Improving Access to HIV Services for Mobile and Migrant Populations in the Caribbean

Mapping St Maarten's Dominican, Jamaican and Haitian Migrant Communities in Relation to HIV and AIDS

REPORT BY PARTICIPANT

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Abbreviations and Acronyms

ADC	Assistant Data Collectors
AIDS	Acquired immune deficiency syndrome
BB	Blackberry (mobile phone device)
CDFHA	Department of Community Development, Family & Humanitarian Affairs
DQ	Dutch Quarter
DC	Data Collector
DR	Dominican Republic
DS	Dutch Side St Maarten
FDG	Focus Group Discussion
FS	French Side St Martin
GP	General Practitioner (Physician)
HIV	Human Immunodeficiency Virus
HIVSP	HIV Service Provider
ICR	Influential Community Representative
KI	Key Informant
KII	Key Informant Interview
LDC	Lead Data Collector
MARP	Most At Risk Population
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PC	PARTICIPANT Consultants
PLD	Partido de la Liberación Dominicana
PLWHA	People Living With HIV/AIDS
PMT	Programme Management Team
PLD	Partido de la Liberación Dominicana
PRD	Partido Revolucionario Dominicano.
PS	Population Surveys
SMAF	St. Maarten AIDS Foundation
SMMC	St. Maarten Medical Centre
STI	Sexually Transmitted Infection
SXM	St. Maarten
SZV	Social and Health Insurance

1. Introduction

This report was commissioned by PANCAP/GIZ/EPOS to research the needs of St Maarten's most vulnerable migrant communities with respect to HIV.

The research sought to understand migrant dynamics as they pertain to HIV, access and barriers to use of HIV services, and exploration of service gaps and areas for future investment. The report was carried out by PARTICIPANT Consultants, in collaboration with St Maarten's HIV/AIDS Programme Management Team (PMT) and the Department of Community Development, Family & Humanitarian Affairs (CDFHA). St. Maarten is a unique case study for research on mobile and migrant populations in the Caribbean, with migrants comprising the majority of the island's population. With a total of 37 square miles shared between French and Dutch territories, the registered population according to 2011 Civil Registry is 54,942 on the Dutch Side (DS) alone. This figure does not account for the large numbers of undocumented persons living on both sides of the island, about whom little data is available.

According to *THE IMPACT OF IMMIGRATION ON CARIBBEAN MICROSTATES: Bahamas, British Virgin Islands, Saint Maarten, United States Virgin Islands (1998),* while the status of migrant does not necessarily constitute vulnerability, migrants in St. Maarten, particularly the undocumented, have been pre-disposed to socio-economic vulnerability. The type of labour generally available to migrants has been largely unskilled, domestic, and construction which attract migrants of lower economic status and educational attainment. In St. Maarten, these characteristics together with language and cultural barriers and the fear of deportation, increase migrants' pre-disposition towards vulnerability.

In light of the size, complexity and vulnerability of St Maarten's migrant population, and the time and resource constraints of the project, the scope of the research was limited to the three largest migrant populations on the island, namely Dominican, Haitian and Jamaican. The report focused on conducting new field research about these migrant groups as they pertain to HIV. The research focused particularly on the socio-economically vulnerable within the migrant groups, including undocumented migrants.

According to UNAIDS November 2010 Report on the Global AIDS Epidemic, female sex workers and men who have sex with men (MSM's) are two of the most HIV vulnerable segments in the Caribbean. These groups were not treated as focus segments in this research due to the difficulty of accessing these populations in St Maarten, which would require research time beyond the scope of this study. Dedicated follow-up research into the dynamics of these vulnerable populations in St Maarten is important and valuable.

2. Methodology

2.1. Target Populations

The target population was narrowed to three (3) migrant groups and a focus district for each based on the 2011 Civil Registry figures:

- Civil Registry reported the three largest migrant groups on the island were Dominican (6246, 11% of total population), Haitian (5755, 10% of total population), and Jamaican (3360, 10% of population).

- Civil Registry reported the three districts with highest concentrations of the respective migrant populations were Sucker Garden/ A T Illidge Road (1046 Dominican, 20% of district), Cay Bay (886 Haitian, 37% of district), and Lower Princess Quarter including Dutch Quarter (190 Jamaican, 6% of district).

2.2 Desk Review

By way of background information on the target populations and HIV in St Maarten, the research reviewed existing sources of information:

- Relevant published data on St. Maarten's population
- HIV/AIDS services on St. Maarten
- Organizations that focus on HIV/AIDS prevention, education, services etc
- Implications of legal status on migrants access to healthcare

NOTE: because of the scarcity of sources addressing the above areas of interest with regards to St. Maarten, the desk review is somewhat limited. References to and discussion around sources appear in the relevant sections of the report including a full list of works cited and referenced.

2.3 Field Research

The emphasis of the project was placed on obtaining new, original data in the field. The methodology for the mapping included a combination of qualitative and quantitative methods.

2.3.1 Selection of Field Research Methods

HIV/AIDS services have been proven to be largely affected by peoples' attitudes and perceptions about HIV/AIDS. Key Informant Interviews (KII's) and Focus Group Discussions (FDG's) were employed to extract qualitative data which sought to uncover the nuances of these perceptions and attitudes amongst both the target migrant populations and HIV Service Providers (HIVSP). In addition, Population Surveys (PS's) were employed to extract quantitative data of statistical significance on the target migrant populations.

- **KII's -** St Maarten's communities are densely populated and tightly knit, which created an opportunity to quickly identify well-connected and informed individuals who held a broad and deep knowledge of their respective communities. KI's were typically individuals in formal or informal leadership positions (e.g. community or faith based organizations) or social 'hubs' (dj's, entrepreneurs, and barbers) with extensive personal networks and knowledge in their respective communities. KI's for HIV Services were HIV Service Providers (HIVSP). Two different KII questionnaires were developed- one for community contacts, and another for HIVSP's. In total, 4 Dominican, 3 Haitian, and 3 Jamaican KII's were conducted, in addition to 6 HIVSP KII's. Copies of the questionnaire guides are provided in the Annex of this report. Public sector representatives were for the most part not consulted for this research. This was largely because relevant information concerning their respective departments could be found on pre-existing reports and publications.

- **FDG'S –** Focus groups were deemed the most appropriate approach to hearing first-hand the perceptions of the target populations and gauging their attitudes about relevant topics. A total of 6 FDG's were planned, 2 per community, with between 5-10 participants per session in a facilitated discussion lasting between 15-75 min. (Note: in the end, 5 FDG's + 1 group interview were carried out as explained below). All sessions were conducted in the primary spoken language of the migrant group, with the exception of the Haitian youth group for whom English was the primary spoken language. Lead Data Collectors (LDC's) helped to shape the profile and composition of the FDG's in consultation with PC. Criteria for FDG profiles were that they needed to cover employed and unemployed, male and female, documented and undocumented, and a range of ages. The LDC's then suggested the best makeup of each individual FDG and its location given the dynamics of their respective communities (see Annex 3). A single questionnaire was used for all three migrant populations, translated into Spanish and Haitian Creole and validated for linguistic and cultural resonance. Copies of the Focus Group Questionnaire guides are provided in the Annex.

- **PS's –** In St Maarten there is a familiarity amongst the population with the notion of participating in door to door surveys. In total 120 Dominican, 111 Haitian, and 109 Jamaican surveys were conducted. The numbers were calculated with the regional support team for Component 3 to achieve sample sizes of statistical significance for the estimated size of the respective populations. The survey consisted of 51 uniform questions, again translated into Spanish and Haitian Creole. Copies of the surveys are provided in the Annex.

2.3.2. Recruitment & Training of Data Collectors

Two levels of Data Collectors (DC's) were recruited for the project. Lead Data Collectors (LDC's) were more experienced and ultimately responsible for the data collection. Assistant Data Collectors (ADC's) were brought in primarily for safety reasons due to administering surveys in neighborhoods known for crime, often at night. Two (2) pairs of DC's (LDC + ADC) were assigned to each migrant group, totaling 6 LDCs and 6 ADCs.

DC's were recruited primarily on the criteria of being sufficiently connected to the target migrant group, and fluent in their respective languages and cultures, to be able to effectively reach and engage the populations. To address the issue of confidentiality, DC's were hired who were members of the community at large, but not residents of the specific district they were to administer surveys (with the exception of one Haitian DC). Secondarily, DC's were sought who had some prior training or experience in community work, including survey administration, and HIV/AIDS expertise, but these were not deemed pre-requisites.

Two trainings were conducted in group sessions lasting three hours. Where individuals were unable to attend, smaller sessions were arranged. Trainings covered project objectives, confidentiality, PS and FDG techniques, and HIV and AIDS overview. The trainings were designed to be highly interactive involving DC's in the design of the tools in order to ensure that the approaches were sensitive to each community's unique characteristics.

First, LDCs and ADCs were presented with a clear set of objectives and a 'working draft' of the data collection tools. LDCs and ADCs were then engaged in critique and brainstorming sessions to refine the tools. After the tools were designed, LDCs and ADCs conducted role-plays with the tools within the training environment to test for clarity and timing. Further survey validation was conducted by LDC's within their target communities, after which final amendments were suggested, and documents finalized.

This interactive process was successful in achieving the two key objectives of our training:

(1) Ensuring the data collection tools and methodologies were shaped appropriately to the cultural nuances and practical requirements of each community. As our DC's were themselves intimate with the target communities, they were in an advantageous position to ensure this through their co-creation of the tools.

(2) Maximizing LDCs and ADCs sense of mastery and ownership of the tools. The questionnaire posed some inherently difficult-to-ask questions which presented discomfort for some LDCs. In light of this, having a hand in the survey design helped to prepare them psychologically, giving them more confidence and comfort to ask difficult and sensitive questions.

2.3.3 Field Data Collection Execution

The DC's were independent in their execution of the PS and FDG's working in their teams (LDC/ADC pairs for PS's, LDC/LDC pairs for FDG's). Logistical support was provided by PARTICIPANT when needed with debriefing at critical points in the data collection process.

- KIIs were conducted exclusively by PARTICIPANT Consultant (PC). A snowballing effect was employed to find KI's within the target communities. All Interviews were conducted in English as it was revealed in advance that all KIs spoke English well.

- PS's were for the most part conducted in pairs of LDC/ADC teams who went out together door to door to conduct the surveys at peoples' homes and at business locations. Depending on the particular street and comfort level of the DC's (including time of day etc), LDC's sometimes acted independently.

    - DOMINICAN: DC's targeted a combination of residential and commercial areas. Due to clustering within these areas, it was relatively easy to find Dominicans in both locations. In the commercial district, Dominican business owners, employees and patrons were approached in or outside business locations. Where it was not possible to conduct the interviews at the business site during busy hours, DC's were instructed by potential respondents to return to their places of residence after working hours. The Dominican population was reportedly very forthcoming with their views and very willing to participate. Surveys were conducted on weekdays (mainly between 6-10pm) and on weekends (all day, morning to evening).

    - JAMAICAN: Because Jamaicans generally do not cluster, door to door sampling was not a feasible method. Instead, the DC's relied on referrals from one Jamaican household to another within residential areas. Another challenge within the residential area was the politically charged environment around immigration and fear of arrest and deportation. In this environment, teams were frequently treated with suspicion. Although the survey introduction stressed anonymity of results, there was a perception that the information obtained could be associated with the physical address and its occupants. To overcome this challenge, the teams also looked to alternative locations known to have Jamaicans working or congregating. These included busy commercial districts where there are a large number of employees or customers, and popular restaurants, bars or gathering places. Individuals were approached based on dress and accent as likely members of target population, their identity and willingness to participate was confirmed, and the closest suitable place to conduct the survey was determined. These included inside places of business, in discreet areas in the public domain, and sometimes rescheduled for a more convenient time and location. The Jamaican DC's conducted surveys weekend and weekdays (all day, morning-evening).

- HAITIAN: Haitian surveys were conducted in residential, commercial and public areas including a Haitian bar, Haitian church, Haitian hair salon, the Salvation Army, and around the town. Surveys were conducted in both Haitian Creole and English and carried out on weekdays and weekends throughout the day. There were a total number of three (3) LDC's, who conducted surveys for the Haitian community at different points during the survey data collection phase. ADC's were called upon when LDC's deemed it necessary to have them. In light of challenges faced by one LDC in conducting surveys particularly with male respondents, her male ADC conducted a number of surveys independently.

  Surveys conducted in residential areas were door to door for Haitian neighbourhoods. Respondents at commercial sites such as the Haitian bar and hair salon were surveyed based on their willingness to participate and their availability. Public spaces targeted for survey respondents in and around the town were known to the DC's as areas frequented by Haitians. Surveys were also conducted at Haitian churches and over the phone to persons referred to DC's by previous respondents.

  Initially, the Cay Bay area was chosen to conduct all 111 surveys because of the high concentration and large number of Haitian residents in the area. One of the LDC's, however, was known to the people in that area as a fellow resident. Consequently, many persons approached by that LDC were reluctant to do the survey with her. For this reason the Colebay area was also targeted for Haitian survey respondents including the residential areas of Union road, Well road, and Narrow road.

  Surveys were carried out in both Creole and English according to the preference of the survey respondents.

  The challenges faced by DC's in carrying out Haitian surveys were many.

  - It was observed that many female door to door respondents although willing were not given the opportunity to respond to
    questions on their own by husbands or other male figures in the house.
  - Randomly selected strangers in and around the town shared their information freely except for the section on their personal sexual behaviour and history.
  - Husbands approached by the female DC's often felt that they were sent by their wives to get information or that information they shared would get back to their wives. In such case these men often declined responding.

- Many Haitians in target neighborhoods worked during the day and were not interested to take the time to answer questions on their return from work at night.
- There was often a sense of stigma and lack of interest in anything to do with HIV and AIDS.
* Some respondents lost interest midway through their survey and failed to complete it. Incomplete surveys were not counted towards the data collector quotas and were excluded from the survey analysis.
- Some persons who saw others decline to respond also declined to respond themselves (particularly in commercial establishments). Other potential respondents suspected that the survey was commissioned by a Haitian representative group with which they were not satisfied.

On the part of the LDCs

- Breaks in data collection due to family emergency and working schedules.
- A replacement LDC stopped soon after starting because she no longer felt comfortable to ask such personal questions, particularly with reference to sexuality.
- One LDC felt uncomfortable and sometimes vulnerable when male respondents gave her what she referred to as "sexual looks" while discussing their sexual history.

FDG's, with the exception of the Haitian team, were administered in LDC pairs. Teams worked using one designated facilitator and one designated note-taker. In addition, voice recorders were utilized where participants gave permission. FDG participants who fit the respective profile focus (e.g. youth, employed, unemployed, etc.) were recruited in several ways including from among survey participants who were particularly forthcoming or enthusiastic in their responses; by leveraging relevant community contacts; and by going directly to popular locations or hangouts.

FDG introductions included statements about confidentiality and ground rules and distribution of project introduction letters from PANCAP/EPOS/GIZ Team Leader including a version translated into Spanish for the Dominican population (English version was considered to carry more credibility with the Haitian population).

- Challenges with FDG's were many. It proved difficult to rely on attendance of invitees. Most of the teams overcame this challenge by over-inviting, or in one case by organizing a focus group spontaneously in a popular gathering area (e.g. backyard hangout). The Dominican unemployed group presented the greatest challenge. Focus groups were attempted three times, each time with less than 3 persons attending. As incentive to participate, transportation was arranged at no cost, and a $5 phone card was offered to every

unemployed invitee, and the sessions were hosted at the hotel of a well-known Influential Community Representative (ICR's) in a popular location. Despite this, on the third attempt, only 2 persons turned out for the unemployed Dominican focus group, which was carried out as a group discussion, and results are based as such.

2.3.4. Field Data Entry & Analysis

The software platform, SurveyMonkey, was employed to enter and tabulate the raw PS results. A number of high school volunteers were mobilized for survey data entry into the platform. High school guidance counselors were approached for recommendations of suitable students. The students were trained in how to use the system and enter the data accurately. Volunteers used the opportunity to fulfill mandatory community service hours for completion of their school curriculum, which were signed off by PC following successful data entry. A third party contractor familiar with the SurveyMonkey system was employed to help design and manage the platform. PC checked for accuracy of data entry by ensuring all Survey ID's were accounted for in the system, and random checks of survey responses in the database registered against the original hard copies of the surveys.

2.4 Limitations

Survey

- The survey was designed to be administered in less than 30 minutes. To accommodate this, the survey was limited to the most important high level questions, the results of which can be used to focus follow-up research. Included in this are facts discovered from survey responses not anticipated in its design, for example the prevalent use of medical services on the French Side as well as off island, which if accounted for could give more clarity about where and when individuals are likely to visit the Dr. and/or be tested for HIV.

- Even with translation and a trained survey administrator, there is always possibility of misunderstanding and misreporting in surveys. One example where this was clearly identified was in Haitian responses to condom use, which when compared to responses to other populations, and by back-checking respondents' answers to previous questions about sexual activity, clearly indicated a misunderstanding among a significant percentage of the population. In this case, it could be identified and dealt with through data sanitization; however we can assume that not all cases of misunderstandings could be necessarily identified in analysis.

- For the Haitian community in particular (49%), as well as Dominican (31%) and Jamaican (29%), there was significant number of survey respondents who were

not comfortable to discuss sexuality, reducing the statistical significance of the results in these questions.

Sample Selection and Randomization

- In focus areas where door to door surveys were carried out, there was an initial pre-selection of lower-income neighborhoods with high concentrations of target migrant populations, including large numbers of undocumented persons. Beyond this initial pre-selection, the individual homes approached were left to the discretion of the DC conducting the survey. This limited the degree of randomness in the sample.

- When surveys were conducted in areas outside the pre-selected districts, such as hair salons, churches, bars, in the town etc, randomization of respondents again was very limited.

Data Validity

- One of the Haitian LDC's was known to the people in the Cay Hill area as a fellow resident. This could limit the degree of candor of survey respondents who knew the LDC personally, and may partially explain the higher rate of Haitian respondents who declined answering questions about their sexual lives.

3. Results & Analysis

This section highlights key points extracted from the desktop research (existing reports and data sources) plus field data (FDG's, KII's and PS's).

3.1. Migrant Dynamics

3.1.1. Demographics

Figures below compare the Civil Registry 2011 demographic data with estimates provided by KI's.

FIGURE 1 Map of St Maarten DS/Martin FS

TABLE 1 St Maarten DS Population Figures

	2011 Civil Registry Figures Documented only	% of Total Population	*Key Informant Estimates Doc + Undoc*	*% of Total Population*
Total (Dutch Side) Population	54942		*70,000*	
Haitian Population	5755	10%	*10,000-17000*	*14%-24%*
Jamaican Population	3360	6%	*5,000-7,000*	*7%-10%*
Dominican Population	6246	11%	*10,000-15,000*	*14%-21%*

Based on 2011 Civil Registry, and confirmed by KII's, the areas with highest numbers and concentrations of the respective migrant groups are listed in TABLE 1 below. Of these, the most densely populated regions for each migrant group is highlighted. FIGURE 2 shows the target regions and Table 3 shows the total population numbers for each according to 2011 Civil Registry report (documented only) and the corresponding estimated populations according to KII's (documented + undocumented).

TABLE 2. Districts with High Concentrations of Target Migrants

Migrant Group	Neighbourhoods/Districts
Dominican	St. Peters, Dutch Quarter, ***Sucker Garden, AT Illidge Rd***, Cul-de-sac
Haitian	***Cay Bay***, Cay Hill, Cole Bay, St. Peters
Jamaican	***Lower Prince's Quarter***, St. Peters, Over the Bank, Cay Hill, Middle Region, French Quarter (FS)

FIGURE 2 Maps of Focus Neighbourhoods

TABLE 3

Target Migrant Population Estimâtes

	2011 **Civil Registry Figures Documented only**	**% of** **District Population**	***Key Informant Estimates Documented + Undocumented***	***% of*** ***District Population***
Cay Bay –				
District Population	2401		*4000*	
HAITIAN Population	886	37%	*1500-2000*	*38-50%*
Lower Prince's Quarter				
District Population	5216		*7000*	
JAMAICAN Population	190	6%	*1000-2000*	*14-29%*
Sucker Garden / AT Illidge/ Arch Road				
District Population	5157		*7000*	
DOMINICAN Population	1046	20%	*1500-3000*	*21-43%*

TABLE 4 – Dominican Socio-Demographic Survey Data

Gender	Percentages (Responses)
Male	40,5% (49)
Female	59,5% (72)

EDUCATION	Male	Female	Grand Total
b) Primary school	10% (5)	15% (11)	13%
c) Primary school completed	24% (12)	14% (10)	18%
d) Secondary school	31% (15)	25% (18)	27%
e) Secondary school completed	22% (11)	26% (19)	25%
f) College/university	12% (6)	15% (11)	15%
g) College university completed	0% (0)	4% (3)	2%
Grand Total	**100%**	**100%**	**100%**

RELATIONSHIP STATUS	Male	Female	Grand Total
Single	53% (26)	54% (39)	54%
Married	41% (20)	31% (22)	35%
Divorced	0% (0)	3% (2)	1%
Separated	0% (0)	1% (1)	1%
Widowed	0% (0)	4% (3)	2%
Living with Partner	6% (3)	7% (5)	7%
Grand Total	**100%**	**100%**	**100%**

EMPLOYMENT	Male	Female	Grand Total
Full Time	59% (29)	61% (44)	60%
Part Time	6% (3)	14% (10)	11%
Temporal	18% (9)	3% (2)	9%
Looking For	12% (6)	6% (4)	9%
Unemployed	4% (2)	15% (11)	11%
Grand Total	**100%**	**100%**	**100%**

Age Distribution	Male	Female
Mean	**39,2**	**41,4**
Std Deviation	**11,4**	**11,2**

TABLE 5 – Jamaican Socio-Demographic Survey Data

Gender	Percentages (Responses)
Male	50% (54)
Female	50% (54)

EDUCATION	Female	Male	Grand Total
Primary school	0%	7% (4)	4%
Primary school completed	2% (1)	6% (3)	5%
Secondary school	15% (8)	22% (12)	18%
Secondary school completed	50% (27)	50% (27)	50%
College/university	11% (6)	4% (2)	7%
College university completed	20% (11)	9% (5)	15%
Grand Total	**100%**	**100%**	**100%**

RELATIONSHIP STATUS	Female	Male	Grand Total
Single	52% (28)	46% (25)	50%
Married	26% (14)	33% (18)	29%
Divorced	6% (3)	4% (2)	5%
Separated	7% (4)	4% (2)	6%
Widowed	0% (0)	2% (1)	1%
Living with partner	9% (5)	11% (6)	10%
Grand Total	**100%**	**100%**	**100%**

EMPLOYMENT	Female	Male	Grand Total
Full time	52% (28)	48% (26)	50%
Part-time	26% (14)	11% (6)	18%
Temporary	0% (0)	6% (3)	3%
Looking for work	4% (2)	2% (1)	3%
Unemployed	7% (4)	2% (1)	6%
Grand Total	**100%**	**100%**	**100%**

Age Distribution	Male	Female
Mean	**31.85**	**32.15**
Std Dev	**10.01**	**8.74**

TABLE 6 – Haitian Socio- Demographic Survey Data

Gender	Percentages (Responses)
Male	54,1% (60)
Female	45,9% (51)

EDUCATION	Male	Female	Grand Total
None	3% (2)	2% (1)	3%
Primary school	5% (3)	12% (6)	8%
Primary school completed	23% (14)	6% (3)	15%
Secondary school	32% (19)	22% (11)	27%
Secondary school completed	22% (13)	37% (19)	29%
College/university	7% (4)	10% (5)	8%
College university completed	7% (4)	12% (6)	9%
Grand Total	**100%**	**100%**	**100%**

RELATIONSHIP STATUS	Male	Female	Grand Total
Single	55% (33)	45% (23)	50%
Married	28% (17)	31% (16)	30%
Divorced	2% (1)	0% (0)	1%
Separated	2% (1)	2% (1)	2%
Widowed	0% (0)	6% (3)	3%
Living with partner	12% (7)	16% (8)	14%
Grand Total	**100%**	**100%**	**100%**

EMPLOYMENT	Male	Female	Grand Total
a) Full time	12% (7)	24% (12)	17%
b) Part-time	0% (0)	4% (2)	2%
Temporary	17% (10)	6% (3)	12%
Looking For Work	8% (5)	4% (2)	6%
Unemployed	12% (7)	20% (10)	15%
Grand Total	**100%**	**100%**	**100%**

Age Distribution	Male	Female
Mean	36.4	34.7
StdDev	15.3	14.9

3.1.2. Community living

The following section highlights some noteworthy characteristics of the populations on St. Maarten derived from KII and PS.

Dominican

- Often live in close proximity to one another (clustering), establishing own businesses catered to their cultural tastes and needs. (Dom KII)
- Divided according to socio-economic status and affiliation to political parties of the Dominican Republic. (LDC)

Haitian

- Often live in close proximity to one another (clusters), making it easy to identify concentrations of Haitians in St. Maarten. (Hait KII)
- Second generation Haitians and upwardly mobile Haitians tend to move away from clusters within the Haitian community, and many are seen as having abandoned their Haitian culture, even regarded as outsiders. (Hait KII and Hait LDC)
- Haitians have a strong sense of community. Not uncommon for members of the community to disclose e.g. their personal financial problems with the extended community e.g. Church. (Hait KII)
- Divided according to community affiliations. There are several community associations whose members do not associate with one another. (Hait KII)

Jamaican

- Tend to be more scattered, inclined not to live in clusters. Consider themselves a "proud" people, and living independent from others denotes personal stability and economic strength. (Jam KII's)
- Jamaicans tend to be private about their personal lives. They have a strong sense of their national identify, but not necessarily a strong sense of social solidarity beyond socializing. (Jam KII)

3.1.3 Language and Communication

Dominican

- Spanish is very widely spoken among the peoples of St. Maarten who more often than not speak to Dominicans in Spanish. While this makes overall communication easier for Dominicans in St. Maarten, it does not encourage those who do not know English to acquire it and limits integration. (Dom KII)
- Many Dominicans prefer to work in an environment with other Dominicans or Spanish speakers, where they would not be forced to speak English. It is very common for Dominicans to live many years on St. Maarten and not speak English. (Dom KIIs, FDG)

KI's who are well respected and community-oriented members of the Dominican community offered some explanations as to why Dominicans often do not learn to speak English in St. Maarten.

"…They feel they are unable to learn [to read and write] English because they are unable to read and write in their own language…." (KII).

"Sometimes English is not a real barrier as much as it is made a barrier"… The mentality is that "if you are speaking in English it has nothing to do with me" (KII).

These attitudes and behaviors may lead to some Dominicans not engaging in the common island affairs conducted in English, and may foster isolation by sections of the community.

64% of Dominican survey respondents reported English as one of their spoken languages. 12% of respondents reported to speak French. Key informant perceptions would indicate that survey responses refer a basic functional level vs. fluent use of language. When asked to estimate the percentage of Dominicans who speak English, one KI estimated that functionally, 40 % "can defend themselves" in English. Another ascertained that 15-20% is fluent in English, and that these individuals mainly acquired the language "on the street or at the job."

Education is compulsory in St. Maarten making access to education possible for even undocumented children or children whose parents are undocumented. The most commonly spoken language in St. Maarten's schools is English. Once in school, children of Dominican descent learn to speak English and continue to speak Spanish at home. These bilingual children and others who speak English are often called upon by non-English speakers in the community to accompany them when necessary to translate and navigate healthcare, and other areas. (FDG)

Haitian

79% of Haitian survey respondents reported English as one of their spoken languages. 60% of respondents reported French and 70% reported Spanish. When asked to estimate the percentage of Haitians on St. Maarten who speak functional English one KI estimated 80%. This is congruent with research indicating that Haitians tend to make an effort to learn the language of the country to which they migrate, perceiving it as a necessity to economic survival. This often means that their mastery of the language is functional only.

Once on St. Maarten, Haitians learn English through working in an environment with English speakers. They also learn English in the church. According to the Pastor at the Salvation Army non-denominational church, many Haitians use the translated church services as an opportunity to learn English. (KII, LDC)

KI reported that fluency in English determines status within the Haitian community in St. Maarten. Prominent figures in the Haitian community all speak English very well and prefer to speak it publicly among English speakers rather than their native Haitian Creole. Some Haitians who are fluent in English also "use it as a tool" against those who do not speak the language or who only speak it on a functional level. One

Haitian KI suggested that some English speaking Haitians prefer not to teach others how to speak English because, "*the more they keep the community in the dark, the more they will shine."(Hait KII)*

There is a subset of Haitians on the island who are fluent (spoken and written) in French. These tend to be individuals who were more highly educated in Haiti. They often do not speak Creole in a public setting. Most Haitians understand French more than they understand English. For this reason (among others) Haitians often seek medical treatment on the French Side (FS) over the Dutch Side (DS).

Jamaican

The first language of Jamaicans is English. As such, they do not face language barriers in St. Maarten as much as other migrant groups whose first language is not English. 95% of Jamaican survey respondents reported English exclusively as a spoken language.

3.1.4. Sexuality

Dominicans

- A Dominican man is considered "macho" if he has multiple partners (Dom KII)
- "Viernes social" are reportedly common places for Dominican men and women to have casual, one-time-only sexual encounters. (Dom KII)
- 33% of Dominicans surveyed reported 'having sexual relations with someone who was NOT a steady partner within the last 12 months.' Of those who responded affirmatively, 70% were male and 30% were female.
- The two most popular reported forms of protection among Dominican survey respondents were 'always using a condom' (39%) and 'having one steady partner' (24%) – the latter of which raises concerns in light of the culture of having multiple partners particularly among males.
- 16% of Dominican survey respondents reported using 'no protection.' Of these, 12 respondents were female vs. 5 males. The two most common reasons for not using protection were 'I have only one partner' (66%), and 'I don't have any disease' (14%).

Haitians

- Some Haitian men leave their wives in Haiti and may have multiple women even another wife in St. Maarten/Martin (Hait KII)
- 33% of Haitians surveyed reported 'having sexual relations with someone who was NOT a steady partner within last 12 months.' Of these, 55% were male and 45% were female.
- Some Haitian women sell sex (almost exclusively within the Haitian community) in order to support their children and pay their bills. (HIVSP KI). Sometimes one man would live in a house with multiple women supporting each one in exchange for sex. (Hait KII)
- It is an unspoken expectation within the Haitian community that Haitian men will have multiple female partners. (Hait KII / FDG)
- It is very common for Haitian men to seek sexual relations with Dominican women in

St. Maarten. (FDG)

- Haitian women tend to stay within the Haitian community for selecting sexual partners. (Hait KII)
- Some young women (15-24) expressed their belief that "sex is a hobby" among the Haitian community in general. (FDG)

Jamaican

- Jamaican men will use brothels, but prefer to get a woman "by his charm."(FDG)
- Many Jamaicans, both male and female, prefer to have un-protected sex despite knowing the risks involved. (FDG)
- According to survey results, 47% of Jamaicans reported 'having sexual relations with someone who was NOT a steady partner within last 12 months.' Of these, 64% were male and 36% were female.
- 41% of Jamaican survey respondents reported 'always using a condom' as the preferred form of protection.
- 59% of Jamaican survey respondents preferred methods or rationalizations that did not involve condom use. This is re-enforced by FDG comments that many Jamaicans prefer to have un-protected sex despite knowing the risks involved.

3.1.5. Gender roles

Dominican

- Dominican women are known to be independent and industrious, sometimes acting as the bread winners within their homes more so than their male counterparts. (Dom, HIVSP KIIs)
- Both men and women place an emphasis on physical appearance including having hair freshly styled, wearing designer looking clothes, etc. (Dom LDC)

Haitian

- Married Haitian women are often not allowed to speak about their family or other family related issues or do not feel comfortable to do so when their husbands are present. (Hait LDC's)
- It is an unspoken reality that Haitian husbands as the "roosters" are almost expected to have multiple female partners while the wives as "hens" are to keep themselves for their husbands alone. (Hait KII)
- Women are generally seen as subordinate to men. (Hait KII)
- Women are increasingly becoming the 'pursuers' in relationships particularly those women with lower levels of education, in contrast to the traditional notion of Haitian men being the one to initiate relationships. (Hait KII)

Jamaican

- Jamaican women tend to be assertive in relationships, e.g. women have the power to get male sexual partners to comply with their wishes by using sex as a means of leverage applied to economic and other demands. (FDG)

3.1.6. Religion

Dominican

- Dominicans on St. Maarten mostly identified as Catholic. Other religious affiliations include Protestant, Pentecostal and Jehovah Witness. (Dom KII)

Haitian

- Haitians on St. Maarten mostly identify as Christian, with an estimate of 80% being Christian, and more than 100 churches across the island. (Hait KII)
- The role of the church is far-reaching within the Haitian community. The church provides a social outlet, economic safety net and community leadership for the people. (Hait, HIVSP KII)
- One KI expressed how the church provides economically for its congregants and other member of the community. (Hait KII)

> ***"…If there is a money problem we take a collection in the church……they send a letter to all the churches and make a collection for the person. And if you in jail and you got a problem, you cannot buy your ticket, your passage to go, we cannot leave you sitting in jail, we have to send you back…."***

Given the important role of the church in the Haitian community in general, it is vital to examine the church's attitudes and perceptions towards HIV and AIDS. While some Haitian churches may talk openly and honestly with congregants about HIV related issues, many openly condemn HIV calling it a curse from God because of immoral sexual behaviour. Whatever their beliefs and attitudes, the church culture may heavily influences the way HIV and AIDS are viewed in the community.

A group of church-going youth from the Haitian Community expressed that the youth from their church youth group openly discuss their sexual activity among their church peers, and even with the pastor's wife.

One KI who works with "Chrétiens & SIDA" (Christians and AIDS), an organization based on the French side but catering to all churches on the island, gave an example of how the Haitian church often perpetuates the stigma and discrimination associated with having HIV or AIDS.

> ***"… there is a story about a lady…she was punished…she was not rejected…but she was just in the corner of the church and she was supposed to stay [there] …she had to say I have HIV [to the entire congregation]…she couldn't take the communion….***

This example shows stigmatization and open discrimination towards PLWHA, a reason why people within the Haitian community might be reluctant to disclose a positive HIV status.

> It is noteworthy that whilst Voodoo was not mentioned by KI or FDG's in terms of religious life, "Obiah" was mentioned as a resource from which people seek medical assistance, and specifically one of the places they might go if they learned they had contracted HIV.

Jamaican

- According to key informants, religion does not play a major role in the daily lives of Jamaicans in St. Maarten although most have come from a religious, particularly Pentecostal, Christian background. (Jam KII)
- The most common Christian affiliation of religious Jamaicans in St. Maarten is the *Church of God* assembly, which is also popular in Jamaica. (Jam KII)

3.1.7. Social Life

Dominican

- According to Dominican ICRs, Dominicans in St. Maarten tend to socialize at what they call "a snack." These are bars characterized by loud Dominican music and drinking alcohol. According to one Dominican KI, this type of social activity may reveal something about the socio- economic status of many Dominicans who come to the island. (KII)

> ***"The persons that coming from the Dominican Republic [to St. Maarten] is those persons that have a low level of education…they do not know how to socialize with other people [people who do not share their culture] …..and they know dance, Bachata, drink a lot of beer, make a lot of noise…." (Dom KII)***

- Sunday is noted as the main day for Dominican socializing and partying. (Dom KII, LDC)
- Dancing was described as a main social activity among the Dominican population. (Dom KII)
- Many Dominicans living on the island complain of there not being enough to do on the island in terms of socializing. (Dom KII)

Haitian

- Haitians, particularly the men, socialize *"under the mango tree"* or in someone's yard often around a domino table game. It was said that there is a domino hang out spot for Haitian men in all the neighbourhoods they live. (Hait KII)
- Christians also socialize through church programmes (Hait KII)
- Men play football within teams, also competitions against teams from FS (Haiti KII).

Jamaican

- Jamaican music and food is generally at the core of Jamaican socializing and entertainment. Jamaicans like to host their own parties at their homes or at a particular home of one of their community members. There is one very popular party hang out spot at the home of a Jamaican national in the yard under a tree in DQ. (Jam KII)
- It is within Jamaican culture in Jamaica to *"party everyday."* In St. Maarten Jamaicans party almost every weekend with themed parties as is customary in Jamaica. (Jam KII)

- It is very common for individual Jamaicans to hire a nightclub to host Jamaican dance parties. (Jam KII)
- Indoor and outdoor football matches are common. (Jam KII)

3.1.8. Community Organizations & Media

The following information was derived from KII's, FDG's, and DC's. Popular media outlets and social organizations among the migrant groups:

Dominican

- PJD2- radio station with Ricardo Rey
- PJD3- radio "Punto Latino" 7-9 pm daily
- "Vocero Latino" Maximo Castro Dominican Newspaper
- Digital TV- Reynaldo Ureña

Haitian

- 89.1 am "4 Soutab" (Politics and Haitian news)
- 100.3 fm "Radio Maranatha"
- 95.9 fm "S.O.S radio" (music etc.)
- PJD2 with Mr. J Boasman Thursday 9-11pm (Creole) "Cards on the table"
- 98.1 everyday particularly for music
- WTN Cable (box) "Ana corona"
- "Haiti en Direct" (box)
- "Cana Sucre" (FS, in Creole)

Jamaican

- 98.1 with Jamaican DJ Baby face

Jamaicans are more inclined to listening to the radio than to reading the newspaper or watching a local television station. Listening to the radio is a part of daily life for the Jamaican national living in St. Maarten. (Jam KIIs)

TABLE 7 Community Specific Social Groups, Organizations, and NGOs

	Associations /Foundations	Cultural Groups	Political Groups	Sports groups	Youth groups
Dominican	-Spanish Community - Association in the Catholic church	- Semana Dominicana	- PRD - PLD - Dom Consulate	-Baseball teams (youth)	-Within the churches
Haitian	-The Salvation Army United	-	- The Haitian Community	-Domino Teams within Haitian Neighbourhoods. -Football teams on French and Dutch sides	-Within the churches -The Salvation Army Youth group
Jamaican	-Jamaican Foundation	-	-	-Indoor soccer teams (sports auditorium) -Football teams (field behind CostULess)	-

*Derived from KII's and LDC accounts.

3.2. Healthcare and the Migrant

3.2.1. SZV Insurance (formerly SVB)

According to *St. Maarten Country Report* by HNB Law (2012), presented by Component 1, St. Maarten labour law accommodates for SZV medical coverage of undocumented workers as long as they are on a full-time contract (5 days per week, at least 1 hour per day) with wages of less than approximately 5000 Guilders per month, and if they and their employers make necessary insurance contributions (HBN law, 2012). According to Dr. Van Osch, on the DS, there are an estimated 7000 cases of such undocumented employees on SZV.

Despite the right to coverage, these individuals remain vulnerable as they are unlikely to apply for or receive an SZV extension when their contracts run out or terminate. SZV does not cover the unemployed, self-employed, or persons working on an irregular basis, but does provide a grace period of coverage for documented residents. (HBN law, 2012). A comprehensive report about Insurance on SXM is presented in the report produced under Component 1 of the project.

SZV for the employed was previously called SVB and is still referred to as such by many people in St Maarten

3.2.2 Healthcare Use & Barriers

- 95% of Dominicans, 100% of Jamaicans, and 96% of Haitians surveyed reported knowing where to find a Doctor or Nurse.
- 87% of Dominicans, 67% of Jamaicans, and 68% of Haitians surveyed reported visiting a Doctor within last 12 months
- 99% of Dominicans and 92% of Jamaicans, and 89% of Haitians surveyed reported visiting a Doctor in the last 24 months.

3.2.2.1 Law as Barrier

According to HNB Law (2012), the law provides for the undocumented-employed to access SZV insurance but in practice SZV requires a valid ID to register someone as an *insured person (HBN law, 2012, p17). As far as Medical treatment and care is* concerned, only documented migrants with little or no income are entitled to full compensation of the costs for medical treatment and care under the *Sint. Maarten Medical Assistance Ordinance*.

Many undocumented migrants who acquire a job do not benefit from the SZV insurance they are legally entitled to. According to FDG and KI accounts, employers sometimes deduct insurance contributions from undocumented employees' pay checks. These employees, however, do not receive the associated benefit, but are afraid to raise the issue as they fear losing the job. This is congruent with previous research highlighted by an ECLAC report, *The Impact of Immigration on Caribbean Microstates: Bahamas, British Virgin Islands, Saint Maarten, United States Virgin Islands.*

According to Larmonie, M.J.:

> *Because of the undocumented status of many immigrants, the social security premiums withheld by their employers are often not paid in. The worker generally has no way of knowing this, and is incapable of ensuring that it is paid on his or her behalf. The direct consequence of this is that the immigrant has no medical insurance, and has no access to the local government's healthcare system for the poor. That access is an exclusive privilege of the Antillean citizen. (As cited in The Impact of Immigration.., 1998, p. 31)* **.**

Many undocumented migrants who desire to have insurance turn to private insurance. In many cases, private insurance on St. Maarten exacerbates the plight of the already disadvantaged through a requirement to pay for medical treatment upfront for later reimbursement. This becomes a challenge if cash flow is not adequate to pay up front.

According to FDG accounts across all three groups, those undocumented who cannot acquire SZV insurance, and do not want or cannot afford private insurance, tend to pay out of pocket for healthcare services. This may be preferred among the undocumented to eliminate the perceived risk of being discovered.

The FS Hospital is widely used by DS undocumented because the uninsured are not required to pay up front for treatment. To receive free medical on FS, one must only prove 3 months residency on the FS. One Dominican and Haitian KI disclosed the practice of DS Haitians and Dominicans to falsify residency documents including passports in order to benefit from this Social Healthcare on the FS.

During FDG discussions, attendees responded to the following question regarding access to and use of healthcare services.

Q. How do undocumented members of your community get medical treatment and medicine on St. Maarten?

Dominican

- "They go to the FS"
- "They ask others to go to the doctors and get medicine for them"
- "A lot of people self-medicate e.g. if you have a tooth ache take some antibiotics without knowing exactly what you need."
- "If it is HIV they just don't go to the doctor because they don't want people to know."
- "We all know that bush can help better than medicine"
- Paying [out of pocket]. "*Women should check themselves more frequently than men, but now because I don't have papers I just don't do it. I have to be dying to say I would go to the doctor"*

Haitian

- "They go to the FS"
- "Those who don't have papers pay with own money"
- "Use herbs. It is not every sickness that you have to go to the doctor for"
- "Boil tea"
- "Depending on the sickness they find some kind of medication somewhere, somehow"

Jamaican

- "Pay out of pocket"
- "Get someone who has documents to get the prescription. Some doctors stopped doing that"
- "Do without the medication"
- "Most Jamaicans know where to find "street pharmacists" e.g. some Haitians and Spanish sell medications from their house". (The scope and origin of medications offered by these black market suppliers is unknown and is an area for further investigation.)

3.2.2.2 Income as Barrier

One challenge to access and usage of healthcare for the Dominican, Haitian and Jamaican population on St. Maarten is economic. (KII) It is common that people who need healthcare on the island do not have the means to pay for it. Although this is especially true for undocumented/uninsuredmigrants, documented migrants also face the same difficulties in financing and/or insuring their healthcare on the island depending on their employment status.

KI and FDG reports from the Dominican and Haitian communities expressed that one of the reasons people from their communities go to the French side hospital is that they are able to pay for services rendered to them after they receive the medical treatment (vs. Dutch side where payment or proof of insurance is requested up front). It is very common for Dominican and Haitian communities to use the emergency services at the French hospital and for their pregnant women to deliver their babies without having to pay up front. *"…you receive the bill after… but they don't leave you to die if you don't have the money to pay upfront…"* (FDG)

This is supported by previous research in *THE IMPACT OF IMMIGRATION (1998):*

> When faced with a medical emergency in Saint Maarten, where strict pre-payment rules for emergency-room services are applied, the immigrant without health insurance crosses the border into French Saint Martin where the services are notably cheaper. (p. 31)

3.2.2.3 Language as Barrier

Dominican

According to FDG respondents, language is not a significant barrier for Dominicans in accessing healthcare on the island. Many healthcare services and facilities have staff that speak or understand some Spanish and for times when that is not the case, a translator from within the family or community is easily utilized.

> ***"It is not important to know how to speak English to get medical help because even in the hospital there are people who know how to speak Spanish. I think they look for multilingual people to work in those places. And even if they don't speak it they understand." (FDG)***

Haitian

Communication with Healthcare providers is seen to be a major issue for Haitians in accessing adequate healthcare. (KI, FDG)

One KI relayed an incident where miss-communication with a healthcare provider could have cost a Haitian man his life.

> ***"A man in Cay Bay, he had diarrhoea for 7 days. He tried to take his own kind of bush and it never get better. Then he went to the doctor, he explained them but he speak Creole…I***

don't know how he explained the doctor that he want something to stop it and the doctor gave him something to make it come. When he start to fall now, he can't sit down, [someone] take him to the doctor and they explained that the thing they gave him is to make the diarrhoea come…."

Healthcare providers and persons working with HIV patients on both DS and FS expressed their challenge getting some Haitian patients to understand how to take their medication because of the inability to read written instructions. This continues to be an issue regardless of the professional's ability to communicate verbally in Haitian Creole. One healthcare provider expressed his experience with illiteracy among his Haitian patients:

"…the issue is then not only that you can't communicate with them in Haitian Creole but that they wouldn't even understand [written] instructions given to them in their own language because of illiteracy…"

Speaking about most of her Haitian patients' inability to read and follow instructions on how to take their medication, one HIV health care provider expressed:

"..they know how to read a number but they don't know how to read the words… "

These accounts highlight the prevalence of written communications in current healthcare service delivery and usage, and the opportunity to explore pictorial and numeric communication for marketing information and communicating treatment and medication instructions.

3.2.2.4 Employer as Barrier

When asked about their primary barriers to accessing healthcare, some FDG respondents identified their employers as an issue:

Dominican

"…Spanish people I think don't have [healthcare] because even when they have a job their bosses don't give it to them especially when working in housekeeping or construction…" (FDG)

"There are a lot of people that have insurance but don't go to the doctor because they afraid to lose their job because they may need to go to the doctor too often. People I work with don't go to the doctor because their bosses would be upset if they went to the doctor too many times…" (FDG)

Haitian

- ***Bosses don't want to sign for us***

Previous research from *THE IMPACT OF IMMIGRATION ON CARIBBEAN MICROSTATES (1998)* supports this:

> Because of the undocumented status of many immigrants, the social security premiums withheld by their employers are often not paid in. The worker generally has no way of knowing this, and is incapable of ensuring that it is paid on his or her behalf. The direct consequence of this is that the immigrant has no medical insurance... (p. 31)

3.2.2.5. Role of Perceptions & Attitudes

Dutch vs. French Side Hospital

- Dominican FDG respondents indicated that treatment at FS Hospital is better than Dutch Side. (FDG)
- Dominican KI indicated that treatment on the Dutch Side was 'inhumane,' and contrasted the FS indicating Dominican patients "feel comfortable, sure, received humane treatment." (Dom KII)
- Haitians prefer to go to the FS because they understand and feel more comfortable with French than with English. (Hait LDC)

Leave SXM for Treatment

- Dominicans indicated that they prefer to travel home to Dominican Republic for serious treatment as they do not have the faith in SXM medical systems. (FDG)
- Jamaicans indicated, particularly for HIV testing, that they would travel back home. This they say because SXM is a small island and they are afraid that people might discover that they are going for testing and talk about it. (FDG)
- Jamaicans believe that lab technicians talk about patients' results. (FDG)
- Jamaican KI indicated that there are not enough specialized physicians on the island. (Jam KII)

Preference to pay cash vs. insurance

- Haitians, even those documented and insured, believe that they get quicker and better quality medical treatment by paying cash for it. They also believe that pharmacies offer generic medicines instead of "***real medicine***" when presented with SZV insurance card for payment. For this reason, many Haitians with an SZV card opt not to use it in favour of paying cash. (KII, LDC, FDG)

Avoidance of Care

Avoidance of healthcare among the most vulnerable migrants who are uninsured and low income can carry dire consequences for the individual and society.

- Speaking about healthcare in general, HIVSP stressed that the reality of daily economic survival for uninsured/low-income migrants makes it difficult to give priority to medical treatment, and especially preventative care. (HIVSP KII's)
- This is compounded by the fear of arrest or deportation for the undocumented in seeking medical care at the hospital. Even if the hospital does not disclose patient records to the immigration authorities, there is a perceived risk of encountering the immigration authorities at or around hospitals. (HIVSP KII's)
- HIVSP's stressed the severity of the problem, explaining that health concerns which

> could have been avoided or treated easily and inexpensively are often neglected until the situations become medical crises, which are far more difficult and expensive to treat. In the case of infectious diseases, the cost to society of this pattern can be even greater due to increased likelihood of the spread of the disease. (HIVSP KII's)

This is supported by previous research from *THE IMPACT OF IMMIGRATION ON CARIBBEAN MICROSTATES (1998)*:

> Two Saint Maarten physicians commented on the healthcare system by first noting that there is an uncollectable debt from immigrants of NAf 3.5 million over a five-year period. They affirm that most immigrants are uninsured, and most wait until an emergency situation develops before care is sought. This not only increases the cost of the treatment, but is often too late for preventive help (p. 31)

This history may also help explain why the DS Hospital has begun to demand up-front payment for medical services.

Discrimination

Survey responses indicate that discrimination in healthcare is not widely perceived by migrant groups as a barrier to service:

- 86% of Dominican, 80% of Jamaican and 87% of Haitians surveyed reported that they do not experience discrimination in St Maarten (in general).
- 88% of Dominicans, 88% of Jamaicans, and 93% of Dominicans reported they have not experienced discrimination in healthcare setting.
- 87% of Dominican, 82% of Jamaican, and 91% of Haitians surveyed reported the quality of care at their last Doctor visit was "Excellent" or "Reasonable."

3.3 HIV and AIDS in St. Maarten

According to Draft Sint Maarten National HIV/AIDS Strategic Plan 2012 – 2016:

The main determinants in the spread of HIV are migration, tourism, mobility of the population, drug use, especially alcohol and commercial sex work. (p23)

Of these determinants, migration, tourism and unregulated sex work were identified by this research as important contributors to the spread of HIV.

Regulated commercial sex work (brothels) was not within the scope of this research although limited research into unregulated sex work suggest street-based and other transactional sex as an important contributor to the spread of HIV.

Drug/alcohol use and population mobility were not explored explicitly within the scope of this study, nor did they surface as suggested determinants in any of the KI, FDG, or Survey Responses.

3.3.1. Sex Friendly Island

St Maarten is widely perceived to be 'sex friendly' by migrants as well as tourists. This is not limited to the prevalence of regulated brothels legalized within Dutch kingdom laws. The island is also widely known to have unregulated or street-based sex work. This includes:

- Independent sex workers catering mostly to the tourist industry. (Gypsy KII)
- Individuals who sell sex primarily within their own communities. (Hait, HIVSP KII)
- Informal culture of transactional sex reported among the general and focus migrant populations, which would include things such as one-off sex in exchange for a free night in a hotel, or regular sex in exchange for "maintenance" of beauty needs such as nails and hair aka 'sugar daddy' relationships. (Gypsy KII, FDG)

Within the scope of this study, unregulated sex work was touched on via interviews with an unlicensed "gypsy" taxi driver, who was identified as close enough to the daily realities of the informal sex economy to be a knowledgeable informant. Customers of unregulated sex workers prefer to use the gypsy taxis vs. licensed taxis services because of their low profile and knowledge of the sex worker networks. Accounts of Gypsy KII included:

- Independent female sex workers in St. Maarten operate mainly at casinos and major beaches popular with tourists. This is congruent with previous research by Kamala Kempadoo in *Sun, Sex and Gold: Tourism and Sex work in the Caribbean*, which lists beaches and casinos among the primary locations where tourists meet sex workers. (p17)

  Women come from a range of migrant groups, and also include locals. Dominicans were reported as the largest group within Casinos, and Jamaicans the largest group at beaches. The sex workers are predominantly from vulnerable backgrounds including low income, and in case of migrants, many undocumented. Estimates of the numbers of female sex workers were "in the dozens."

- Independent male sex workers have lesser representation among the focus migrant groups, with greater reported representation among migrants from smaller islands including St Kitts, Antigua, Barbados, as well as locals from the DS and FS. Estimates of how many male sex workers exist were "a fraction" of the females.

- The attraction to unregulated sex work was attributed to:
    - Profitability – reported prices were in the range of $100-$500 per customer, depending on a range of factors including the sex act, with or without condom, and perceived attractiveness of the particular sex worker. Prices reflect female sex work only. Male sex work prices unknown.
    - Anonymity- maintaining a lower profile among the local population because they could not be labelled definitively as a sex worker.
    - Flexibility – selling sex part-time according to financial needs as they arise, and the ability to be selective about which customers they serve.
    - Opportunity – women who may not be 'attractive' enough to be hired at the brothels can still find demand outside.

- At the beaches, some female petty traders of legal products and services such as sarongs/jewellery/braiding/massages at the beaches also sell sex. It is not clear whether or not their legal trades are primary with sex trade resorted to only as a means of supplementary income when legal trades are not able to meet financial needs. Kempadoo (1999) describes this as "a complex relationship of coercion and female autonomy" with sex work just one of the ways by which they earn a living to provide for the needs of their families (pg. 17).
- A particularly vulnerable subset of the beach sex workers is the daughters of the sex workers, who are often underage. Younger sex workers typically demand higher prices.
- There are informal 'middle men' who either know the sex workers or work in the same area who take fee for 'arranging' customers for sex workers. In some cases, if the sex workers are approached independently (not through the middle man) sex workers will refuse and deny that they are participants in sex trade.
- Peak hours of sex trade on the beaches are during the hours of 9-5 when the cruise ships dock.
- Customers of unregulated sex are mainly cruise ship tourists and crew, and also include other tourists, airline workers, and local taxi drivers.
- Customer demand is driven by desire for greater anonymity than can be found by frequenting the regulated brothels, especially for married men who fear being seen by other tourists, co-workers, etc.

3.3.2. Sexual Behaviors Among Focus Population

This section summarizes important sexual behaviors identified through the research associated with each of the respective target populations.

TABLE 8. High Risk Sexual Behaviors

	Sexual Behaviour	***Hot Spots***	***Notes:***
Dominican	Casual sex	"Viernes social"	A Viernes social as described by a Dom KI, is a weekend party. These parties are frequented by individuals seeking casual sexual encounters.
	Transactional sex (females)	Casinos; Cay Bay Bars	While women may sell sex to survive or to support their families (In SM or back in the DR), there are women who sell sex for what is referred to as "maintenance"
Haitian	Men have multiple female partners	Cay Bay Bars	Common to go outside of Haitian community, particularly to Dominican women for sex
	Transactional sex by poor and/or undocumented women.	Mainly within Haitian communities	Women who sell sex do so mainly for economic reasons such as to pay bills, and to support children and family in Haiti or St. Maarten
Jamaican	May have multiple partners without condoms.	n/a	Many Jamaicans prefer to have sex without a condom
	Transactional sex workers.	Great Bay and Orient Bay Beaches	Petty- traders sell sex among other goods and services (hair braiding and massage, t-shirts and other paraphernalia)

* As expressed by community and professional KII's, FDG's, and gypsy KII

TABLE 9. Methods of Protection Against HIV (survey results)

	Always Using Condom	*One Faithful Partner*	*Abstinence*	*No HIV+ Sexual Partners*	*No protection*	*Total*
Dominican	39%	24%	10%	8%*	19%**	100%
Jamaican	41%	32%	5%	7%*	11%**	100%
Haitian	22%	37%	21%	10%	10%**	100%
Notes:	**This is most likely a perception, and not necessarily factual. It would be interesting as a follow up to learn HOW people believe they can 'screen' a sexual partner for HIV/AIDS – i.e. based on appearances, asking their status, etc.* ***66% of Dominican, 87% of Jamaican, and 66% of Haitian respondents who reported using no protection explained by having one partner, perhaps indicating they do not view single partner as necessarily "faithful" as worded in initial response choice, but nevertheless find risks acceptable.*					

TABLE 10. Frequency of Condom Usage (survey results)

Jamaican	*Spouses and Lifelong Partner*	*Single Partner*	*Multiple partners*	*One Night Stands*
Always	-	24%	57%	62%
Most Times	4%	32%	43%	38%
Rarely	20%	24%	-	-
Never	77%	21%	-	-
TOTAL	100%	100%	100%	100%
Dominican	*Spouses and Lifelong Partner*	*Single Partner*	*Multiple partners*	*One Night Stands*

Always	8%	41%	50%	91%
Most Times	5%	10%	38%	9%
Rarely	10%	13%	13%	-
Never	76%	36%	-	-
TOTAL	100%	100%	100%	100%

Haitian	*Spouses and Lifelong Partner*	*Single Partner*	*Multiple partners*	*One Night Stands*
Always	17%	30%	56%	71%
Most Times	10%	22%	15%	19%
Rarely	3%	17%	28%	10%
Never	70%	30%	*	*
TOTAL	100%	100%	100%	100%
Notes:	*Values in Haitian surveys discarded as invalid because incongruous with reported relationships in previous question, indicating respondent misunderstood 'Never' to mean 'Never engage in sexual relationships with multiple partners/one night stands' instead of 'Never use a condom when engaging in sexual relationships with multiple partners/one night stands' .			

3.3.3. HIV Attitudes & Perceptions

According to survey respondents:

- 89% of Dominican, 75% of Jamaican, and 53% of Haitians believed HIV can be treated.
- 88% of Dominican, 84% of Jamaican, and 79% of Haitians believed they had "Low Chance" or "No Chance" of becoming infected with HIV.

According to FDG respondents:

Haitian

- *"AIDS does not exist."*
- *"If AIDS exists it is just like any other illness. I know [a lady] who they say has AIDS but she is still alive."*
- *"People who may have it would not disclose it to others".*
- *"People only know AIDS is end of life. They don't really know the full meaning of it".*
- *"Life finish when you catch SIDA….buy a casket… If you don't die today you die tomorrow".*
- *"Most Haitians already have a sickness they don't know what it is, they say I'm sick but the doctors can't tell me what I have. I don't think their families ever know what they are sick with because they never know what they sick with. I don't think anyone would find out if they have AIDS."*

Dominican

- *"People try to keep being HIV positive to themselves like I know of someone that has it when the community found out that she had it and she moved and so she keeps moving to avoid the discrimination."*
- *"Most PLWHA would take their distance I think. If I knew someone that would be my inclination, let's be real."*

- *"I think they have bad luck mostly."*

Jamaican

FDG participants suggested that:

- Jamaican men often do not get tested for HIV because they are afraid to know the result.
- They tend to "wild out", having unprotected sex with multiple female partners knowing the possible consequences of their actions.
- They realize the high possibility that they could have contracted HIV but prefer not to know.
- One married man confessed: ***"I would rather send my wife to have the test. If she is ok then I know that I am ok too,"*** indicating that he does not use condoms with his wife despite knowing the possibility that he could infect her with HIV if he had contracted it. This also indicates his assumption that his wife is faithful to him.
- People won't want to hear the results of the test. They said ***"what you don't know can't hurt you…and based on the lifestyle, you rather not find out…"***

Q. What are your views about PLWHA?

- ***"Don't touch or share anything with them. Just isolate them."***
- ***"Discrimination extends to those associated with the PLWHA including their family members."***
- ***"Initially I felt fear but then I dealt with people who had it so then I wasn't fearful."***
- ***"Anger towards them because they hide it and can infect others."***
- ***"Nothing to be ashamed of. Normal people that just happened to catch a disease."***

Awareness and Knowledge of HIV

Regarding awareness, survey responses indicated:

- 57% of Dominicans, 87% of Jamaicans, and 87% of Haitians reported seeing HIV messaging in St Maarten.
- The greatest number of Dominicans indicated encountering messages on TV and Radio, the greatest number of Jamaicans reported encountering messages in the newspaper, and Haitians were fairly evenly spread across media.

This suggests the targeted use of media can be tailored to each community.

Survey responses indicate most people have accurate knowledge of HIV. The most significant knowledge gaps in knowledge and misconceptions were as follows:

- 35% of Dominicans, 34% of Jamaicans, and 14% of Haitians reported HIV

could be transmitted via Mosquitoes.

- 35% of Dominicans, 6% of Jamaicans, and 4% of Haitians reported HIV could NOT be transmitted from mother to her unborn baby.
- 38% of Dominicans, 55% of Jamaicans, and 58% of Haitians reported HIV could be transmitted by kissing.
- 11% of Dominicans, 26% of Jamaicans and 47% of Haitians either did not believe or did not know that HIV can be treated.
- 4% of Dominicans, 31% Jamaicans and 6% of Haitians reported knowing someone who has AIDS. This is unexpected as patient under care numbers indicate that HIV affects a greater number and percentage of Dominicans and Haitians than Jamaicans in St Maarten, revealing something perhaps about less openness about/ awareness of HIV+ status among individuals in the Dominican and Haitian communities.

3.3.4. HIV Infection Rates

- DS HIVSP's accounted for approximately 225 patients under active care, and an average rate of 25-35 new cases per year.
- FS HIVSP's accounted for approximately 465 patients under active care and an average rate of 50-70 new cases per year).
- Island wide, estimated 690 HIV patients currently under care.
- DS and FS HIVSP's estimate an overall island infection rate of 1-1.5%. This would infer an actual island total PLWHA of 1000-1500.
- If accurate, there are an estimated 300-800 infected individuals who are unaware (or in denial) and not under care. Such a large group of untreated individuals is a major concern given the data we now have regarding the importance of treatment as prevention.

In Table 8 estimates of infection rates on the Dutch Side for the three migrant populations of this report were derived from current patient records of Dr. Van Osch.

TABLE 11. **Migrant Representation among HIV+**
**Based on patients under care of Dr. Van Osch and island population estimates.*

Figures for Dutch Side only	**Migrant % of patients under care**	**Migrant % of population**
Dominican	14%	11%
Haitian	21%	10%
Jamaican	7%	6%
TOTAL	42%	27%

The HIVSP explained the discrepancies in rates of infection between groups (relative to their makeup of the total island population) primarily in light of the infection rates in the countries of origin, explaining that these trends 'follow' migrant communities, particularly ones which remain in close-knit communities abroad.

According to survey responses, there is a trend in all three cultures to opt NOT

to disclose to spouses or partners an HIV+ status if it were discovered:

- 37% of Dominican, 26% of Jamaican, and 19% of Haitian reported they would tell their husband/wife if they discovered they were HIV+.
- 40% of Dominican, 21% of Jamaican, and 13% of Haitian reported they would tell their boyfriend/girlfriend if they discovered they were HIV+

These responses may highlight the potential risk of partners becoming infected without their knowledge, and could be an area for further research to understand where the resistance to disclose is coming from, and how awareness campaigns about the need to use condoms even with spouses or partner, or equally the need to obtain treatment if one is HIV+, or other interventions might be used to address this risk.

3.3.5 HIV Service Providers

In this section, French St Martin services are included. Open borders between DS and FS, and critical differences between DS and FS in terms of insurance coverage and perceived quality of care (as mentioned in section 3.2.2.5. "The Role of Perceptions and Attitudes" of this report) results in frequent use of FS services by DS residents. In addition, there is close collaboration between the DS and FS HIVSP's (doctors, nurses, counsellors, foundations) with interest and discussions of formalizing a more unified approach. There is no indication of these efforts influencing or reaching the formal public health relationships between DS and FS at the government/policy level. *Dutch Side:*

HIV treatment and care on the Dutch Side are essentially private initiatives, with no formal government backing or dedicated budget provided by government. There are two doctors who provide HIV treatment namely Dr. Jolles and Dr. Van Osch.

Dr. Jolles has an internal medicine practice based at the St. Maarten Medical Centre (SMMC). He treats an estimated 20% (40-50) of DS PLWHA under care. HIV treatment and care is not a focal point of Dr. Jolles practice. He has noted that some patients he sees once and do not return.

Dr. Van Osch runs a private general practice in Cole Bay, where he treats the majority (est. 80% (190) of DS PLWHA under care. The GP compensation system provides a general fee of $80/patient/year. PLWHA are counted as regular patients although the number of visits per year by PLWHA (estimated at average 15), outnumber visits of a typical patient. This does not include counseling and support for medication adherence among other reasons HIV and AIDS patients see the doctor. The current compensation structure also does not classify Doctors who treat HIV as specialists (wherein they would be treated per consultation).

Dr. Van Osch is also Founder and President of the St. Maarten AIDS Foundation (SMAF, which has been advocating and providing prevention activities. SMAF initiates and hosts free test days for the past 23 years often in collaboration with

NGOs and the private sector. In addition, the Foundation raises funds and solicits donations for medication for patients not covered by medical insurance.

Testing is provided by the SMAF, who perform an average of 5 test days per year, delivered at businesses or other public locations primarily by volunteer medical school students. According to the SMAF, these free test days cover approximately 160-200 tests on each day (800-1000 tests per year). On average, the foundation has a cost of approximately $5 per test which includes the cost of the "rapid" prick test, marketing efforts, and volunteer management. In addition to free testing days, paid HIV test are available at Lab locations via blood tests.

Support for PLWHA on the DS is provided by HOPE, a support group consisting primarily of St. Maarten nationals. The HOPE support group attendance fluctuates between 2-5 members at their monthly meetings.

Current HIV Care on the DS is described by the doctor as being "in a fragile and unsustainable state". He has put forward the following proposal which he feels would create a more sustainable situation on the DS.

- Two additional physicians trained and willing to provide HIV specific care. Of the 21 GP's on the island, none have sown interest, primarily due to the lack of appropriate financial compensation mentioned above. In addition the added requirements of training needed to effectively treat HIV further deter participation. It would appear from this that the only realistic solution for recruiting additional physicians will be for government to create a new compensation structure within SZV to create incentive for physicians to take on HIV care (presumably with a higher annual fee per HIV patient or a fee per consultation).
- At least one healthcare professional fluent in Creole and Spanish dedicated to HIV medication adherence, which could circulate between the different centers of treatment on particular days.
- Two clinical psychologists & social workers fluent in Creole and Spanish. There are currently no clinical psychologists or social workers of this profile on the island.
- One administrator for data entry and analysis.
- Institutionalized free testing

In summary, the treatment and care on the DS is held together by private efforts, and formal government involvement in the issue will be required to sustain and carry this care forward in the future, particularly if one of the Doctors would retire or move off island.

French Side:

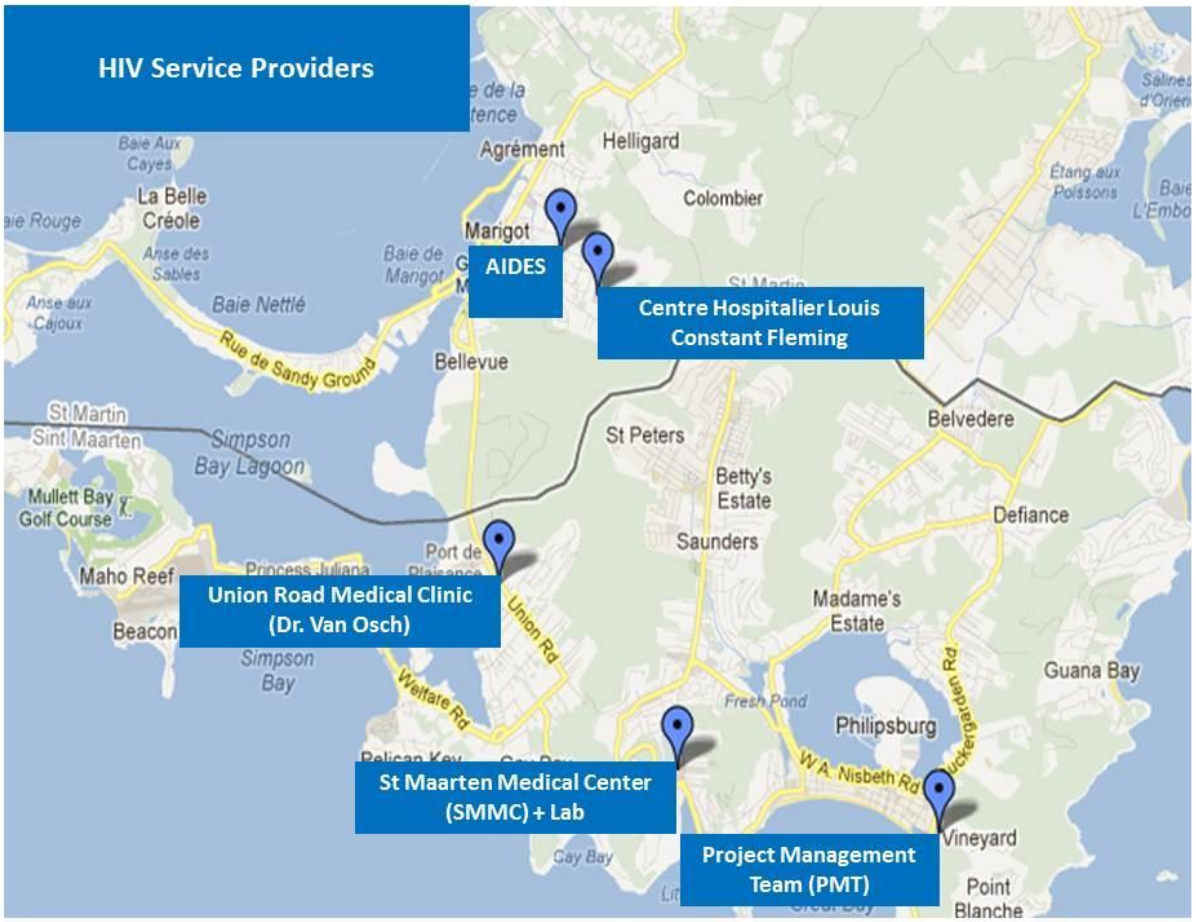
HIV services in French St Martin are better organized and funded. Care is delivered by a multidisciplinary team at the Hospital with networks extending to other community based organizations.

Three physicians, Dr. Clavil, Dr. Stegman, and Dr. Raltien share the load of all the HIV patients under care at the FS Hospital (*Louis-Constant Fleming Hospital)*. Any individual who can prove three months residence on the French side are afforded full coverage for care.

A dedicated nurse, Nadia Agape, performs year-round free testing at the hospital. Advantages of the FS's dedicated testing facility are likelihood of greater skill and attention paid to each test vs. a mass testing day staffed with testing volunteers. This facility conducts approximately the same number of tests as are performed in the five days of mass testing on the DS. There are discussions underway of mandatory HIV testing of anyone admitted to the Hospital Emergency Room to increase FS testing numbers.

A behavioural specialist, Brigitte Ledoux, plays an educational and counselling role with patients, attending to medication adherence issues, etc. There has been an attempt to start a support group for PLWHA on the French side. This however was abandoned when after first meeting; an attendee disclosed the identity of other attendees to persons outside the group.

Figure 3. HIVSP Locations



Note: French side service providers noted because of frequency of use by Dutch side residents.

TABLE 12. HIVSP's by Care Category

Category	Medical providers	Public Sector	Businesses	Community (based)
Awareness	Dr. Gerard van Osch AIDES (FS) Chritiens y SIDA	PMT	Some corporate sponsored campaigns, notably TELEM.	AIDS Foundation, SIDA les liaisons dangereuses AIDES
Prevention	Hospital (FS)	PMT	n/a	AIDS Foundation, SIDA les liaisons dangereuses AIDES
Testing	SMMC (lab) AIDES Hospital (FS).	n/a	n/a	AIDS Foundation, SIDA les liaisons dangereuses AIDES
Treatment	Dr. Gerard van Osch, Dr. Jolles Dr. Cyril Clavil (FS) Dr.Sofia Stegmann (FS) Dr. J. Raltien (FS)	n/a	n/a	n/a
Support	Dr. van Osch via personal and nurse follow on care. Hospital (FS) via psychologists, education and behavioral specialist,	n/a	n/a	Hope Support Group (AIDS Foundation) SIDA les liaisons dangereuses AIDES

3.3.6 Barriers to HIVSP's

Dutch Side

According to the HIVSP's the primary barriers to accessing HIV Care on the DS are:

- ***Uninsured status*** of undocumented migrants, particularly the unemployed and temporal workforce. Of the 220 HIV patients under care on the Dutch side, approximately 10 have no insurance.

- ***Lack of awareness of HIV facilities***. Language for Dominican and Haitian populations is a particular problem in this regard as medical services in general, including HIV are marketed almost exclusively in English. In the case of HIV, there is also the challenge of stigma. Availability of medical services in general tend to travel quickly by word of mouth (e.g. widely known amongst Dutch side migrant communities that if uninsured, you could go to the French side hospital for urgent care as insurance/payment are not demanded up front as they are on Dutch side). However in the case of HIV, individuals are extremely private about having the disease so natural word of mouth marketing about Dr. Van Osch and Jolles clinics is unlikely.

- ***Cultural factors*** such as having less concrete concepts of causality and disease (particularly Haitian, but also Dominican and Jamaican), avoidance (preferring not to know, particularly if you are uninsured) and religiosity (leaving things in the 'Hands of God' are all reasons for not seeking timely care.

French Side

According to the HIVSP's, the primary barriers to accessing HIV Care on the FS:

- ***Resident status*** – individuals either have not yet acquired rights to medical treatment because they have not been living for three months, and therefore are illegal and fear identification and encounters with the Frontier Police at or near the hospital. It is important to note that some Haitian work on the Dutch side but live on the FS.

- ***Cultural factors*** – individuals living in poverty are too consumed with day to day struggle to think longer term about issues like prevention, testing and even treatment. In addition, many come from countries where HIV is perceived as a 'death sentence' and highly stigmatized.

Use of HIV Testing

- 87% of Dominican, 80% of Jamaican, and 87% of Haitian survey respondents reported hearing of HIV testing in St Maarten.
- 87% of Dominican, 68% of Jamaican, and 53% of Haitian survey respondents reported being tested for HIV. Of these who responded affirmatively:

- The most widely reported site used for testing was the hospital for Dominicans (42%) and Haitians (51%), and free testing days for Jamaicans (32%).
- 1% of Dominican and 16% of Haitian reported using free testing days.
- 52% of Dominican, 51% of Jamaican, and 64% of Haitian survey respondents reported being tested for HIV within the last year.
- 10% of Dominican, 11% of Jamaican, and 27% of Haitian survey respondents reported experiencing communication difficulties during their test.

Gaps in HIV Services

When asked what new approaches they would suggest for HIV and STI services in their community, FDG respondents reported:

Dominican

- *"There should be a centre for help and assistance. It needs to be more organized."*
- *"Free condoms at the hospital like in DR."*

Haitian

- *FREE testing*
- *Seminars in French and Creole*
- *Doctors should recommend and provide testing*

Haitian youth:

- *"The DS does not do a good job in getting the young people to get tested, but the FS does."*
- *"On the FS people get tested all the time and it is free. They don't have to bring their mother, they don't even ask your name just your date of birth."*
- *"People should be able to go on their own time and it is free. Not only at free testing days…and it should be anonymous…"*

Jamaican

- *Seminars at school, jobs etc. bring it to the people if they are not willing to come to it*
- *Jamaicans in SXM are party people. Make condoms available at parties*
- *Create jingle at parties about getting tested*
- *Let DJ's promote safe sex and prevention*
- *Jamaicans are afraid of needles. Test without needles*
- *Combine HIV testing with other tests like Diabetes tests*

HOPE members reported in group discussion what they believed would be the most effective ways to prevent HIV infections on the island:

- *Giving people information "in their own language"*
- *Having messages brought across by "people you can identify with"*
- *Introducing awareness into the curriculum from elementary school*
- *"..parents need to be the first line of defense in terms of prevention. It should start at home…"*

3.3.7 Future HIV Services

According to the HIVSP's the areas most in need of future investment:

- Language and culturally tailored prevention / testing campaigns represent the most promising and cost-effective means of reducing HIV prevalence. In particular, Creole and Spanish due to the large size of their populations, heightened rates of infection judging by HIV patients under care, and low rates of English or French fluency / literacy.
- New means of targeting and reaching the MSM population, which is particularly high in St Maarten by anecdotal accounts.

4. Recommendations

Based on the preceding results and analysis of this study, the report proposes the following areas be strongly considered for future investment:

4.1 Awareness

The following messages would be useful to emphasize in future campaigns in light of lack of knowledge or misconceptions revealed in research:

- HIV does not equal Death and that available medication has made possible living a long and healthy life with HIV without serious risk of transmitting the virus to others. This should be a great motivating factor for getting tested and seeking treatment.

In order to be most effective in reaching the migrant population, awareness campaigns need to leverage *language and culturally* specific messaging.

a. Radio jingles by popular DJ's and in the popular musical styles of target populations (e.g. Zouk in Creole for Haitian, Dancehall in English for Jamaican, Bachata in Spanish for Dominican)
b. BB Campaigns.
c. Create a church-targeted awareness campaign that seeks to 'break silence' and remove stigma and discrimination through knowledge –e.g. FS "Christians y SIDA" have some momentum and could be supported to expand their services including teaching kindred church leaders on Dutch Side.
d. Schools are a crucial avenue to educate the island's highly sexually active youth population as they are becoming sexually active. It would be important to have a balanced approach which reflects all views – scientific, religious, etc. – in the hope of formal curricular implementation.
e. Introduction of "Condom Shower" (an organization of small, intimate groups of women to focus on HIV education) initiative on DS to increase awareness around HIV and condom usage. Empower women to protect themselves. Condom Showers have been conceptualized by local woman Larisa on the FS and have been embraced by female participants. As a passionate activitst, she could be helped to scale her work by providing her with training budget and stipends to compensate other shower organizers, e.g. paid per attendee.
f. Partnering with influential community organizations that are active and respected in communities (e.g. Salvation Army for Haitian, Dominicana Semana for Dominican). This approach will not only serve as a way into closed communities but will also ensure deeper penetration into the communities by leveraging existing and trusted relationships and positive associations.
g. Greater use of pictorial and numeric communication in written materials for semi-literate and illiterate populations.

4.2 Prevention

According to the WHO 2010 Progress Report, *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health Sector*, condom usage is proven to be a key method in preventing the spread of HIV. (p34) As such prevention efforts should be focused on promotion of and awareness around condom usage.

- Bringing condom and awareness campaigns to hot spots of high risk sexual activity
    1. Focus on equipping party organizers with condoms at event sites, at bars and at places were casual sex commonly occur.
    2. Mobilize influential individuals within each community (e.g. Jamaican) and subsets of communities (e.g. youth) to promote prevention and decrease stigma.
    3. Greater strategic distribution of free condoms at sex hot spots for each migrant group, including major beaches for unregulated sex workers.
- Bringing condom and HIV awareness campaigns to Barber Shops and Beauty Salons:
- Barber shops and Beauty Salons in particular for all three groups represent a place where there is a culture and space to discuss HIV protection and facts in an informal /de-charged setting and where authentic and memorable discussions could easily take place with the right materials.
- In addition to appropriately pitched written materials such as humorous but pointed posters and flyers, informal workshops could be organized in these locations including but not limited to condom showers, facilitated discussion, showing short films, visits by HIVSP's etc.

4.3 Testing

- Testing should be made anonymous by assignment of identification code for test takers. There should also be social workers dedicated to pre and post-test counselling adequately trained in maintaining confidentiality of those tested.

- Promote and provide incentive for optional rapid-testing to be offered at GP's clinics. This should be coupled with training for the GP's and clinic staff to provide effective pre and post-test counseling.

- Offer multiple testing options under one roof– HIV, nutritional, pregnancy, diabetes, glaucoma, etc. This provides additional incentive to get tested, and creates greater anonymity for the HIV test. This will be particularly favourable and encouraging for people who are still uncomfortable with openly testing for HIV because of associated stigma.

- Utilize Help Desks within communities as a post to administer testing. Testing should be conducted by trained professionals and only when an appropriately trained social worker is available for follow up. Regular Help Desk workers should not be utilized for this purpose as it has been expressed that people do not want people they know to potentially discover an HIV positive status.

- Campaigns targeted at empowering women to insist on their partners being regularly tested in the same way as was reported that Jamaican women, for example, can withhold sex to achieve other interests. This would have to be done in a culturally appropriate manner.

4.4 Treatment & Care

- HIVSP's recommendations on treatment and care of HIV and AIDS cited in section 3.3.5. are extensive and should be carefully considered.

- A comprehensive directory of HIVSP's should be compiled and made available for the public in brochure and online formats and in newspapers, translated into Spanish, Haitian Creole, and French.

4.5 Policy

- A representative body for HIV and AIDS policy and work should be established on the DS. The representative body should include representation of migrant MARP's and work in close collaboration with the PMT in decision making deemed critical to advancing the interests of MARP's in St. Maarten.

- Creating special regulations for St Maarten as a high risk country for HIV within the Kingdom, permitting the use of generic drugs to bring down cost of treatment.

4.6 Migrant Specific

The following section highlights more migrant specific recommendation based on the findings of this research.

4.6.1 Dominican:

- Spanish awareness campaigns are critical as 55% of Dominican survey respondents reported not hearing or seeing HIV messages in St Maarten. Coupled with distribution of campaign materials and condoms at places where Dominican socialization is concentrated, Dominican music and radio programs should provide a very effective means of dramatically increasing awareness of prevention, testing, and treatment facts.
- Additional qualitative research to explore why there is such little reported use of free testing days among Dominicans (1% of survey

respondents) would be valuable so that any cultural factors which could explain this could be addressed in future promotion campaigns for free testing days. Likewise, it would useful to understand the reasons why there is much higher use of other facilities (I.E. Hospital and Doctor) for testing, as this may indicate that increasing awareness of these facilities (in addition to or in lieu of free testing days) would be a useful focal point for increasing testing in the community.

- Diabetes has been reportedly mentioned as a disease affecting a large section of the Dominican community (FDG). HIV testing could be coupled with diabetes testing to target the Dominican population.

4.6.2 Jamaican:

- The survey responses indicating free testing days as the most popular testing site for Jamaicans suggests strong cultural acceptance for public testing, and a promising area for targeted promotion as a means of increasing testing rates in the community.
- The noted cultural behavior of Jamaican females being comfortable to withhold sex from male partners provides a promising area for a women's empowerment campaign insisting on male partners being tested and/or using protection.

4.6.3 Haitian:

- Creole awareness campaigns are urgently needed as 88% of Haitian survey respondents reported not hearing or seeing HIV messages in St Maarten. Coupled with distribution of materials via the Churches, 'under the tree' and other informal meeting spaces, Haitian music and political radio programs, should also provide a very effective means of dramatically increasing awareness of prevention, testing and treatment facts.
- Follow up qualitative research into the reasons for such low reported testing rates among the Haitian population may help uncover the most suitable means to increasing these testing rates in the community.
- Creole instructions for HIV drug treatment is a promising means for improving drug adherence and effectiveness among the community.

5. Citation References

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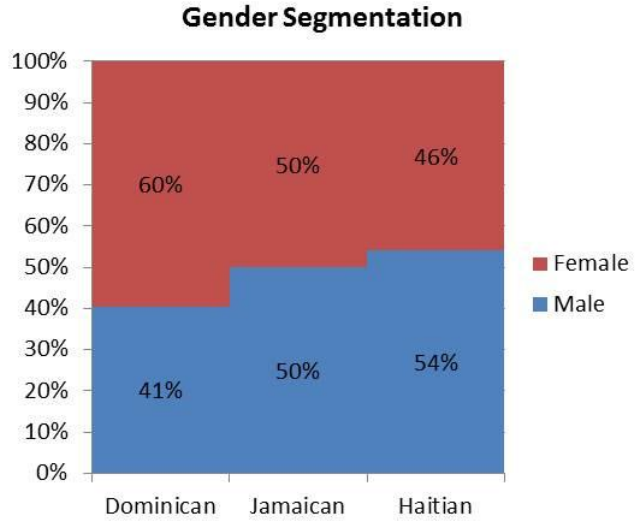
6. ANNEXES

Annex 1 Survey Responses - Comparative Charts

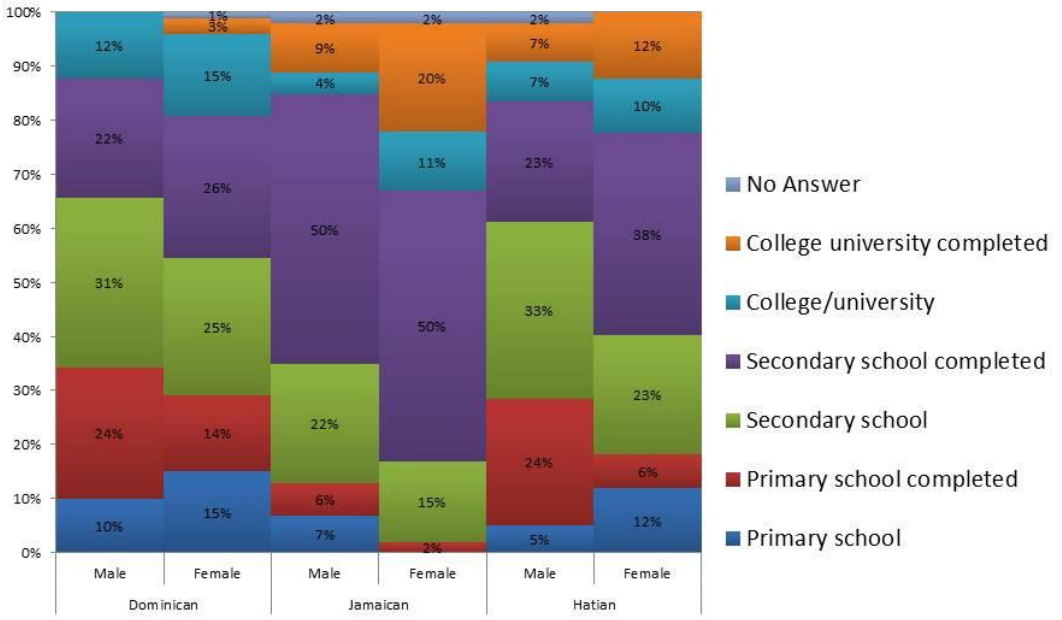
GENDER



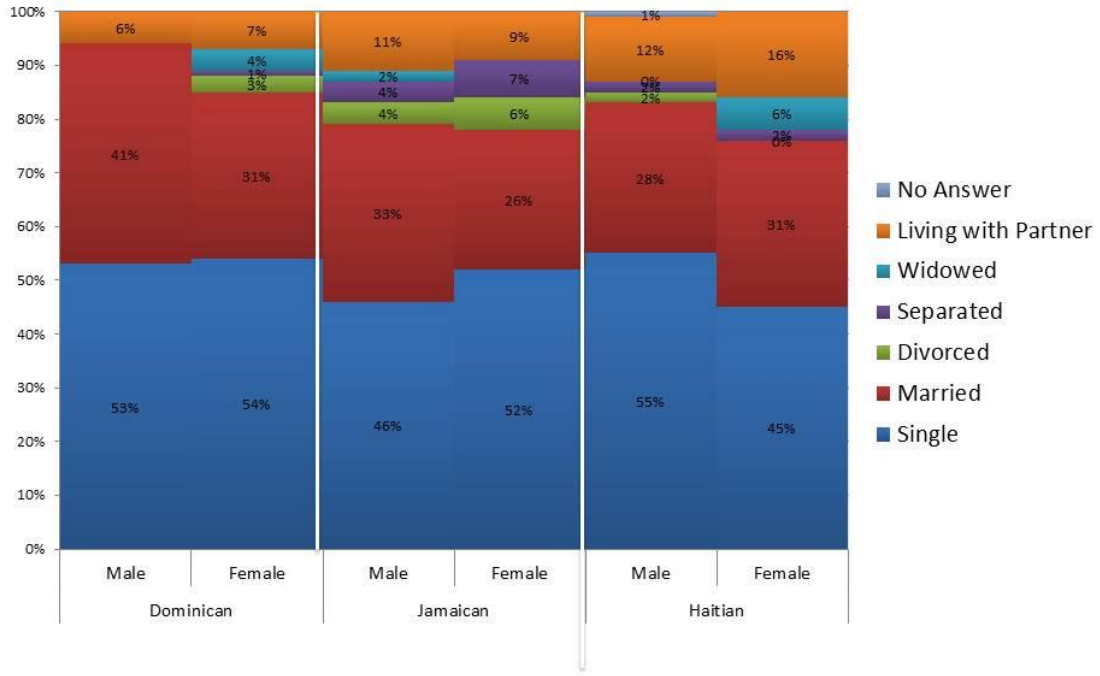
	Gender	Lower Bound	Upper Bound
DOMINICAN	Male	14	65
	Female	16	66
JAMAICAN	Male	10	54
	Female	13	52
HAITIAN	Male	16	57
	Female	15	55

Most of the population have ages between the bounds specified above.

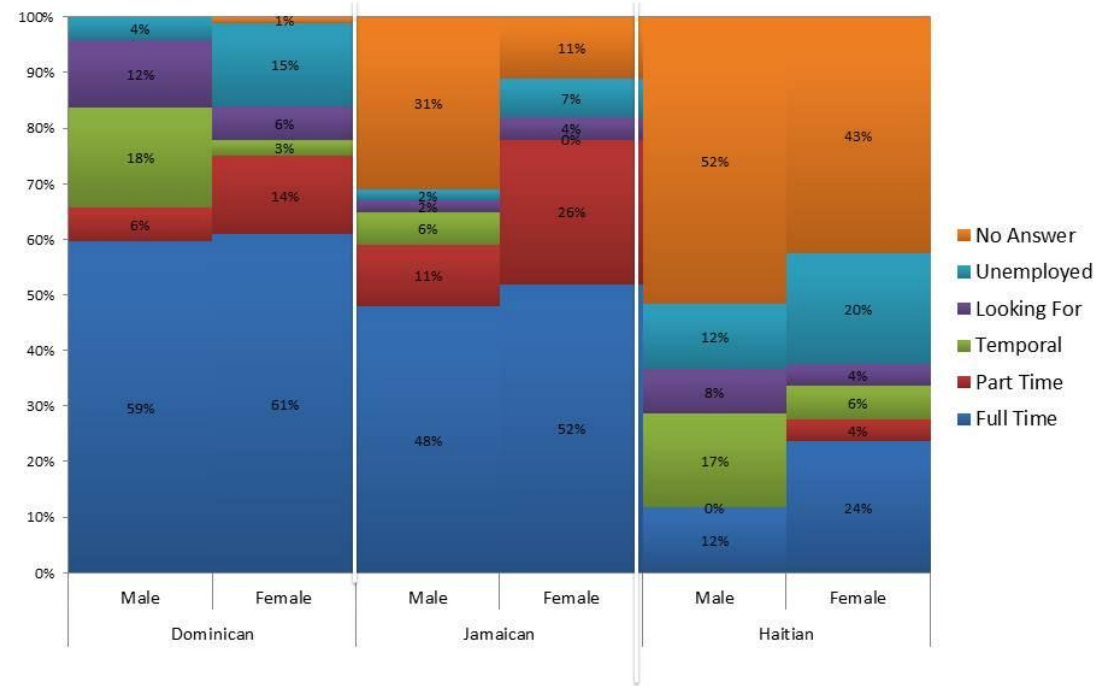
EDUCATION



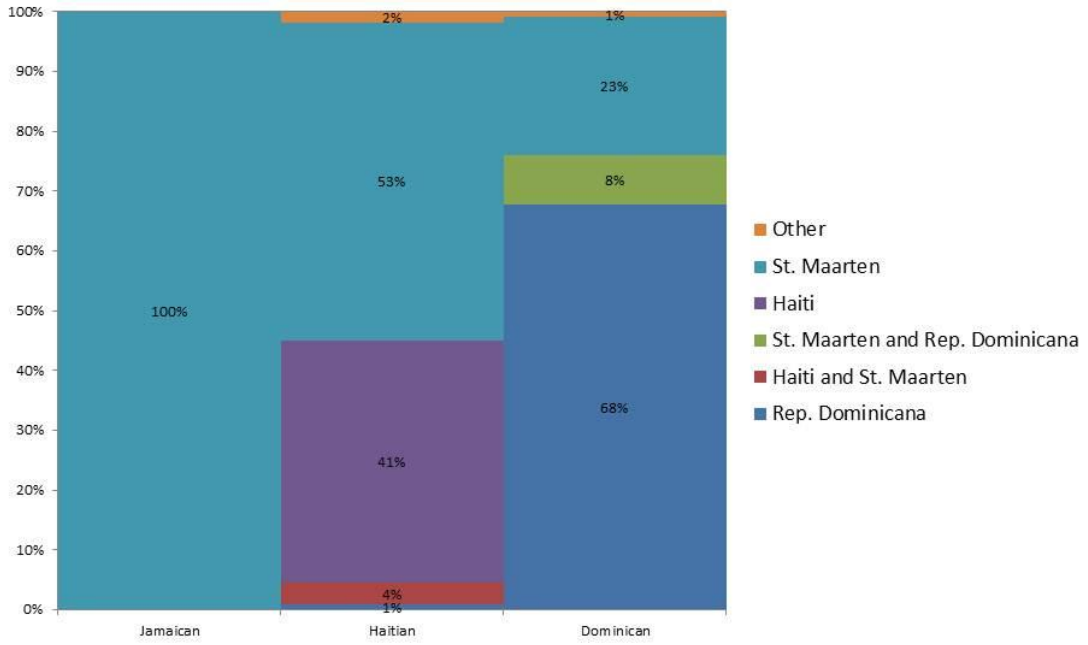
RELATIONSHIP STATUS



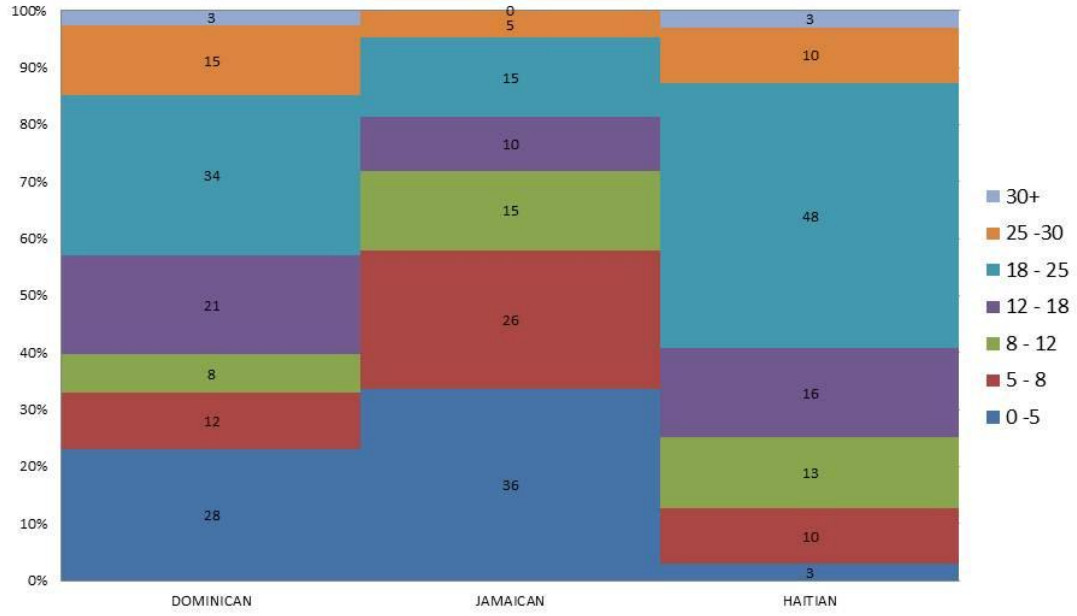
EMPLOYMENT STATUS



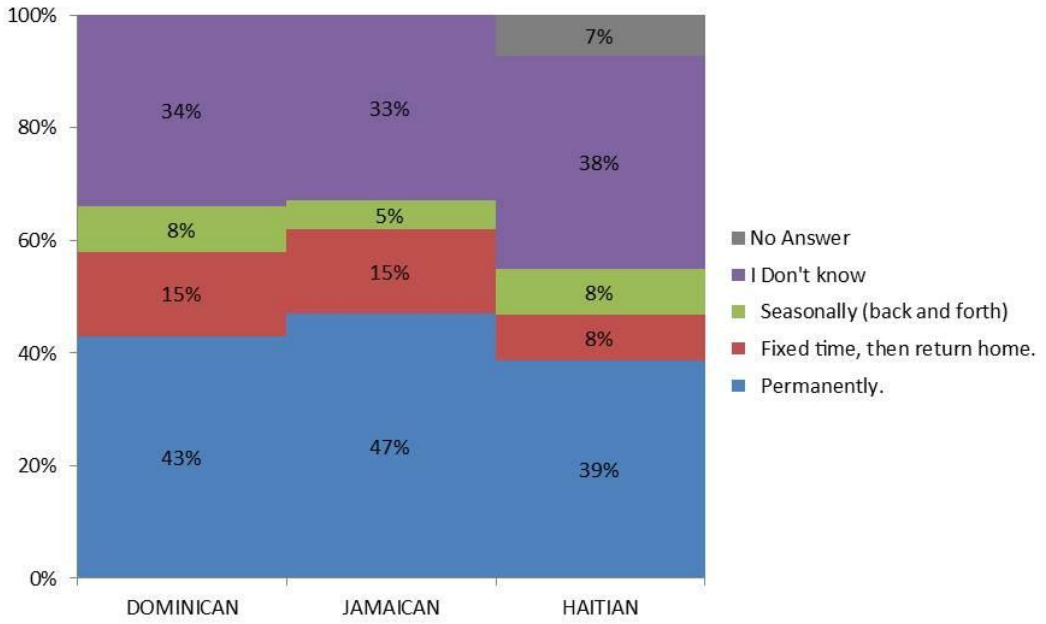
WHICH COUNTRY DO YOU CONSIDER YOUR HOME?



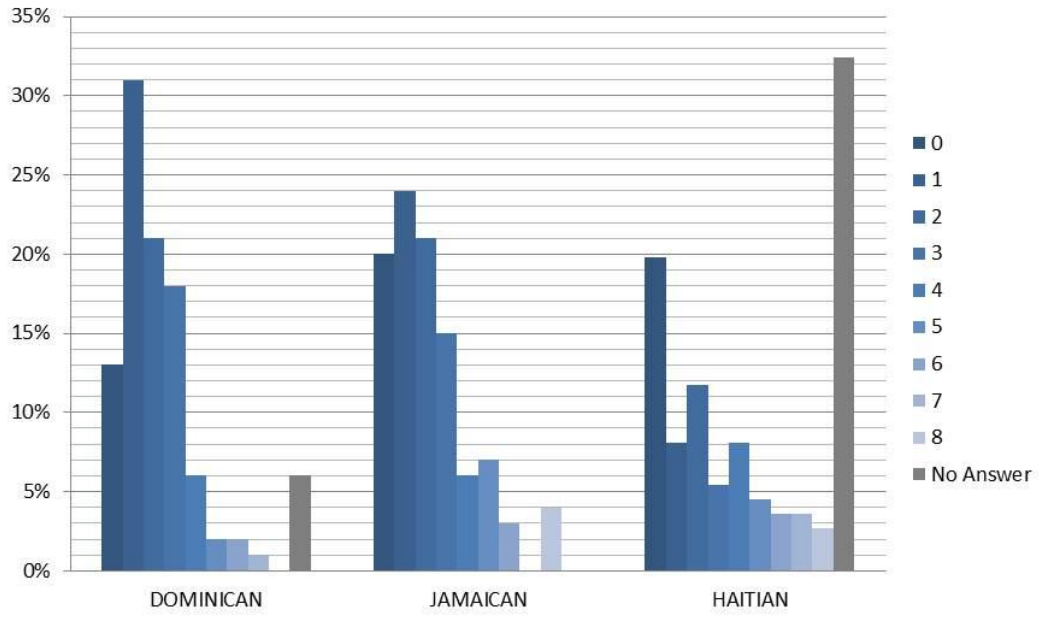
HOW LONG HAVE YOU LIVED IN ST. MAARTEN?



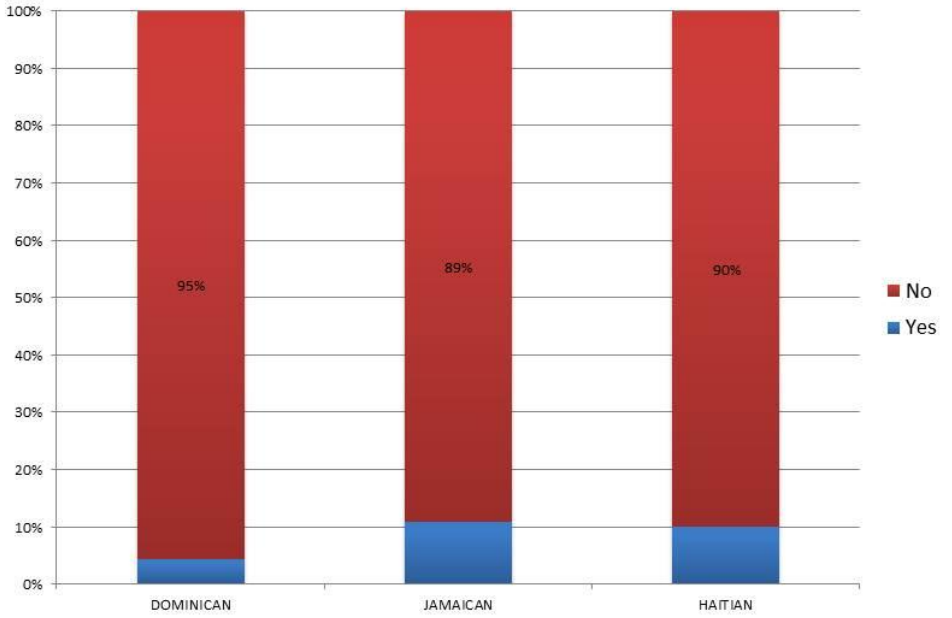
HOW LONG DO YOU PLAN TO LIVE IN ST. MAARTEN?



HOW MANY PEOPLE DEPEND ON YOUR INCOME?

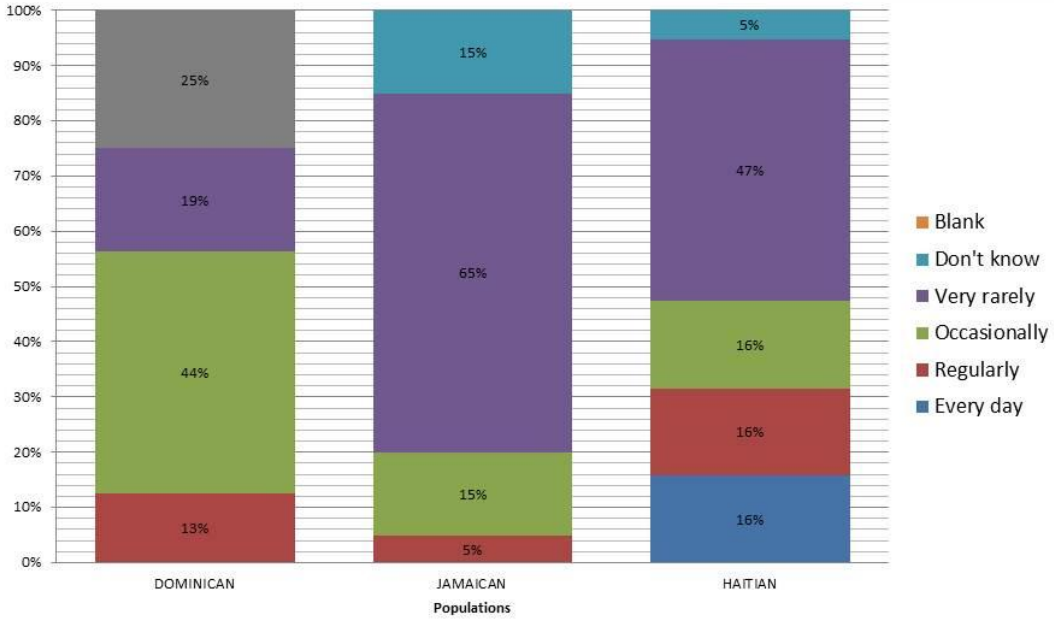


HAVE YOU FELT DISCRIMINATED AGAINST IN ST MAARTEN?

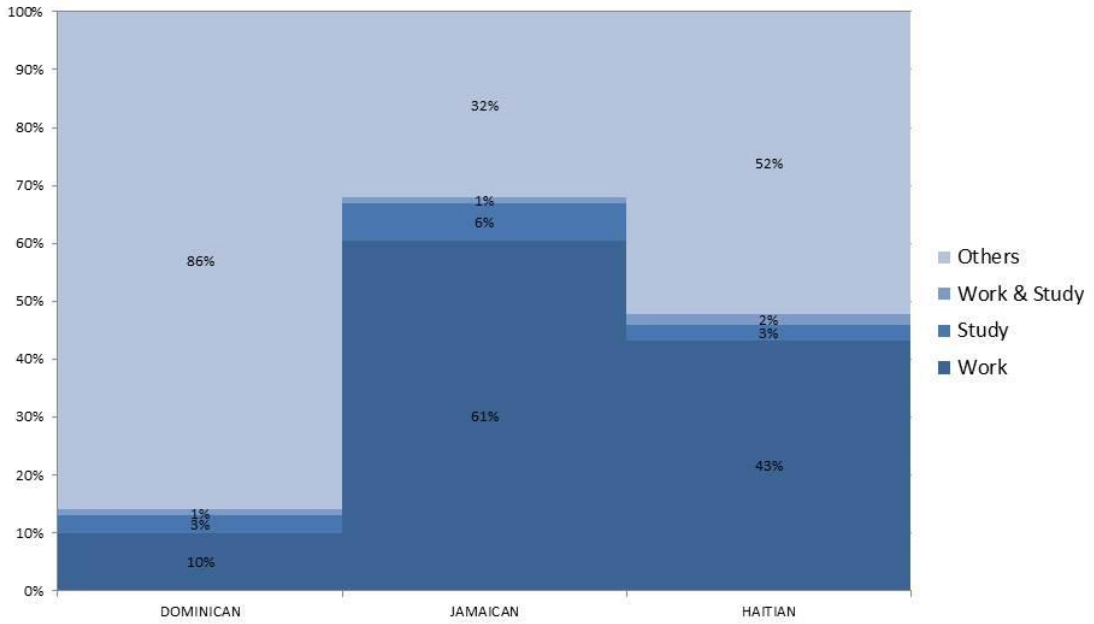


HOW FREQUENTLY DO YOU FEEL DISCRIMINATED AGAINST?

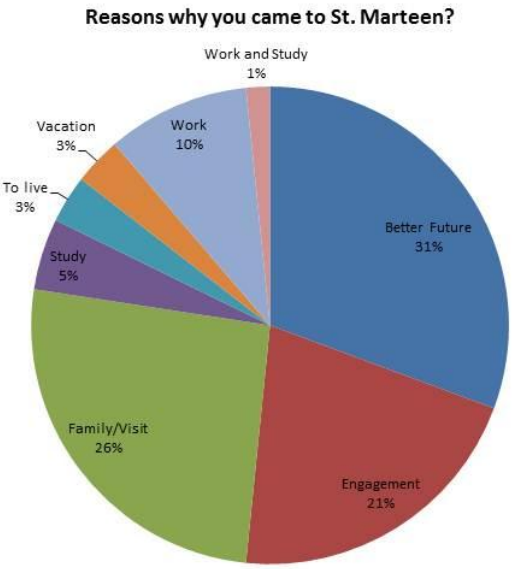
% OF 'YES' RESPONDENTS TO PREVIOUS QUESTION



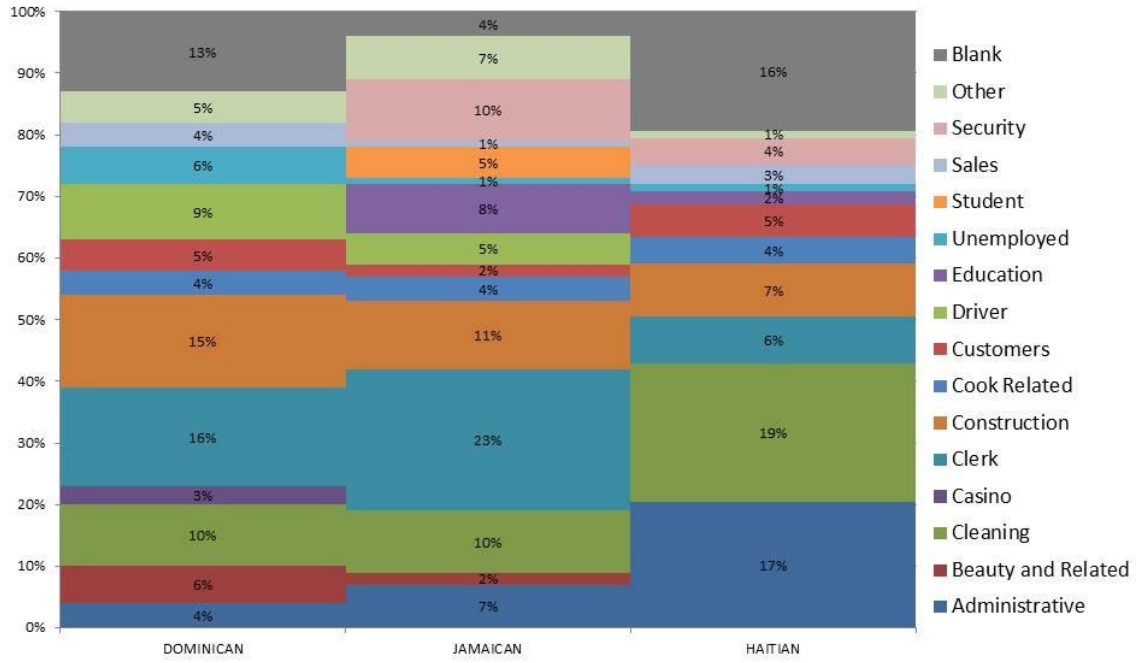
WHY DID YOU MOVE TO ST. MAARTEN?



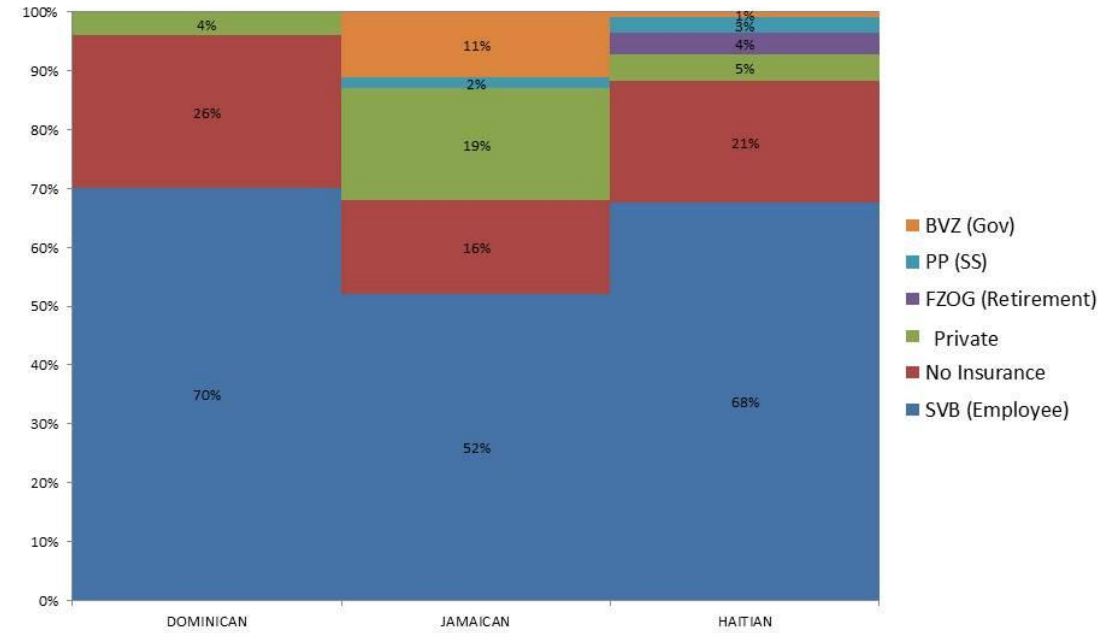
WHY DID YOU MOVE TO ST. MAARTEEN?
% OF DOMINICAN 'OTHER' RESPONDENTS TO PREVIOUS QUESTION



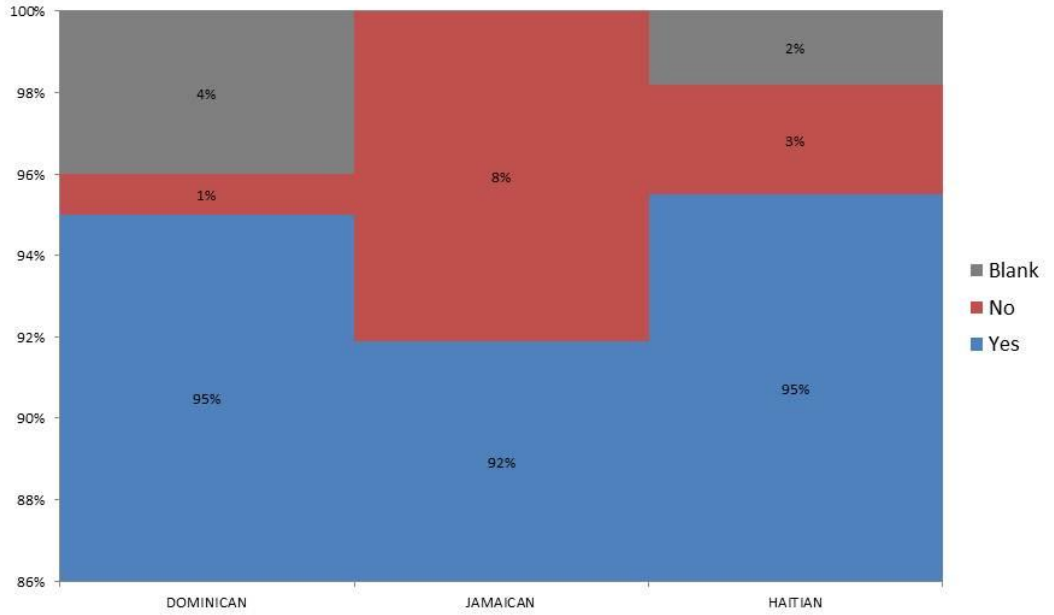
WHAT IS YOUR CURRENT JOB?



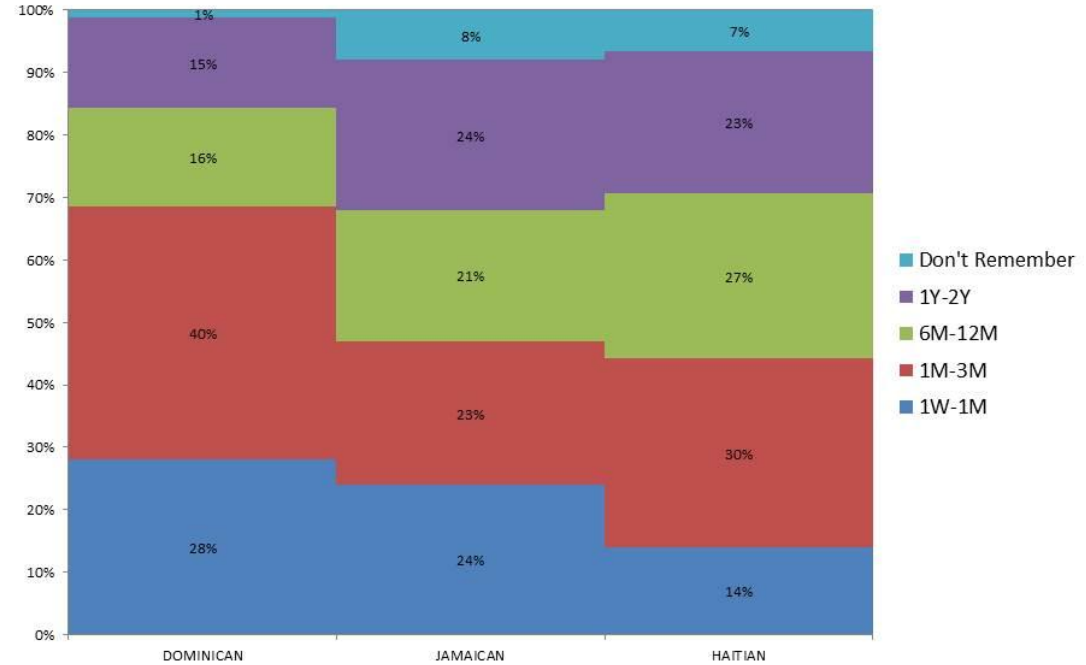
WHAT IS YOUR MEDICAL INSURANCE COVERAGE?



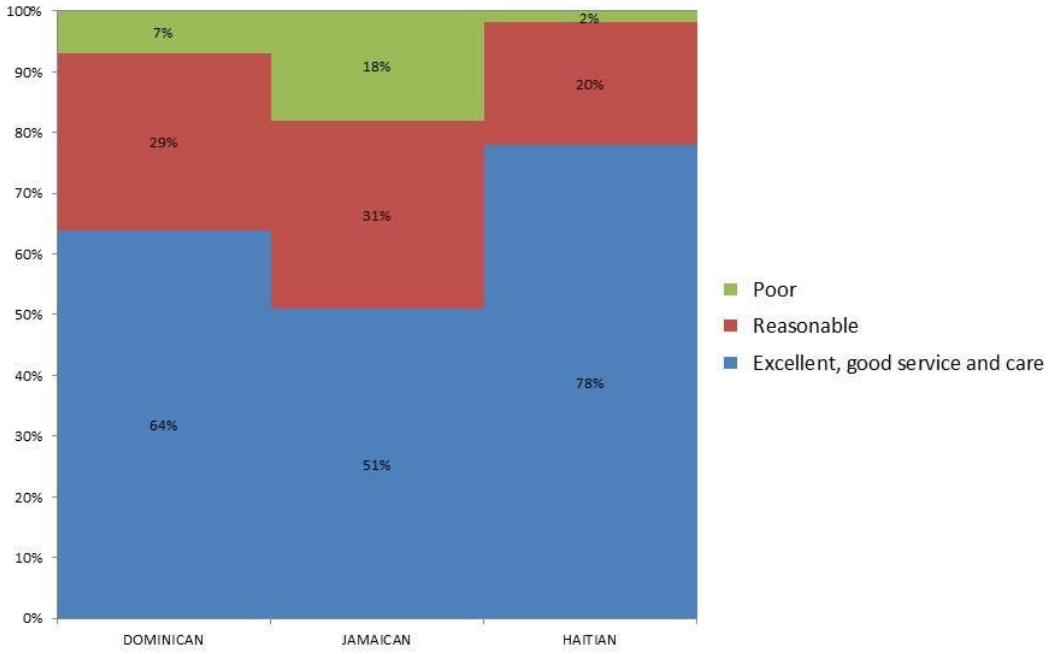
DO YOU KNOW WHERE TO ACCESS MEDICAL SERVICES?



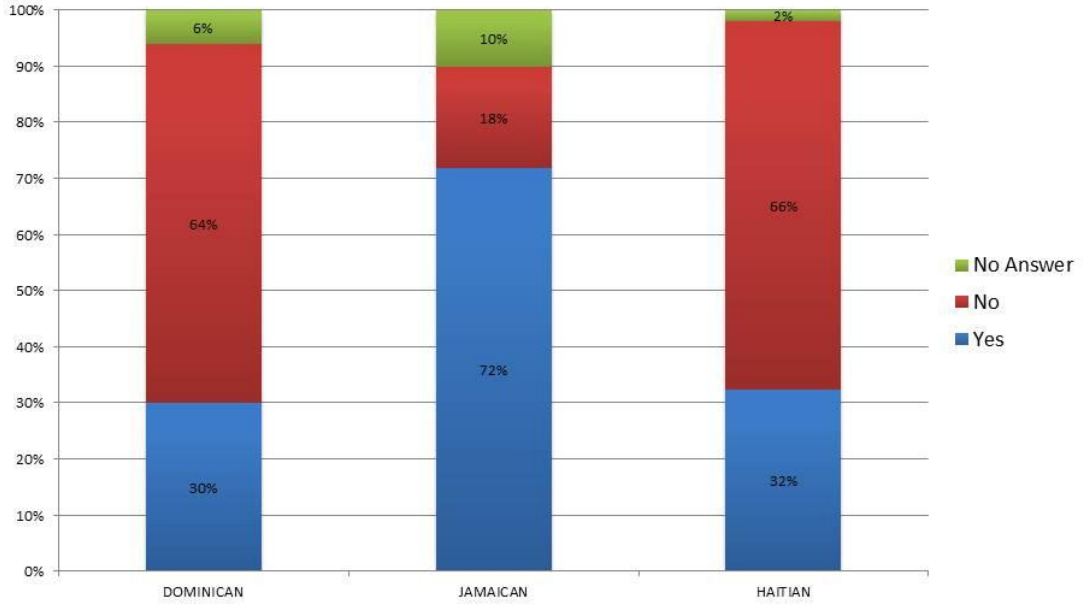
WHEN DID YOU LAST VISIT A DOCTOR?



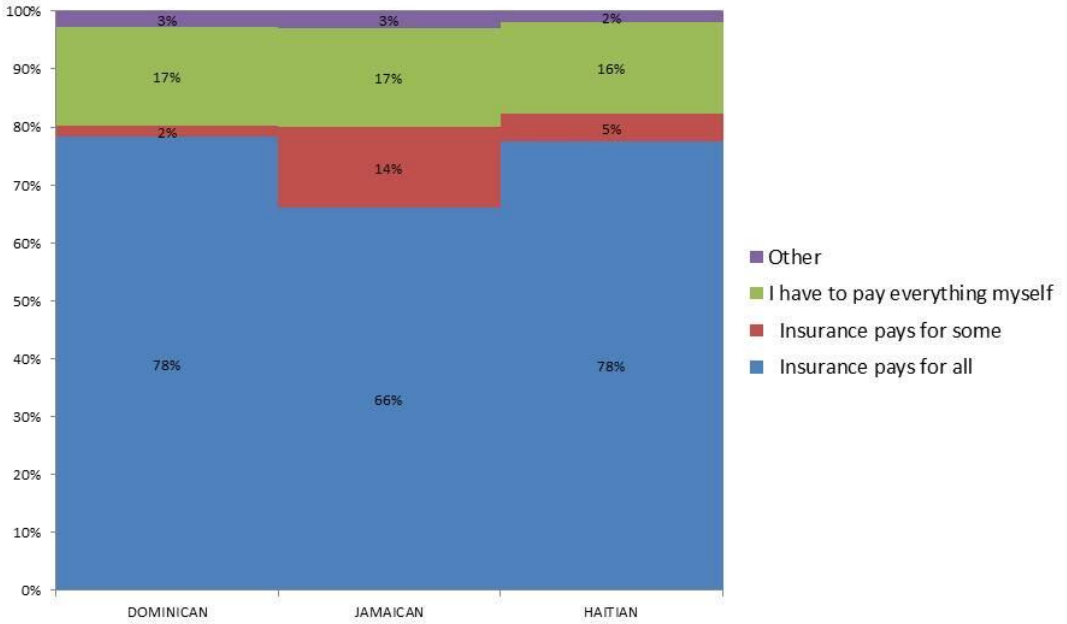
HOW WAS THE QUALITY OF YOUR LAST DR. VISIT?



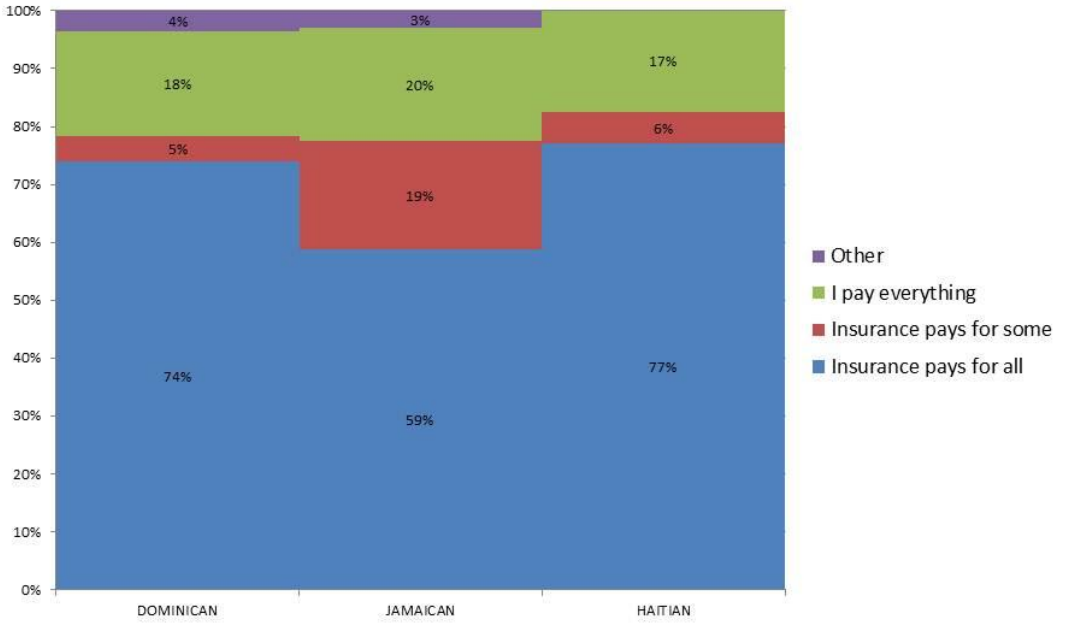
HAVE YOU FELT DISCRIMINATED AGAINST BY MEDICAL SERVICE?



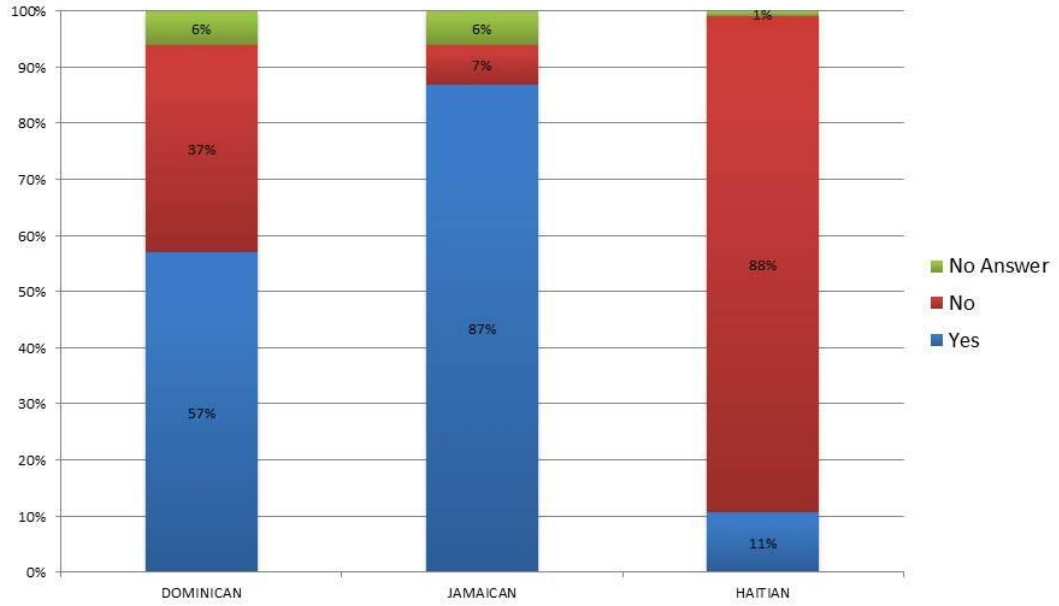
HOW DO YOU PAY FOR DR. VISITS?



HOW DO YOU PAY FOR MEDICINE?

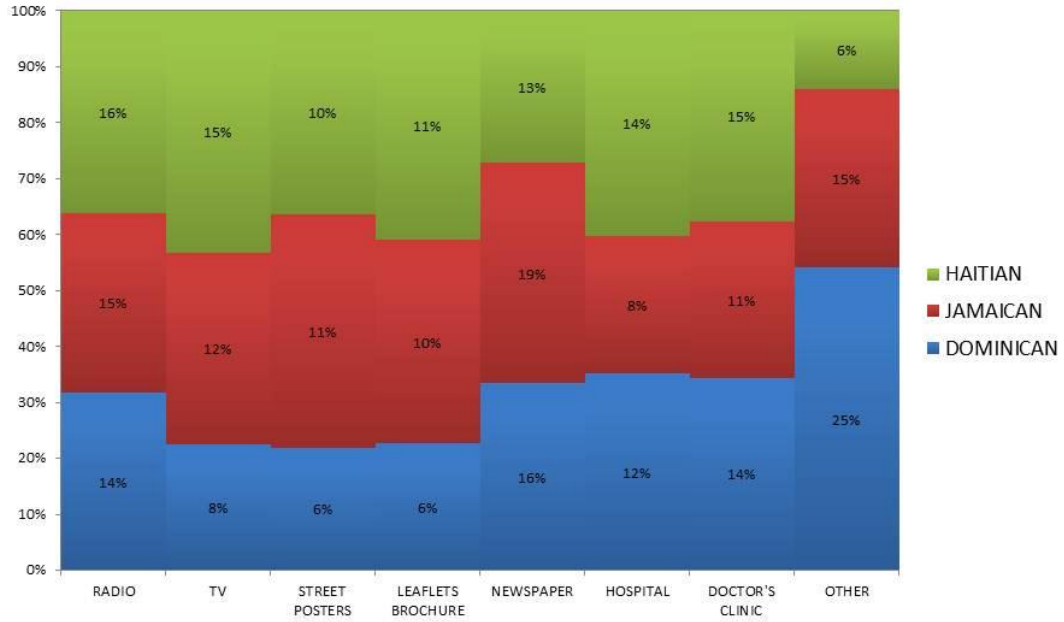


HAVE YOU SEEN OR HEARD HIV MESSAGES IN ST. MAARTEN?

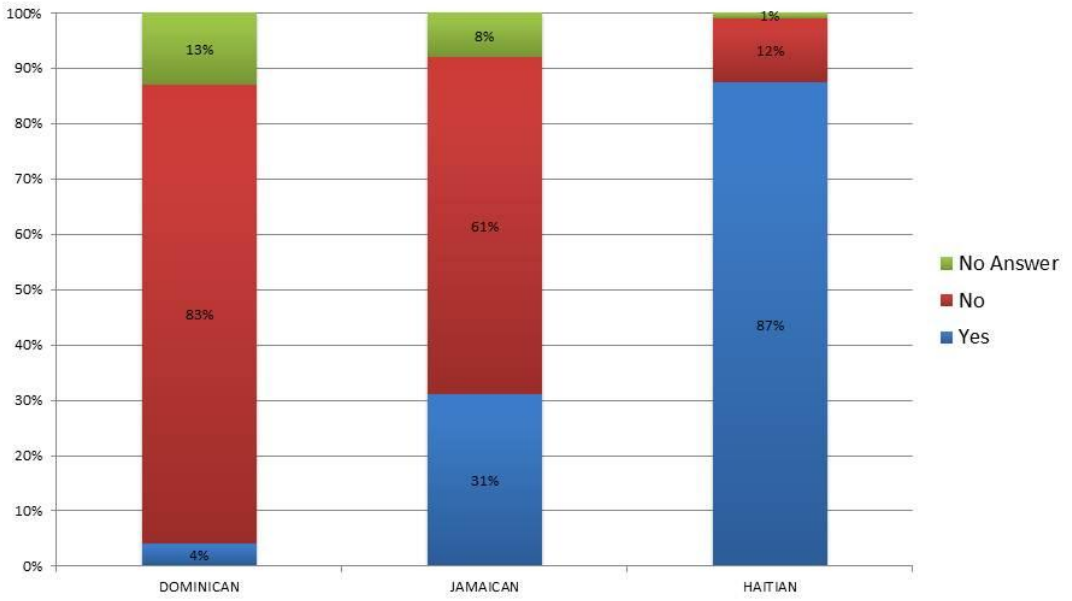


WHERE HAVE YOU SEEN OR HEARD ABOUT HIV?

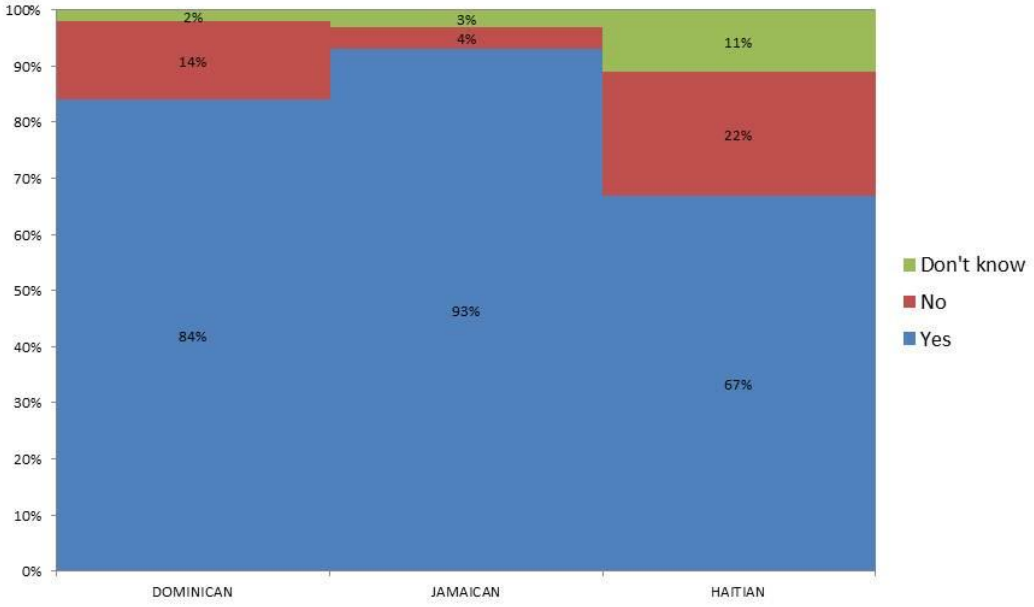
% OF 'YES' RESPONDENTS TO "HAVE YOU SEEN OR HEARD HIV MESSAGES IN ST MAARTEN?



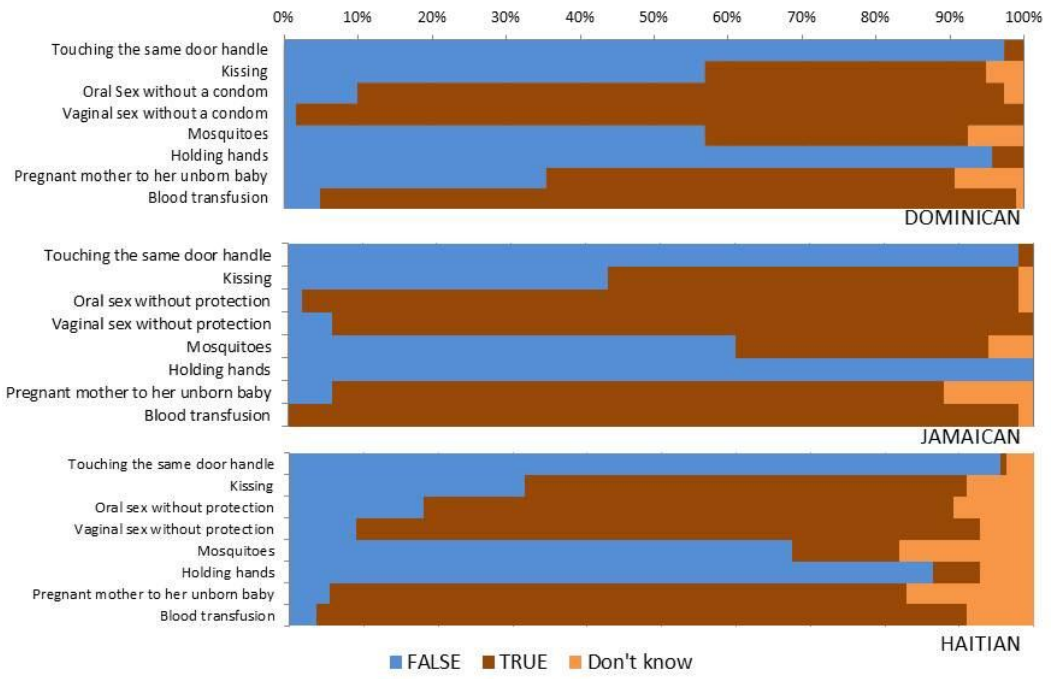
DO YOU KNOW SOMEONE WITH HIV?



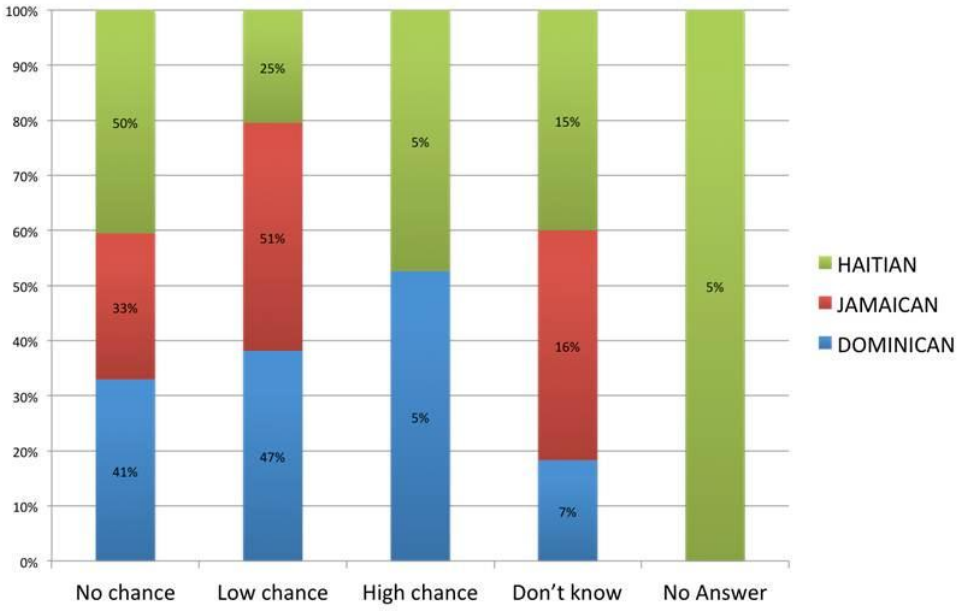
CAN SOMEONE WITH HIV LOOK HEALTHY?



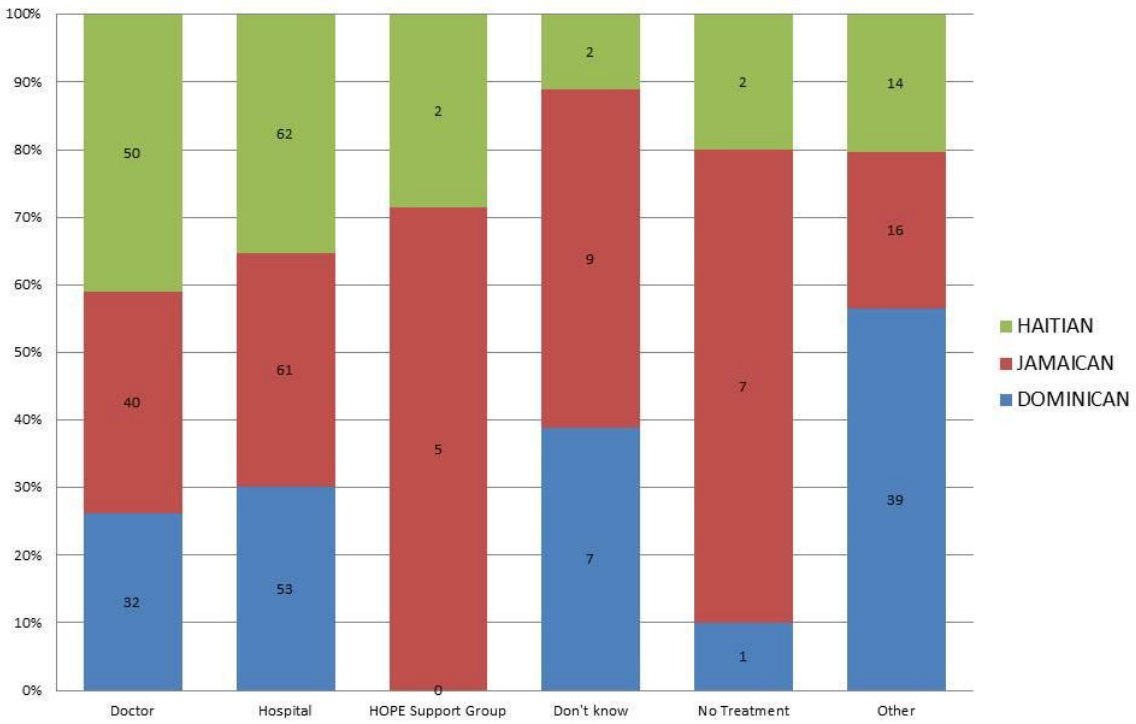
WHICH WAYS CAN HIV CAN BE TRANSMITTED?



WHAT IS YOUR PERSONAL CHANCE OF CONTRACTING HIV?

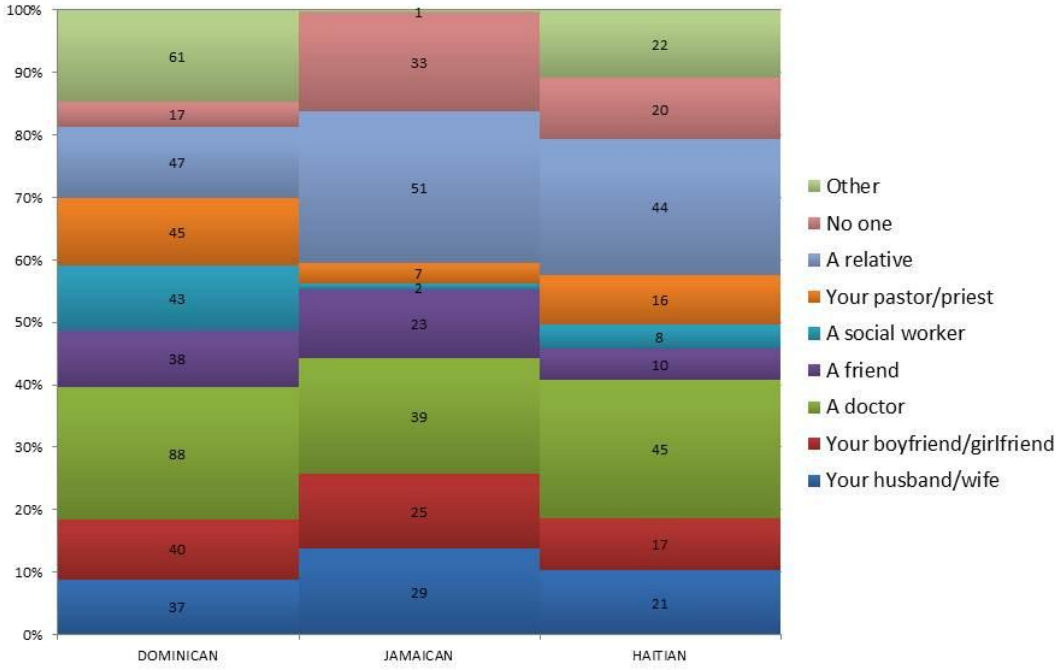


IF YOU WERE HIV+ WHERE WOULD YOU GO FOR CARE?

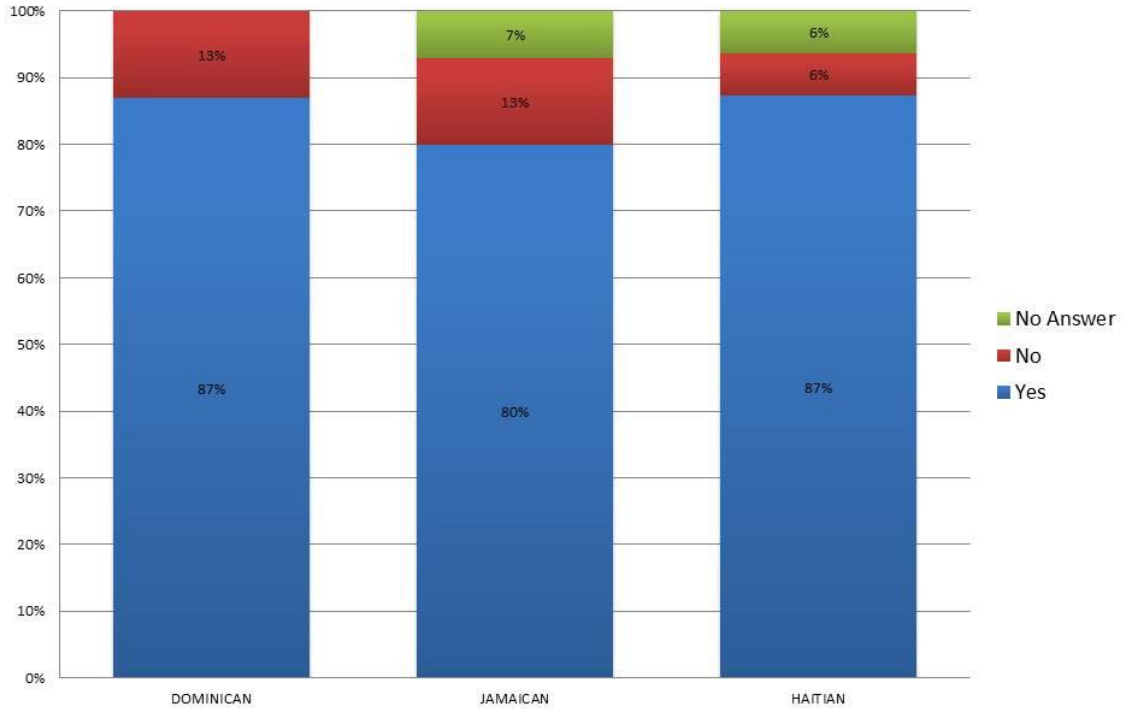


IF YOU WERE HIV+ WHO WOULD YOU TELL?

INDICATE ALL THAT APPLY

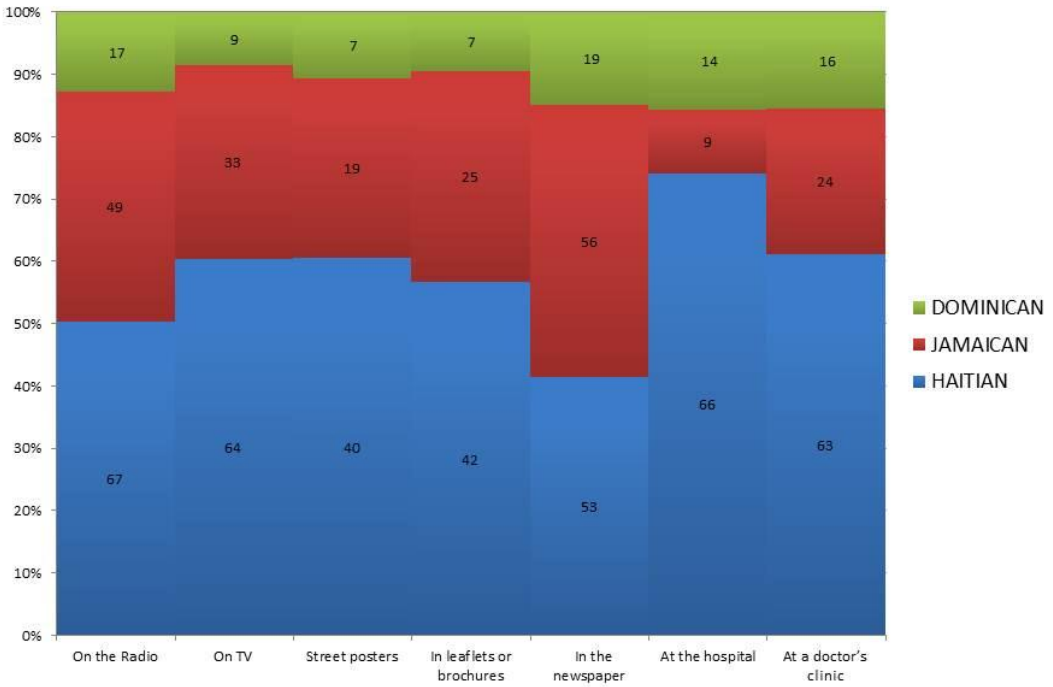


HAVE YOU HEARD ABOUT HIV TESTING IN ST. MAARTEN?

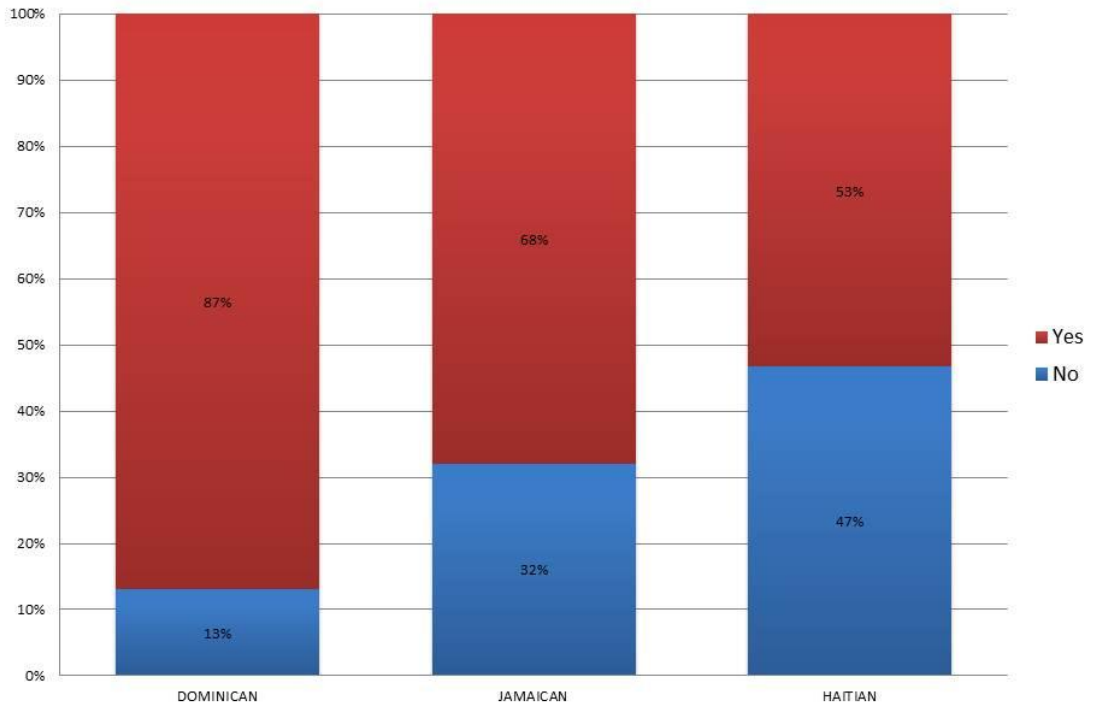


WHERE DID YOU HEAR ABOUT HIV TESTING IN ST MAARTEN?

% OF 'YES' RESPONDENTS TO 'HAVE YOU HEARD OF HIV TESTING ON ST MAARTEN?'

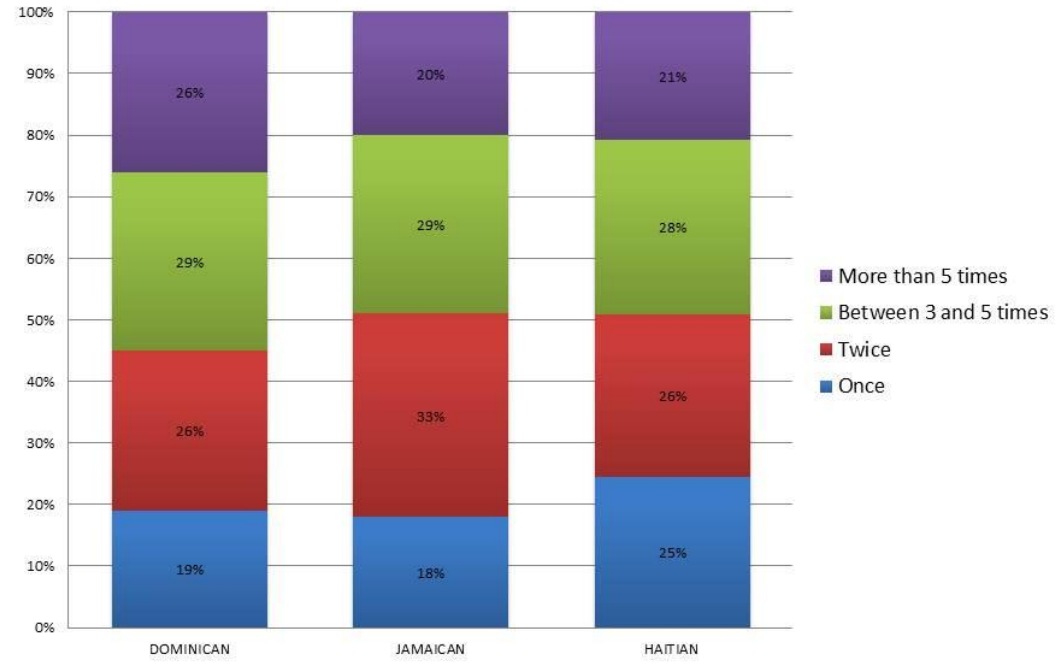


HAVE YOU BEEN TESTED FOR HIV?



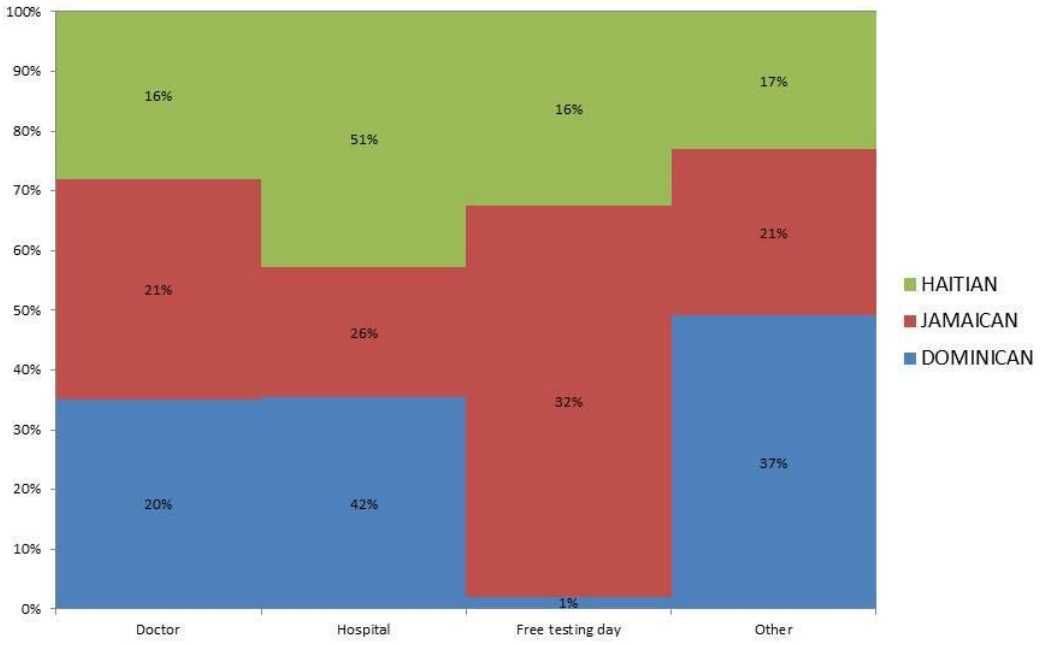
HOW MANY TIMES HAVE YOU BEEN TESTED FOR HIV?

% OF "YES" RESPONDENTS TO 'HAVE YOU BEEN TESTED FOR HIV?'



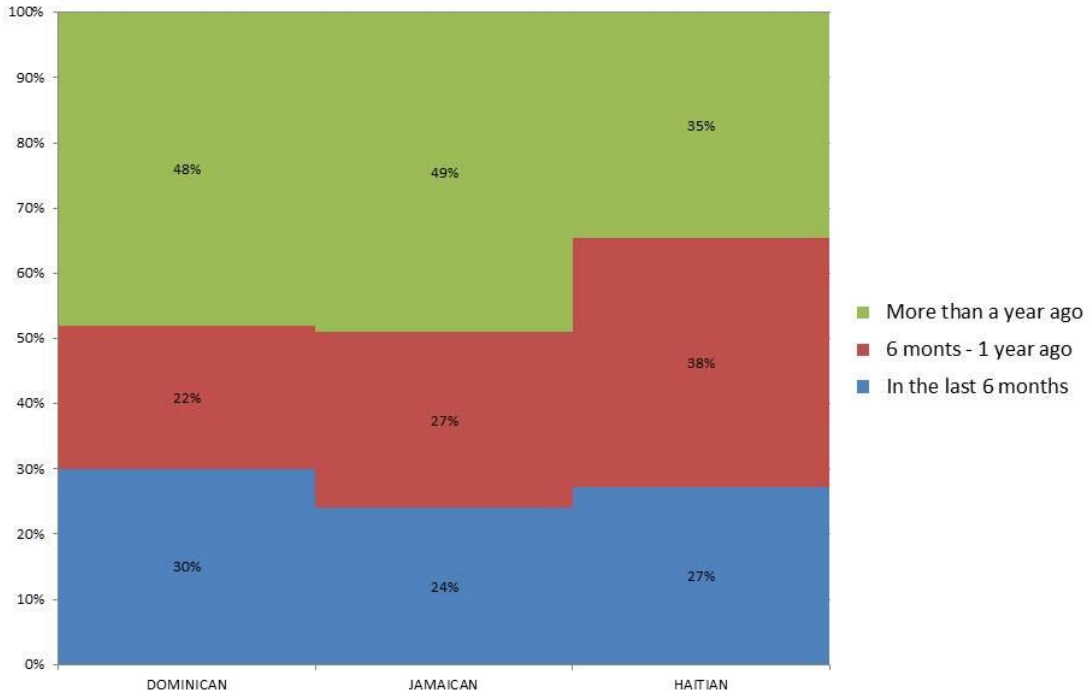
WHERE HAVE YOU BEEN TESTED FOR HIV ON ST MAARTEN?

% OF "YES" RESPONDENTS TO 'HAVE YOU BEEN TESTED FOR HIV?'

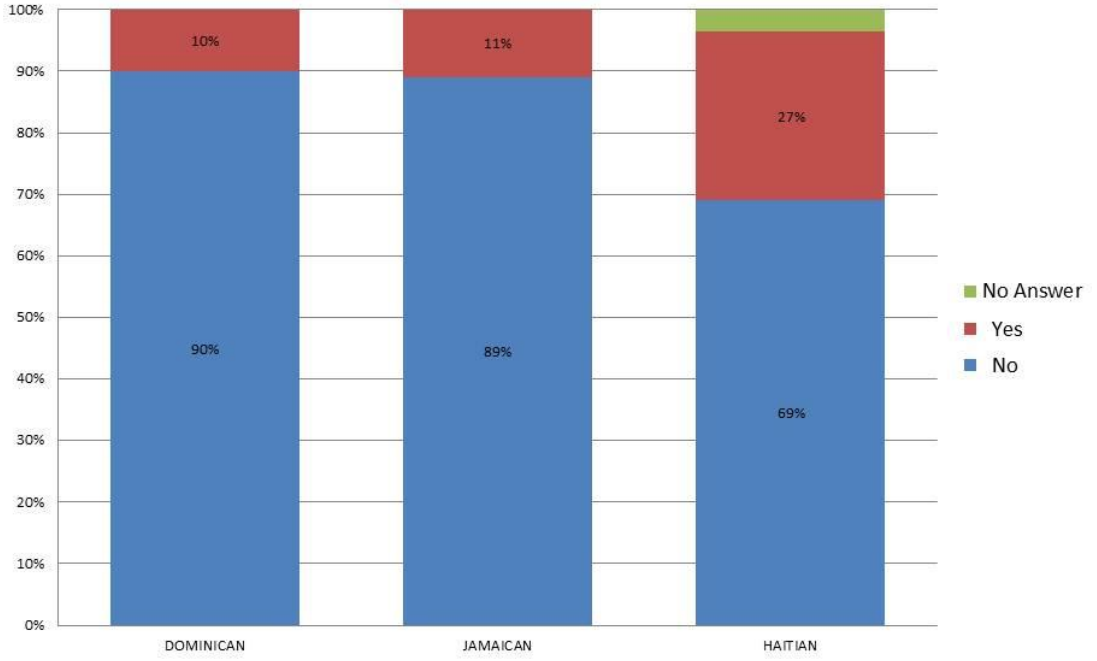


WHEN WAS THE LAST TIME YOU WERE TESTED FOR HIV?

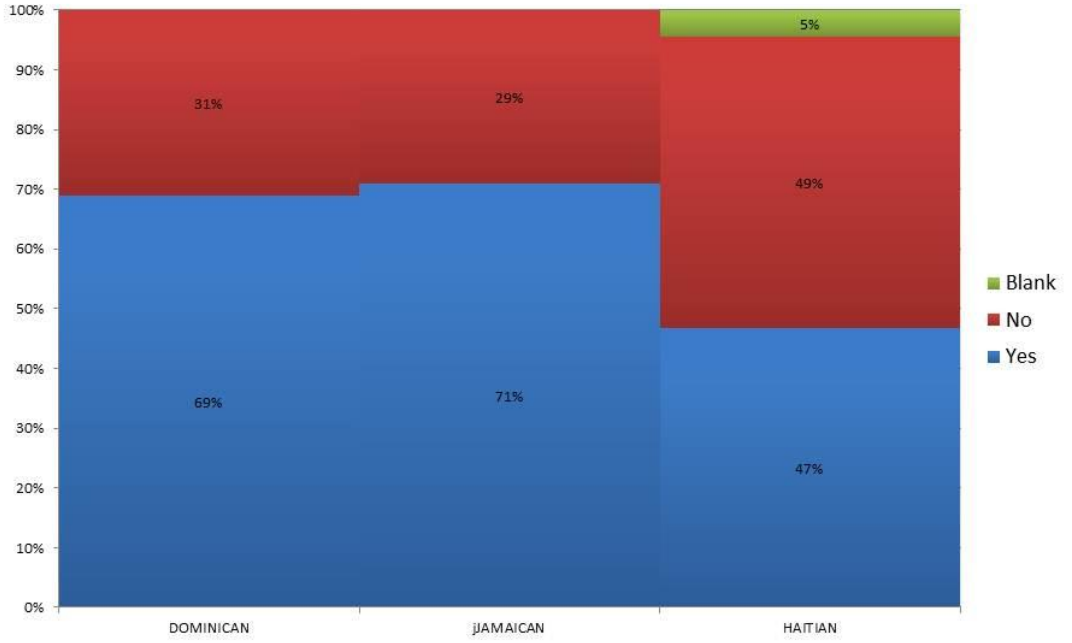
% OF "YES" RESPONDENTS TO 'HAVE YOU BEEN TESTED FOR HIV?'



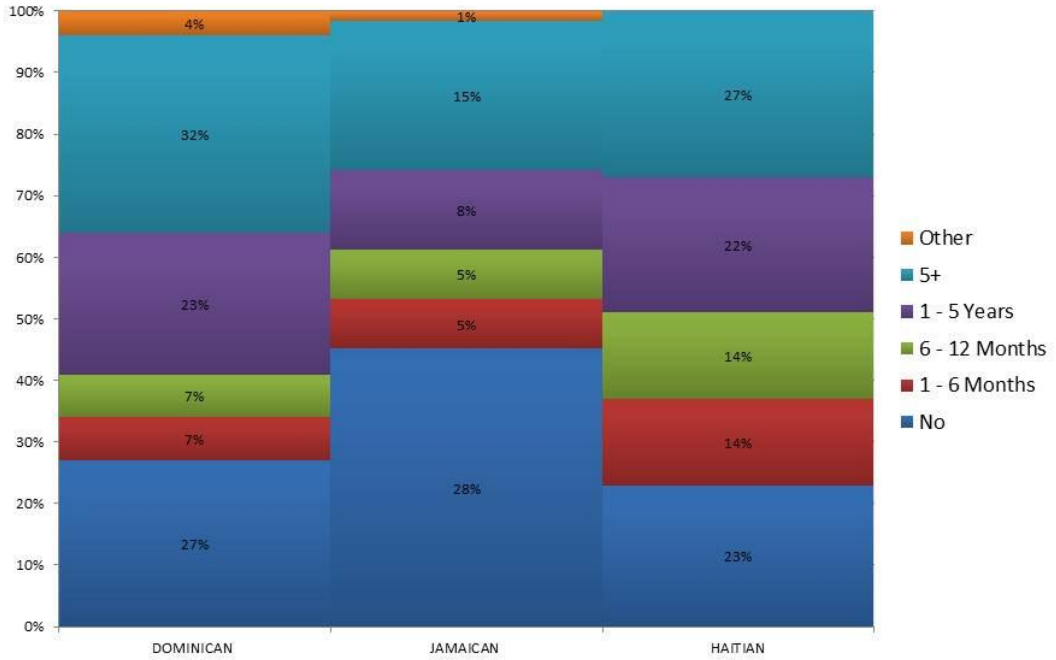
DID YOU EXPERIENCE COMMUNICATION DIFFICULTIES DURING YOUR HIV TEST?
% OF "YES" RESPONDENTS TO 'HAVE YOU BEEN TESTED FOR HIV?'



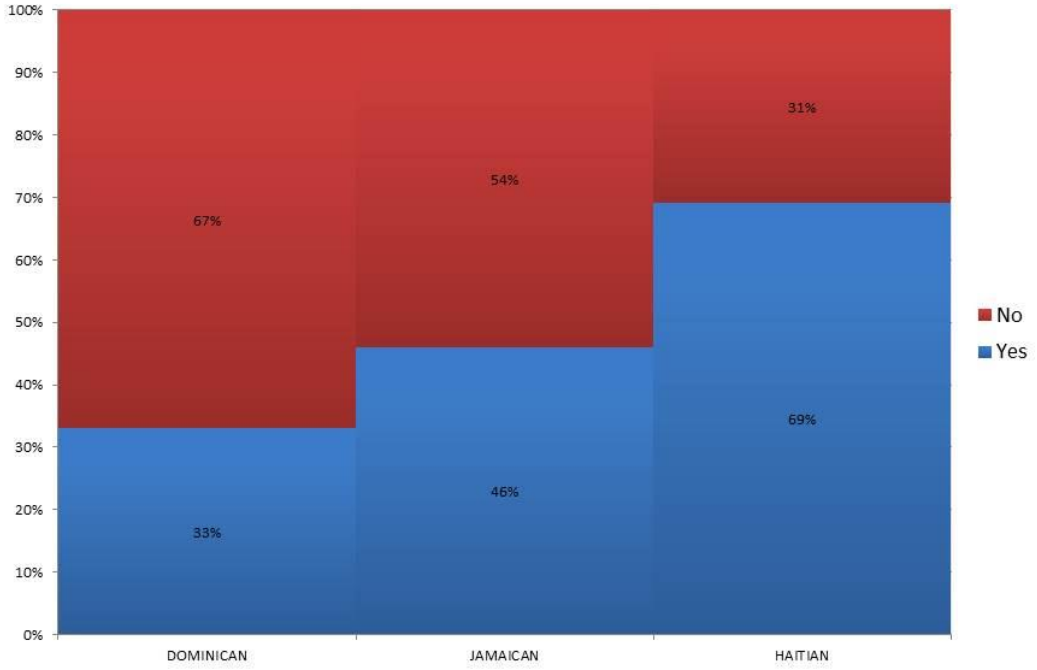
ARE YOU CONFORTABLE TO DISCUSS YOUR SEXUAL LIFE?



HOW LONG HAVE YOU BEEN WITH YOUR CURRENT PARTNER?
% OF "YES" RESPONDENTS TO 'ARE YOU COMFORTABLE TO DISCUSS SEXUAL?'

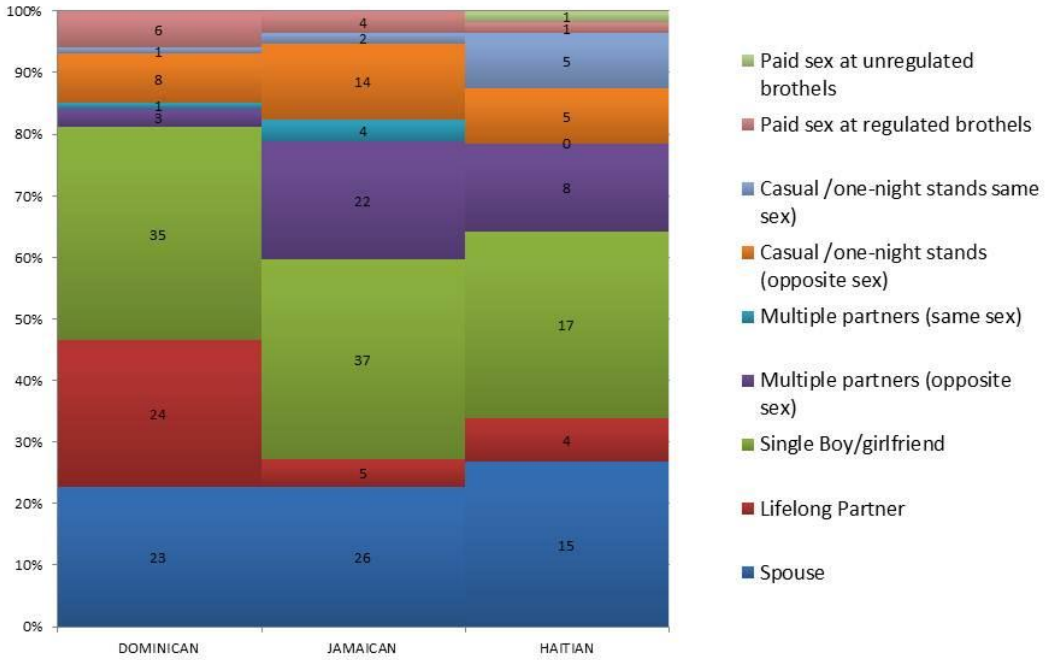


IN THE LAST 12 MONTHS, DID YOU HAVE SEXUAL RELATIONS WITH SOMEONE WHO IS NOT YOUR STEADY PARTNER?
% OF "YES" RESPONDENTS TO 'ARE YOU COMFORTABLE TO DISCUSS SEXUAL?'



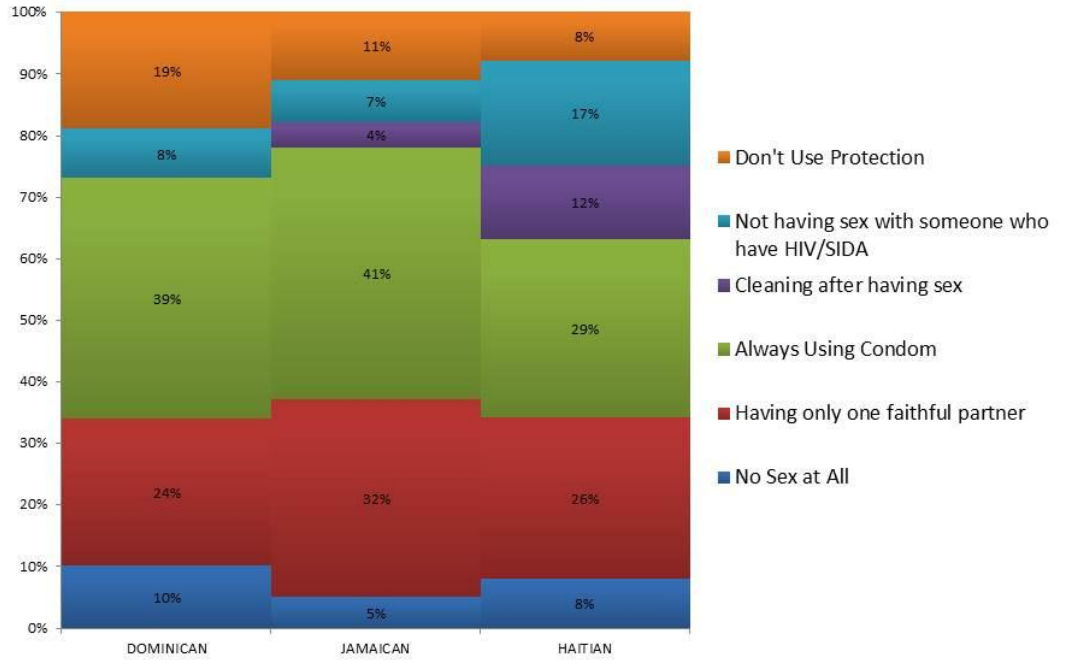
DESCRIBE ALL YOUR SEXUAL PARTNERS IN THE LAST 2 YEARS

% OF "YES" RESPONDENTS TO 'ARE YOU COMFORTABLE TO DISCUSS SEXUAL?'



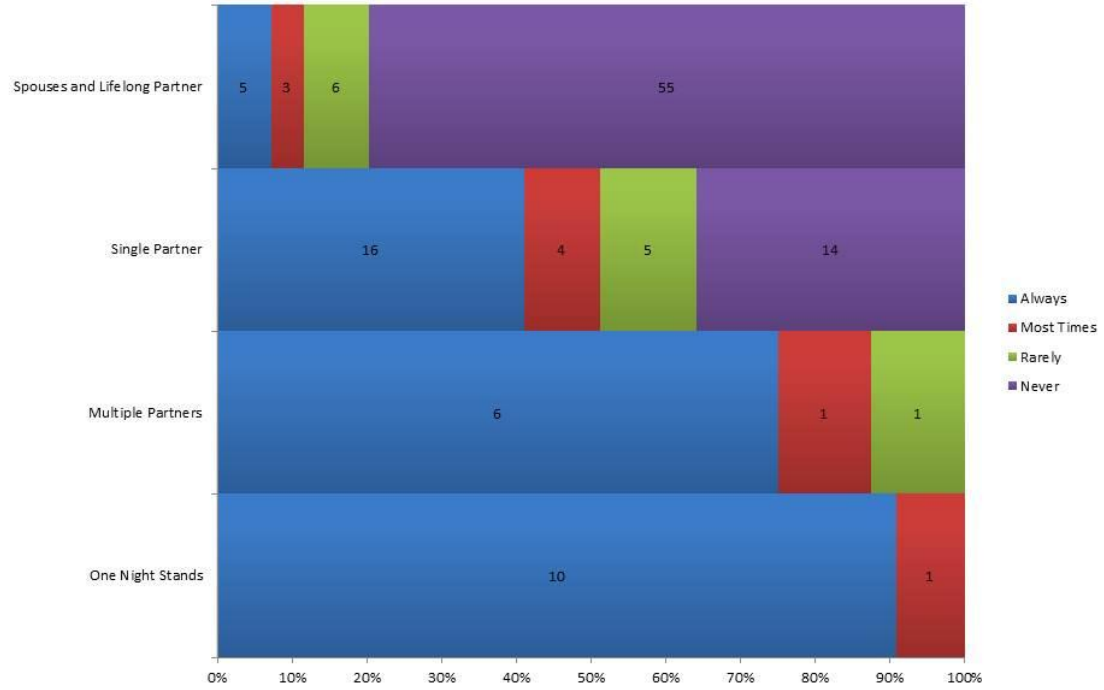
HOW DO YOU PROTECT YOURSELF FROM HIV?

% OF "YES" RESPONDENTS TO 'ARE YOU COMFORTABLE TO DISCUSS SEXUAL?'



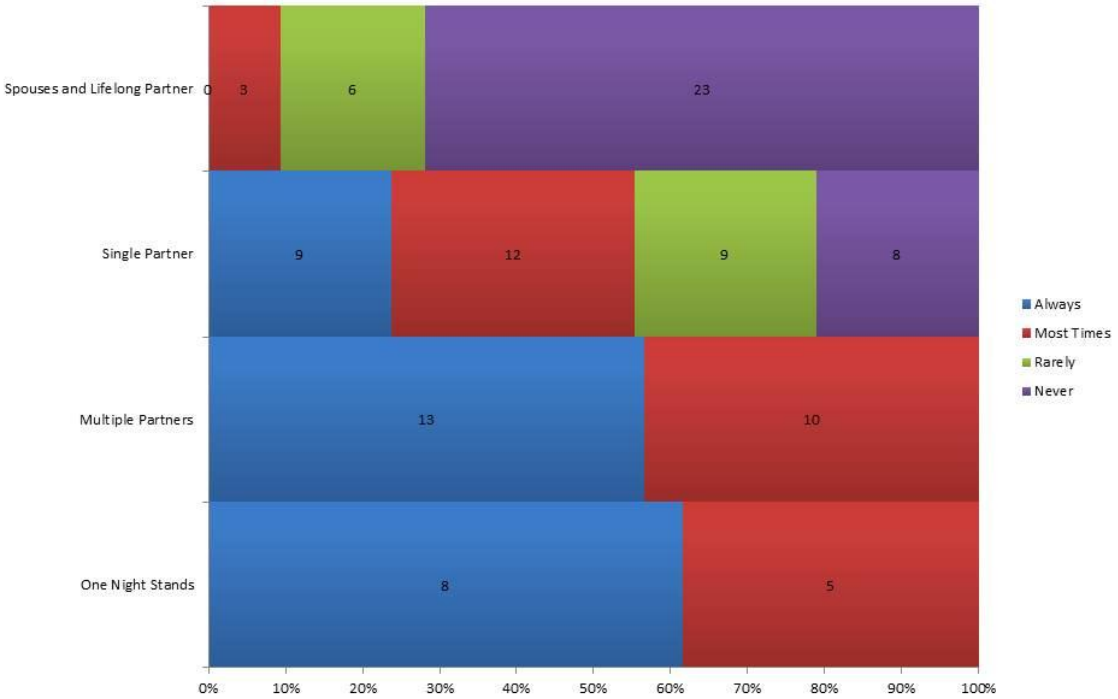
DOMININCAN CONDOM USAGE

INDICATE ALL THAT APPLY



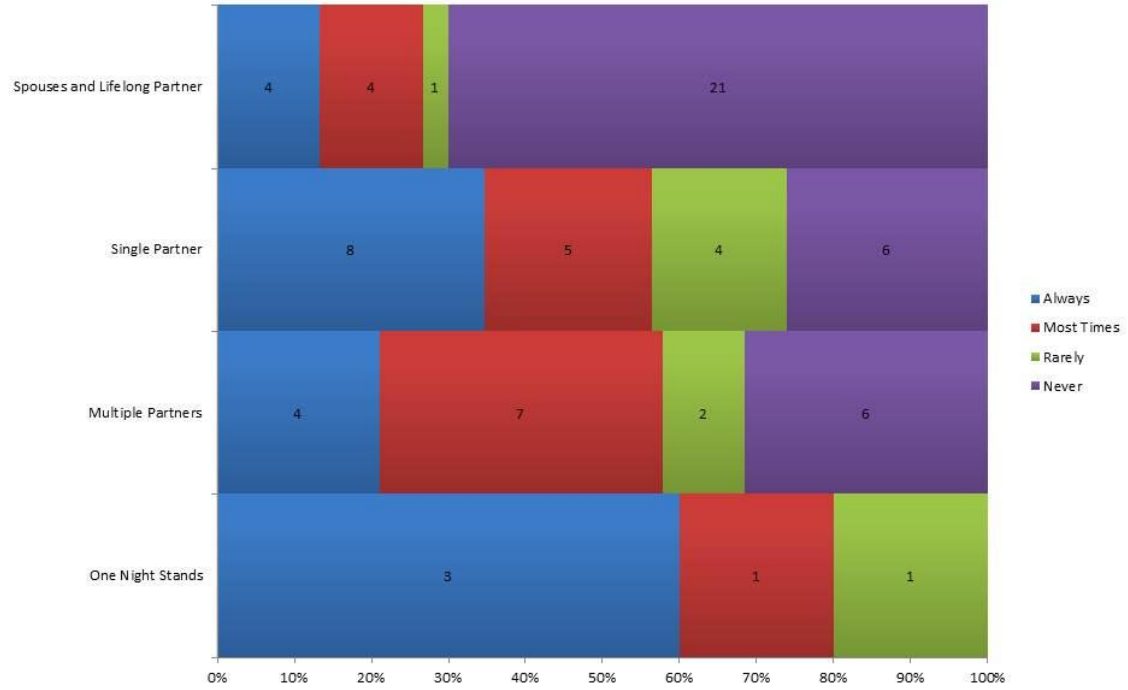
JAMAICAN CONDOM USAGE

INDICATE ALL THAT APPLY



HAITIAN CONDOM USAGE

INDICATE ALL THAT APPLY



Annex 2- Data collectors

Name	Role	Community Surveyed
Zuleima Salmon	**LDC**	**Dominican**
Confesora Mendoza	**LDC**	**Dominican**
Rene	*ADC*	*Dominican*
Evelin	*ADC*	*Dominican*
Lenworth Wilson	**LDC**	**Jamaican**
Reeder Baptiste	**LDC**	**Jamaican**
Jamal	*ADC*	*Jamaican*
Shirmel	*ADC*	*Jamaican*
Neomie Plaismond	**LDC**	**Haitian**
Rachel Pierre Louis	**LDC**	**Haitian**
Altagracia Solvabe	**LDC**	**Haitian**
Lucette	*ADC*	*Haitian*
Patrick	*ADC*	*Haitian*
Majorie	*ADC*	*Haitian*
Rosemath	*ADC*	*Haitian*

Annex 3- Key Informant Details

Name of KI	**Representation**	**Role of KI**
Myra Provence	Dominican Community	ICR, President-'Dominicana Semana Association'
Maximo Castro	Dominican Community	Director of 'Vocero Latino' Foundation and Spanish Newspaper, English language educator
Captain Augusto	Dominican Community	Representative and Pastor at the Salvation Army
"Lumark"	Haitian Community	Influential business man
Captain Augusto	Haitian Community	Representative and Pastor at the Salvation Army
Jacqueline Richardson	Haitian Community	Vice treasurer of 'United Haitian Community'
Marsha Thomas Richardson	Jamaican Community	ICR, President Jamaican Assoc.
"Rodney"	Jamaican Community	Owner Major Barber Shop
Lenworth Wilson	Jamaican Community	PR and Media, Jamaican Assoc.
Dr. G Van Osch	HIV Health Service Provider	Leading HIV Authority
Dr. T. Jolles	HIV Health Service Provider	HIV Specialist
Amelie Dufermont	HIV Health Service Provider	Director AIDES Residence Project
Nadia Agape and Dr. C. Clavel	HIV Health Service Provider	Nurse and Doctor
Brigitte Ledoux	HIV Health Service Provider	Behaviour Specialist
Margje Troost	PMT (Public Sector)	Project Officer
Anonymous	Sex Workers informant	Gypsy Taxi

Annex 4- Focus Groups

Focus Group (FDG)	Profile of attendees	# Part.	Language conducted	Notes
Dominican 1	Unemployed, Uninsured, all female, ages 17 and 40	2	Spanish	Three attempts were made to secure attendees for this group. FDG was conducted despite lack of numbers on the 3rd attempt.
Dominican 2	Employed, Mixed male and female, Ages 28-65.	8	Spanish	Three attempts were made to secure attendees for this group. FDG was conducted on the 3rd attempt.
Haitian 1	'Clubbers', All Male, ages 31-56, mixed single and living with other	6	Haitian Creole	This was an impromptu FDG conducted at an informal, regular social gathering of the respondents.
Haitian 2	Youth, ages 15-24, all female	9	English	One male was present at the time of the session but declined participation
Jamaican 1	Employed, all female, ages 21 - 45, full-time and part-time employed, documented and undocumented.	6	English	This should have been a mixed group but none of the male invitees showed up
Jamaican 2	Employed and unemployed, male and female, ages 22- 55, documented and undocumented.	9	English	As planned
HOPE	1 Male, 1 female	2	English	Some members declined attendance to FDG session for fear of disclosing their identities

Annex 5 - Population Surveys

Population Survey

ID Code #_____/_____
D/H/J / survey #

Name of data collector: _____
Date: dd___/mm___/yyyy_____

GENERAL INSTRUCTIONS:

- **Circle the letter at the front of the answer given by the respondent.**
- **For questions which say "Indicate all that apply":**
  - **NO PROMPT means you should only record the answers offered by the respondent.**
  - **PROMPT means you should read them all answer options and record each 'yes.'**

Personal information			
Q #	**Question**	**Answer**	**Comments**
1.	Sex	a) Male b) Female	
2.	How old are you		
3.	Marital status	a) Single b) Married c) Divorced d) Separated e) Widowed	

		f) Living with partner	
4.	What was your last school attended?	a) None b) Primary school c) Primary school completed d) Secondary school e) Secondary school completed f) College/university g) College university completed	
5.	Language spoken?	a) English b) Spanish c) Creole d) French e) Other _____	

Migration			
Q #	**Question**	**Answer**	**Comments**
6.	In which country were you born?		
7.	Which country do you consider home?		
8.	How long have you been in St. Maarten?		
9.	How long do you plan to be here?	a) Permanently. b) Fixed time, then return home. c) Seasonally (back and forth) d) I don't know	
10.	How many dependents (wife/husband/children) do you have in St. Maarten?		

11.	Do you feel discriminated because of your nationality, ethnic background, gender, or profession?	a. Yes (In what ways?) b. No (go to Q 13)	
12.	How frequently do you feel discriminated against?	a. Every day b. Regularly c. Occasionally d. Very rarely f. Don't know	

Employment			
Q #	**Question**	**Answer**	**Comments**
13.	Why did you come to St Maarten? ***(Indicate all that apply NO PROMPT)***	a) Work b) Study c) Other _____	
14.	Which best describes your current employment? ***(PROMPT)***	a) Full time b) Part-time c) Temporary d) Looking for work e) Unemployed f) Other _____	
15.	What type of work do you do?		

Healthcare			
Q #	**Question**	**Answer**	**Comments**
16.	What type of insurance do you have?	a) Private b) SVB (employees) c) PP (social security) d) BVZ (government employees) e) FZOG (government pensioners) f) No Insurance (Why?) 1- of immigration status 2- unemployed 3- Can't afford it 4- pre-existing condition 5- Don't think it is important Other _____	
17.	Do you know where to find a Doctor or a Nurse?	a) Yes b) No	
18.	When was the last time you saw a Doctor?	a) Between a week and a month ago b) 1-3 months ago c) 6-12 months ago d) 1-2 years ago e) Don't know	
19.	What is your opinion of the Doctor(s) you visit?	a) Excellent, good service and care b) Reasonable, because: _____ c) Poor, because: _____	
20.	How do you pay for Doctor Visit?	a) Insurance pays for all b) Insurance pays for some c) I have to pay everything myself	

		d) Other_____	
21.	How do you pay for Medicine?	a) Insurance pays for all b) Insurance pays for some c) I have to pay everything myself. d) Other_____	
22.	Have you ever felt discriminated against or treated different by medical service providers because of your nationality, ethnicity, profession, or gender?	a) Yes b) No	If yes, Can you tell me what happened?

HIV/AIDS Awareness			
Q #	**Question**	**Answer**	**Comments**
23.	Do you personally know of someone who has HIV or AIDS?	a) Yes b) No	
24.	Have you ever seen or heard an HIV or AIDS message while in St. Maarten?	a) Yes b) No (Go to Q 26)	
25.	Where have you heard or seen HIV or AIDS messages on St. Maarten? ***(Indicate all that apply –*** ***Note first response -*** ***then PROMPT)***	a) On the radio b) On TV c) On street posters d) In leaflets or brochures e) In the newspaper f) At the hospital g) At a doctor's clinic h) Other, _____	

26.	Indicate TRUE or FALSE to the ways you believe HIV/AIDS can be transmitted (passed) between people ***(PROMPT)*** a) Touching the same door handle b) Kissing c) Oral sex without a condom d) Vaginal sex without a condom e) Mosquitoes f) Holding hands g) Pregnant mother to her unborn baby h) Blood transfusion i) Other	a) T/F/Don't know b) T/F/Don't know c) T/F/Don't know d) T/F/Don't know e) T/F/Don't know f) T/F/Don't know g) T/F/Don't know h) T/F/Don't know i) _____	
27.	Do you think a person with HIV can look healthy?	a) Yes b) No c) Don't know	
28.	Do you believe that HIV can be treated?	a) Yes b) No c) Don't know	
29.	Who can get HIV? ***(Indicate all that apply –*** ***Note first response -*** ***then PROMPT)***	a) Anybody b) Sex workers c) Drug users d) Sexually promiscuous people e) Homosexuals f) People who are cursed by God g) Don't know	

30.	What do you believe are your chances of being infected with HIV?	a) No chance b) Low chance c) High chance d) Don't know	
31.	If you found out you were infected with HIV who would you tell? ***(Indicate all that apply –*** ***Note first response -*** ***then PROMPT)***	a) Your husband/wife b) Your boyfriend/girlfriend c) A doctor d) A friend e) A social worker f) your pastor/priest g) a relative h) no one i) other_____	

Sexual Activity			
Q #	**Question**	**Answer**	**Comments**
32.	Are you comfortable to answer questions about your personal sexual activity?	a) Yes (continue, but explain they can decline to answer any question b) No (Go to 42)	
33.	Do you have a spouse, girlfriend/boyfriend, or steady partner here in Sint Maarten? If yes, for how long have you been together?	1. No 2. Yes, 1-6 months 3. Yes, 6-12 months 4. Yes, 1-5 years 5. Yes, longer than 5 years 6. other _____	

34.	In the past 12 months, have you had sex with someone who is not a steady partner?	a) Yes b) No	
35.	How do you protect yourself personally from HIV? ***(Indicate all that apply – NO PROMPT)***	c) No sex at all d) Having only one faithful partner e) Always using a condom f) Cleaning thoroughly after having sexual relations g) Not coming into contact with someone who has HIV/AIDS h) Getting protection from a traditional healer i) Using herbs j) No protection – why not? ***(Indicate all that apply - NO PROMPT)*** 1. I have only one partner 2. I don't have any disease 3. I don't have sex with anyone who look like they may have a disease 4. I only have sex with people who say they have been tested and do not have a disease 5. Condoms are too expensive 6. Don't know where to buy condoms 7. Too embarrassed to buy condoms 8. Condoms make sex less enjoyable 9. I don't know how to use a condom	

		10. My partner refuses to use a condom 11. Other_____	
36.	Please describe all your sexual partner(s) in the last 2 years – ***(Indicate all that apply PROMPT)***	a) Spouse b) Lifelong partner c) Single boyfriend/ girlfriend d) Multiple partners (opposite sex) # _____ e) Multiple partners (same sex) # _____ f) Casual one-night stands (opposite sex) g) Casual /one-night stands (same sex) # per month _____ h) Paid sex at regulated brothels # per month _____ i) Paid sex at unregulated locations # per month _____	
37.	Please indicate your condom usage: ***(ONLY ask about partners indicated in 36 – make sure women understand that they are considered as using condom even if it is their partner who wears the condom)***	a) Spouse 1. Always 2. Most times 3. Rarely 4. Never b) Lifelong partner 1. Always 2. Most times 3. Rarely 4. Never j) Single boyfriend/girlfriend 1. Always	

		2. Most times 3. Rarely 4. Never k) Multiple partners (opposite sex) 1. Always 2. Most times 3. Rarely 4. Never l) Multiple partners (same sex) 1. Always 2. Most times 3. Rarely 4. Never m) Casual one-night stands (opposite sex) 1. Always 2. Most times 3. Rarely 4. Never n) Casual one-night stands (same sex) 1. Always 2. Most times 3. Rarely 4. Never o) Paid sex at regulated brothels 1. Always 2. Most times 3. Rarely 4. Never p) Paid sex at unregulated locations 1. Always 2. Most times	

		3. Rarely 4. Never	
38.	If you use condoms, where do you get them?		
39.	When you do NOT use a condom, what are your reasons?	a) My partner(s) say they do not have a disease b) I don't believe I have a disease c) Condoms are too expensive d) Don't know where to buy condoms e) Too embarrassed to buy condoms f) Condoms make sex less enjoyable g) I don't know how to use a condom h) My partner(s) don't want to use a condom *i)* Other_____	
40.	In the past month, have you used condoms during casual sex (not with your long-term partner)?	1. Always 2. Never 3. Almost every time 4. Don't know 5. Sometimes 6. No answer	
41.	In the past 12 months, have you received any goods or money for sex? (QUESTION NOT ASKED)	1. Yes, daily 2. Yes, every week 3. Occasionally; once or twice a month 4. Rarely 5. Not at all 6. No answer	

HIV and AIDS Services

Q #	Question	Answer	Comments
42.	Have you ever heard of HIV testing on St. Maarten?	a) Yes b) No (go to Q 44)	
43.	How did you hear about it?	a) On the radio b) On TV c) On street posters d) In leaflets or brochures e) In the newspaper f) At the hospital g) At a doctor's clinic h) Other, _____	
44.	Do you know where to do an HIV test in St Maarten?	Give the name of one or more places	
45.	Have you ever had an HIV test?	a) No (go to Q 51) b) Yes	
46.	How many times have you been tested for HIV?	a) Once b) Twice c) Between 3 and 5 times d) more than five times	
47.	Where have you been tested? ***(Indicate all that apply*** ***Note first response -*** ***then PROMPT)***	a) Doctor b) Hospital c) Free testing day d) Other _____	
48.	When was the last time you were tested?	a) In the last 6 months b) 6 month- 1 year ago c) More than a year ago	
49.	Did you have difficulty communicating with the health worker?	a) No, the tester spoke my language b) No, I went with someone who could translate	

		c) Yes, it was hard to communicate, but we both tried to understand one another. d) Yes, we were not able to communicate and the counsellor made no effort to communicate with me. e) Other_____	
50.	Would you recommend the testing site to others?	a) Yes b) No	Why? Why?
51.	If you learned you were HIV Positive, where would you go for care? ***(Indicate all that apply NO PROMPT)***	a) Doctor's office b) Hospital c) HOPE Support Group d) Other _____ e) I don't know f) I would not go for treatment or support - why not? _____	Why there and not somewhere else?

Código ID # /

Encuesta Poblacional

D/H/J / encuesta #

Nombre del encuestador: _____
Fecha: dd___/mm___/aaaa_____

INSTRUCCIONES GENERALES:

- **Encierra la letra al principio de la respuesta dada por el encuestado.**
- **Para las preguntas que dicen "Indique todas las que apliquen":**
  - **NO SUGERIR quiere decir que solo debe escribir las respuestas ofrecidas por el encuestado.**
  - **SUGERIR quiere decir que debe leer todas las opciones de respuestas y marcar cada uno como 'si'.**

Información Personal			
P #	**Pregunta**	**Respuesta**	**Comentarios**
1.	Sexo	c) Masculino d) Femenino e) Transexual	
2.	Cuántos años tiene		
3.	Estado civil	g) Soltero h) Casado i) Divorciado j) Separado k) Viudo l) Unión Libre	

4.	¿Cuál fue la última escuela a la que asistió?	h) Ninguna i) Escuela primaria j) Escuela primaria completa k) Bachillerato l) Bachillerato completo m) Universidad n) Universidad completa	
5.	¿Qué idioma habla?	f) Inglés g) Español h) Creole i) Francés j) Otro _____	

Migración			
P #	**Pregunta**	**Respuesta**	**Comentarios**
6.	¿En cuál país nació?		
7.	¿Cuál país considera su patria?		
8.	¿Cuánto tiempo tiene en San Martín?		
9.	¿Cuánto tiempo piensa quedarse?	e) Permanentemente f) Por cierto tiempo, luego regreso a mi patria. g) Por temporadas (regreso y vuelvo) h) No lo sé	
10.	¿Cuántos dependientes (esposa/esposo/hijos) tienes en San Martín?		

11.	¿Se siente discriminado por su nacionalidad, origen étnico, sexo o profesión?	a. Si (¿en que manera?) b. No (ir a P 13)	
12.	¿Con qué frecuencia se siente discriminado?	a. Todos los días b. Regularmente c. A veces d. Pocas veces f. No se	
Empleo			
P #	**Pregunta**	**Respuesta**	**Comentarios**
13.	¿Por qué vino a San Martín? ***(Indicar todas las que aplican NO SOLICITAR)***	d) Trabajo e) Estudios f) Otro _____	
14.	¿Cuál es su situación de trabajo actualmente? ***(SOLICITAR)***	g) Tiempo completo h) Medio tiempo i) Temporal j) Buscando trabajo k) Sin trabajo l) Otro _____	
15.	¿Qué tipo de trabajo hace?		

Atención Médica			
P #	**Pregunta**	**Respuesta**	**Comentarios**
16.	¿Qué tipo de seguro tiene?	g) Privado h) SVB (empleado) i) PP (seguridad social) j) BVZ (empleados del gobierno)	

		k) FZOG (pensionados del gobierno) l) Sin Seguro (¿Por Qué?) 6- inmigrante sin papeles 7- sin trabajo 8- no puedo pagarlo 9- condición médica 10- No lo considero importante Otro _____	
17.	¿Sabe donde encontrar a un Doctor o Enfermera?	c) Si d) No	
18.	¿Cuándo fue la última vez que fue al médico?	f) Entre una semana y un mes g) Hace 1-3 meses h) Hace 6-12 meses i) Hace 1-2 años j) No se	
19.	¿Qué usted piensa de los doctores que visita?	d) Excelente, buen servicio y atención e) Razonable, porque: _____ f) Malo, porque: _____	
20.	¿Cómo paga por la consulta médica?	e) El seguro lo paga todo f) El seguro paga una parte g) Lo pago todo yo h) Otro_____	
21.	¿Cómo paga las medicinas?	e) El seguro las paga todas f) El seguro para una parte g) Las tengo que pagar yo h) Otro_____	
22.	¿Se ha sentido discriminado o lo ha tratado mal algún médico o enfermera por tener su nacionalidad, origen étnico, profesión o sexo?	c) Si d) No	Si le ha pasado, puede decirnos ¿Qué pasó?

Conocimiento de VIH/SIDA			
P #	**Pregunta**	**Respuesta**	**Comentarios**
23.	¿Conoce a alguien que tenga VIH o SIDA?	c) Si d) No	
24.	¿Ha escuchado o leído algún mensaje sobre VIH o SIDA estando en San Martín?	c) Si d) No (Ir a P 26)	
25.	¿Dónde ha escuchado o leído mensajes sobre VIH o SIDA en San Martín? (***Indique todas las que apliquen –*** ***Apunte la primera respuesta -*** ***luego SUGIERA)***	i) En la radio j) En la TV k) Letreros en la calle l) En volantes o folletos m) En el periódico n) En el hospital o) En el consultorio de un doctor p) Otro, _____	
26.	Indique VERDADERO O FALSO a las maneras en que usted cree que puede pegarse el VIH/SIDA entre las personas ***(SUGERIR)*** j) Poniéndole la mano al mismo manubrio de una puerta k) Besándose l) Sexo oral sin condón m) Sexo vaginal sin condón n) Mosquitos o) Agarrándose de manos p) Mujer embarazada al bebé que no ha nacido q) Al recibir una donación de sangre r) Otro	j) V/F/No se k) V/F/No se l) V/F/No se m) V/F/No se n) V/F/No se o) V/F/No se p) V/F/No se q) V/F/No se r) _____	

27.	¿Usted cree que una persona con HIV se puede ver sana?	d) Si e) No f) No se	
28.	¿Usted cree que el VIH se puede tratar con medicamentos?	d) Si e) No f) No se	
29.	¿A quién le puede dar VIH? ***(Indicar todas las que aplican – Apuntar primera respuesta - luego SUGERIR)***	h) A cualquiera i) Trabajadoras sexuales j) Los que usan drogas k) Gente promiscua l) Homosexuales m) Gente que está siendo castigada por Dios n) No se	
30.	¿Cuáles tu crees que son las posibilidades de que se te pegue el VIH?	e) No hay posibilidad f) Baja Posibilidad g) Alta posibilidad h) No se	
31.	¿Si te enterarás de que tienes VIH a quién se lo dirías? ***(Indicar todas las que aplican – Apuntar primera respuesta - luego SUGERIR)***	j) Su esposo/esposa k) Su novio/novia l) Un doctor m) Un amigo n) Una trabajadora social o) Un padre/sacerdote p) Un pariente q) A nadie r) otro_____	

Actividad Sexual

P #	Pregunta	Respuesta	Comentarios
32.	¿Se siente cómodo respondiendo preguntas personales sobre su actividad sexual?	c) Si (continúe, pero explique que puede negarse a responder cualquier pregunta) d) No (Ir a 42)	
33.	¿Tiene esposo/esposa/ novio/novia o un compañero fijo aquí en San Martín? De responder si, ¿cuánto tiempo llevan juntos?	1. No 2. Si, 1-6 meses 3. Si, 6-12 meses 4. Si, 1-5 años 5. Si, más de 5 años 6. otro _____	
34.	En los últimos 12 meses, ¿ha tenido relaciones sexuales con alguien que no sea su compañero fijo?	k) Si l) No	
35.	¿Cómo se protege del VIH? ***(Indicar todas las que apliquen – NO SUGERIR)***	m) No tengo relaciones sexuales n) Tengo un solo compañero/a fiel o) Siempre uso condón p) Lavándome bien después de tener relaciones sexuales q) No teniendo contacto con alguien que tiene VIH/SIDA r) Consiguiendo protección de un curandero s) Usando hierbas medicinales t) No me protejo – ¿por qué no? ***(Indicar todas las que apliquen - NO SUGERIR)*** 12. Solo tengo un compañero/a 13. No tengo enfermedades 14. No tengo relaciones sexuales con nadie que se vea enfermo/a 15. Solo tengo relaciones sexuales	

		con personas que se hayan hecho la prueba y no tengan la enfermedad 16. Los condones son muy caros 17. No se donde comprar condones 18. Me da vergüenza comprar condones 19. Los condones hacen que la relación sexual sea menos placentera 20. No se como usar un condón 21. Mi compañero se niega a usar un condón 22. Otro_____	
36.	Por favor describa a todos sus compañeros/as sexuales de los últimos dos años – ***(Indicar todos los que aplican SUGERIR)***	c) Esposa/o d) Compañero/a de vida q) Único/a novio/a r) Varios compañeros (sexo opuesto) # _____ s) Varios compañeros (mismo sexo) # _____ t) Encuentro casual de una noche (sexo opuesto) u) Encuentro casual de una noche (mismo sexo) # por mes _____ v) Sexo pagado en un burdel regulado # por mes _____ w) Sexo pagado en lugares no regulados # por mes _____	

37.	Por favor indique uso del condón: ***(SOLO preguntar por compañeros mencionados en la 36 – asegúrese de que las mujeres entiendan que ellas también son consideradas en el uso del condón aún si es su compañero el que usa el condón)***	c) Esposa/o 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca d) Compañero de Vida 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca x) Único/a novio/a 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca y) Varios compañeros/as (sexo opuesto) 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca z) Varios compañeros (sexo opuesto) 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca aa) Encuentro casual de una noche (sexo opuesto) 5. Siempre 6. Casi siempre 7. Raras veces	

		8. Nunca bb) Encuentro casual de una noche (mismo sexo) 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca cc) Sexo pagado en burdeles regulados 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca dd) Sexo pagado en lugares no regulados 5. Siempre 6. Casi siempre 7. Raras veces 8. Nunca	
38.	¿Si usa condones, dónde los consigue?		
39.	¿Cuándo NO usa condones y cuáles son sus razones?	j) Mi compañero(s) dice(n) que no tiene enfermedades k) Yo no creo tener una enfermedad l) Los condones son muy caros m) No se donde comprar condones n) Me da vergüenza comprar condones o) Los condones hacen la relación sexual menos placentera p) No se como usar un condón q) Mi(s) compañero(s) no quiere(n) usar un condón *r)* Otro_____	

40.	¿En el mes pasado, ha usado condones durante un encuentro de sexo casual (que no haya sido con su compañero/a fijo/a)?	1. Siempre 2. Nunca 3. Casi todas las veces 4. No se 5. A veces 6. Sin respuesta	
41.	¿En los últimos 12 meses, ha recibido algún bien o dinero a cambio de sexo? (QUESTION NOT ASKED)	1. Si, diariamente 2. Si, cada semana 3. A veces; una o dos veces al mes 4. Raras veces 5. Para nada 6. Sin respuesta	
Servicios de VIH y SIDA			
P #	**Pregunta**	**Respuesta**	**Comentarios**
42.	¿Ha escuchado sobre pruebas para diagnosticar VIH en San Martín?	c) Si d) No (ir a P 44)	
43.	¿Cómo se enteró?	i) En la radio j) En la TV k) En anuncios en la calle l) En volantes o folletos m) En el periódico n) En el hospital o) En un consultorio médico p) Otro, _____	
44.	¿Sabe dónde puede ir a hacerse una prueba de VIH en San Martín?	Diga el nombre de uno o más lugares	
45.	¿Alguna vez se ha hecho una prueba de VIH?	c) No (ir a P 51) d) Si	
46.	¿Cuántas veces se ha realizado la prueba de VIH?	e) Una vez	

		f) Dos veces g) De 3 a 5 veces h) Más de 5 veces	
47.	¿Dónde se realizó la prueba? ***(Indicar todas las que aplican*** ***Apuntar la primera respuesta -*** ***luego SUGERIR)***	e) Doctor f) Hospital g) Día de pruebas gratis h) Otro _____	
48.	¿Cuándo fue la última vez que se realizó una prueba?	d) En los últimos 6 meses e) Hace 6 meses- 1 año f) Más de 1 año	
49.	¿Tuvo dificultad en comunicarse con la trabajadora de salud?	f) No, la persona que hizo la prueba hablaba mi idioma g) No, fui con alguien que me ayudó a traducir h) Si, fue difícil comunicarme, pero los dos intentamos entendernos mutuamente. i) Si, no pudimos comunicarnos y el consejero no hizo ningún esfuerzo en comunicarse conmigo. j) Otro_____	
50.	¿Les recomendaría ese lugar de prueba a otras personas?	c) Si d) No	¿Por qué? ¿Por qué?
51.	¿Si se enterara de que es VIH Positivo, adónde iría a atenderse? ***(Indicar todas las que apliquen*** ***NO SUGERIR)***	g) Consultorio médico h) Hospital i) Grupo de Apoyo HOPE j) Otro _____ k) No lo se l) No me atendería ni buscara apoyo - ¿por qué no? _____	¿Por qué ahí y no en otro lugar?

Annex 6 - Key Informant Interview Guides

Key Informant Questionnaire

Dominican/Haitian/Jamaican Representatives bodies

Demographics

1. In what districts/neighbourhoods are Dominican/Haitian/Jamaican communities in St. Maarten primarily concentrated?

2. Can you give a rough estimate of how many Dominican/Haitian/Jamaican reside on St. Maarten? (Irregular and regular) probe for % with/without documentation

3. Do Dominican/Haitian/Jamaican migrants to St. Maarten generally tend to live in concentration near other Dominican/Haitian/Jamaican families? (clustering)

4. What are the primary reasons why Dominican/Haitian/Jamaican migrants come to St. Maarten?

5. How common is it for entire families (parents and children to migrate to St. Maarten?

Social Life

6. What are the most dominant religious affiliations of the Dominican/Haitian/Jamaican on the island?

    a. How involved are they with the community?

    b. How involved on issues related to HIV and AIDS?

7. Where do Dominican/Haitian/Jamaican tend to socialize?

8. What do they do for entertainment? Where do they go?

9. What TV and radio stations do they listen to the most?

10. Are their other organizations that service the Dominican/Haitian/Jamaican population on St. Maarten? (prompt: sports groups/associations/foundations/ unions)

General Healthcare

11. Does the Dominican/Haitian/Jamaican migrant population have easy access to healthcare services on St. Maarten?

12. Are the Dominican/Haitian/Jamaican migrant population aware of the healthcare benefits available to them?

13. What are some of the main barriers to accessing and using healthcare on the island for the Dom/Hait/Jam population?

14. Would you say very few/half/most of the Dominican/Haitian/Jamaican population on St. Maarten is insured? Any insights as to why this may be?

15. Are there informal "doctors" among the Dominican/Haitian/Jam communities? What do these doctors do for patients? What are their perceptions on HIV?

16. Is it common for Dominican/Haitian/Jamaican migrants on the Dutch side to go to the French side for treatment? Why?

The questions below refer to members of your community who are at high-risk for HIVor are living with HIV or AIDS.

17. Do they go for HIV testing
    a. Where?

18. Do they go for treatment?
    a. Where?
    b. Alternative Medicine?

19. In your opinion, do HIV service providers have the cultural competency to deliver services to Dom/Hait?

20. In your opinion, do AIDS service providers have the linguistic capacity to deliver services to Dom/Hait?

21. Is there a support group for Dom/Hait/Jam persons living with HIV?

22. Can you name 3 Dom/Hait/Jam leaders in St. Maarten? By leaders we mean people that are highly visible in the community or media and are often the "go to person" in issues related to the Dom/Hait population.

Language and Culture

23. How important is the English language to the daily life of a Dominican/Haitian migrant?

24. Can you approximate the percentage of the Dominican/Haitian population living in St. Maarten who speak English? Is it fluent or functional English?

25. Do Dominican/Haitian migrants to St. Maarten generally speak and understand English when they arrive to the island?

26. Once on St. Maarten, how do Dominican/Haitian migrants learn to speak English? At what level?

27. Does inability to speak English pose a problem for Dominican/Haitian migrants who want to access health related services?

28. Does inability to speak English pose a problem for Dominican/Haitian migrants who want to access HIV testing or treatment?

29. How prevalent is illiteracy in the Dominican/Haitian/Jamaican population on St. Maarten? What percentage of the population do you think is illiterate?

Discrimination

30. Do you think that there is discrimination against the Dom/Hait people in St. Maarten? By who?

31. How do you think people in the community view people who have HIV?

Key informant Questionnaire

HIV/AIDS service providers

1. What type of HIV/AIDS services do you offer?

2. How long have you been providing these services on St. Maarten? And before St. Maarten?

3. Does this work require extensive specialist training?

4. How many HIV/AIDS patients do you currently have under your care and have these numbers been consistent over the years?

5. What insights can you give about the numbers of PLWHA in St. Maarten over the years? (prompt: overall increase/decrease/increase in certain groups/decrease in others etc.)

6. How do PLWHA hear about your services for them? In Which languages?

7. Are you involved in any HIV/AIDS awareness initiatives outside your practice?

8. In your estimation, how many HIV infected persons reside on St. Maarten. Dutch/French?

9. Do you know of any other HIV/AIDS service providers on the island, Dutch and French sides? Do you have a working relationship with them?

10. Do you believe that the current service providers adequately meet the demand and needs of the HIV/AIDS infected on the island?

11. How many (what %) of your patients are Hait/Dom/Jam? (probe for figures from other migrant PLWHA groups as well).

12. How would you characterize their sexual behaviours? Are these behaviours typical among their group on St. Maarten? (prompt: promiscuity mainly within their group/ outside their group/ mostly heterosexual/ sex workers etc)

13. What are the main barriers/challenges to accessing HIV/AIDS services for these groups?

14. What are the main barriers/challenges to usage of HIV/AIDS services for these groups?

15. What professional recommendations can you give to mitigate these challenges?

16. How effective is HIV/AIDS testing in St. Maarten? What can be done to reach more through testing?

17. Do you provide pre and/or post counselling for HIV tests?

18. Do you think that confidentiality is preserved in HIV testing?

19. How effective is HIV/AIDS prevention in St. Maarten

20. Can you give recommendations on how to reach people who have no interest in getting tested on their own accord?

Annex 7- Focus Group Discussion Guides

(English)

Focus Group Questionnaire Guide

1. What are the best ways (existing) to reach a large cross section of your community with information.

2. Do people in your community have adequate access to healthcare? What are some issues that make it difficult for people from your community to access healthcare on St. Maarten?

3. Considering the culture of your community, what new approaches would you suggest for HIV and STI services in your community? (prompt: for prevention, testing, treatment)

4. How do undocumented members of your community get medical treatment and medicine on St. Maarten?

5. What are your views about people living with HIV or AIDS?

6. If someone from your community were to contract HIV, where would they go for treatment?

7. Do you think people from your community do enough to protect themselves against contracting HIV and STIs? Explain.

8. Is it acceptable for men and women to carry/ buy condoms? (prompt: Married? Single?)

9. What are the things that may discourage or prevent people in your community from getting tested for HIV?

10. Can you give recommendations on how to reach people in your community who have no interest in getting tested?

11. Are there any unregulated brothels on St. Maarten? Do people from your community work or patronize these brothels?

12. (For Haitian and Dominican Groups only) Would you say that few, half, most Hait/Dom on St. Maarten speak English? Is it important to speak and understand English to access Healthcare in St. Maarten?

13. (For Haitian and Dominican Groups only) If someone who does not speak English has to go to the doctor, how do they communicate with the doctor?

Focus group guide (Spanish)

Cuestionario para Grupo de Enfoque

1. ¿Cuáles son las mejores maneras que existen de contactar a la mayor parte de su comunidad con información?

2. ¿La gente en su comunidad tiene acceso adecuado a atención médica? ¿Cuáles son las dificultades que existen en su comunidad para tener acceso a atención médica en San Martín?

3. Considerando la cultura de su comunidad, ¿cuáles nuevas formas sugiere para presentar servicios de VIH y ETS en su comunidad? (sugerir: para prevención, pruebas, tratamiento)

4. ¿Cómo se manejan los miembros de su comunidad que no tienen papeles para conseguir tratamiento médico y medicinas en San Martín?

5. ¿Qué usted piensa sobre las personas que viven con VIH o SIDA?

6. Si alguien de su comunidad se enferma de VIH, ¿adónde pudieran ir para recibir tratamiento?

7. ¿Usted cree que la gente de su comunidad hacen lo suficiente para protegerse de enfermarse de VIH y ETS? Explique.

8. ¿Es aceptable para hombres y mujeres de llevar/comprar condones? (sugerir: ¿Casado? ¿Soltero?)

9. ¿Cuáles son las cosas que pueden desmotivar o evitar que la gente en su comunidad se haga la prueba de VIH?

10. ¿Puede darnos recomendaciones sobre como contactar a la gente en su comunidad que no le interesa hacerse la prueba?

11. ¿Existen burdeles no regulados en San Martín? ¿Hay gente en su comunidad que trabaje o fomente estos burdeles?

12. (Solo para Grupos de Haitianos y Dominicanos) ¿Diría usted que pocos, la mitad o la mayoría de los Haitianos/Dominicanos en San Martín hablan inglés? ¿Es importante saber hablar y entender inglés para poder obtener atención médica en San Martín?

13. (Solo para Grupos de Haitianos y Dominicanos) Si alguien que no habla inglés tiene que ir al médico, ¿cómo se comunica con el doctor?

Focus group guide (Creole)

Guide kestyon pou group nap kestyoné a

1. Nan ki pi meyè fason (ki existe) pou rive yon sektion nan kominote ayitien(ne) nan?

2. Eské moun nan kominoté nou an jwen asé o bien bon aksè santé? Ki kalité de ka ki pémèt dificulté pou pep nan kominoté nou an pou genyen aksè santé nan St. Maarten?

3. konsideré culture nan kominote-w la, ki nuveau appróch ou ka sujeste de service VIH e SIDA nan kominote-w la? (signyal: pou pre-éventé, testé, tretman)

4. Koman moun san dokiman yo nan kominoté nou an jwen tretman medical avec medikaman nan St. Maarten?

5. ki opinion de moun kap viv avec VIH/SIDA?

6. si yon moun nan kominote-w la ta arrivé vin malad avec SIDA, ki bo moun sa pralé pou tretman?

7. Eské ou mem pansé moun nan kominoté ou yo fè asé pou protegé tet yo kont maladie VIH o SIDA? Espliké

8. Eske li akeptab pou mesye dam yo poté / achete kăpot? (signyal: Marye? Sel?)

9. ki de serie bagay ki kapab deckouraje o bien évité pep nan kominoté a fé yon test VIH?

10. Eske ou ka bay rekomandation koman pu'n rive a pep nan kominote-w la ki yo mem pa genyen intéret pou yo fe yon test?

11. Eske genyen place prostitute san gouvern(regle)? Eske moun nan kominote-w la travaille o bien patronize place prostitute sa yo?

12. (Pou group Ayitien e Dominiken yo selman) esk wap di yon ti kal o bien démi, plu ford ayitien/dominiken nan St. Maarten parle English? Eské li importan pou parle et konpran Angle a pou ka genyen aksé santé nan St. Maarten?

13. (Pou group Ayitien e Dominiken yo selman) si yon moun ki pale Angle dwe ale wè dokté, koman yo genyen komunikation avek dokté a?

Focus Group Checklist & Introduction

- Seats arranged
- Snacks and drinks laid out
- Bathroom identified and checked
- Audio recorder charged, tested and ready
- Facilitator has Ground Rules, Guide Questions, and Project Letter for those who request
- Notetaker has Minutes Form, Pencils sharp and ready

FACILITATOR:

Thank you everyone for coming out here today, let's begin.

- Hi my name is _____, and I will be facilitating today's group discussion. We are doing this work as part of a Caribbean wide research on HIV/AIDS services. Anyone who would like further information, I have a letter from the project coordinator here.
- This is _____, who will be anonymously taking notes and recording. Anonymously means when we turn in the notes and the recording to the project, we will not tell them who you are, only that you are members of this community. It's much easier if we can record unless there are any objections (are there are any objections?)
- We want to hear all that you have to say today because you are the experts on your community.
- Today's focus group will cover ____questions and run approx _____minutes. There are bathrooms over _____and snacks and refreshments over _____.
- We want to thank you very much for being here, and remind you that you are helping us tackle an important problem in our community, - namely HIV and AIDS in our community.
- There are some important ground rules for today's discussion that e everyone is expected to follow. If anyone is unwilling to do so, we would ask you to kindly excuse yourself before we begin. And if anyone is unable to follow these rules during the workshop, I will gently remind you, and if necessary ask you to kindly excuse yourself.
- REVIEW GROUND RULES:
  Is that clear? Any questions before we begin? Thanks again, let's get started.
