs and symptoms of which we must be aware, and of which we have to be prepared to alert people that they may have to go tested, but it becomes a real hazard and danger for health care workers. There have been cases of health care workers contracting HIV & AIDS from their patients. Those surgeons like me, who deal in blood on a daily basis, have to be very aware of how we treat patients. This is why we use something called, 'universal precautions'.

Sir, 'universal precautions' means that every single patient is treated as though he or she is HIV positive. Let us be realistic. We talk about gloves, masks and these kinds of things, but gloves cannot stop a nail stick and masks are of no effect because they are not air borne but predominantly blood borne. This is the reality of life.

Needle stick injuries have been a main cause of health care workers, contracting HIV. Any health care worker, dealing in needle sticks, but it could also be wire sticks and scissor sticks and all these kinds of things - not so much a family practitioner, but those who deal particularly in surgical practice - would be very aware of the realities of HIV & AIDS.

Therefore, for me, these are not just words on paper or concepts about prevention and transmission, this is a lived reality both in terms of helping to screen patients and to encourage people to get tested, so that they do not pass the disease to their loved ones. Mr. Speaker, this is a debate about the prevention, the spread and the risk that people in my profession carry.

Honourable Members may remember that in the 1980s, there was a dentist by the name of Dr. David Acer. I believe it was 1988/89 when this case rose to international attention. Sir, what Dr. David Acer did, he simultaneously and deliberately infected five patients with HIV in Florida. The person that brought it to prominence was a young lady by the name of Kimberly Bergalis. The Centre for Disease Control was able to trace it back to him, because he had a very peculiar strain of HIV, which was only in a small section of Florida that this peculiar strain had been found. When they traced it back, they found that all of the patients who had that strain, had been to him as a dental practitioner.

11.10 a.m.

Mr. Speaker, not only is there risk of patient to dentist transfer, there is also risk of health care worker to patient transfer.

Mr. Speaker, this is a very serious debate and an extremely serious topic. That is why I would have to commend and congratulate the members of the HIVAIDS Commission for doing a tremendous job in bringing this policy and this National Strategic Plan here to this Honourable House.

Mr. Speaker, I have read both documents and I find them extremely forward-thinking, visionary if you would. I want to draw particular attention to the most telling Table, Figure 1, in this document. I say that because it has a lot of information and shows a lot about the disease. The first thing it shows, which I would like to draw to your attention, Mr. Speaker, is the reported HIVAIDS prevalence. In this document, no matter what has been done from 1984 to 2006, that prevalence has been increasing.

Mr. Speaker, the Honourable Member talked about how much money is going to be spent and how much money has been spent globally. The prevalence of

HIVAIDS is steadily increasing. We often talked about it as an iceberg problem, and it is even mentioned in this document. When you see an iceberg, you only see what is above water, but that is only one-tenth or two-tenths of it. The massive problem is below water.

Mr. Speaker, if we have a document showing a prevalence trending to 2 000 and trending upwards, which is only of known cases, that is only one-tenth, a small percentage of the real problem. Mr. Speaker, if the problem of reported cases is 2 000, think the reality of a point in time between 15 000 to 20 000.

Mr. Speaker, the good news in this document, is that this same graph also shows the efficacy of the drug treatment, because even though we are seeing increasing numbers of people living with AIDS, if you look at the green line, you would see that deaths are trending downwards, but the prevalence is going upwards.

Mr. Speaker, death is trending downwards because the drugs work, not only in the international market, as we see it, but we have our own evidence right here. The drugs for the treatment to reduce the morbidity and the mortality of HIVAIDS work.

Mr. Speaker, I will give you some examples. In the past, when somebody was infected with HIV and they did not have access to anti-retro viral treatment, they would live approximately four to five years with HIV before it transformed from HIV to AIDS and then they would live one year after that. With the anti-retro viral therapy, some persons with HIV would now live between 10 to 15 years without changing to AIDS and once they continue the anti-retro viral therapy, with the diagnoses of AIDS, they then have an opportunity to live for another four or five years. Mr. Speaker, the anti-retro viral therapy works. Mr. Speaker, another graph also in this document shows how well it works. It shows the incidence of HIV in pregnant women and how it has transferred, what we called vertical spread, to the child.

Mr. Speaker, the Honourable Member for St. Thomas reminded me that in one year we had no transfer at all. In 2003 and in 2005, there was zero per cent transfer in children 0-4 years old. Since the start of the anti-retro viral treatment to pregnant women, there have been years that we have had no transfer, no vertical spread, from pregnant mothers to children.

Mr. Speaker, that is a tremendous achievement of the workers and the Commission, the people taking care of those pregnant mothers and the people who had the foresight and the vision to start that kind of treatment, to be able to protect those unborn children from contracting a disease of which they have absolutely no part at all to play.

Mr. Speaker, what is the future? I heard the Honourable Member for St. Lucy talking about a cure. As somebody who actually has to live the reality. I am not optimistic that we would see a cure in the next 10, 20 or 30 years. I think what we would see is an improvement in the drug medication that would enable people to live longer with the virus. I anticipate that there would come a time, that rather than living 10, 15 or 20 years with the virus, that a life expectancy more approaching a normal life expectancy is what we would start to see due to enhanced and improved drug therapy.

Mr. Speaker, viruses are funny things. Once you have them, you would always have them. All of those viruses, Herpes, Shingles, Human Papilloma virus, Hepatitis A, B, C, D, E or whatever, have a latent phase, they tend to go to ground in the cells.

Mr. Speaker, it is the way that viruses work that make them very difficult to be eradicated from the body. Therefore, I do not see a cure for HIVAIDS like how we have to some extent cured other diseases. Viruses tend to be different. What I do see is enhanced and improved treatment to enable people to live longer and better lives with HIV rather than a complete cure for HIV.

Mr. Speaker, there is something else that has gained significant prominence in Africa that we may have to focus on here in Barbados, which is male circumcision. What they found, from anecdotal evidence, was that heterosexual men who had been circumcised had a lesser risk of contracting HIV. This then led to three studies, the South African Study, the Kenyan Study and the Ugandan Study. In all three of these studies, it was found that male circumcision reduces the risk of HIV infection. In the South African Study, it was found that there was a 63 per cent reduction, in the Kenyan Study, 53 per cent and in the Ugandan Study, 51 per cent.

As a result of this, a panel was convened by the World Health Organisation and UNAIDS Secretariat.

11.20 a.m.

Mr. Speaker, that panel has now recommended that male circumcision be now considered as an additional important intervention to reduce the risk of heterosexual acquired HIV infection in men. Sir, I think this is important because, if there can be an additional intervention to reduce one's risk and susceptibility to the disease, then it is something that we would have to consider in this culture and in this society.

Mr. Speaker, testing is something that we have to preach, day in and day out. People must know their status, not only for insurance purposes, not for a particular job, not

for immigration purposes or whatever, but all people must know their status.

Mr. D. St.E. KELLMAN: On a point of order. Mr. Speaker, the Honourable Member is misleading this Honourable House by giving the impression that it is only the Honourable Member for St. Lucy, who is concerned about a cure for HIV/AIDS. Sir, I would like this House to know that at 3.00 a.m. yesterday, the British Broadcasting Corporation also made the same statement. The only thing was that they had the same concern, but they did not quote the source.

Mr. SPEAKER: Honourable Member, that is not a valid point of order. The Honourable Member has about two minutes in which to conclude.

Dr. W. F. DUGUID: Mr. Speaker, this is not just words to me, this is a reality. It is something that we will have to live with in this country for a long time.

Sir, I heard the Honourable Member for St. James Central talking about cost, and of course the document mentions \$180 million over the next few years. Mr. Speaker, the impact of this disease cannot be measured in dollars and cents. This is a human tragedy. The cost of this disease cannot be measured in the loss of productivity, the human anguish, the cost to the whole society, the cost not only of the treatment of a direct and focused treatment to the disease, but all of the other associated diseases that come with it, such as tuberculosis, pneumonia, candida or sarcoma. Sir, this will continue to cost this country and this world.

Mr. Speaker, I am going to be kind to the Minister and say that this was a lackluster presentation, simply because the contact with the seriousness of the debate was never really met. Sir, all I would say is that the Honourable Minister could only improve from hereon in from that presentation.

Mr. Speaker, I thank you.

Hon. R. D. JONES: Mr. Speaker, the Resolution before us speaks to very significant policy direction relative to HIV/AIDS, to how it is being handled and to how it is to be handled in our small island.

Mr. Speaker, the history of man, of course, is replete with instances of diseases affecting the human population. We could go back to the 1300s, to the devastation of the populations of Europe with the black death. We could go even further back and speak of Biblical notations of plagues being visited upon populations at that particular time. Sir, we must agree that in our time, HIV/AIDS will be seen and will be determined as the most devastating pandemic, as has been identified by the Honourable

Member for Christ Church West. Therefore, we have to call on all our resources, both human and otherwise, to seek to stem the tide of this disease.

We cannot tell, beyond mere speculation and arguing as to where it started, if it were, in fact, manufactured in a laboratory. Sir, in the beginning, we have had these things in this debate. It had a strong racial component which was linked strongly to the black race or to the African race, but we have been able to prove over time that this surely is not the case, and that this disease is a human disease, one cutting across every race, class, religion or sexual orientation. In other words, it is a devastating disease which can bring human civilisation, as we know it, to its knees, without the kind of intervention that is being witnessed here, even in our own country.

Mr. Speaker, we know and recognise there were States and populations across the world, who preferred to shut their minds as to the impact of the HIV/AIDS problems on their population. Sir, in those instances, we have seen the kind of impact, the kind of devastation, the kind of bringing down of those societies in very substantial ways. Mr. Speaker, we have not followed that particular example. Thanks to the enlightened policies of Governments in our country.

Sir, sometimes we fight over issues, sometimes we quarrel over issues, sometimes looking at the opposite sides of the same coin, but on this particular instance, I believe this country could be proud of the initiatives and policies articulated by Governments over time, relative to how they would deal with these kinds of crises, such as crises of development, crises of our small but recognisable population. Mr. Speaker, therefore, the kind of non-partisan on one side and then bipartisan approach in dealing with this matter, must be commended and should be emulated by others within the Caribbean space.

Sir, the Honourable Minister who has responsibility under her portfolio for this particular matter, must be commended for introducing a very difficult and involved issue. Sometimes we tend to treat HIV/AIDS as a simple matter, it is not a simple matter. It is a very deeply entrenched and sometimes confusing matter that one has to approach with some sensitivity and with some sensibility, so that we could reach not only those who might have an understanding of some of the terminologies, either captured within the National Strategic Plan for HIV/AIDS Prevention and Control, 2008-2013, or some of those issues raised by the Honourable Member for Christ Church West.

11.30 a.m.

There are sometimes convoluted and complex terminology to explain many of the issues surrounding the

HIV/AIDS situation. We have to advance the way we are advancing and we even have to speed up, notwithstanding the resources at our disposal and, Sir, I have spoken to some of those resources, the human resource and the financial and other resources.

Mr. Speaker, the plan speaks to indicators of success or moving forward and in the Executive Summary it says:

“During the period 2008 to 2013, it is expected that the targets will be attained.”

Sir, they are being a little safe in their language. Sir, I have to check back, because some of these terms are new to me.

We need to be almost idealistic in our outreach, because of the nature of the disease we are dealing with and we have to bring every single person on board. This idea does not only have to be led by the HIV Commission in the Ministry of the Honourable Member for St. George South, but it has to be led, not only through policy ideas and initiatives, but by actually demonstrating that we too, parliamentarians, are not scared of being tested and showing to the Barbadian society that they should come forward and be tested, because in that way you would know your HIV/AIDS status.

Mr. Speaker, something can be done because our knowledge will guide our behaviours. Our knowledge can be transmitted to others because we can speak more authoritatively on this issue. Therefore, I would want to invite the 30 Members in this House, because we have to lead by example and we should not be scared or fearful. Sir, I see a shudder here and there and I wonder why. Let us lead by example because our society, in instances like this, needs persons to lead by example. Let us be tested. It is a simple test and enjoin the Honourable Members on the Other Side. Let us be leaders in our society and invite as well the business men and women and those in the Commission. I hope they can assure me that they were some of the first who said, “we will bell the cat” because that is important.

Mr. Speaker, we do not want to see human kind as we know it disappear, but this has the potential to do so. When one listens or one reads about what has happened in Sub-sahara Africa, where villages have been decimated, the adult population wiped out, certain parts of southern Africa where there are often children who become a substantial burden on families who take them, many who are unwilling, the livelihood dropped and they cannot attend school.

We in Barbados do not know or realise the extent of that horror, but if we do not continue staying on the cutting edge as far as we possibly can, what is happening in other

parts of the world can also visit us here in a very significant and substantial way in Barbados.

As part of the targets as well, we talked about improve monitoring, evaluation and operational research conducted according to national guidelines to identify vulnerable groups of men and women, and to facilitate policy development and efficient planning of targeted intervention on an annual basis until 2012. Sir, this is an important target to be achieved. A 33 per cent annual increase in community-based outreach right where the people are in our communities, whatever those communities look like. What are the faces of the community, either the traditional villages or those of the traditional plantations called heights, terraces and whatever else we call them in Barbados? Sir, the message must penetrate every one of these areas. The target is also an annual increase in resources, people, funds and materials, available to civil society, organisations to effectively deliver well coordinated and sustained intervention to key populations at higher risk. Sir, not only can this work be done by Governmental departments like the HIV Commission but by civil-based organisations, by NGOs, who have received the knowledge, training and have the attitude to carry the message to every nook and cranny of this society. Sir, it is important that this be done.

When the Honourable Member for St. George South, the Minister responsible spoke last week, she made a very important pronouncement and it is a pronouncement which has now been caught up in the hypocrisy of our society, a terrible hypocrisy that must be removed relative to this particular pandemic. The Honourable Minister stated that the age at which we would have medical consent relative to teenagers would be 16 years. We have been hearing pockets of individuals in this society rising up now and speaking as though they are authority on human morality when, in fact, there is no universal morality. Sir, there is none and I want people to understand that because persons from their own particular vantage point, who want to lord it over others.

11.40 a.m.

Sir, we need to understand that we are fighting with a demon that can possess if we are not careful, if we do not watch our behaviours, or if we do not have medical intervention at the right time.

Sir, 16 years old seemed a young age, but it is young if we pretend that our young people are not having sex. Stop pretending. Our young people are having sex and have been having sex over time, historically and now. Stop pretending. Sir, the difference between then and now, was no HIV/AIDS. That is the difference. Sir, since there is HIV/AIDS, we have to do everything to protect the

population, including reducing the age of medical consent to bring it almost in line.

Sir, we have been saying that you could give sexual consent at age 16. This country has been saying so for time immemorial. Sir, there are people driving up and down the streets at the age of 16. They drive to school and away from school, and they drive and park out, yet this country is going too hypocritical to bring itself to the realisation that we are fighting a demon. It has nothing to do with promiscuity. It is a right. Stop pretending. Therefore, it is a sensible move where our young people, 16 years old, who feel exposed could go to the medical practitioner and say that they feel exposed. The medical practitioners are not fools and idiots. The medical practitioner can also encourage them to have family support. Come on, what are we talking about?

Sir, no one wants to remove parental control of young children, but there are many of our young children who do not have any parental control at all. Sir, there are parents in this country who pretend that their sons and daughters at the age of 11, 12 and 13, 14 and 15 are not sexually active, but they are, and they are not only sexually active with their peers, with the persons in their same chronological age, they are not. They are sexually active sometimes 20, 30 or 40 years older than themselves, for whatever means. Stop the pretense, stop the hypocrisy and let us truly get down to the business of saving our young people, of saving our population. This is what has to be said, and stop using the call-in programmes foolishly. Mr. Speaker, I support the call-in programmes, democracy means that people must have their voice, but it does not mean that we must hide.

Sir, let us look at the Strategic Plan. If you do not believe me, believe the competent people who did the Knowledge, Attitude, Practices and Behaviour Study 2005-2006. Page 15 revealed that 29.4 per cent of youth, age 15 to 24, had more than one sexual partner in a four-month period. Sir, start to think about these things. I did not conduct this study. I did not know when it was being conducted, because I am not in that age group any more. Sir, 7 per cent, a quarter, are unable to remember how many partners they had in the last four months.

Sir, it is said that with frequency and recency you remember. That is what we talk about in education.

Sir, do you know what this is saying here? They had so many partners that they have forgotten them. Can one imagine the danger we are talking about among this most vulnerable population? Sir, out of the 29.4 per cent, 7 per cent, a quarter was unable to remember how many partners they had in the last four months. There are some people who remember what they ate six years ago on March 25th, but in this age group, 7 per cent, a quarter of that particular

group, could not remember how many partners they had in the last four months.

Sir, this is the enormity of the problem that we are dealing with, where in some sectors of the population there are persons who for whatever reason, who behave as though they do not care. Sometimes if there are persons who act as if they do not care for themselves, we have to care for them. We have to care for all of our people, but this population, age 15 to 24, a population that should be vigorous, studying, helping to develop and carry this country forward, but are exposing themselves to the potential of being infected with HIV and ultimately AIDS.

Sir, we have vulnerable populations in this country. We have a strong migrant population, and some people argue they should not be here, because they came and then disappeared under the cellar, because of their status. Sir, when they behave like this, then you are not able to find them. They are not willing to access health care, but they are mingling with the local population, the indigenous population. They are having sex and having children. We do not know anything about their HIV/AIDS status, neither are those persons with whom they cohabit. We do not know.

Sir, I remember reading some years ago, maybe the late 1980s or early 1990s, of a Caucasian lady who came here from one of those European countries, and said how many partners she had in Barbados, and she was infected. Do you remember that story? She went back to her place. She said that there were persons in Barbados who loved Caucasians and the first opportunity for a foreign Caucasian to lie with one of them, they take it.

Mr. SPEAKER: The Honourable Member has five minutes in which to wrap up.

Hon. R.D. JONES: Sir, look at it. We cannot pretend. We cannot wish it away. We can call for miracles because that might be part of our belief system, but miracles, in truth and in fact, are only achieved when man himself opens to the performing of the miracle, otherwise it does not happen.

11.50 a.m.

Mr. Speaker, you have to open the soul, the spirit, and the willingness to achieve the miracle. Therefore, the work of the HIV/AIDS Commission, the policies brought down and articulated by the Government, could start to open the spirit and the soul for something to happen.

I know there are persons who hanker and want the days of almost uncontrollable promiscuous activity. This cannot happen. Mr. Speaker, some people would say I should not use this word because it sounds a bit harsh, but

you talk about condoms made out of latex. I talk about the nice Bajan word 'balata', which people know.

One has to know the HIV/AIDS status of their partners. There is nothing wrong in saying to your partner, let us go together and see what is in our blood stream. Encourage it. Then, try to stay as focussed as you possibly can.

The security of our country can be compromised. We are an open economy. The greatest contributors to the GDP are persons who come from other climates and other countries. I do not know, but I think they are trying to get one million plus tourists coming off either a ship or those long-stay visitors coming to Barbados. We are an open population. There are people who will have sexual intercourse with each other from the indigenous population and from those who visit.

This is inevitable. Sex is one of human beings strongest inclinations and trying to deny it might cause you problems. I do not know, but it is important that we continue our education. It is important that we continue our intervention. It is important that we continue to urge for behavioural modification and change in attitudes, because all this leads to the survival of the human race. This is what this is leading to, and it is important that we strive to achieve all of these things within that particular context.

I would like to conclude, Mr. Speaker, by quoting from the conclusion of a document, entitled: "The Impact of HIV/AIDS on the Development of Children: A Generation at Risk" by Linda Richter. It states:

"The HIV/AIDS epidemic is going to be more terrible to live through than any of us can imagine. We are only beginning to experience the effects of AIDS death..."

The Honourable Member spoke about some 30 million and growing.

"...The most important interventions for children are nationally oriented responses that identify, target and effectively implement mechanisms to provide economic and other assistance to poor families and to maintain and improve their access to services."

"In this way, the values and organising coherence of families, neighbourhoods and schools, will assist children to cope with increasing adversity accompanying the epidemic."

This could be for any segment of the population. We are on the right course. We have a lot more to do and this is one instance, as demonstrated by this debate thus far, the very nonpartisan approach to this debate that we can utilise in encouraging all members of this society to get on board.

I want to say to the faith-based organisations that you too must get on board. It is all well and good to criticise and say that people must not have sex and A, B, C, D and E, but there is a reality, which has always been recognised by the one that I also serve, through his son Jesus Christ, that we must deal with our things on earth first, before we believe we can go to heaven.

Thank you, Sir.

Asides.

Mr. SPEAKER: The Honourable Member for Christ Church West Central.

Mr. S. A. LASHLEY: Thank you very much, Mr. Speaker. I join this debate at this time to lend my voice to support the two Resolutions before this Chamber. Indeed, I am also equally touched and impressed by the work of the National HIV/AIDS Commission over the years. In joining this debate and while listening for the past two days to the contributions on this subject, I feel very confident about the present and future direction of the management and control of this worldwide phenomena which have and continue to impact on Barbados.

Indeed, the call by my colleague, the Leader of Government Business who has just sat down, for all of us to lead this is well taken. Sir, not only this debate but after this debate to demonstrate leadership, and to lead by example in this issue.

Mr. Speaker, I believe that at the end of this debate, if we only had two days of words and, if that is all this debate will be about then, unless we were to match that debate as political and parliamentary leaders, with demonstrating to Barbados that those words are going to be imparted in the kinds of examples that we will show, we would have failed in relation to this very serious matter. Mr. Speaker, all of us have to begin to set affective and responsible examples, in relation to our behaviour and conduct so that can be followed and admired by our children, the elderly, the youth, and all of the various sectors of our community, who have been targeted and will continue to be targeted by the education and the educational promotions of the National HIV/AIDS Commission.

Mr. Speaker, I believe that this debate is occurring at a very important juncture in our history. Perhaps, the importance will not be felt at this time. Sir, in my view, the debate is very crucial to the economic and social development of our country. I submit that in reading the reports, which we have been given by the National HIV/AIDS Commission, give us a picture of positive achievements. I would like to touch on some of those in my contribution. I believe that in reading those two reports, the

path to deal with the effective management of HIV/AIDS has been mapped out very clearly for us.

12.00 a.m.

There are a number of significant findings in those reports, which I believe we have to match by effective strategic planning in order to achieve the kind of behavioural change that we are asking for.

Sir, since this debate started, I was able to do some research on the internet, and in looking at the country's reports put out by the World Health Organisation, and in studying the management practices which have been adopted by other countries in relation to dealing with HIV/AIDS, I recognise that we have to be justly proud in relation to the kind of statistical information and the research results which have been laid out before us by the National HIV/AIDS Commission.

Mr. Speaker, I could find nothing on the worldwide web that surpasses the kind of integrity and quality in terms of research and presentation that have gone into these reports. Therefore, I really want to commend the National HIV/AIDS Commission for a job well done.

Mr. Speaker, the National AIDS Programme would have started in Barbados since 1984, when the first HIV case was reported in Barbados. I believe that we have had 24 years in which to make a very honest assessment as to the kind of progress that we have made since that first case was reported.

Mr. Speaker, I mentioned that we have a number of positives and I want to deal with some of them. Sir, I believe that had it not been for the foresight of respective Administrations and for the kind of forthrightness coming forth from Barbadians in terms of volunteering in those initial years, and their commitment to continue to volunteer, those successes would not have occurred. Mr. Speaker, I believe that if we were to gauge our future progress based on those successes that we certainly can look forward to a number of important developments in the future as it relates to the management of HIV/AIDS.

Mr. Speaker, page 22 of the National Strategic Plan for HIV Prevention and Control 2008-2013 has outlined a number of significant achievements in the area of prevention, which I believe the public of Barbados needs to be aware of, particularly those who would not have received a copy of this Report. For example, we have had increased public awareness and knowledge of HIV/AIDS through the ongoing programmes led by the National HIV/AIDS Commission. We have had the involvement of key line Ministries in the design and implementation of prevention and control activities. Very importantly, in the Estimates, moneys have been allocated to each Ministry to

assist them in relation to their own management of HIV/AIDS within the Ministries and to assist their individual ministerial programmes.

Mr. Speaker, the trend toward the declining incidence of HIV/AIDS has been a direct response from the kind of programmes, which have been laid out to the public of Barbados. Mr. Speaker, I am impressed by the reduction in the occurrence of HIV among our pregnant women. We have had the expansion and strengthening of a number of programmes, which have actually heightened the interest in the issue of HIV management. We have also had the increased use of condom in our population.

Sir, because of the integrity of the system by which our bloods are screened at our blood banks and the kind of safety mechanisms and procedures which we have been able to achieve over the years, we have had a continuous interest by Barbadians in donating blood. Mr. Speaker, as it relates to very serious accidents, if we did not have that kind of integrity as it relates to the donation of blood, perhaps we would have even more impactful situations occurring in Barbados.

Mr. Speaker, having alluded to a number of the positives, which appear in the Report which I have just read, the question which I want to raise, given some of the other things that I would allude to later, is whether or not we can say that the education, the kind of marketing and the kind of promotions which we have had have resulted in the kind of change behaviour which we desire and which is necessary for us to manage more properly the occurrence of HIV/AIDS.

Mr. Speaker, I ask that question because I am a bit troubled by a number of findings. I note in passing that the overall theme in relation to the Strategic Plan, which has been laid out by the Commission, has to do with behavioural change. Mr. Speaker, I do not believe that is by any accident because behavioural change has been identified as perhaps the most crucial strategy that is necessary in order to turn around the kind of statistical indicators which we have seen.

I wonder sometimes, Mr. Speaker, whether we are not aware, having seen the development of HIV over the past 24 years, that indeed all of the measures which we have been called upon to execute and implement relate to the management of an epidemic - the HIV/AIDS development is in fact an epidemic - in which many persons are not only diagnosed with the HIV virus, but many persons will die and have died from this occurrence.

Mr. Speaker, because of this need to manage an epidemic, we have to be cognisant of the fact that we will be called upon to implement and institute measures targeting specific groups across our society, some of which

we may not necessarily like and which to some of us may appear to be unpalatable.

Mr. Speaker, I want to look at some of these findings emerging from the Reports of the Commission. I believe that my learned friend, the Honourable Member for Christ Church East Central, alluded to some of these. Mr. Speaker, one of those findings which appear in the Report speaks to the fact that approximately 40 per cent of our youth between the age of 10 and 14 are becoming sexually active.

12.10 p.m.

Mr. Speaker, I want to spend some time on that because last week, one of the pronouncements made from the Honourable Minister related to the question of lowering the age in relation to medical consent. Sir, I believe if we were to connect that proposal to the incidents or statistics I have just read, more people would understand why these measures have become necessary.

Mr. Speaker, I want to refer to a number of other related techniques I believe would be necessary to get to the heart of the HIV/AIDS phenomena among our youth, because I believe we have to approach the question of the involvement of our youth in early sexual activities from a very holistic perspective, and where there are gaps in relation to the management of this issue, we have an obligation to fill. Mr. Speaker, I believe we have to tackle this issue also from a community perspective. We have to involve youth groups, PTAs and our schools, in relation to dealing with this issue about the early involvement of our youth in sexual activities. We also have to involve our churches, because even today the question of children going to Sunday School and being involved in spiritual education on an ongoing basis has become taboo among some of our parents.

Sir, I believe persons in his Honourable Chamber and outside, who have benefitted from the discipline that was required in attending Sunday School every Sunday, would have to re-echo the message that while we are dealing with a phenomena today, we need to get back to some of these old practices and these very good habits, which have not harmed us in any way.

Mr. Speaker, another statistic which is very troubling to me relates to the inconsistent use of condom. In the Report, of those persons who practise inconsistent use of condoms and those who have multiple partners, less than 10 per cent seek health maintenance. Therefore, as a result of their poor health-seeking practices, particularly among males, we are left with a situation where the true incidents of HIV/AIDS and the true number of HIV/AIDS cases in Barbados remain unknown. Sir, I want to appeal to our males that we need to take more responsibility for our

actions. Mr. Speaker, what we have resulting is that we have the National HIV/AIDS Commission being unable to plan effectively because of the lack of statistical data.

Sir, I believe when we talk about less than 10 per cent of those who practice inconsistent condom use and have multiple partners, when that is extrapolated in numbers, the large number of those persons basically should be a cause for concern. Sir, if we are talking about behavioural change, then we need to deal with that particular situation, if we are to effectively manage the epidemic called HIV/AIDS.

Mr. Speaker, the other issue I want to raise relates to how we are going to have to package and present our messages going forward, particularly if we are going to target those vulnerable groups, such as our youth. I noticed in the Report the Commission believes we now have to target that very tender age group, between ages three and 14. Sir, I want to connect with that and to commend that initiative, because I believe we have to begin to look at solving or addressing this issue from a very tender age. Sir, the age of three is not too early to begin a programme on behavioural change, because our young boys and girls are very impressionable from a very tender age.

Sir, I want to make a few suggestions in relation to how we package messages, so that we could get a more effective impact. I believe we are into the electronic age. I believe if we are going to effectively change the mind-set, particularly within that very vulnerable age group, we are going to have to do it in collaboration with professionals, who could assist in packaging the kind of messages that would be effective.

I believe we cannot target the age group, three to 14, as it relates to behavioural change, if we do not also find out from that group what are the kind of issues and how could we package message to appeal to the kinds of problems and challenge that they face. I believe that in going forward, our approach to HIV/AIDS promotional approach must be based on using people from the various catchment groups, to assist us in sending the message. Mr. Speaker, I hope that parents would cooperate with the Commission, in relation to having their boys and girls speak publicly, in terms of the kind of messages we should be sending.

Mr. Speaker, in relation to the promotional techniques which we adopt, I feel there are a number of positive role models that we need to tap into. Therefore, if we are talking about abstinence, if we are talking about ensuring that we could set images, and that our young people could believe they could abstain from early sexual encounters until they are married, or until they are in relationships that are based on a level of maturity, we have to begin to use role models in our society, to be able to

achieve that. We have to use persons who have been able to remain 'pure', until they are ready for that important step. We have to encourage these persons to tell their story in relation to how they have been able to achieve something that apparently a lot of others cannot achieve. We have to use our men and women, who are in relationships, whether in a legal marriage or in a relationship other than marriage, but who have been able to find a way of practising mature sexual activity. I believe we have to manage and lay out our programme in that respect.

I also want to send a message in relation to incestuous relationships and the preying on our young people by mature adults. I believe we have to adopt a zero tolerance approach to those persons involved in that exercise.

12.20 p.m.

Mr. SPEAKER: Honourable Member, you have five minutes in which to conclude.

Mr. S.A. LASHLEY: Mr. Speaker, I believe that we as legislators have to become a bit more serious in relation to the signals that we sent. If we are beginning to have these people who prey on our young boys and girls, we have to adopt statutory solutions and send our signal very clearly that will have a zero tolerance approach to these persons. I believe that parents can assist us in this regard, particularly those who for whatever reason, go before the Law Courts, and when they get there, they have the standard cliché of not offering any evidence. I believe that parents owe it to their youngsters to ensure that these persons are prosecuted to the fullest extent of the law and if the law needs to be tightened up, then we need to do that.

I want to speak very quickly to the next two minutes in relation to, in my view, the need for a robust regional policy and approach to HIV/AIDS Management. Sir, in the report, it has been said that Barbados is now, as a result of movement of persons across the Caribbean, is now a receiving country for sex workers from Guyana, Dominica, Dominican Republic, Antigua, Belize and Haiti, among others. I believe that unless we approach HIV/AIDS management from a regional perspective, and that we review the kind of measures we have adopted over the past years towards linking those measures to the national programme, I believe we would not be as effective as we want to be in relation to tackling the whole question of imported cases of AIDs, and in relation to the whole question of the management of relationship, which can actually come from the rapid movement of people throughout the Caribbean.

Mr. Speaker, in winding up, I want to echo my support again for the two Resolutions before this Chamber. I believe that behavioural change can only come about if

we are going to move towards changing and presenting the kind of images to our youngsters and our people generally, that will blend and give effect to what we are saying today and what we said last week.

Mr. Speaker, I am obliged to you.

SUSPENSION

Hon. R.D. JONES: Speaker, Sir, I beg to move that this House be suspended until 1.30 p.m.

Hon. J. STUART: I beg to second that.

The question that the House be suspended until 1.30 p.m. was put and resolved in the affirmative without division and Mr. SPEAKER suspended the House accordingly.

12.24 p.m.

RESUMPTION

Mr. SPEAKER: This Sitting is resumed. The Honourable Member for Christ Church East Central.

PAPERS

Hon. R. D. JONES: Mr. Speaker, I am commanded to lay the following:

1. The Reports of the Barbados Accreditation Council for March 31, 2005 and April 1, 2006 to March 31, 2007.

STATEMENTS BY MINISTERS

Mr. SPEAKER: The Honourable Member for St. John.

Hon. D. J. H. THOMPSON: "Mr. Speaker, I wish to make a statement on the status of pensions to former members of the Barbados Defence Force.

The matter of introducing a pension scheme for the Barbados Defence Force has engaged the attention of successive Governments and the Force Headquarters since the inception of the Barbados Defence Force.

On establishment of the Force, legislation was passed which provided benefits for pensionable public officers and civilian staff. It was envisaged at the inception that a new and comprehensive plan would be developed to cater to members who joined the Regular Force.

In the early 1990s, work began in earnest to develop a BDF Pension Scheme. After frequent exchanges between

the BDF and relevant Government agencies, proposals were prepared for the consideration of the Barbados Defence Board. Records would show that between 1998 and 2005 the status of the BDF Pension Plan was considered by the Barbados Defence Board on six occasions.

After several consultative meetings with the rank and file of the BDF and actuarial consultants employed by the Government to expedite the process, a select committee developed a plan which was acceptable by the members of the BDF.

The Plan called for, inter alia, the payment of a terminal grant, akin to severance, based on the length of service, on leaving the Force and a pension at age forty-five (45) for soldiers who have served 15 years or more.

Mr. Speaker, the Defence (Pension) Regulations, 2007 were laid in the House of Assembly on October 16, 2007. The Regulations at Section 12 (1) state that:

“Subject to the provisions of the Act and these Regulations, every officer and soldier who has been in the service of the Force for 36 months or more, may be granted on retirement-

A. pension; and

B. terminal grant.

Section 13(1) of the Regulation states that-

“there shall be charged on and paid out of the Consolidated Fund such sums of money as may be granted by way of a pension or terminal grant under these Regulations.”

The pension plan is a contributory defined benefit pension plan which is harmonised with the benefit provided by the National Insurance Scheme. The Barbados Defence Force's plan aims to supplement the benefits provided by the NIS, so that the total benefits (i.e. BDF and NIS) paid to members is appropriate.

Mr. Speaker, I also wish to point out that the terminal grant proposed in the plan is being considered as part of the pension entitlements to the soldiers and will be treated similar to how gratuities to public officers are treated, and in that case, no tax will be paid.

In order to establish the cost of benefits to former members of the Force, Government engaged the services of an actuarial consultant (Eckler Ltd) who estimated the past service cost to 31 March, 2007 to be \$24.3 million. To cater for those former officers, soldiers and personnel who retired in the ensuing year ending 31 March 31, 2008,

Government voted the sum of \$24.5 million in the last Financial Year to pay retirement benefits. To cater for benefits accruing in this Financial Year to serving officers and soldiers, Government has allocated an additional sum of \$4 million.

Data provided by the Barbados Defence Force shows that a projected total of 806 former officers and soldiers will be eligible for pension benefits by December 2008. It is, however, intended to commence payments to those persons who are already eligible, within the next few weeks.

Mr. Speaker, the Barbados Defence Force Pension Committee is currently working with the actuarial consultants in reviewing the Defence (Pension) Regulations, 2007, to deal with some anomalies in the Regulations.

I, however, wish to assure all concerned that these matters are being dealt with expeditiously.

I take this opportunity to applaud the dedication of the former members and current members of the Barbados Defence Force to the defence of our country. This Government is committed to providing retirement benefits to members, and will ensure that all outstanding issues are dealt with immediately.

I thank you.”

Mr. Speaker, I have another Statement.

MINISTERIAL STATEMENT RE: HARDWOOD HOUSING FACTORY INC.

Mr. Speaker, I have indicated earlier to this House that it was my intention to order a Forensic Audit of Hardwood Housing Factory Inc. (HHFI), which was the recipient of funding in the amount of \$2 million from a state-controlled agency - Enterprise Growth Fund Ltd. (EGFL).

Between the time of my initial statement made to this Honourable House and today's date, there have been new developments that were outside of the original scope of the Forensic Audit.

For example, the Barbados National Bank has recently called on the Government to issue a Letter of Comfort to the Bank to support an overdraft facility which was extended to the Company prior to January 2008, in the additional sum of \$700, 000.00 which request will not be honoured until a full investigation into this Company is completed and the Government is assured that all of the expenditure incurred were legitimate.

A preliminary report of the operations of Hardwood Housing Factory Inc., through a forensic audit by a private and reputable accounting firm, has revealed that there are sufficient and serious grounds to warrant further investigation into the company.

The Report dated May 2, 2008 has highlighted the following issues:

The unlawful removal of equipment and materials from HHFI:

Rental by HHFI of equipment from a company controlled by the Chief Executive Officer and an employee of Hardwood Housing Factory Inc.;

The questionable use of HHFI in off-book projects;

The purchase of materials using HHFI funds for projects which cannot be identified;

The use of HHFI materials and labour on projects where the proceeds have allegedly been paid to a company linked to the CEO;

Consistently high salaries and wages with little or no correlation in earned revenue or completed projects;

There is a need for further investigation and analysis of information, particularly of information not volunteered;

The report also recommended that legal counsel be consulted with regard to the commencement of legal action against the CEO, specific employees and potentially others for recovery of funds, tools, equipment and related matters.

It also recommended that legal advice should be sought regarding the possible breaches of the customs laws and violation of the Money Laundering Prevention and Control Act."

1.40 p.m.

Furthermore, the preliminary report recommended that a corporate search should be undertaken to determine the link, if any, between two separate companies and Hardwood Housing Factory, Inc., or any of its related parties.

I am most reluctant, Mr. Speaker, to give any specific details relating to names, events and even supporting documentation upon which the Forensic Auditor relied at this point in the interest of justice, but it is vital that I keep this Honourable House and the people of Barbados informed of Government's effort to pursue this matter to its legitimate end.

Mr. Speaker, I am extremely concerned about the financial implications of the decisions by the former Administration in relation to this company, the involvement of senior members of the previous Administration in the operations of the Board of the Company, the integrity of Government's financial system, transparency and accountability.

I have therefore accepted the advice of the Forensic Auditors that Phase Two of the review be undertaken with a view to ensuring that those, who are guilty of any criminality are brought to justice.

Asides.

GOVERNMENT BUSINESS

(Resumed)

Mr. SPEAKER: The Honourable Member for St. James South.

Hon. D. O'N. INNISS: Thank you, Mr. Speaker.

I rise to join in support of these documents that have been laid before this Honourable Chamber by the Honourable Member for St. George South, in respect of the HIV/AIDS policies and programmes of this Administration.

I am extremely heartened by the level of bipartisan support that these documents have received in this Chamber to date. It speaks volumes to our commitment as responsible men and women to the fight against HIV/AIDS in our society.

This work today in Barbados could not have been achieved at the level of which it has been reached, without the valiant efforts of the Members of the HIV/AIDS Commission. I really want to join with others in commending them for their work over the years.

I also want to commend those doctors, nurses, medical staff, members of the clergy, civil society and Barbadians generally, who have risen to the challenge, in terms of educating themselves and the wider Barbados about the scourge of this illness. Perhaps, had that not been started many years ago, I do not think that our economy and our society would be as it is today. I must say that we are eternally grateful for their efforts over the years.

This is a global pandemic. It has caused the loss of millions of lives, great disruption to families and in some parts of the world, almost the entire destruction of villages and the life that people perhaps enjoyed before.

When we hear of HIV/AIDS, we often think of the African continent and the destruction that it has wrought there. As we all know, the Caribbean has not been without its fair share of destruction caused by this illness. As a matter of fact, we have the second highest rate of prevalence in the world, of this pandemic here in the Caribbean. Approximately 2 per cent of the region's population is affected with the HIV virus.

While this may not seem like a large percentage, when you really examine it, it certainly is a pandemic that has untold consequences to families, societies and economies on the whole. As a matter of fact, I go as far as to suggest that the HIV/AIDS challenge in the Caribbean is perhaps one that can be construed as a national security threat. I say that, not lightly, but in all level of seriousness. If we view it as such, it would certainly allow us to really accept the need for us to place all human and financial resources to those in authority to fight this battle.

I am very pleased to be part of a Government that has committed \$180 million over the next five years to the fight of HIV/AIDS in Barbados. I am very happy to note the contribution of those on the Other Side in supporting this Bill. I think we ought to be very open about how this \$180 million is being spent.

Sir, \$33 million will be going towards prevention, \$92 million towards treatment, \$20 million towards care and support, \$29 million towards programme management and institutional performance and \$4.2 million towards monitoring and evaluation. Sir, given the amount of money that is being spent, ought to be great testimony of the commitment to this Administration towards the fight of HIV/AIDS.

Mr. Speaker, this is an illness that knows no boundaries. I heard others in here say that any one of us could be affected by it. I am sure all of us in here know individuals who have been affected by it. All of us as politicians would have encountered individuals in our constituencies who have been effected. All of us would have seen the want, destruction and discomfort meted out to their families, as a result of this illness. I daresay for those of us who are parents, we live with the fear or the understanding that we too need to fight this battle on behalf of that generation that comes after us. This is a serious battle and we need all hands on deck to fight this battle.

We have to face certain harsh realities in Barbados about this HIV/AIDS pandemic. Since the 1990, AIDS has been among the leading cause of death in the 15 to 49-age group. We are an aging society, which means basically that we have a lot of older people to take care of, and AIDS is affecting individuals in their most productive years. Sir, this is going to cause untold negative consequences to our economy and our ability to sustain the elderly as we go

forward. Sir, we cannot afford to lose the numbers of lives that we are losing in that 15 to 49-age group. It gets worse.

I am advised by the authorities that we have a higher incidence of HIV/AIDS among the poorer groups in our society. I look forward to receiving periodic updates in respect of the correlation between HIV/AIDS and the social strata in our society, so that we can clearly pinpoint where subgroups of challenge exist. Sir, that is why this Government is not just committed to fight the HIV/AIDS in respect of the \$180 million we are allocating, but there are many other things that we are committed to do that certainly aids in our battle here.

We, as a responsible Government recognising that there are many single unemployed women in particular, who are among that vulnerable age group have committed to:

A. Working to reduce the level of unemployment in that age group.

B. Working to reduce the level of independence in that age group.

Sir, that is why when we speak to issues such as providing affordable housing to the poor groups in this society, such an action does have an effect on our battle in this fight against HIV/AIDS. Therefore it is not just in respect of the work of the HIV/AIDS Commission alone, but the work that we are doing as a Government, taking a very holistic approach to the entire situation.

We have to face the reality that to date, there are approximately 245 children in Barbados that are orphans or are vulnerable children as a result HIV/AIDS.

1.50 p.m.

Mr. Speaker, we have to face the reality that to date, there are approximately 245 children in Barbados that are orphans as a result of HIV/AIDS. Therefore, we need to ensure that programmes are developed to take care of such young people as well, because we believe that no one must be left behind.

Mr. Speaker, we also have to deal with issues such as the stigma, discrimination and attitudes towards the key populations at higher risk. We must not bury our heads in the sand in respect of the high-risk groups in Barbados in respect to HIV/AIDS. In my opinion, it is not correct for us to recognise that there are such high-risk groups and then have policies and programmes that discriminate. That is why this Government is committed to eliminating discriminatory practices, policies and programmes wherever they exist, including in Government departments.

Mr. Speaker, if there is one thing to my mind that speaks volumes to our commitment to this cause is the fact that this Administration has provided a budget for each ministry to deal with HIVAIDS matters. The intention is not just for them to have a budget on paper, but for each Ministry to work with the HIVAIDS Commission to ensure that there are specially designed programmes that reach into the belly of each Government department, so that we could have a public service that is well educated and enlightened in respect to HIVAIDS in Barbados.

Mr. Speaker, last week, I heard someone on the Other Side raised concerns about anti-retro viral drugs and whether they would continue to be provided in the manner in which they were done before. As a Government, we will continue to provide anti-retro viral drugs to those HIV patients that come forward. We do not need to make any changes to that.

Mr. Speaker, I want to speak on another specific issue, which is the lowering of the age of medical consent. Mr. Speaker, it does not hurt to reiterate what many of my colleagues have said before. We currently have a situation in Barbados where the age of sexual consent is 16 and the age of medical consent is 18, so we have a two-year gap in there. Mr. Speaker, a youngster could go and get intimate at the age of 16, but he or she cannot go to the doctor on their own until they are 18. That to my mind is wrong.

As a Government there are two options. We either could have raised the age of consent for sex to 18 or we could have lowered the age of medical consent to 16. I believe that as a responsible Government being seized with the harsh reality of our society, we have done the correct thing in lowering the age of medical consent to 16. For those in the clergy or the medical fraternity who may argue or posit the view that lowering the age of medical consent to 16 will result in an increase level of promiscuity in Barbados, I say they are wrong.

As the HIVAIDS Commission has alluded to in their National Strategic Plan, we need to accept that 56 per cent of Barbadians between the ages of 10 and 14 are sexually active. Mr. Speaker, 56 per cent of our pregnancies come from teenagers. If we accept that these are the ones who are contributing largely to the number of pregnancies in Barbados, we need to ensure that they are armed with the information, that they need to conduct themselves in a responsible manner and that where medical advice is needed that they could go and get that medical advice without fear or favour.

Mr. Speaker, lowering the age of medical consent to 16 does not mean that the responsibilities of parents would be abdicated to a medical practitioner. Any enlightened Government would ensure that medical practitioners also have consultation with the parents.

Mr. Speaker, the debate today is not about that specific issue, but about the work of this Government and the HIVAIDS Commission in respect of controlling the incidences of HIVAIDS in Barbados and the prevalence of the illness.

Mr. Speaker, we have in this society a growing concern about our lifestyles. We talked about cultural penetration. We talked about the challenges that exist today in Barbados where grandmothers are no longer in the homes, the aunts and uncles are all busy working and where many children are perhaps being left unattended. Mr. Speaker, we all know what mischief they perhaps could get up to. That is why any efforts to ensure that our young people in particular are educated, that they have access to the tools, that they need to engage in responsible sex, that they are aware of the consequences of their action, and that when mistakes are made, innocent or otherwise, and they contract this virus, that they have the medical resources available to deal with it.

Mr. Speaker, to date, Barbados has done reasonably well in the battle, but we cannot rest on our laurels. There is absolutely no room for complacency in respect of the battle against HIVAIDS.

Mr. Speaker, I am extremely pleased to be able to stand here today and lend my support to these two documents that have been tabled here.

I am obliged to you, Sir.

His Honour K. St.C BEST: Mr. Speaker, I rise at this stage to enter this debate to support the Government in respect of the National Strategic Plan for HIV Prevention and Control 2008-2013.

Mr. Speaker, I think that the steps taken by this Government and by the Committee is a wonderful thing. This is a serious matter and that is why I was heartened to hear that the Government intended to debate this matter for two days.

Mr. Speaker, what concerns me is the question of the stigma and the discrimination aspect of this matter. I will implore and encourage the Government that when we sit to look at the question of discrimination, that we pay particular attention to the Human Rights Convention, so that the question of discrimination against any individual with this matter would fall in line with the standards and conventions set with the Human Rights Convention. This question of discrimination could come in many forms.

As we know, Mr. Speaker, our Constitution speaks to the question that you should not discriminate because of race, sex, creed, colour or whatever. Mr. Speaker, we are now entering a new era, so it means that we would have to

look seriously at the issue of discrimination as it relates to those persons who are HIV positive and AIDS infected.

Mr. Speaker, before we could do that, we need to look at a serious educational programme starting at the very tender age, if by way of graphics or pictures, to make sure that we reach the very young and the 45, the 50 and the 60 years old.

Mr. Speaker, persons over 45 and 60 years old are becoming promiscuous at their old age and are trying all sorts of things believing that the world has lost them by. Sir, we need not only to educate the very young ones, but the entire population as to the seriousness of this epidemic and the seriousness of having it under control. We need to have a serious education programme that would ensure that there would be a great reduction in the spread of this terrible epidemic.

2.00 p.m.

Mr. Speaker, the lowering of age from 18 to 16, is a bold step. Sir, at age 16 an individual is entitled to have consensual sex. This means that at age 16, an individual is allowed to give consent to be involved in sexual intercourse and unless it falls within the realm of rape, it does not affect society, but here in the medical field, an individual has to wait until age 18, to give consent in order to be examined.

Sir, I think to bring it down to age 16 is a step in the right direction, because that provides the opportunity for greater consultation between parents and children. I think that we as a Government, and the organisation involved in the fight against this scourge, should become involved in a serious educational programme on parenting. These organisations should circulate information in every educational institution in Barbados to ensure that bond and that confidence between parent and child is well established, so that there would be no fear of a child having this problem, for example, not wanting to go to mommy, daddy, big brother or big sister, going along with them to the doctor, even though the law provides that child could go alone. Sir, I believe the fear of people taking away the guidance and authority of parent would not be there any more. Mr. Speaker, I believe we must look seriously at some of the things that are happening and at ways we could eliminate some of these causes.

Sir, there are some very dirty and smutty lyrics emanating on PSVs.

Asides.

His Honour K. ST.C. BEST: Mr. Speaker, the dirty lyrics emanating from these PSVs on the very young minds, could lead them to promiscuity. It could very well

lead them into sexual activities at a very young age, even before the age of consent. Sir, I will implore on my Government to bring legislation to this Honourable House to remove all audible equipment from PSVs. I will also implore that the penalties should be very stiff for non-compliance by PSVs operators. Further, where owners of these PSVs fail to comply with the legislation, there should be a suspension of their permits for at least two months.

Sir, I am sure that would be part and parcel of the educational method of how we could help to solve this problem of HIV/AIDS at a very young age. Sir, the lyrics on these PSVs talk about 'skin out' and those very young children at the tender age of 11, who would have undergone a sudden cultural change from primary school to secondary, is being bombarded with vulgar lyrics on these PSVs. Sir, I believe this might be a step in the right direction to help cure this epidemic that is so seriously affecting this country.

Mr. Speaker, the legislative framework should be one designed to make it a criminal offence for any person who willfully and maliciously infects another person with HIV/AIDS. I would hope that the Attorney General and the Cabinet of Barbados would very soon put their heads together to have the necessary legislation to assist in the discrimination, as well as in the enforcement of legislation in this regard, where there are Laws on the statute books to solve these problems.

Mr. Speaker, I want to quote from the Government of Barbados, National Strategic Plan for HIV Prevention and Control, 2008-2013, at page 5, where it talks about the major contextual factors. It says:

"There are several factors that wittingly or unwittingly contribute to the dynamics of this epidemic. Among them are the socio-economic circumstances that create poverty and unmet needs."

Mr. Speaker, when you look at that, it means that those persons from the low economic strata of the society are probably the ones who are the more prone, because they become the most vulnerable persons, so that persons who have greater economic power would prey on these persons, asking them to perform all forms of sexual acts in order to fulfil their needs. Sir, in this way, the question of poverty would not be eradicated, because of the fact that these vulnerable persons would suffer more in the future. Sir, they might only be thinking of the meal on the table today and not of the consequences that are to follow.

Mr. Speaker, it is great to see that the organisation has looked at it in that regard. Sir, if we continue to educate our people as to how we could eradicate poverty, one way being not allowing others to prey on them, but to guide them along the right path, to fulfil their dreams in some

fashion, by creating opportunities for them, then we might be doing a wonderful job in eradicating this epidemic.

Sir, the Report then went on to look at the question of sex workers. Sir, the whole ambit of the world opens up into an open economy and therefore this cultural penetration is a serious problem as far as this epidemic is concerned. Mr. Speaker, we need to look at the legislation with respect to sex workers. We need to look at the area of legislation where sex workers should be made to go through a stringent HIV test. Sir, we might want to bury our heads in the sand and believe there are no sex workers in Barbados, but the problem of sex workers is universal. Therefore, we need to devise ways and means that would either educate these sex workers about that type of work or if they are to remain in that type of work, then we need to find ways and means of protecting them and protecting society at large.

Mr. Speaker, I must commend the Committee and the Honourable Minister of Family, Youth Affairs, Sports and the Environment, for bringing this wonderful piece of National Strategic Plan for HIV Prevention and Control, to this Honourable House, in respect to the question of HIV/AIDS.

2.10 p.m.

I want to say again that I commend the Committee for working so strenuously and so hard to ensure that the fruits of their labour would come to fruition at this early date.

Mr. Speaker, at page 4, they indicated that between the year 2008 to 2010, that they would target a specific group, but I would want to look at it holistically, that we focus on the society at large and not target one particular group. They indicated that from the year 2008, that they would look at the boys, young men and women between the ages of 10 and 29. I would want them to revisit this and look at the question of age 3 and 9. They say they would include sex workers, including the beach boys, but we could also include beach girls as well. In respect of the next three years 2011 to 2013, where they talk about the transport sector, I think we should look at all of them holistically in order to capture each and everyone in society as a means and way of educating these people and to help solve this epidemic.

Mr. Speaker, I want to thank you very much.

Mr. SPEAKER: I am obliged. I recognise the Honourable Member for St. Philip North.

Hon. M. A. LASHLEY: Mr. Speaker, I rise to enter my voice to this debate and first I want to congratulate the Minister for producing this document to the House and also

presenting herself in an extremely competent way. I want to say that the Minister could only go to better things from here. I also want to congratulate her for stating to this Honourable Chamber the fact, unlike the Other Member, who led off the debate for the Opposition, I believe it was the first time she led off a debate for the Opposition. I congratulate her because it was the first time the Honourable Member led off a debate for Barbados Labour Party. I congratulate the Opposition and I also congratulate My Side. It was a very colourful presentation for the Honourable Member for St. Thomas. She had her towels and her bowl, which made it an extremely colourful presentation. If I wanted to describe it today, the only word I could use is that it was a colourful presentation and I congratulate her. I also want to congratulate the Honourable Member for St. George South, the Honourable Minister for stating specifically, unlike the Other Side, that this Government would not pursue the enactment of legislation to effect the decriminalisation of homosexuality and prosecution. She expressly stated that and that was obviously absent from the presentation of the Honourable Member for St. Thomas. The Honourable Member for St. Thomas skirted all around with cricket balls, but she had a golden opportunity. She had more than an hour and an opportunity to state to the nation, to state to Parliament and to Members on This Side, that Barbados should not pursue the amendment of existing legislation to make condoms available in correction facilities. The Honourable Member for St. Thomas did not state her position on that either, so the nation is still waiting on the Honourable Member for St. Thomas to state her position and her Party's position on it, as the person who led off the debate.

Mr. Speaker, I was not going to get involved in the debate, but the Honourable Member asked me certain questions and I will now ask the Honourable Member some questions. I want to ask the Honourable Member for St. Thomas a few questions in her tenure as a member of the Cabinet, as an extremely senior Member of that Administration, and as a person who could have been catapulted to leadership or to be the Deputy Leader of the Party.

Asides.

Hon. M. A. LASHLEY: If the people of St. Thomas do not realise that you have the confidence in yourself to be the Deputy Leader of your Administration, then they have to look at you differently, but I am saying to you that you have the potential to be Deputy Leader of the Party.

Mr. Speaker, I want to ask a question. The Honourable Member for St. Thomas in her colourful presentation got up and said that she wanted to know how many of the 500 this Administration was going to give to HIV/AIDS victims. Sir, I want someone on That Side to count 50 houses they built for HIV/AIDS or 50 lots they

allocated to HIV/AIDS victims. Sir, I challenge them to that. In fact, my information revealed that the Administration of the Barbados Labour Party only built less than 10 houses for HIV/AIDS victims and only started allocating lots from the year 2004. The Honourable Member asked me questions and I am now answering the questions.

Mr. Speaker, I am submitting respectfully that the Opposition does not have the moral authority to speak or to question this Administration about how many lots they are going to allocate to HIV/AIDS victims. Sir, they do not have the moral authority. In fact, Mr. Speaker, since 1994, if you examine the Manifesto of the Barbados Labour Party, there is not a single word on the provision of lots or houses for HIV/AIDS victims.

2.20 p.m.

Asides.

Hon. M. A. LASHLEY: Sir, the Honourable Member said:

“I have a problem when people in the workplace are sidelined as a result of the risk in terms of HIV victims.”

The Honourable Member said that.

Mr. Speaker, the Administration over there had ample time to bring to Parliament legislation. In fact, they could have incorporated it into the Employment Rights legislation, which they never brought, which would have given persons who are suffering from the particular disease some protection under the law.

Sir, in Britain there is a legislation called the Disability Discrimination Legislation Act. In fact, disability was further defined, as it brought in persons who were HIV infected, stating that employers should not discriminate against employees, on the grounds that they are suffering from some disease, and they should not place in their advertisements for employees, a condition, excluding HIV victims from employment or being subject to interview. Sir, they had ample opportunity. They has 14 years to do it.

Sir, when the Honourable Member said that she has a problem with the workplace, I wondered if the Honourable Member for St. Thomas was in the Cabinet. I noted the words here, “I have a problem when people in the workplace are sidelined as a result...”. Foolishness. I am sorry, Mr. Speaker, I take back that word.

Mr. Speaker, they have no moral authority to question this Administration on how they treat HIV victims, because I sat very silently and the Honourable Member troubled me.

Asides.

Hon. M.A. LASHLEY: Sir, this Administration is committed to legislation which recognises the rights of those workers, especially those who are HIV infected, and to ensure that employers recognise the rights of employees. As a caring Government, we are also committed to ensuring that HIV victims are housed.

Sir, I am finished with the Honourable Member for St. Thomas.

Sir, we heard a lot of talk about the rights of children. I have examined the legislation in Barbados. There is a piece of law called ‘The Prevention of Cruelty to Children Act, Cap 145,(1) December 9, 1904.’ The Act States in its preamble that it is an Act for the protection of cruelty to and for the protection of children. Sir, let me look at the penal section that deals basically with the cruelty to children. Mr. Speaker, with your permission I will read from Section 5.

“Any person over the age of 16 years, having the custody, charge or care of any child under the age of 16 years, who wilfully assaults, ill-treats, neglects, abandons, or exposes such child or causes or procure such child to be assaulted, ill-treated, neglected or abandoned, exposed in a manner likely to cause such child unnecessary suffering or injury to its health (including injury to, or lost of sight or hearing or organ of the body and any mental derangement), shall be guilty of a misdemeanor and shall be liable on conviction on indictment to a fine of \$120 and, in default of payment of such fine, to imprisonment for one year or to both such fine and imprisonment, or on summary conviction to a fine of \$24 and, in default of payment of such fine, to imprisonment for 3 months or to both such fine and imprisonment.”

Sir, I believe that we should revisit this legislation. We would say that there are senior members of the society, males, who pounce on little girls, and if someone is charged under this legislation, causing that young innocent mind to be exposed to such treatment ...

Asides.

Hon. M. A. LASHLEY: I am glad you mentioned that. There are certain people in this country who believe that they are to be the all and end all of all discussions, and they are the role models, who can shape public opinion. They can rush on the radio and speak on any issue, but when you look at their behaviour in the day and their behaviour at night, they are two different people. That is where we are sending confusing signals to young people. You are speaking one way, but acting in a different way. That is why we must seriously look at this legislation.

Sir, the 1904 Act suggests that if you are cruel to a child, your punishment is an indictment to a fine of \$120 or one year imprisonment. If we are seriously considering protecting young minds - and I have full confidence in the learned Honourable Attorney General and the Cabinet - that when this legislation is revisited, the penal sections would be lot harsher, and the Act would have that deterrent effect. If you want to deter the preying of young minds, we must give the Law some more teeth.

Sir, I want to leave these questions with the Honourable Member for St. Thomas. Finally, I want to know what is the Opposition's position on the criminalisation of homosexuality and prostitution. The speakers before did not State their position to the nation. They were silent on it.

I leave that question with you.

Thank you, Mr. Speaker.

Mr. SPEAKER: The Honourable Member for Christ Church East.

Hon. Dr. D. S. LOWE: Sir, I rise to make a brief intervention in this debate, and to add my congratulations to the National Commission on HIV/AIDS and the Government for forging such a partnership and seeking to address this issue of high national priority.

Sir, I want to congratulate the Honourable Minister ...

2.30 p.m.

Mr. Speaker, I want to congratulate the Minister who ably presented these Resolutions before this House, and with clarity, sought to lead us through the content of these policies that have been presented to this Chamber.

Mr. Speaker, I believe there can be no disagreement that the issue of HIV/AIDS is of such critical importance as the new Government seeks to chart its pathway to progress and to ensure that all Barbadians benefit from the kinds of policy initiatives that would allow them to enjoy the best possible quality of life.

Mr. Speaker, as I search through these documents, I recognise that the task of giving our citizens an alternative to those paths that have contributed to the proliferation of HIV/AIDS in the society is an arduous task. Sir, if we are going to be serious about leaving behind the society better than the one we found, it therefore means that we, as the lawmakers of this land, have to engage the public as to what would represent the best possible strategy for dealing with this monstrous disease, which has claimed the lives of millions the world over. Therefore, this debate is about

numbers, reports and trends. Most important, this debate is about national social policy and how this Government, in conjunction with the designated agency, must work together to ensure that we bring our collective ideas and national support to create a pathway that reflects the reality of the struggle against HIV/AIDS.

Certainly, Mr. Speaker, the documents laid in this Chamber represent a collection of approaches and ideas that are designed to bring all Barbadians into the process, medical, para medical, educational, social, cultural, Christian, social organisations and the like, to really bring everyone to the table, and ask a very important question. Mr. Speaker, for me, that question is this: how can we go about from here to engineering a system of intervention, a system of prevention, a system of education and awareness, that embraces all Barbadians, irrespective of their life choices and their socioeconomic status? Because at the end of the day this is a national fight.

I really applaud the Opposition for their consensus on this issue. I applaud them for the work that they have done before and I applaud them for what seems to be a commitment to continue to assist in this struggle.

We talk about HIV/AIDS testing and we hold that up as one of the symbols that we are making progress, that we are moving in the right direction. Testing is not really the instrument that will cause us to conquer this. It is only one of the cogs in the wheel. Sir, this is about lifestyle choices and lifestyle change that will cause us to really mobilise our people.

Mr. Speaker, when we look at the vulnerable groups in society, I would want to suggest that there is no one vulnerable group. All of us are vulnerable, either by our acts which cause us to contract the disease, or by the extensions of our family members whom might contract the disease.

This is why the real national honour is that we come together on this issue, we combine our collective vision, we join forces together, whether we are the Church, the school, in Parliament or on the street, we should join forces together and we ask ourselves what must we do as a nation that will cause an arrest to come to this virulent, vicious disease that is causing us to lose our most precious national commodity and that is our human capital.

Mr. Speaker, that is a struggle, that is the fight. That is where we are right now. Sir, this is why I said at the beginning that this is not simply about looking at the medical side of HIV/AIDS. It is not about looking at the educational side and the prevention versus the intervention strategies.

Mr. Speaker, this is about looking at our national, social, development plan. It is about asking ourselves: What is, in fact, being affected by HIV and AIDS? It is not just human beings. They are at the heart of it, but when we look at the cost of HIV/AIDS to a development in our society, we have to look at the human development cost, and those out there who are really at a peril.

Sir, if the trend is that between the ages of three and 14, that 40 per cent of that population, or whatever percentage that population might be, is at serious risk of becoming the casualties of this disease, then I believe that should cause every parent, that should cause every professional, that should cause every citizen to stop and ask herself or himself: what can we do to save the day?

Mr. Speaker, it is about our human development. It is also about our social development. I believe that this Government has made it abundantly clear to the Nation that part of its focus in taking this country forward is to establish a social development structure that would allow for the consummate development of the society, where men and women of all walks of life are able to benefit from this vision of progress and social mobility for our people. Therefore, this fight is not just about the numbers. We certainly know the effort that must go into the process of generating the kind of reports that the Commission has generated. We understand the labour of love that must have gone into this. We understand how they must have pondered what could be the best focus to take this country on this journey in this fight against HIV/AIDS.

Mr. Speaker, the social well-being of our society stands at a peril, unless we find a way of bringing all of our citizens into the awareness net so that at whatever corner of this country they exist, they will contribute whatever they can to ensuring that we reduce the risk that now put our people at a peril.

Mr. Speaker, it is about human development. It is about social development and it is about economic development. Sir, every single person who falls victim to HIV/AIDS is a person that this country, through its social services, must seek to provide care up to the very end.

Mr. Speaker, this society has become rather cruel over the years and people no longer care for each other as they used to.

2.40 p.m.

It is mindless perhaps to want to call for the reintroduction of the olden days, but we who are here now are charged with the responsibility of moving our country forward and arming our people with the kind of resilience that is necessary to ensure that they are able to deal with the perils of the times. We need people who are committed.

Mr. Speaker, I know that part of the political play in This Place is for us to talk at each other from time to time, no harm meant, but this is a subject matter that cuts at the very soul of this institution. Mr. Speaker, we are not talking to ourselves here. We are talking to the people of this country. We are talking to a wide audience across this country. We are talking to high school students, primary school students and their parents, single parents, those who live in disadvantaged communities and those who live in affluent communities. We are talking to our people.

Mr. Speaker, something must arrest us that causes us to understand that if we do not create the systems to at least slow down significantly this gallop of HIV/AIDS, that perhaps three or four generations from now would ask what could we have done at this stage. That is why these policies are so critical. That is why these policies cut at the soul of why we have been elected to come to a place like this to fight for those persons who may never have the opportunity to come here.

Mr. Speaker, a policy is not just a Statement. It is a road map established by a Government in its quest to respond to the call of the day. A policy is about a Government unveiling its philosophy in measurable and definable qualities that it could then transport those qualities into the daily lives of those people.

Mr. Speaker, I really applaud the Minister, because it is critical that the country begins to understand that the burden of this Government is to ensure the social and economic well-being of our citizens. We have benefited from previous Governments. We would be foolhardy to say we have not. We have benefited from other thinkers who have sought to help us understand HIV/AIDS. We would be foolhardy to say we have not. Mr. Speaker, we now need to take those benefits collectively as a nation and engage our people on every corner of this country and ask them what can they do to assist us in this struggle.

Mr. Speaker, this model that we have before us is a model that benefits from interventionist strategies and prevention strategies. It is a model that talks about a social development. It is a model that talks about norms and what drives the behaviour of a society. It is not just trends, Mr. Speaker.

Mr. Speaker, what drives the behaviour of a society is how that society articulates its norms. The problem in our society is not that we have not become more educated. It is that there is now an increasing gap between those norms that once defined us as a progressive caring society and the ones that we now embrace.

Mr. Speaker, when we talk about norms, we talk about the rules that people impose on their lives and the rules that give our culture its character. Mr. Speaker, there

has been a deviation from those norms. That is why we have children today at age five, six and seven engaging in sexual behaviour. Mr. Speaker, if you understand human development, you would know that once upon a time the onset of adolescent was generally defined as age 15 or so. Nowadays, most theorists believe that adolescent begins its onset about the age of seven or eight. What is unique about that understanding is that adolescent is the period when individuals engage in the exploration of their sexuality, the search of an identity, their gender identity, their sexual identity and so on. Mr. Speaker, if that is true, we have a challenge on our hands.

Mr. Speaker, if we are saying, based on the trends and the research analyses, that children are now becoming more involved at an earlier age, it means that the risk-factor has now escalated, therefore we have to find ways of reaching our children.

Mr. Speaker, if our policy is about chasing symptoms, we would never remedy the cause. It has to be about investigating the root causes and understanding what must obtain in order for us to address proactively the situation we have before us.

Mr. Speaker, the norms of society have been adjusted to accommodate this early onset of adolescent where children as early as age five and six years old are beginning to experience the kind of sexual development that causes the curiosity to set in.

Mr. Speaker, the pursuit of the sexual drive is one of the most driving forces in the lives of human beings. We used to think it was hunger. For some of us it is hunger, but for others who are less bridled, perhaps it is sexuality. Mr. Speaker, teachers are now dealing with children during their middle childhood development years who are not just concerned about the As, Bs, and Cs and the ones and twos, but are concerned about why they are feeling what they are feeling and about why they are looking how they are looking. Therefore, the school environment can no longer exempt itself from being at the heart of helping to transpose our norms and our values to our children across generation, it must now be an integral part of the mix.

Mr. Speaker, this policy draws heavily upon behavioural change. I have contended over the years that you cannot change a person's behaviour until you understand why they believe what they believe. Mr. Speaker, what drives a man's attitude, is what is at the seat of his belief system. Mr. Speaker, because the man believes what he believes, he acts the way he acts.

Mr. Speaker, if we want to investigate the best possible modality to bring a harness to the spread of HIV/AIDS, we have to begin to ask ourselves what must be at the heart of our policy. The policy document reflects that

we have to look at helping people to change their behaviours. That is a laudable pursuit. Behavioural change, as a theory, has its origins in people like Pavlov and others who exploited the notion that if you put certain types of stimuli in place, that you can invoke certain types of permanent changes in behaviour. That is the root of behavioural change.

Mr. Speaker, if the policy draws on the notion that one of the viable ways of helping the society is to turn around its way, then it has to understand the nexus between understanding people's beliefs, understanding the origins of their value and linking that understanding to how and why they should change.

Mr. Speaker, I find that over the last several years this country has spent a lot of money trying to teach people how to be nice and how to change their behaviour. I am not criticising the expenditure, but I always ask myself if we really understand that a man reflects what is in his heart. The good book calls it the cistern of life. When a person believes something about himself or herself, that person's behaviour would reflect those beliefs.

Mr. Speaker, one of the problems in this society is that we are slowly losing our value on life and we are losing our value on love. The expressions that we now use to mirror what we say is love and romance is not driven by a deep-seated respect for ourselves, but rather, this flight of fancy that the real pursuit is the pleasure of the moment.

I see the Honourable Member for St. Philip North smiling broadly. I would not want to suggest that he defines the pleasure seeker, but obviously there is some relationship between what I said and what amuses him.

2.50 p.m.

Mr. Speaker, we have to teach our children that in order for them to understand the real dangers and perils of exposure to HIV, that they must begin by understanding the beauty of respecting their bodies and protecting their hearts. Sir, it can be done. It has been done in the past and even though the society has become modernised, we can still do it again. Sir, if we only tell people the perils of HIV/AIDS and that they should avoid it, we may never be able to get them to latch on to a principle which they will embrace, which would preserve them for life. Mr. Speaker, the principle for me is teaching our children, at the very earliest, how to love and respect their bodies and themselves.

Sir, sometimes you go to school fairs and see both parents and primary school children dressed, and you cannot tell the distinction between child and adult, except for the size. Sometimes you see three generations of family members together and you cannot tell the distinction

because the grandmother who is now almost as young as the mother. Sir, that is not only a pictorial image, but that has a deeper social message, which is, once upon a time where our society benefitted from the wisdom of older grandparents who would have been there, who would have seen it, would have done it, who would have avoided it, many of our children are now growing up with parents who are contemporaries.

Sir, that is part of the problem, but what is even worse is when those children live in dwellings where they are observing the sexual conduct of their parents in their presence, how then do you tell your children to go out and behave differently, when the standards you set in the home is one that has been as risqué as the ones you are asking those children to avoid. Sir, there is something wrong.

Mr. Speaker, therefore, the Commission must understand that the journey in seeking to empower the minds of the younger society has more to do with understanding, not only their physiological development, but understanding their psycho-social development and how to reach them. Sir, that is what this is. Mr. Speaker, this debate cannot end today. This is just the beginning of this debate. This is going to occupy the national attention for a very long time. Sir, I encourage the Honourable Minister to continue to find different ways of engaging the public on these matters, because if we do not find a workable way, we are going to lose our most precious commodity.

Mr. Speaker, you have heard me said before in this

Honourable Chamber that the real tale of a nation is not in its monuments or its structures, but in the quality of life of its people. Sir, that is where it starts and that is where the passion of this Government lies. That is why we are prepared to spend whatever is necessary to ensure that we put a social platform in this country, one that resurrects those values that we once took such great pride in. Sir, this is important. Therefore, the fight is about changing behaviour, it is about asking children to identify their beliefs and why they have to embrace such beliefs, it is about values and attitudes.

Sir, that is the journey of change that we are in search of and that is where behaviour becomes a victim of beliefs. That is why sometimes when you ask children why they have done certain things, they cannot explain. It is not that they are physically unable to help themselves. They are mentally trapped in circumstances where there is a conflict between what they are taught at home and how they live in the street.

Mr. Speaker, when we talk about culture, I heard the terminology 'cultural penetration.' Sir, I hope this country understands that the pursuit of the CARICOM Single

Market and Economy has now charged us with a new challenge, that is, the free movement of people who transport their values to our society. Sir, we have to find a way to address that, because people do not leave their values behind and come and adopt values of another society. They bring their own values. That is why there is counter values systems in our society.

The intention of this policy is not about how well-written or how crafted it is. It is about the real spirit and burden of this nation. Sir, I know the Honourable Prime Minister is committed and I know the Cabinet is committed. I know Barbadians are committed to going forward in a new kind of way, where we can understand that we do not change people by chasing the symptoms of their problems. We change people by investigating why they have taken on board the problem in the first place.

Mr. Speaker, I wish I had more time but I am so obliged to you for the moment to share my views on this particular Bill.

Hon. F. J. STUART: I rise to make a very brief intervention in this very important debate on the Government's National Strategic Plan for HIV Prevention and Control, 2008-2013. Sir, in so doing, I would like to acknowledge the fact that from Both Sides of this Honourable Chamber during this debate, some very useful and though-provoking contributions were made.

Mr. Speaker, I want in particular to comment on the very powerful speech delivered in this Honourable Chamber last week by the Honourable Member for St. James North, who I think made a massive and substantial contribution to public thought on this issue. Mr. Speaker, I start with that Honourable Member, because the tendency is to ignore contributions of value coming from one's opponents, but last week, I think the Honourable Member for St. James North assumed the role of elder Statesman and teacher and ministered to the intellectual and spiritual requirements, not only of this Honourable Chamber, but of a nation as a whole.

Mr. Speaker, I need not repeat what has been said so often from This Side of the House, which is that the Honourable Member for St. George South, the Honourable Minister of Family, Youth Affairs, Sports and the Environment, in leading off this debate, has laid the foundation on which all subsequent speakers could have built. Sir, I should like to pay tribute to the Honourable Member for the energy and insight which she has brought to the debate, and for the standard which she has set in introducing it to this Honourable Chamber and by extension, to the country.

Mr. Speaker, the issue of HIV/AIDS is now a reasonably old issue which has been debated in Barbados

for well nigh one-quarter of a century. It has been debated with varying degrees of intensity, as the country was shocked or otherwise, by disclosures relating to the incidents with which the disease was being contacted.

3.00 p.m.

What was most interesting about those debates was that for the most part, they took place within the context of ethical consideration. Sometimes, mention was made of the fact that if the disease was not arrested that our young workforce would be wiped out. That was treated as economic significance of the virus and on other occasions, mention was made of the fact that the virus was interfering with relations between people and that was treated as the social significance and the social implication of the virus, but for the most part the debate took place within an ethical context.

Mr. Speaker, this morning the Honourable Member for Christ Church East made the very pertinent point that there is really nothing called 'national ethics', or for that matter, international ethics. That different group, different people, under different influence, have their own ethics, and there is really no basis on which any society has ever been able to reach a consensus on the ethical response to any particular challenge. In fact, tomes have been written on the issue of ethics, tomes which reflect the diversity of thought on the subject of ethics and because of that diversity, it is very difficult over the course of human history to reach a consensus on how to approach social problems, which have an ethical significance. Of course, when one is talking about ethics, one is really talking about the theory of morals as indeed, when one is talking about morals, one is talking about the practice of ethics, and whether talking about ethics or morals, one is addressing one's mind to the distinction between right and wrong, between good and bad, between blameless and blameworthy, between virtuous and vicious and between just and unjust. These are the concerns of ethics and morals when we come to discuss those subjects. There are some who believe that certain types of behaviour are wrong, in and of themselves, without any reference to the consequences that flow from the behaviour or without a priority basis for saying that the behaviour is wrong. They argue that to do certain things is wrong and to do other things is right. Those persons are usually, but not exclusively religious fundamentalists, who believe that long before human civilisation, as we know it, came into existence. An order was set that defined certain things are right, other things as wrong, certain things as good, certain other things as bad and they used that approach to evaluate behaviour in society. Sir, philosophers call that approach to ethics the "deontological approach", an approach that says we are under a duty, without any reference to proof or consequences to do certain things because they are, in and of themselves, right or, in and of themselves, wrong.

Mr. Speaker, at the other end of the ethical spectrum, are persons who believe that the rightness or wrongness of conduct is to be judged by the consequences that flow from that conduct. So if the consequences are regarded as being positive, the conduct is said to be good. If the consequences are regarded as being negative, the conduct is said to be bad and right or wrong is defined. Therefore, by reference to the results that flow from particular types of human behaviour, that approach to ethical discourse is called the "consequentialist approach", an approach that judges right or wrong on the basis of the consequences that flow from the particular conduct.

Mr. Speaker, they are people who evaluate sexual conducts in terms of its consequences and they say, based on those consequences that is right or wrong and they are other people, who say that certain types of sexual conducts are wrong or right, in and of themselves, without any reference to consequences. These are two extremes at which those who discuss ethics stand, but in between those two extremes, there are many others, the most significant of which I will mention, and these are that school of ethical thinkers, referred to as the 'logical positivists'. Those people who say that really there is nothing called ethics at all, that ethics is only a question of how we feel as individual about any particular type of conduct, that if the conduct you are talking about is conduct of which we approve, we say it is right. If the conduct of which we speak is conduct of which we do not approve, we say it is wrong but really we have no basis for saying, but really we have no reason for saying something is wrong or right, because if you say something is right, there is no way of verifying that it is wrong, and if you say that something is wrong, there is no way of verifying that it is wrong. That right and wrong, unlike so many other categories, do not meet the test of verification. If you say this is a chair, you can verify it, but if you say that Tom is a bad man, you really cannot verify it and, therefore, ethics is really a non-issue, that it really reduces itself to two words and those two words are "hooray", which we say if we agree with what people do and the other word is "boo", which we shout if we do not approve of what other people are doing, so "hooray" and "boo" is all ethics is about, but there is really nothing called ethics that should bind human behaviour. The positivists say that and it is most explicitly and lucidly articulated in a famous book written by the leading logical positivist of the 1930s, Alfred Jules Ayer, a book called "Language, Truth and Logic".

3.10 p.m.

Sir, since you have all of these different schools of ethics to try to confront an issue like HIV/AIDS, by reference to discussing the ethical implications only of sexual conduct, it is likely to prompt no serious conclusions because you really cannot unite people around the issue if they have different approaches to what is right

and what is wrong, what is good and what is bad, what is just and what is unjust, what is blameless and what is blameworthy. So we have to look for another unifier to bring people together on the issue that confronts Barbados today, an issue, of course, on whose seriousness we have all agreed and about the need to confront, which we all understand.

Sir, I do not want to linger where the debate has always been over the last 20 years. That is in the area of ethical discourse. I am not suggesting that the area of ethical discourse is not relevant, but I am saying it is not a problem solver, given the nature of the challenge which we face in Barbados today and given the fact that it has always been difficult to unite people around an ethical consensus.

Sir, I heard somewhere, recently, that every 40 hours at least one person is diagnosed as being HIV positive in Barbados. If that is true, we have a very serious problem on our hands. That problem does not start as an economic problem, it does not start as a social problem, it does not start as an ethical problem. That problem starts as a public health problem. If that information is true, and I have not set out to verify it - I just heard it from a source whose credibility I trust - If the information is true, we have a serious public health problem on our hands, and we have to confront it without any reference to these other indicia to which I referred earlier, although as a problem it would have implications for the local economy, it would have implications for the society, it would have implications for the ethics and the morals of the society as well, but it is first and foremost a public health problem. As a public health problem, it threatens every single family in Barbados, either directly or indirectly. As a public health problem, every single family in Barbados is at risk either directly or indirectly from the incidence of this disease. It was within that context the Government of Barbados sat down to look at the options available to it.

Sir, the first challenge we had to meet was the challenge of who were the persons most at risk. We came to the conclusion that while everybody is at risk, directly or indirectly, we had to take special note of the exposure of our children. Therefore, the Government decided, relying on information and data accumulated over time, and received from various quarters, including the National HIV/AIDS Commission, which has done outstanding work in Barbados during the period of its existence, we had to decide what to do about our children whom we regarded to be at risk.

Sir, we noted that, for a start, the age of sexual consent is 16. Put differently, a young man or young woman is free at the age of 16 to expose himself or herself sexually to the contracting of the HIV virus. They do not set out to contract it, but the fact that he or she is permitted by Law, to consent to sexual intercourse at age 16, puts

him or her in a position where that exposure can lead to contracting the disease.

Sir, we noted also that the age of medical consent is age 18. While at the age of 16 a young man or young woman, a young boy or young girl, could consent to sexual intercourse. It is not until age 18 that a young man or a young woman has a legal right to consult a doctor in his or her own right. We thought that was an anomaly which needs to be corrected, and the Government has taken on board the idea that there should be some consistency on this issue.

Sir, as the Honourable Member for St. James South said earlier this afternoon, the option was opened to us to raise the age of sexual consent to 18, but, of course, I believe that laughter would have erupted all across Barbados had we done that, because whether you put it at age 18 or not, it has taken place long before, so we had to do the next best thing. That is, to agree to reduce the age of medical consent to age 16. Sir, as has been made clear by practically every speaker on This Side, that is not another way of trying to exclude parents from the lives of their children. We are saying that when those same children get involved sexually, they do not involve the parents either. They do not call in the Press and say 'I am going to have sex this afternoon or tonight.' This is done by stealth. Therefore, that age group has to be protected. The Government thought that the best way to protect it is to reduce the age of medical consent to age 16.

Sir, this does not mean that there is any magic about the age 16. They are those who believe that the age of medical consent should be age 12, because there is no empirical data on the basis on which you can decide that any particular age is the age below which a person will not have sexual intercourse.

3.20 p.m.

I feel able to defend the Government's decision on the reduction of the age of medical consent from age 18 to 16. This is one policy option which the Government said it had to exercise.

The next policy option the Government looked at was this vexed issue of homosexuality and prostitution. Now, I know that this is an issue that excites a lot of emotional fervor. In fact, it is an issue of which one is supposed to be afraid to discuss, not the Member for St Michael South though, because I start from a position that nobody in this society knows for certain - if I may deal with homosexuality behaviour - whether homosexuality is a function of nature or whether it is a function of nurture.

Sir, nobody knows whether when people get involved in homosexual behaviour, if they are doing it as a

natural response to physical and natural attributes that they possess, or whether they are doing it as a matter of free will, after an informed or not so informed choice was made. I do not play God, but I know that unless that issue can be determined, and determined beyond any doubt, one cannot stand up and condemn homosexuality as wrong or right, because you do not know whether it is a function of nature or nurture.

The truth is, if you believe it is a function of nature, the quality of your intervention, on behalf of that section of the society, is going to be quite different from if you believe it is a function of nurture. Sir, if you believe it is a function of nurture, that is where your approach to ethics will come in, and you will decide that those persons are either good persons or bad persons. If it is a function of nature, your approach would be that the person cannot help him or herself, and deserves all the sympathy that he or she can get.

Therefore, confronting this issue, the Government while taking a decision not to give a stamp of approval to homosexual behaviour, is fully aware of the fact that unless one intervenes in that particular constituency, it is going to be very difficult to arrest the spread of this disease.

Of course, the situation is rendered the more complex when one acknowledges the existence of a sexual practice, which I heard described as on the down-low. The Government has the challenge of bringing those who are on the down-low to the up-high, and that is a challenge of a peculiar nature, quality and kind, which requires a particular type of policy response.

While we have not taken a decision to decriminalise those aspects of homosexual behaviour that do not comply with the law - and by that I mean, buggery - we are fully aware of the fact that this category of person in the society needs special attention. Sir, since we do not know whether the conduct derives from nature or nurture, the intervention has to be of a sympathetic kind. We cannot discriminate against such persons because of their preference.

This Government takes the position that we move in the direction of that sexual constituency with an open mind, recognising that we are dealing with a public health issue, and not with an economic, ethical or a social issue only, and so too, with prostitution.

Sir, it is true that none of us in this Chamber would sit down and counsel a daughter or son to go out there and become a prostitute, but whether we would do that or not, the reality is that in this society and in practically every other society on earth, there is a category called 'prostitute' and as category, they are part of the risk category with the spread of this virus. Again, the Government while agreeing not to legalise prostitution, fully accepts that category is a

vector of risks. Therefore, we have to respond to that category with sympathy, because we are not dealing only with an ethical issue, but we are dealing with a public health issue.

Every single family in Barbados is either directly or indirectly threatened by the spread of this virus. We need to approach those persons involved sympathetically, engage them, and get a dialogue going with them. We need to get their status verified so that we can put protective measures in place, in order that the remainder of the society can be screened off from the spread of the risk.

Mr. SPEAKER: Honourable Member, you have two minutes in which to conclude.

Hon. F. J. STUART: Thank you, Sir.

The other policy option that the Government had to address, was the issue of discrimination. Of course, that flows from all that I was saying just now that once you accept that this virus is now one of the thousand natural shocks to which all human flesh is air, and that none of us is immune from the risk of contracting it, we have to ensure that those who fall victim to that misfortune are not treated as pariahs in the society and are not discriminated against at the workplace, in our public institution or in the society as a whole.

The Government stands firmly on the path of ensuring that wherever possible discrimination against victims of this disease exists, we will confront it and root it out. Sir, given the fact that our treatments are working much better now than 15 years ago, these persons living with HIV/AIDS still have a contribution to make to this society. We intend to ensure that they make that contribution without unnecessary interference from those who superciliously and sometimes coldly, try to marginalise them.

Therefore, that is another area of policy to which we have given careful thought and which the Minister is espousing through these Resolutions in this House today, and which she was espousing last week.

3.30 p.m.

Mr. Speaker, I really have not got into half of my speech yet.

Mr. SPEAKER: That is unfortunate.

Hon. F. J. STUART: I have just a minute to go? Mr. Speaker, the Government of Barbados is committed to holding the hands of the HIV/AIDS Commission and giving it all of the support it needs as it continues to deal with this

unprecedented challenge of this ever present death sentence of whose origins we are up to now not sure.

Mr. Speaker, wherever resources have to be directed at strengthening the work of the HIVAIDS Commission, I feel able to speak for the Minister of Finance, the Honourable Member for St. John, in this matter. Mr. Speaker, I have heard him on this issue and I know that his compassion in this realm runs very deep. The Government he leads is committed to ensuring that we bring the incidence and spread of this virus under control, so that the lives of our people in Barbados can be rendered more tolerable, more abundant and certainly more risk-free.

I am obliged to you, Sir.

Hon. D. J. H. THOMPSON: Mr. Speaker, I believe that the House has been treated both this week and last week to some very high quality and sincere presentations on this matter by Members on Both Sides. I am unaffected by any presentations which other Honourable Members might have heard that might have raised their hackles or might have inspired them to heightened commentary. I am not able to speak in that vein, but I do not think that having heard the speeches that I heard today and having read the short reports in the newspapers that anybody in Barbados, in the Caribbean or anywhere else in the world could be in any doubt about the commitment of this Government, not only from the presentation of the Minister, but from the large number of presentations on This Side, both on the Backbench and the Frontbench.

Mr. Speaker, I want to especially compliment our parliamentary group because I have been in this Chamber before when White Papers or Green Papers and policy documents and so on have been brought here, and usually you might have a presentation by the Minister responsible, the shadow Minister and maybe four or five other Members. I was certainly not anticipating, and I am certain that the Minister herself would not have anticipated such a significant contribution by Members in this House on such an issue.

Mr. Speaker, sometimes in debates like this the whip is taken off because it gives people the chance to speak freely. When you do not take the whip off, people either do not say the things they want to say, they do not say things that they should say, they do not confess to their deeply held convictions or they do not help us to look into their hearts and minds and therefore, they avoid the level of sincerity that would otherwise come forward.

Mr. Speaker, when the whip is not taken off, you have to speak for your Party and for your constituents, you are not always speaking for yourself. Therefore, in this debate, I believe that where people have asked for Honourable Members to say things that they have not said,

they may be doing so because they believe that something have been withheld, some gem of personal wisdom or some inkling of information, that would give one a better understanding of the person who is speaking.

Mr. Speaker, as I said, the whip is not on and therefore this debate is to be judged against the background of the Government's commitment as a political party, its national commitment as the Government of Barbados and the commitment of the Democratic Labour Party to continue to pursue policies that assist those living with AIDS in our country.

Mr. Speaker, I want to compliment the members of the Cabinet and the Minister for ensuring that this document was also brought to this House so that it does not catch dust on some shelves, as has happened to previous policy documents, so that the public could judge the Government's performance based on the direction of the policy document.

Sir, any insinuation that because the AIDS Commission is not located in the Prime Minister's Office reduces its status... Sir, if that had come from a Prime Minister, then you could accuse him of being immodest or overly romantic about the position of Prime Minister. Mr. Speaker, if such a criticism comes from somebody who never held the office of Prime Minister - and at some point in their career must have been taken seriously on something they have said or done in their political career, even though they were not Prime Minister - that criticism therefore is hollowed and empty and it really reflects on the individual when they make that kind of criticism.

Mr. Speaker, the reason this Government established a Ministry of Family, Youth Affairs and Sports was to ensure that issues of this sort that often get sidelined and subsumed under other urgent and pressing national issues would be given the attention and the significance that they deserved.

Mr. Speaker, I do not think that there is any Prime Minister or Minister in Barbados, that even if he wanted to, would be able to diminish the work of Lady Carol Jacob. I am sorry to call the name without seeking your permission, Sir. Sir, I could not reduce the impact of that work. I could not reduce the impact of the public servants who have worked so tirelessly over the years. Mr. Speaker, whether we were in Government, or the other political party was in Government, these are people who have demonstrated a national commitment that no Prime Minister, no Cabinet Minister or anybody else would be able to diminish. They are going to shine in that area because they believe in it.

Mr. Speaker, as long as we provide the direction, the resources and the personnel and give them an opportunity to shine, then I believe that our AIDS policy can be

implemented regardless of who is the Minister or who is the Prime Minister of this country.

Mr. Speaker, I believe that more effort should be made to emulate the work that has been done by the persons who serve on the AIDS Commission and in that department in relation to other areas of national policy, so I compliment them.

Mr. Speaker, I say do not let those side remarks - I do not want to say snide remarks because they may not have been intended to be snide, they may have been misguided - that if you are not under the Prime Minister, you are not important. Do not let that affect you. You are as important to me in relation to the policies of this Government as is any other senior civil servant. The Special Envoy is as important to the work of this Government as any Ambassador in the court of St. James or in Washington or in anywhere else. This Government gives that assurance.

Mr. Speaker, obviously this debate, as I said, have ranged far and wide. While it was going on, I was in my office writing an order form for a book which I understand has been written by the wife or the widow - she may very well herself be deceased - of the late Carl Stone who apparently died from AIDS.

3.40 p.m.

She has written her story, apparently of how she was able to overcome. In fact, she herself got HIV/AIDS and may have died or is ill, I am not sure, but apparently this book is recommended as a book which anybody who has an understanding and compassion of human nature at its highest should read. Therefore, I commend it to the Minister when it comes out. I am not sure if it is out as yet. It is produced by the University Press of Jamaica and perhaps that might give us a better insight into how we in small societies tend to deal with challenges like this. It might give us a better insight as to how we are able to conceal it, how we are able to work within our families, how we are to work within our extended family groupings and how it impacts on our lifestyle. Perhaps that might assist us in improving on the policies that we implement in relation to the implementation of the tenets of the document which has been laid in this Honourable House.

Mr. Speaker, our objectives is to promote a fair and just society in Barbados and in the pursuit of that, we feel very strongly that those who are most disadvantaged, through no fault of their own and sometimes because of their own fault, need to be protected and need those who are stronger in the society to give them every assistance. That is why, as I have said, I am so happy to participate in this debate, and I compliment the Minister and Members of Cabinet for insisting again that this matter be brought to the

attention of this Honourable Chamber today. Mr. Speaker, I thank you.

Dr. the Hon. ESTHER R. BYER-SUCKOO: Mr. Speaker, as I stand to give the closing remarks on this debate, I first would like to thank my colleagues for their support of this Resolution, for their articulation of many of the issues that surround the challenges we face in dealing with HIV/AIDS. I would also like to thank them for their support of my ministry.

Mr. Speaker, I would like to thank all Opposition Members for their support. As was indicated by the Honourable Member for St. John, the support these Resolutions have received have been overwhelming. Certainly one did not expect to have such a wide-reaching debate from both sides, and so I would like to thank them all.

Mr. Speaker, I would also like to thank the National HIV/AIDS Commission for their work. Everyone here has acknowledged that work, and that alone is a testimony of the effect that work has had so far in this fight. I would like to thank other organisations that have joined us in this fight. I would like to acknowledge the UN-AIDS and the President of the representative body here throughout this debate. I would like to thank other civil society organisations and NGOs that have been supporting this fight and taking up the challenge, and for going to places where Government could not reach. Sir, any success that we have so far gained in this process is the work of all combined forces.

Mr. Speaker, I would like to publicly thank those care-givers in the challenge with HIV/AIDS, those who deal with those persons who live with HIV, those who counsel the bereaved, those whose relatives have passed on due to HIV/AIDS. I would like to thank the nurses who work tirelessly and those specialist doctors who work in treating HIV. I want to thank those family physicians, primary care physicians and general practitioners, who work on the frontline in preventing, educating and counseling and working with minors. Sir, we talked about lowering the age of medical consent to age 16, that comes to the family physicians because they are going to be the ones dealing with minors.

Mr. Speaker, the emphasis has been, and will continue to be, on behaviour change. Sir, I would like to thank the Honourable Member for Christ Church East Central for his contribution to the significance of behaviour change and giving some guidance and clarity to that discussion.

Sir, our focus is on reducing the incidents. We recognise the prevalence will increase. Sir, because of the treatment of HIV/AIDS, we are seeing fewer deaths at this

time, therefore, the number of people living with HIV/AIDS is increasing, simply because they are not dying as rapidly. Sir, we want to continue seeing a reduction in incidents in all age groups. We have to have programmes especially tailored for those specific age groups and for the at-risk groups that we deal with.

Sir, each group would have its own challenges and we are committed to finding responses for each of those groups. The emphasis will continue to be on behaviour change. Sir, even though the Commission is presently without a specialist, the process has begun to secure a specialist. Sir, as you would have gleaned from my colleague, behaviour change is a specialised area. We could talk, we could educate, we could teach people to educate, but we need a specialist to work on that behaviour change issue.

Mr. Speaker, we also need a specialist on monitoring and evaluating that behaviour change. If there is one weakness in the programme of the National HIV/AIDS Commission for HIV Prevention and Control, 2008-2013, that we have noticed so far is that of monitoring and evaluation. Therefore, even with the second loan from the World Bank, we have permission to put more emphasis and more of those funds into monitoring and evaluation.

Mr. Speaker, during the course of this debate, you would have heard there are many legal issues that we would face, which we have begun to address. The Ministry of Family, Youth Affairs, Sports and the Environment, have a number of issues that we have to address, such as the amendment to the Sexual Offences Against Minors Act; the anti-discrimination legislation, sexual harassment legislation and human trafficking. There was a session yesterday where we looked at human trafficking and to the threat that can pose to the Caribbean region, certainly to Barbados, which is now described as a host country for human trafficking. Sir, we need to do all we can to prevent that from happening.

The issue of medical consent is a legal one. There are maintenance issues in the Family Law legislation, such as access of parents in separation and divorce cases. Sir, these are all legal issues with which my ministry faces and we have begun discussions with the Attorney-General's Office. We have scheduled ourselves to continue doing so because we intend to bring these legal issues to this Honourable House.

Mr. Speaker, the issues that we have discussed are cross-cutting and what has been presented in the past two days in this Honourable House, I am encouraged that I have the support of my colleague Ministers, that those issues that cut across the various Ministries, we could work together in dealing with them.

Mr. Speaker, at this time, I would like to call on churches and other faith-based organisations to continue to work with the National HIV/AIDS Commission, using whatever means they have at their disposal, whatever powers they have, to be able to persuade, to work with their congregations and their communities, to continue in the fight against HIV/AIDS.

Mr. Speaker, as we have seen in this Honourable House, there is no significant political divide in relation to our response to HIV/AIDS. Therefore, I hope that at this time we would not see any denominational divide in this country across our faith-based organisations, or between the various councils and associations in the churches but that together we could work to conquer this problem.

Mr. Speaker, I urge the churches to see this as part of their agenda to promote the principles of the Kingdom of God, and to use whatever opportunity they have to continue to promote those principles such as values and behaviour change, so that we could teach compassion and teach against discrimination.

Mr. Speaker, we talked about the importance of families but particularly as we speak to HIV/AIDS, I call on families to step up their work. Sir, some have said that I speak too much about being a mother, I cannot help it, but we see a window of hope in that under-15 age group, and this is where I urge mothers and fathers to talk to their children. Sir, children live what they learn and therefore parents must play their part. Parents must talk to their children. If parents do not know how to talk to their children about sex and sexuality, they could get counselling or advice from those organisations or associations, for example, the Child Care Board or PARADOS, that are there to assist with those parenting skills.

3.50 p.m.

There are a lot of married people out there who are very afraid because they are aware that one partner is being unfaithful, they run and get tested and a lot of divorces are going on and people are dying because one partner is affecting the other.

Mr. SPEAKER: Honourable Member, you have three minutes in which to conclude.

Hon. P. M. T. Todd: Thank you very much, Mr. Speaker. I understand there is Ghanaian model certified against HIV/AIDS, the ABC approach. Abstinence as the first ideal; if that is not practical in the particular context then B, be faithful to one partner. I do not know what they mean in Ghana but, in my view, the partner would be of the opposite sex and then C, would be condoms. The Honourable Member for St. George South alluded to this in her presentation. The Honourable Member for St. George

South in her presentation talked about the fact that there is a concern about those persons who deliberately infect other people with the virus and I am saying that we have to as a nation look seriously at legislation. I understand in Trinidad they have on their statute books legislation to address this and I am calling for the country to implement legislation so that if someone, infected with HIV/AIDS deliberately infects someone with the virus where that other person is not aware of the infected person's status and that results in the death of that second person, that should constitute murder. Mr. Speaker, I am here representing the people and that is what is on the street.

Sir, now that we have the anti-retro viral drugs out there you cannot those people with all the opportunistic disease symptoms like the loss of weight, lesions and so on, so that you know there is full-blown AIDS and that if you engage in sex with them, you know what precaution to take and what risk is involved. Sir, now people are looking physically well and you do not know who is infected and who is not. I am not calling for any discrimination against these persons, not at all because they have rights. I am saying that we must ensure that perspective is seen and we do not encourage people infected with HIV/AIDS to figure that since somebody gave it to them, it is their determination to infect as many people as they can.

Mr. Speaker, I am saying that with the Ministry of Social Care, Constituency Empowerment and Urban Development, we have the Welfare Department, we have Urban Development Commission and, as I said before, these agencies are responsible for delivering vital services to persons infected with HIV/AIDS among others and, therefore, this Minister would not tolerate any discrimination in these departments against persons living with HIV/AIDS. In the past we talked about HIV/AIDS victims, but this is discriminatory and we encourage all and sundry to use the substitute "persons living with HIV/AIDS" because it could be me, you, a brother or a sister.

The Honourable Member for St. Michael Central made the point that even in Barbados insurance companies discriminate. I have an insurance policy for \$100 000 and I had to get a HIV/AIDS test and I would not have gotten the policy if I were positive, because once your insurance policy is about \$100 000, this is mandatory and Government has to address this blatant discrimination.

Mr. Speaker, I could go on and on, but all I am saying is that we must not be hypocritical and that we must be very consistent. Just as the Honourable Member for St. Michael North West said, we must be discipline in terms of whether we over- eat or over-drink, we must be discipline within our policy and strategy. They talk about the dominance of one partner over another in terms of sexual

activity and this power issue and I am saying that we cannot promote the situation, where we see lesbians beating up one another in public or homosexuals males doing the same thing, because it ends up with one partner raping the other. This is negative behaviour and it frightens me, because when I go down town I see a lot of young unsuspecting girls out there behaving more masculine than me. If all the men or women in Barbados or around the world were to be homosexuals, then human kind would be in jeopardy because there would be no procreation.

Mr. Speaker, I support the Government and we are going forward in this war to fight this dreaded pandemic to the last man and woman, but we must not be hypocrites. We must be holding on the moral fabric in our society that frowns upon homosexuality, that frowns upon promiscuity, that promotes monogamous relationship among heterosexuals.

Mr. Speaker, I thank you.

Hon. R.D. JONES: Mr. Speaker, I beg to move that further consideration of this Resolution be postponed.

Hon. F. J. STUART: I beg to second that, Sir.

The question was put and resolved in the affirmative without division.

3.55 p.m.

CONTENTS

MINUTES

Hon. R. D. JONES.....	1
Hon. F. J. Stuart, 1.	

ANNOUNCEMENTS BY HIS HONOUR THE SPEAKER

MINISTERS STATEMENTS

Hon. D. O'N. INNISS.....	2
--------------------------	---

SUSPENSION OF STANDING ORDERS

Hon. R. D. JONES.....	3
Hon. F. J. Stuart, 3.	

ORDER NO. 3 – RESOLUTION TO TAKE NOTE OF AND APPROVE THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS PREVENTION AND CONTROL 2008-2013.....	3
--	---

ORDER NO. 4 – RESOLUTION TO TAKE NOTE OF AND APPROVE THE BARBADOS NATIONAL HIV POLICY – A FRAMEWORK FOR ACTION..	3
Hon. E .G. Hutson, 4, 6; Dr. W.F. Duguid, 7, 10; Mr. D. St.E. Kellman, 10; Hon. R. D. Jones, 10, 12; Mr. S. A. Lashley, 13, 16.	

RESUMPTION

ORDER NO. 4 (resumed)

PAPERS

Hon. R. D. JONES.....	16
1. The Reports of the Barbados Accreditation Council for March 31, 2005 and April 1, 2006 to March 31, 2007.	

STATEMENTS BY MINISTERS

Hon. D. J. H. THOMPSON.....	16
-----------------------------	----

MINISTERIAL STATEMENT RE: HARDWOOD
HOUSING
FACTORY INC.

GOVERNMENT BUSINESS

SPEAKERS IN THIS ISSUE

BEST, His Honour K. St.C (St. Michael East)
BYER-SUCKOO, Dr. the Hon. ESTHER R. (St. George South)
DUGUID, Dr. W.F. (Christ Church West)
HUTSON, Hon. E .G. (St. James Central)
INNISS, Hon. D. O'N. (St. James South)

JONES, Hon. R. D. (Christ Church East Central)
KELLMAN, Mr. D. St.E. (St. Lucy)
LASHLEY, Hon. M. A. (St. Philip North)
LASHLEY, Mr. S. A. (Christ Church West Central)
LOWE, Hon. Dr. D. S. (Christ Church East)
STUART, Hon. F. J. (St. Michael South)
STUART, Hon. J.
THOMPSON, Hon. D. J. H. (St. John)

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EDITORIAL NOTES — NOT PART OF THE REPORT

Prepared with the transcript; for checking against the recording and the Minutes.

EDITORIAL QUERIES

Points noted while preparing this report from the edited transcript. The text has not been altered except where stated.

Q1. Orders Nos. 3 and 4, Dr. W. F. Duguid, take-slip 11.00 a.m.. The source carries two reporters' versions of the passage on blood products and the global toll of AIDS, either side of the 11.00 a.m. take-slip. The fuller second version is printed and the first (about 180 words) has been left out. Please confirm.

Q2. Orders Nos. 3 and 4, Mr. S. A. Lashley, take-slip 12.20 p.m.. The sentence 'I believe we have to adopt a zero tolerance approach to those persons ... involved in that exercise' is typed on both sides of the 12.20 p.m. take-slip; the repeat (about 15 words) has been left out. A similar repeated sentence on the 245 orphaned children in Hon. D. O'N. Inniss's speech (take-slip 1.50 p.m.) differs in wording and is printed as in the source. Please confirm.

Q3. Orders Nos. 3 and 4, Hon. E. G. Hutson. The words 'Mr. Speaker, I want to comment on page 8 of the Barbados National HIV Policy, and I quote' stand in the source where a speaker's name would go; the passage that follows (about 890 words) continues Hon. E. G. Hutson's speech. Printed as in the source.

Q4. Orders Nos. 3 and 4, closing speeches. After Dr. the Hon. Esther R. Byer-Suckoo's 'closing remarks' and the Speaker's three-minute warning, a speech of about 760 words opens with the words 'Hon. P. M. T. Todd:' inside the paragraph rather than under a speaker heading, so it follows directly on the Speaker's words. Its content (the Ministry of Social Care) suggests Hon. P. M. T. Todd. Printed as in the source.

Q5. Take-slips. One take-slip reads '12.00 a.m.', presumably 12.00 noon. Printed as in the source.

Q6. Speaker labels. Names appear in more than one form: 'Hon. E .G. HUTSON' and 'Hon. E. G. HUTSON'; 'His Honour K. St.C BEST' and 'His Honour K. ST.C. BEST'; the suspension is seconded by 'Hon. J. STUART', elsewhere Hon. F. J. Stuart. The PRESENT list names Hon. R. D. Jones, Hon. D. D. Marshall and Hon. M. A. Lashley twice. Printed as in the source.

Q7. End of record. The record ends with the postponement of further consideration of the Resolutions and a take-slip of 3.55 p.m.; no adjournment of the House is recorded. Please confirm whether the rest of the sitting is missing.

DEBATE SUMMARY

(Editorial summary — not part of the record.)

The House of Assembly met on Tuesday, 3rd June, 2008, with Mr. Speaker, His Honour M. A. Carrington, in the Chair; prayers were taken by Canon Father Ivan Harewood. The Minutes of May 27, 2008 were confirmed. Hon. D. O'N. Inniss reported that on 8th May, 2008 Barbados had submitted to the United Nations Commission on the Limits of the Continental Shelf its case for a shelf beyond 200 nautical miles, the first by a small island developing state; he laid the Executive Summary, said the submission had nothing to do with the fisheries talks with Trinidad and Tobago, and commended the team led by Dr. Leonard Nurse. Standing Orders were suspended for the rest of the Sitting.

The House resumed the debate on Order No. 3, the Resolution to take note of and approve the National Strategic Plan for HIV/AIDS Prevention and Control 2008-2013, and Order No. 4, the Resolution to take note of and approve the Barbados National HIV Policy - A Framework for Action. Hon. E. G. Hutson quoted projected spending rising from \$23.6 million in 2008-2009 to \$47.6 million in 2012-2013, more than \$180 million in all, and supported lowering the age of medical consent from 18 to 16. Dr. W. F. Duguid described the routes of transmission, universal precautions in dental practice and the case for male circumcision, and called the Minister's presentation 'lackluster'; a point of order by Mr. D. St.E. Kellman was ruled not valid. Hon. R. D. Jones urged Members to 'stop pretending' that young people were not sexually active, citing the finding that 29.4 per cent of those aged 15 to 24 had more than one partner. Mr. S. A. Lashley questioned whether education had changed behaviour and called for zero tolerance of adults who prey on children. The House was suspended at 12.24 p.m.

On resumption the Reports of the Barbados Accreditation Council were laid. The Prime Minister, Hon. D. J. H. Thompson, made two statements. On pensions for former members of the Barbados Defence Force, he said the actuary had put the past service cost at \$24.3 million and that 806 former officers and soldiers would be eligible by December 2008. On Hardwood Housing Factory Inc., which had received \$2 million from Enterprise Growth Fund Ltd., he reported that a preliminary forensic audit had found grounds for further investigation; a request for a Letter of Comfort for a further \$700 000 overdraft would not be honoured, and a second phase of the review would proceed.

In the resumed debate Hon. D. O’N. Inniss broke the \$180 million into \$33 million for prevention, \$92 million for treatment, \$20 million for care and support, \$29 million for programme management and \$4.2 million for monitoring and evaluation. His Honour K. St.C. Best spoke on stigma, lyrics played on PSVs and making wilful infection a criminal offence. Hon. M. A. Lashley answered the Member for St. Thomas on housing and workplace rights and asked the Opposition’s position on homosexuality and prostitution. Hon. Dr. D. S. Lowe spoke of the social norms and beliefs behind behaviour.

Hon. F. J. Stuart set out the Government’s choices: lowering the age of medical consent rather than raising the

age of sexual consent to 18; not decriminalising buggery but treating men who have sex with men and sex workers as a public health matter; and confronting discrimination. The Prime Minister said the whip was off and that the Commission’s status was not reduced by its not being in his Office. In her closing remarks Dr. the Hon. Esther R. Byer-Suckoo thanked Members and the Commission, identified monitoring and evaluation as the Plan’s weakness and called on churches and families to help. A further speech, labelled in the text as Hon. P. M. T. Todd’s, called for deliberate infection causing death to be treated as murder. On the motion of Hon. R. D. Jones further consideration was postponed; the record ends at 3.55 p.m.