

Body, Mind AND Spirit Creating an Epidemic of Health

Quarterly ASGS Newsletter

Issue No. 08 / OCT - DEC 2010

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The Global Advocacy Project, "Light for Rights" was the theme for the World AIDS Day celebrations and Human Rights Workshops in 2010.
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PANCAP at 10

The 10th Annual General Meeting of the Pan Caribbean Partnership against HIV & AIDS was held in country St. Maarten.
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PINK ORANGE Accord signed!

In the weekend of November 5th-7th, 2010 representatives from the Dutch Caribbean islands (Saba's delegates consisted of 7 persons), together with the COC Nederland (COC Nederland is a Dutch organization for GLBTI men and women) joined forces on the island of Curacao to formulate a new treaty for the protection and awareness of GLBTI (Gay, Lesbian, Bisexual, Transgendered, Intersex) rights known as the Pink-Orange accord. With the Netherlands Antilles no longer in existence it was necessary for such an agreement to be in place to show mutual solidarity through dialogue and meetings, something that has never happened before.

The weekend of activities started with a social gathering, followed by two days of



Representatives of Dutch Caribbean islands signing the Pink Orange Accord.

workshops. The main highlight was that each island was given the opportunity to express GLBTI challenges occurring within their community. From these exchanges it was determined that awareness at both a political and social level, needed to be ascertained through a document which would contain a plan of action to safeguard the GLBTI minority group. After nine hours of

deliberations a final document was produced and two representatives from each island signed it. It was a historical moment not only for the participants involved but also for GLBTI individuals who do not have a voice. This Pink-Orange alliance will develop a capacity building strategy and bilateral, as well as multilateral, key pilot projects to start putting its core priorities in practice which are fundamentally the protection of the GLBTI communities on the respective islands and potentially throughout the Caribbean region.

As a side note based on the May 2010 IGLA (The International Lesbian, Gay, Bisexual, Trans and Intersex Association) data map, 5 countries and parts of Nigeria and Somalia still carry the death penalty, 75 countries and 5 entities have imprisonment for the persecution of GLBTI individuals. However, 53 countries and 57 entities offer anti-discrimination laws while 26 countries and 30 entities recognize same-sex unions.

-Chulani Levenstone

The Status of HIV in the Caribbean

After almost 30 years, the HIV epidemic is still largely affecting most-at-risk populations, and the number of new HIV infections has not significantly declined over the last 10 years. HIV now affects woman and men equally, and remains the leading cause of death among people aged 20-59.

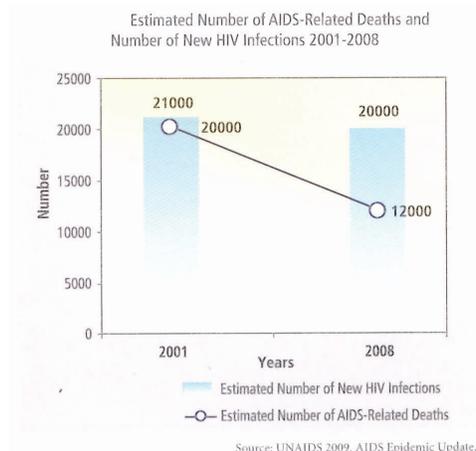
Early success were achieved in the area of blood safety and universal precautions; recently scaling up antiretroviral treatment coverage among adults and children has resulted in a 40% decrease in AIDS-related mortality, and high coverage rates for HIV testing and prevention of mother-to-child transmission of HIV achieved an 18% reduction of new HIV infections among children from 2001 to 2008.

But, persistent challenges remain. Prevention programs have not significantly reduced the number of new infections. The long-term cost of this is simple: there will be an increasing number of people who will need treatment in the future if prevention is not scaled up. Furthermore, treatment costs are likely to increase as newer, more effective medications with fewer side effects come on the market.

HIV prevalence is highest among men who have sex with men and sex workers. Yet, this epidemiological evidence has not significantly influenced expenditure patterns. The majority of persons in these population groups are not reached by prevention efforts. Colonial laws, repealed by the British, still criminalize sexual behaviors and orientations and help perpetuate notions of immorality and illegality and hinder Caribbean citizens from exercising some of their most basic rights:

freedom of movement without fear of violence, and the right to health care.

The change in the gender profile of the epidemic over the last 30 years is evidence of the generational impact of the norms of



masculinity and femininity in Caribbean societies. The economic climate, deep pockets of poverty, and a new information age have altered patterns of sexual behavior and increased women's vulnerability to HIV. Transactional sex, the exchange of sex for security has caught the region's leaders off guard, as adolescent and female sexual

behaviors are different from what was assumed to prevail at the start of the epidemic.

Over the last decade, the region has received over

US\$ 1.3 billion for its HIV programs; with the current financial and economic crises donor governments have less fiscal space, and as budgets tighten, external resources for HIV are likely to decline. Caribbean countries, many of which are classified as Upper Middle Income, are now less eligible for development assistance. Increasingly, and within the short-term, the financial cost of the region's HIV programs is likely to be passed on to national governments. The financial model for supporting HIV programs in the region must be reconsidered, new efficiencies are needed, the unit cost of doing business must be reduced, and the effectiveness of programs must be increased.

The future of the HIV epidemic will depend on how well the Caribbean will address these identified challenges. Leadership is needed to:

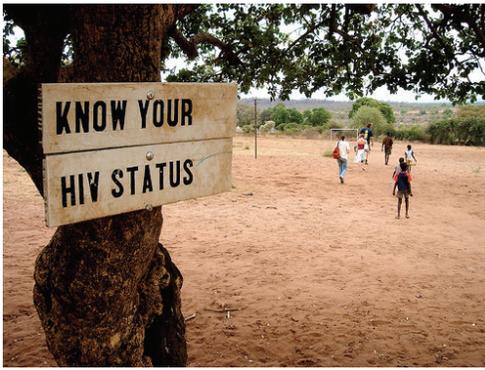
- Ensure continued funding for HIV
- Improve prevention
- Revitalize treatment
- Remove punitive laws and diminish stigma and discrimination
- Improve the efficiency of resource allocation
- Strategic Information

The Social Drivers of the Epidemic

The challenges faced by Caribbean societies in addressing the HIV epidemic are compounded by societal factors, which deserve special mention. The epidemic is driven, in part, by social, structural and ideological factors. The social drivers of the epidemic are those norms and beliefs that guide our interpretation and response to HIV. They determine the lens through which we

Leading Causes of Death in the Caribbean Among Adults Aged 20-59

Males		Females	
HIV/AIDS	15.7%	HIV/AIDS	14.5%
Ischaemic heart disease	10.2%	Diabetes	10.9%
Homicide	6.2%	Ischaemic heart disease	7.9%
Diabetes	6.2%	Cerebrovascular disease	6.7%
Suicide	5.9%	Malignant neoplasm of the breast	5%



view HIV/AIDS and the frameworks, which guide our response.

Populations “at risk”

The model of abstinence until marriage, and heterosexual monogamy thereafter, had the effect of labeling and stigmatizing “high risk” sexually dissident groups, including men who have sex with men (MSM), sex workers and promiscuous youth. This led to the assumption that mainstream society was immune to HIV once persons stayed clear of these “vectors”. However, though they might be socially excluded, persons in these groups are not sexually excluded. Sex workers have husbands and partners and many of the sexual partners of MSM (Man who have Sex with Man) are bisexual husbands. The perception of risk should not be limited to stigmatized groups.

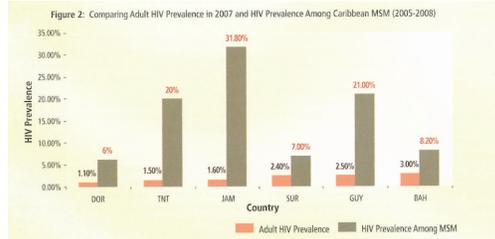
have chosen the wrong path in life and are stereotyped as stubbornly refusing to conform to the society’s moral codes.

Stigma undermines HIV prevention, testing and treatment-seeking behavior, the quality of care for PLHIV (people living with HIV) and support from families, friends and communities. The expectation of stigma drives these persons to hide their sexual orientations and practices and to refuse to disclose their HIV status. Once exposed, they become targets of discrimination perpetuated by employers and health care workers, families and communities. MSM and PLHIV continue to be ostracized in their societies. Social marginalization reduces the capacity for self and group organizations and advocacy for basic human rights.

Live or Die!?

The Caribbean is faced with a continuing epidemic and decreasing funds. The Global Fund and the World Health Organization are facing huge challenges for the next coming years in the response to HIV/AIDS. Treatment and Care is not only becoming a financial burden, since it is estimated that more and more PLHIV will have to switch their first line treatment to the 2.4 times more expensive second line treatment due to resistance within the next years, it is also an ethical decision. Saba in all of these challenges has a rather unique position within the Caribbean. Treatment and most of the care are fully covered by the health insurance and make a healthy lifestyle possible for every PLHIV. Some countries throughout the Caribbean rely on grant funding to ensure treatment and care for their clients. But is it ethical to put PLHIV on antiretroviral therapy and then take it away again in a couple of years due to funding issues? Is it ethical to give hope to live, ensure a productive life with a future and then take it all away? Where does humanity kick in, and to what extend do we, as human beings, accept our responsibilities?

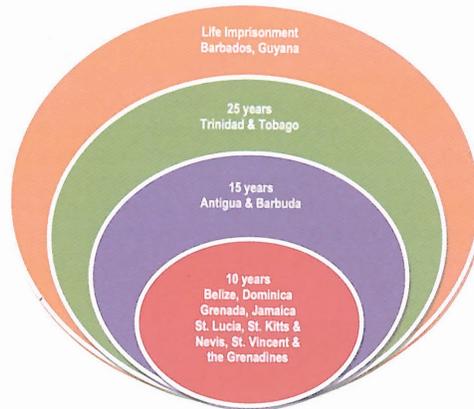
Source: UNAIDS



Stigma, discrimination and social exclusion

The discourse of vulnerability also exposes drivers of HIV in stigma and social exclusion, economics dependency, migration and poverty. Through this lens, attention shifts to persons engaging in high-risk behaviors. MARPs (Most At Risk Populations) are generally associated with specific high-risk behaviors, but wider environmental factors also drive HIV infection. Arguably, the HIV stigma is strengthened by perceptions of immorality. So-called “deviant” sexuality combines with “fault” to heighten stigma against MSM and gay men, “irresponsible, promiscuous” persons living with HIV, and sex workers who engage in ‘sex-for-money’. Persons in these vulnerable groups are seen to

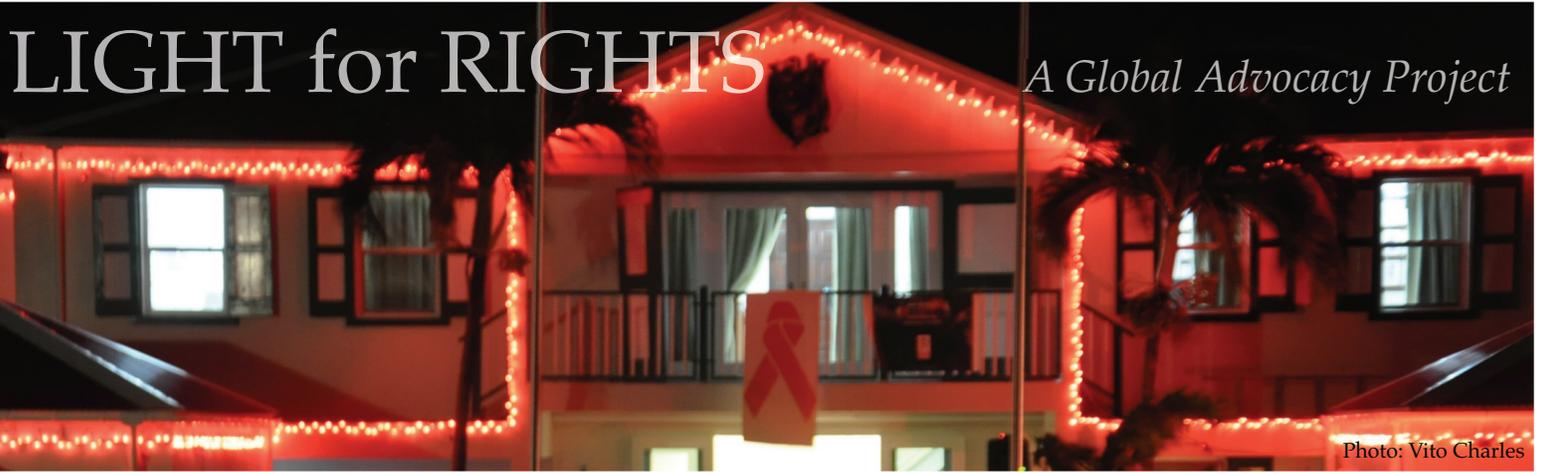
Penalties for Practising Homosexual Acts in Selected Caribbean Countries



Source: Maurice Tomlinson. XVIII International AIDS Conference, Vienna, July 2010.

Working together is crucial in the fight against HIV/AIDS, in a region where new HIV infections are second highest after Sub Saharan Africa. To effectively reduce HIV prevalence, countries in our region and globally, will have to protect Human Rights so that every person, regardless of creed, religion, race, sexual orientation, social status, etc., will be able to exist without fears of prosecution for his or her life’s choices. If countries do not make a start to ensure that Human Rights are respected we will never win the fight against HIV/AIDS, as the epidemic will continue to be driven underground!

-Martina Lebinger



What are Human Rights?



Gaietry Pargass

Human Rights entail a broad range of well-established principles for citizens in countries all over the world. Those rights were first proposed in the Universal Declaration of Human Rights by then First Lady of the United States Eleanor Roosevelt in the aftermath of World War II. That document later became the basis of the Universal Declaration of Human Rights (UDHR) adopted by the United Nations General Assembly in 1948.

The 30 articles of the UDHR have been elaborated in subsequent international treaties, regional human rights instruments, national constitutions and laws. The International Bill of Human Rights consists of the UDHR, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and its two Optional Protocols. In 1966 the General Assembly adopted the two detailed Covenants, as mentioned above, which reflect the two points of emphasis to complete the International Bill of Human Rights.

These documents mandate that no member country of the United Nations can discriminate against individuals or groups on the basis of nationality, race, color, sex, language, religion, political affiliation,

national or social origin, property, birth or sexual orientation. Some of the rights established by these documents are the right to life, security of person, equal protection under the law, privacy, freedom of movement, to own property, freedom of expression, to work, due process of law, education and health.

Gaietry Pargass, an attorney and former legislator in her home country of Trinidad, says that despite these well established international laws and treaties, the struggle for human rights is an ongoing one.

“There have also been a lot of events that have taken place – especially in the 90s,” she said. “There were the international conferences organized by the U.N. There was one on women’s rights. There was one on social issues. There was one on the environment and there was one on human rights.

“This has brought a lot of consciousness – not only to the region but globally. That includes Saba and the former Netherland Antilles. Having said that, I still believe there are lots of gaps. Take one issue – gender equality. I think there have been movements in that area, but there are a lot of deficiencies. There are a lot of gaps with respect to achieving gender equality. There is legislation in place in many countries in the Caribbean to deal with domestic violence for example. How that legislation is enforced leaves a lot to be desired. There has been progress but there is still a long way to go.

“I don’t think that adequate numbers of resources are channeled into the implementation. If you look at how many women are accessing justice despite the legislation, you will find that it is only a small proportion of the actual number who are being abused.”

Not Kids Play

One day after Thanksgiving, the AIDS Support Groups Saba Foundation (ASGS) kicked off their World AIDS Day (WAD) activities with a special movie night presentation of the controversial film “Kids” at Juliana’s Tropics Café. The film seeks to educate youth about the consequences of drug and alcohol abuse along with risky sexual behavior.

“I think it was a very successful start up,” said ASGS Program Coordinator Martina Lebinger.” We purposely chose a more provocative movie. Our main target group is and remains the youth. We wanted to choose something that speaks to them in their language. It was also very interesting to see that the older generation was a little bit concerned about the boldness. Sexual activities were brought to the floor, but the teenagers themselves did not actually perceive it that way. For them it’s normal. It’s something they face in their daily lives. I think this shows how much difference there is between the generations, and how differently the teenagers see their lives. Hopefully, it was a little reality check for some parents to understand what their children actually deal with and what their daily lives are about.”



Human Rights Workshop at the Administration Building



Lights for Rights

On December 1st, World Aids Day brought the larger community and the local government into the WAD activities as the annual Lights for Rights event was held on the lawn of the newly renovated Saba Government Administration Building. In commemoration of human rights the walk way was lit with candles and the building itself was lit up symbolically in red as members of the local clergy and Commissioner of Health Bruce Zagers joined the ASGS in commemorating the event.

“Light for Rights a global advocacy project was held on December 1st on World AIDS Day in over 100 cities worldwide, Lebinger said.”

While the event was the most disappointing of the three events held, organizers said they would learn from that experience going forward while continuing to remain vigilant to the cause against the spread of HIV/STDs in the community.

“I think one of the lessons learned for the organization is to realize that HIV is nothing new to Saba any more. We’ve been teaching and creating awareness for about the last 20 years. I guess one of the results of when you do a good job is that people start becoming a bit complacent.”

“We haven’t had a death related to HIV since 1992. We haven’t had serious issues pertaining to HIV because we have a well ran program..”



Workshop for public entities at Queen's Garden Resort



Workshops for Watch Dogs

On December 10th 2010, the ASGS and the Saba Lions Club coordinated the annual lighting of the Christmas-Tree outside the Eugenius Johnson Center during two days of presentations and workshops in conjunction with World Human Rights Day featuring human rights activist Gaietry Pargass.

On December 10th and 11th, Gaietry Pargass conducted morning and afternoon workshops for local government officials and community representatives from the public schools, hospital, media and Rijkdienst Caribisch Nederland (RCN).

“For government, it was a little bit different than what was planned and set up for the Saturday session,” Buncamper said. “We were really looking at some of the key departments such as finance, the Island Council members, the Island Governor and the Island Secretary’s office. On Friday the focus was to illustrate, based on Human Rights, a need to fund programs. Saturday, for the general public had a greater focus on Human Rights in general.

The public presentation before the Christmas-Tree lighting on December 10th was very well received and attended.

“It was the first time that we’ve had any of that happening on the island with the specific main agenda being human rights,” said Lions Club and Island Council Member Carl Buncamper. “I was pleasantly surprised with the climax of it all being the collaboration with the Lions Club. Having them dedicate the lighting of the Christmas tree was also good. To see such a prominent community-based organization taking such a prominent stand on such an important issue shows where the people are. I think it was one of our busiest ever with the Christmas-Tree lighting. I would say it was a wonderful turnout.”

-Patrick Geans

Photos by Martina Lebinger



From L. to R: Mr. Kofi Annan, PM Wescot-Williams, PM Dr. Denzil Douglas and Dr. Michel Sidibe

10th Annual General Meeting of The Pan Caribbean Partnership (PANCAP) Against HIV & AIDS

The 10th PANCAP Annual General Meeting was held in St. Maarten, October 31st to November 2nd, 2010. ASGS Program Coordinator Martina Lebinger met with Suzette Moses-Burton (HIV/AIDS Program Management Team and organizer of the 10th AGM) to find out more.

First of all congratulations Suzette for a very well organized Annual General Meeting (PANCAP and CCNAPC). As I understood Belize was to actually host the PANCAP AGM in 2010 and St. Maarten was to host the AGM in a later year. Can you explain why 2010 was important to St. Maarten and you?

Thank you, indeed Belize was scheduled to host the 10th PANCAP AGM, however while I was in attendance at the 9th AGM in Grenada it struck me that 2010 was going to be a very significant year for St. Maarten with the dismantling of the Netherlands Antilles set for October 10, 2010. For years I have been lobbying for the greater involvement of the Dutch territories in the regional HIV response and also trying to get the rest of the region to have a better understanding of the differences of the response in our territories. While thinking about it I realized that given the significance of 10-10-10 for St. Maarten and the fact that PANCAP would be celebrating their 10th anniversary, I felt the two celebrations could coincide to address many of the issues I had previously been lobbying for both with the population of St. Maarten as well as with the members of the partnership. Hosting the 10th AGM would be a perfect marriage of the two. I was advised to speak to the delegation from Belize and seek their concurrence and if I could get it then the matter would be presented to the general membership for a vote. My negotiation skills were better than I thought and I left Grenada with St. Maarten as the host being a done deal.

Continue on next page....



10th Annual General Meeting of The Pan Caribbean Partnership (PANCAP) Against HIV & AIDS

Continuation from page 5

St. Maarten becoming a country in 2010, how did that change the relationship with PANCAP?

St. Maarten has always had an excellent working relationship with PANCAP and has been the longest standing Dutch territory to actively participate in the partnership. Despite being a member of the former political constellation of the Netherlands Antilles, membership within PANCAP has always been on an individual territory basis. The most significant change will be the ability to negotiate greater involvement beyond the parameters of issues which were previously decided by the country Netherlands Antilles, as a new country on our own, we will now have individual participation at fora which could previously only be represented by one of the territories comprising the Netherlands Antilles.

I was very impressed with the involvement of the St. Maarten government at the opening ceremony and also with the presence of former UN General Secretary General Kofi Annan. What support do you expect from your government in the future?

I was equally pleased with the level of involvement of our Government, but it came as no surprise to me. Since my appointment as Program Manager in April 2002, the Government of St. Maarten, has always been very supportive of the efforts of the HIV programme and continue to remain committed to seeing our progress by aggressively addressing the issues we face as a community when it comes to the HIV epidemic. Members of the Government of country St. Maarten sit as the Chair (held by the Prime Minister) and Vice Chair (held by the Minister of Public Health) of the HIV Steering Committee, a high level advocacy body dealing with the issues of HIV in St. Maarten. The government also supports the program by ensuring the allocation of resources for the implementation of annual work plans and supporting the development and implementation of policies which will be critical to ensuring the success of our program.

From a participant's point of view, what do you take back to your organization?

What a participant takes back varies depending on the nature of meeting and one's individual expectations. Usually with the PANCAP AGMs, it is an opportunity for me as the Program Manager to learn the latest updates and strategies in the field of HIV and also to network to explore opportunities to engage new partners and build alliances that can benefit and enhance our HIV program.



Suzette Moses-Burton in her office.

As a participant in past PANCAP AGMs (and CCNAPC) how have the Dutch islands, under the former constellation of the Netherlands Antilles, benefitted (or not) from their participation in the AGMs?

AGMs, by their nature are meetings of the membership of organization where deliberation of the issues happen and decisions made regarding the organization's progress or future. In both the case of PANCAP and CCNAPC, the Dutch islands have always participated at these AGMs as full members with voting rights. This is not expected to change with the new status of the islands, though there may be some discussion about the BES islands, as they are not individual countries, but now municipalities of the Netherlands. No discussion has been had on how this affects their membership, though I do not anticipate there to be any changes.

Have challenges that existed been resolved, in the sense that the Dutch territories will be able to access direct support from PANCAP for their local programs? Do you

see some of these challenges continue in our new constitutional structures?

The challenges regarding the Dutch Caribbean territories accessing direct financial support from PANCAP will remain for the most part because we are all still members of the kingdom and access to financial support is determined by the funders themselves, all of whom are developed countries (including The Netherlands) and who themselves stipulate that their funds are not to be used by developed countries or their dependents. PANCAP however has always been willing and in a number of instances provided direct technical support to the Dutch territories. I do believe however that there is room for improvement and these are areas which I continue to lobby and raise as key discussion points with PANCAP.

How will your institution benefit from / through PANCAP in the years to come? How do you see a continued involvement of the other Dutch Caribbean territories, taking into consideration the new constitutional framework?

In the years to come involvement with PANCAP should continue to provide our program with opportunities for growth and development, as well as exposure to what is happening in the region and provide us with a platform to showcase what we as a small territory with limited resources is able of achieving, so that others can learn from us as we have from them. This is really what partnerships are all about, for them to be successful they must be mutually beneficial. We live and work in an extremely small region of the world that is unfortunately seriously affected by this epidemic, I believe that it behooves all of us as Dutch Caribbean territories to find ways to develop and strengthen our working relationships not only among ourselves, but also within the region, using PANCAP as one of the mechanisms to achieve greater integration. None of us has the ability to single-handedly overcome this epidemic, but together we can achieve better results.

Relaxing - Part 2

Progressive muscle relaxation for stress relief



Progressive muscle relaxation is another effective and widely used strategy for stress relief. It involves a two-step process in which you systematically tense and relax different muscle groups in the body.

With regular practice, progressive muscle relaxation gives you an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps you spot and counteract the first signs of the muscular tension that accompanies stress. And as your body relaxes, so will your mind. You can combine deep breathing with progressive muscle relaxation for an additional level of relief from stress.

Most progressive muscle relaxation practitioners start at the feet and work their way up to the face. For a sequence of muscle groups to follow, see the box to the right:

Loosen your clothing, take off your shoes, and get comfortable.

Take a few minutes to relax, breathing in and out in slow, deep breaths.

When you're relaxed and ready to start, shift your attention to your right foot. Take a moment to focus on the way it feels.

Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.

Relax your right foot. Focus on the tension flowing away and the way your foot feels as it becomes limp and loose.

Stay in this relaxed state for a moment, breathing deeply and slowly.

When you're ready, shift your attention to your left foot. Follow the same sequence of muscle tension and release.

Move slowly up through your body — legs, abdomen, back, neck, face — contracting and relaxing the muscle groups as you go.

Progressive Muscle Relaxation Sequence:

- *Right foot*
- *Left foot*
- *Right calf*
- *Left calf*
- *Right thigh*
- *Left thigh*
- *Hips and buttocks*
- *Stomach*
- *Chest*
- *Back*
- *Right arm and hand*
- *Left arm and hand*
- *Neck and shoulders*
- *Face*



Get Moving - Exercise and Fitness for Everyone

There are 1,440 minutes in every day. Schedule 30 of them for physical activity!

Regular exercise is a critical part of staying healthy. People who are active live longer and feel better. Exercise can help you maintain a healthy weight. It can delay or prevent diabetes, some cancers and heart problems.

Most adults need at least 30 minutes of moderate physical activity at least five days per week. Examples include walking briskly, mowing the lawn, dancing, swimming for recreation or bicycling. Stretching and weight training can also strengthen your body and improve your fitness level.

The key is to find the right exercise for you. If it is fun, you are more likely to stay motivated. You may want to walk with a friend or join a

class. If you've been inactive for a while, use a sensible approach and start out slowly.

The first step to any workout routine is to evaluate how fit you are for your chosen physical activity. Whenever you begin an exercise program, it's wise to consult a doctor. Anyone with major health risks, males aged 45 and older, and women aged 55 and older should get medical clearance.

Here are four 'moderate things' you can do today to start exercising.

1. Walk. Yes, it sounds too easy to be true but most of us don't walk anywhere near enough. The dog will love you, the children will be excited to have you spend time with them and you'll get out in sun. Even if you have to take a short drive so you can take a walk in pleasant surroundings (I know that sounds a bit illogical) it's worth it.

2. Try a sport. If you like working out with other people, take up a team sport. I'm not suggesting you train to be an elite athlete, just

pick something you enjoy and have a bit of fun. Try not to get super competitive and take it all too seriously. It's all about moderate exercise.

3. Workout at work. I'm not suggesting you sweat up a storm every lunch hour, just try some basic exercises a couple of times a week. Have a chat with your co workers and get to know them while you share a 30 minute walk a couple of times a week.

4. Chores count as exercise. Gardening and cleaning the house are really effective ways to get some moderate exercise in your day. Who needs complicated gym equipment when you can burn calories raking leaves or doing the vacuuming? Not only will you get a workout but also you'll be pleased that your house and garden are nice and tidy.

Make moderate exercise part of your daily routine and you will be surprised what a difference you can make to your fitness and your waistline.

Credits

www.beginnersexercise.com, UNAIDS, PANCAP, www.webmd.com, www.nlm.nih.gov, Patrick Geans, Chulani Levenstone, Martina Lebinger;

Layout by Martina Lebinger

This newsletter is funded by:



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