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ABSTRACT

**Balancing Economic Development and Security: The case of Tourism and HIV/AIDS in Grenada**

The newest wave of globalisation has exacerbated old problems for the Caribbean region in almost every sphere of its political economy. One such challenge comes in the form of the consequences of the shift from agriculture to an almost total dependency on tourism. Many scholars and observers have contended that while the Caribbean garners most of its revenue from tourism, it has had to contend with negative consequences such as the escalation of the HIV/AIDS pandemic. This paper looks at that dilemma for policy makers in Grenada. It addresses the following questions: To what extent have the policy-makers balanced or not balanced the need to expand and improve the tourist sector and its responsibility to protect the security of its citizens from the potential spread of HIV/AIDS arising out of tourist traffic. What prescriptions can be put in place to ensure a more satisfactory outcome in both areas?

## Introduction

The complexities of the contemporary global order present challenges to state managers as they seek to balance economic development and security. While this is not new, the forces of neo-liberal globalization and at times inept domestic governance often converge to compound the problem, particularly in the context of post colonialism. The dilemma is, states in the periphery have to find ways to capitalize on spaces for development as they navigate the global political and economic order. At the same time they have to seek to starve off threats to their security within the context of global (dis)order and (in)security. As Klak (1998) argues, in relation the Caribbean, developing countries have to simultaneously ‘champion and resist’ globalisation and neo-liberalism. Against this background the paper examines the question of tourism development and (in)security in the context of the spread of HIV/AIDS in the Caribbean. The discussion is framed within the critical discourse that argues for a rethinking of security to include non-traditional security threats such as environmental threats, human trafficking, the illicit drug trade and infectious diseases.

The central argument is that, policy-makers in tourist-dependent economies face a predicament. With the intensification of the new wave of globalisation, global travel and tourism have increased significantly.<sup>1</sup> This presents opportunities for economic development. Yet despite the economic benefits that may be derived from tourism, tourists activities may be a vehicle which helps to spread diseases, such as HIV/AIDS. At the same time, high HIV/AIDS prevalence rates could undermine the tourism industry and have negative implications for development. Hence ‘[t]he islands with the tourism are the ones that don’t talk about it [HIV/AIDS] very much’.<sup>2</sup> The main thesis is, the securitization of global public health can threaten short term gains from tourism, through negative publicity. At the same time tourists activities can undermine global public health and human security. To probe the problem the paper uses the case of Grenada.

Conceptually the paper seeks to contribute to the discourse which argues for an intellectual space for global public health in security studies. Empirically it examines how a small state grapples with the dilemma of tourism development and security in the context of the HIV/AIDS pandemic. The paper consists of four sections. Following this introduction section one looks briefly at the security debate. Section two examines the interrelationship between tourism and HIV/AIDS in the Caribbean in general. The third section specifically looks at the dilemma facing policy-makers in Grenada. This section features a conversation among policy elites in various sectors. The final section offers conclusions and suggestions for further research. The data for the study is based on scholarly articles, policy documents and a series of interviews which were conducted in Grenada during the period 2003-06.

## Conceptualising Security

Security is a slippery concept in today's world. Why is this so? Traditionally realist thought dominated the discourse. This hegemonic theorizing of security confined the concept to the military sphere as part of the grand strategy of great powers, preoccupied with survival in an anarchical world characterised by a Hobbesian 'war of all against all'.<sup>3</sup> Since the end of the Cold War there has been an ongoing debate to broaden the conceptualization of security beyond the military realm of 'high politics' to include economic, societal and environmental security as well.<sup>4</sup>

Within the praxis of global public health there is a similar debate on the question of the need to securitise global public health. According to Gro Harlem Brundtland "[we]should broaden the debate to accept that health is an underlying determinant of development, security and global stability."<sup>5</sup> What has triggered this call? This paper argues that the intensification of global travel and tourism and the movement of people across borders have implications for global public health. This is not new. Historically the movement of people has often led to the spread of diseases.<sup>6</sup> However threats from infectious diseases have come to the fore in recent years given the outbreak of the SARS virus in Asia in 2002<sup>7</sup> and the Avian flu in parts of Asia and Europe.<sup>8</sup> HIV/AIDS is another major concern.

In 2006 there was an estimated 39.5 million people living with HIV/AIDS in the world: an estimated 24.7 million in Sub-Saharan Africa (prevalence rate 5.9%); 460,000 in Middle East and North Africa (0.2%); 7.3 million in South and South East Asia (0.6%); 1.4 million in North America (0.8%); 740,000 in Western and Central Europe (0.3%); 1.7 million in Latin America (0.5%); and 250,000 in the Caribbean (1.2%).<sup>9</sup> Of that amount, nearly three quarters are in Haiti and the Dominican Republic. However, national adult HIV prevalence is high throughout the region: 1%-2% in Barbados, Dominican Republic and Jamaica and 2%-4% in the Bahamas, Haiti and Trinidad and Tobago. Cuba is the exception, with prevalence below 0.1%.

Given the severity of infectious diseases, there has been a tendency to securitise infectious diseases. In 2000 the United Nations Secretary-General noted that HIV/AIDS is a global problem, not just an African one and that it threatens human security worldwide. As a consequence, in 2002 the United Nations Security Council passed Resolution 1308 which indicated that HIV poses a security threat to the nations of the world. Similarly in that same year the United States declared HIV as a threat to national security.<sup>10</sup> This apparent shift in focus away from the purely state-centric paradigm is influenced in part by an alternative security discourse which argues for a broadening of security to include non-traditional security threats. Within this context the concept of human security has taken on potency. It is concerned with protecting 'the vital core' of human life. Human security perspective challenges state centrism and argues that threats to people's safety [often] come from states themselves. Human security covers insecurities related to the failure to meet basic economic and social needs as well as those related to conflicts between groups of nations and the failures of communities, nations and the global community to provide protection against threats.<sup>11</sup>

The discourse on security in the Caribbean fits within this alternative paradigm. As Griffith (2003:386) observes, security is multi-dimensional and has never been viewed merely as protection from military threats. He defines security as "...protection and

preservation of a people's freedom from external military attack and coercion, from internal subversion and from the erosion of cherished political, economic and social values." Within this framework, security becomes critical to survival, not only for the viability of the state but also for socio-economic development. Griffith has used the case of illicit drug trafficking to illustrate how non-traditional security threats can undermine development.<sup>12</sup> The case of HIV/AIDS and tourism in the Caribbean provides another useful site of enquiry. This work is timely since the Heads of Government of the Caribbean community (CARICOM) have recently recognised Security as the fourth pillar of the Community, given its ever-increasing importance and its cross-cutting and fundamental nature.<sup>13</sup>

### **The Interrelationship between Tourism and HIV/AIDS in the Caribbean: A General Overview**

There is a historical relationship between tourism and the spread of diseases. In the case of the Caribbean, this region has had a long legacy of sexual exploitation. Studies of slavery in the region suggest that it was an integral part of the region's history (Beckles 1989; Morrissey 1989). In the post colonial era, the region's peoples are presented in tourist imaginations in stereotypical roles such as 'hyper sexual black male stud' and the 'hot mulatta or black woman' (Kempadoo 1999). The destination is portrayed as 'feminine, yielding, powerless and vulnerable, with the woman represented as exoticised commodities, which are there to be experienced' (Pritchard and Morgan 2000: 891). According to Boxill et al (2005:23) "the tourist industry is founded on the idea of providing a place free from normal social constraints, a relaxed, often times hedonistic atmosphere, where consequences do not exist. For the tourist, it serves to satisfy those desires that are 'forbidden fruit' at home". As Allen and Nurse (2004:17) note, it is not surprising that tourism-dependent economies have some of the highest HIV prevalence rates and reported AIDS incidences in the region. For example, as pointed out above, HIV prevalence rates are relatively high in the Bahamas, Barbados, the Dominican Republic and Jamaica, which are key tourist destinations. As Camara (2001) notes, the initial problem of the HIV/AIDS epidemic in the Caribbean is traced to gay sex tourism. Several studies have been conducted on sex tourism in the Caribbean (Karch and Dann (1981; Brennan 1998 and O'Connell Davidson 1996).

Several Caribbean governments and civil society groups are concerned about the impact of sex tourism. Officials in Trinidad and Tobago have expressed concern about the growth of sex tourism, the so-called 'beach bum' phenomenon, and the link to the spread of HIV.<sup>14</sup> In the Dominican Republic, AIDS activists are concerned about child prostitution in resort areas and the spread of HIV.<sup>15</sup> In a study conducted on HIV/AIDS and tourism in Jamaica and the Bahamas, it was found that 'a significant number of visitors said that they used the trip as an opportunity to find new sexual partners locally' (Boxill et al 2005: 21).

Evidence suggests that sex tourism and the spread of HIV/AIDS are directly related to poverty. As amFAR<sup>16</sup> points out, '[p]overty and economic disparity are forcing men and women into commercial sex work, often with tourist [and that] many of the same factors contributing to the quick spread of HIV through Sub-Saharan Africa – extreme poverty, malnutrition, poor health care and high rates of migration – also afflict

the Caribbean and Latin America'.<sup>17</sup> Governments have begun to take notice of this apparent connection and have called for further study. At the International Migration Policy seminar held in Jamaica in May 2001, government representatives noted the need to 'further identify the link between HIV/AIDS and migration, particularly tourism, business travel and internal migration' (International Organisation for Migration 2004: 3). As CARICOM confirms:

Commercial sex work is widespread, well entrenched and increasing throughout the region, and takes place under a variety of circumstances. It is linked to tourism in the islands; it follows mining villages and trading patterns in a variety of industries. There are short-term as well as fixed brothel workers, and mobile sex workers; they are single and married, women and men. Male prostitution in the form of 'beach boys' is increasing across the Caribbean. In many cases economic hardship is the single most important reason given by sex workers for going into sex work. Economic difficulties in the region and the rigors of structural adjustment over the last two and a half decades have resulted in a dramatic rise in the number of women and men seeking work in a market that is less than accommodating (CARICOM 2000:7).

This problem of tourism dependency and the threat of HIV/AIDS reflects the contradictions inherent in the new global order. On the one hand, while globalization provides many opportunities (Ohmae 1990; Naisbit 1994) it also has negative consequences, particularly for the developing world (Wood 2000). In the case of the Caribbean, this region has had to adapt to many rounds of it (Klak 1998). For example, in the post colonial period, most Caribbean countries underwent Structural Adjustment Programmes (SAPs) imposed by the International Monetary Fund (IMF) and the World Bank (WB). Those austerity measures had a crippling effect on already fragile economies of the region. Some of the major consequences were:

- The 'streamlining' of the Public Service which helped to further weaken institutional capacity;
- High unemployment;
- Increased Social ills, such as illicit drugs, crime, violence and HIV/AIDS;
- The perpetuation of poverty; and
- Escalating debt

On the question of debt, the WB notes that the Organisation of Eastern Caribbean States (OECS) has the 'dubious distinction of hosting six of the world's most highly indebted emerging economies' (World Bank 2005: vii). The ensuing debt burden has severe implications for all sectors of the economy. To service the debt requires the reallocation of scarce funds from sectors such as education, health and tourism.

At the same time, globalization and trade liberalization have created a highly competitive global trade environment in which small, post colonial economies are quite vulnerable. For instance, one of the landmark cases was the banana dispute<sup>18</sup> between the European Union (EU) and the United States and the subsequent World Trade

Organisation (WTO) ruling. This heralded the end of preferences and had severe implications for the banana producing countries in the CARICOM region. Therefore, with the end of preferences and falling world prices for commodity goods, Caribbean economies diversified heavily into services: such as the offshore financial services and tourism. However, while the services sector provides opportunities to capitalize on the restructuring of the global political economy, it has its own vulnerabilities.

### **The Public Policy Dilemma: Tourism and HIV/AIDS in Grenada**

To further conceptualise the problem, it is also useful to engage the discourse on the vulnerability of small states in the global environment.<sup>19</sup> The central argument is that small states are relatively more vulnerable to shocks, given historical, structural and geographical conditions. This vulnerability in turn undermines developmental efforts. Thomas (2004) captures the essence of the debate in his four-prong vulnerability typology. Thomas (2004:1) defines vulnerability as “proneness of small states to the adverse effects of changes in their environment and insufficient resilience to overcome these adverse affects on their own”. Thomas notes that the definition twins ‘a limited capacity to respond’ together with ‘exposure to shocks’, and is directed at four major dimensions of small states: economy, environment, society and the institutional framework. Each would be looked at in turn.

First, Thomas (2004:1-3) defines economic vulnerability as ‘the greater than average risk small economies face from exogenous shocks which adversely affect their incomes, employment, output, markets, consumption and wealth’. Second, environmental vulnerability is defined as ‘the greater than average risk small economies face of damage to their natural eco-systems’. Third, Thomas refers to social vulnerability as ‘the greater than average risk posed by internal and external factors in undermining social cohesion, introducing systematic pathologies and eroding social capital’. He cites examples such as illicit drugs, violence, organized corruption and HIV/AIDS. Fourth, institutional vulnerability refers to ‘the greater than average risk posed by the limited capacity of domestic institutions to respond to the complexity and intensity of the pressures flowing from globalization’. This paper uses Thomas’s framework to explain the problem of tourism dependency and the spread of HIV/AIDS in Grenada.

#### *Economic Vulnerability*

As is the case of many other small developing states, Grenada is economically vulnerable. It is one of the eight island states which comprise the Eastern Caribbean Currency Union (ECCU)<sup>20</sup> and a member of the Caribbean Single market (CSM). Table 1 provides selected statistics of the ECCU. As Table 1 shows, Grenada’s GDP per capita (2005) was US\$3,260, compared to US\$7,983 in Antigua and Barbuda; US\$5,660 in St. Kitts and Nevis and US\$3,798 in St. Lucia. For the period 1980 to 2003 Grenada’s relative growth per capita was 2.8%, the lowest in the ECCU. However inflation has remained relatively low in Grenada. The inflation rate has averaged 2% over the last 15 years. As is the case with other ECCU countries, Grenada is faced with high public debt. By the end of 2003 public debt spiraled to 110% of GDP (IMF 2005). However, following a contraction in economic activity of 0.4% in 2002, the economy recovered and

registered a positive growth rate of 5.7% in 2003 fuelled by expansion in the hotels and restaurants, transportation, construction and wholesale and retail trade sectors. In particular, the robust performance of the tourism industry was an indication that the sector was recovering from the effects of September 11, 2001.<sup>21</sup>

**Table 1: Selected Statistics ECCU**

	<b>Pop (‘000s) 2003</b>	<b>GDP PC (US\$m) 2005</b>	<b>GNI PC (US\$) 2005</b>	<b>Growth pc (%) 1980-2003</b>	<b>Poverty (% pop) latest</b>	<b>Unemp (% LF) Latest</b>
Antigua & Barbuda	79	7,983	7,619	4.2	12	7
Dominica	71	7,891.51	2,615	2.9	33	25
Grenada	105	8,804.55	2,919	2.8	32	13
St. Kitts & Nevis	47	15,300.6 8	5,135	4.7	31	5
St. Lucia	161	10,255.1 6	3,469	3.2	25	19
St. Vincent & The Grenadines	109	8,077.64	2,828	3.5	38	21

Source: World Bank 2005 and Eastern Caribbean Central Bank, 2005

As a small island open economy, Grenada is vulnerable to external shocks. Thomas (2004:1-2) defines economic vulnerability as the ‘the greater than average risk small economies face from exogenous shocks which adversely affect their incomes, employment, output, markets, consumption and wealth’. Agriculture was traditionally the mainstay of Grenada’s economy with nutmegs, cocoa and bananas as the main export crops. Over the last two decades the economy has shifted from the once-dominant agricultural sector into services, which now account for over three-quarters of total value added (IMF 2005).

Since most of the goods consumed in the country are imported, Grenada is susceptible to changes in global economic conditions. Additionally, since Grenada is heavily dependent on the tourism sector, global forces impact on Grenada’s economy. For instance according to the IMF, the September 2001 terrorist attacks and the slow down of the global economy had a negative effect on Grenada’s economy. Real GDP growth, on average, has been low over the last five years compared with growth of nearly 6% a year in the late-1990s. Therefore, Grenada is economically vulnerable because of its colonial legacy of dependency, its open economy and its location in the global economy.

#### *Grenada’s Tourism Sector*

The tourism sector is an important sector in Grenada’s diversification strategy. It is a significant source of foreign exchange and employment generation. The development of tourism has also helped to cushion the effects of the decline in its exports particularly

bananas and cocoa. Table 2 depicts sectoral contribution to GDP for the period 2002-05.

**Table 2:**  
**Sectoral Contribution to GDP - Grenada 2002-05**

<b>SECTOR</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Agriculture</b>	65.70	64.10	59.40	37.98
<b>Manufacturing</b>	54.32	52.99	45.23	40.93
<b>Construction</b>	53.59	67.53	66.96	87.05
<b>Hotels &amp; Restaurant<sup>1</sup></b>	54.09	61.58	53.53	48.18
<b>Transport</b>	88.23	94.82	99.75	103.34
<b>Communication</b>	84.00	85.58	91.74	94.95
<b>Banks &amp; Insurance</b>	78.89	85.20	87.33	89.95
<b>Government Services</b>	93.68	94.23	97.54	99.49
<b>Total</b>	676.30	715.55	693.91	707.11
<b>Growth Rate</b>	<b>0.84</b>	<b>5.80</b>	<b>-3.02</b>	<b>1.9</b>

Source: “Grenada National Plan for Health 2006-2010”  
*Situation Analysis*, October 2005

As Table 3 shows visitor expenditure increased from EC\$155,527,754 in 1995 to EC\$417,763,644 in 2004. This rise in tourism activity can be attributed to the expansion of the country’s hotel capacity and the upgrading of its tourist facility during the 1990s. The number of rooms in tourist accommodation establishment rose from 1,115 in 1990 to 1,758 in 2003. For the first two quarters of 2006, the number of stay-over visitors increased by 37.5% to 33,280, associated with the reopening of hotels that were closed in the first quarter of 2005. Increases were recorded in arrivals from the three major markets - Canada (92.5%), Europe (85.7%) and the USA (27.1%). (Grenada Board of tourism, 2004: 60-61).

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<sup>1</sup> Hotel and Restaurant represent the tourism sector

**Table 3:  
Visitor Arrivals and Expenditure, Grenada – 1995-2004**

<b>Year</b>	<b>Visitor Arrivals (#)</b>	<b>Visitor Expenditure (EC\$)</b>
1995	369,336	155,527,754
1996	386,013	160,350,146
1997	368,417	398,640,834
1998	391,680	415,314,488
1999	378,952	457,562,230
2000	316,528	480,465,614
2001	277,557	438,938,320
2002	271,394	468,476,074
2003	294,211	469,514,388
2004	369,810	417,763,644

Source: Grenada Board of Tourism, Annual Statistical Report, 2004: 60-61.

The number of visitor arrivals dipped during the period 2001-02. This can be attributed to the September 11, 2001 attacks in the United States of America and Grenada's vulnerability to external shocks. Nonetheless, according to the Organisation of Eastern Caribbean States (2004) the contribution of tourism to the economy grew from 5.8% in 1990 to 9% in 2000 and has remained roughly at that level.

Thus, tourism is a lead growth sector in Grenada's economy and despite limited financial resources the Government of Grenada (GOG) still attempts to allocate relatively adequate amounts to this sector. Commencing in 2000 the Government committed EC\$10<sup>22</sup> million per year for three years to the Grenada Board of Tourism (BOT). The money was earmarked for: strategic marketing programmes with airlines; destination marketing activities; product enlargement and environment management; small hotels specialized assistance programme and human resource development. (Government of Grenada, 1999:27-28). The 2005 Budget provided EC\$9 million for the marketing and promotion of the destination and a further EC\$2 million for joint marketing and risk sharing agreements with selected airlines. In terms of tourism marketing the GOG increased promotion from EC\$9 million in 2005 to EC\$12 million in 2006 The Government of Grenada (GOG) invested in a modern cruise ship terminal in 2004. Subsequently, the number of cruise ship visitors increased from 146,925 in 2003 to 222,944 in 2004, an increase of 54.5%. (GoG 2005). Cruise tourism provides benefits to a wide range of people including taxi drivers, water taxis, tour operators and restaurants. Thus, tourism can be viewed as one of the bedrocks of the Grenadian economy. Yet tourism is a volatile industry which can affect and be affected by global forces. There is no explicit policies which link tourism and HIV/AIDS. Yet, the GOG acknowledges that HIV is an economic risk.

According to Prime Minister Mitchell, '[w]e are faced with a dangerous risk – a risk that we cannot afford financially or socially'.<sup>23</sup> The Prime Minister further pointed out that cost is one of the impediments which prevents government from effectively tackling the problem. According to Prime Minister Mitchell '[t]remendous resources are required, which are beyond the reach of government.' In the 2001 Budget Speech the Minister of Finance confirmed that the cost of medical care for HIV/AIDS patients is 'unbelievably high' and will place a financial burden on both the families of the patients as well as the Government (Government of Grenada, 2001:16). Officials in Grenada are concerned about the long-term effects of HIV/AIDS on the economy. According to the former Health Minister:

The threat is very serious especially since the age group most vulnerable is 15-25, which is our most productive group. These are our youths to take up leadership roles in our country, in our workforce, in our society as a whole. They carry the burden of the development of our country. If we lose those persons we lose the very future of our country. This is a serious economic and security risks. The cost of treating HIV/AIDS is high. Monies that could have otherwise been utilized for the development of the country are now being diverted to treat persons living with the disease. If we did not have HIV/AIDS we could have been using those funds elsewhere – for health, education or tourism. However, as difficult as it is, any money we spend on the disease now is an investment for the country. We have to see the long-term economic threat – it can make the country even poorer.<sup>24</sup>

Therefore, one of the public policy dilemmas which surrounds tourism and HIV/AIDS relates to economic vulnerability of the country. On the one hand, the economy is open and susceptible to external shocks. At the same time, there is a high debt burden which is one of the consequences of SAPs. Concurrently the country is dependent on tourism, which is a volatile industry. With scarce financial and human resources, government was already burdened. Given the reality of HIV/AIDS, there is an added burden to find resources to fight the epidemic. One avenue is the tourism sector, but tourism itself may be a vehicle for the spread of the disease. At the same time, as funds are diverted to combat HIV/AIDS, this takes away resources needed to market and promote sustainable tourism. This is a dilemma for policy-makers and a source of human insecurity.

### *Environmental Vulnerability*

As is the case with other ECCU countries, Grenada is also vulnerable to environmental shocks. Thomas (2004:1-2) defines environmental vulnerability as 'the greater than average risk small economies face of damage to their natural eco-systems'. In Grenada's case, in 1999 tidal surges left a trail of destruction to the physical and economic infrastructure of the country. Damages were estimated at approximately US\$100 million, that is, one third of GDP in 1998. Consequently additional resources had to be mobilized for reconstruction purposes (GOG 2001:2). In 2004 Hurricane Ivan severely destroyed

Grenada. The damage from the hurricane exceeded 200 percent of GDP (EC\$2.4 billion). Following are some of the impact:

- Virtually every house on the island was affected, with 30 percent completely destroyed; schools and universities suffered extensive damage, as did hospitals and shelters;
- Productive sectors were hit hard. In the tourism sector, few hotels escaped damage [the hurricane affected close to 90% of the tourist accommodations].<sup>25</sup> In agriculture, the nutmeg sector – in which Grenada was the world’s second largest producer and which employed an estimated 30 percent of the population directly or indirectly – was decimated;
- The entire population was without water and electricity in the immediate aftermath of the hurricane
- Nearly 8 percent of the labour force was displaced from their jobs in the immediate aftermath of Ivan, raising the unemployment rate to over 20 percent. Starting from an already high incidence of over 30 percent, poverty levels have reportedly risen sharply among farmers and women (IMF 2005; OECS 2004)

The IMF reported that prior to Hurricane Ivan, the GOG was making progress to restore fiscal sustainability and spur growth. The primary fiscal balance had registered a surplus in 2003 for the first time in nearly a decade and was projected to remain in surplus in 2004. Real GDP was projected to grow by over 4% in 2004. However, this situation was set back by Hurricane Ivan. The severe impact of the hurricane forced the government to change its economic priorities. It also compounded the tourism-HIV/AIDS problem. For example, as part of the reconstruction efforts, an influx of soldiers, humanitarian workers, representatives from donor agencies, Grenadians living in the diaspora and other groups visited Grenada. As is the case in complex emergencies, the immediate post-Ivan period saw for example, reports of relief supplies being used by some members of the security forces in what was described as a lucrative ‘food for sex in Grenada’<sup>26</sup> This may have added to the tourism-HIV/AIDS challenge.

Thus environmental vulnerability complicates the already fragile socio-economic condition of small countries. Besides the social ills that accompany the immediate post disaster period, resources have to be re-allocated from key sectors to facilitate re-building efforts. Therefore, the severity of Hurricane Ivan shows Grenada’s vulnerability to natural disasters which can further undermine socio-economic development.

### *Social Vulnerability*

Thomas (2004:3) refers to social vulnerability as ‘the greater than average risk posed by internal and external factors in undermining social cohesion, introducing systematic pathologies and eroding social capital.’ He cites examples such as illicit drugs, violence, organized corruption and HIV/AIDS as factors which give rise to social vulnerability. Social vulnerability is a major problem which faces Grenada. According to the IMF (2005), Grenada’s social indicators are weaker than in other ECCU countries. For example, out of 177 countries, Grenada’s human development index (2004) was 93,

while the average in the ECCU was 73. Table 4 shows the HDI for the ECCU for the years 2004-06.

**Table 4:  
HDI in ECCU 2004-06**

<b>Country</b>	<b>HDI 2004</b>	<b>HDI 2005</b>	<b>HDI 2006</b>
Antigua & Barbuda	55	60	59
Dominica	95	70	68
<b>Grenada</b>	<b>93</b>	<b>66</b>	<b>85</b>
St. Kitts & Nevis	39	49	51
St. Lucia	71	76	71
St. Vincent & The Grenadines	87	87	88

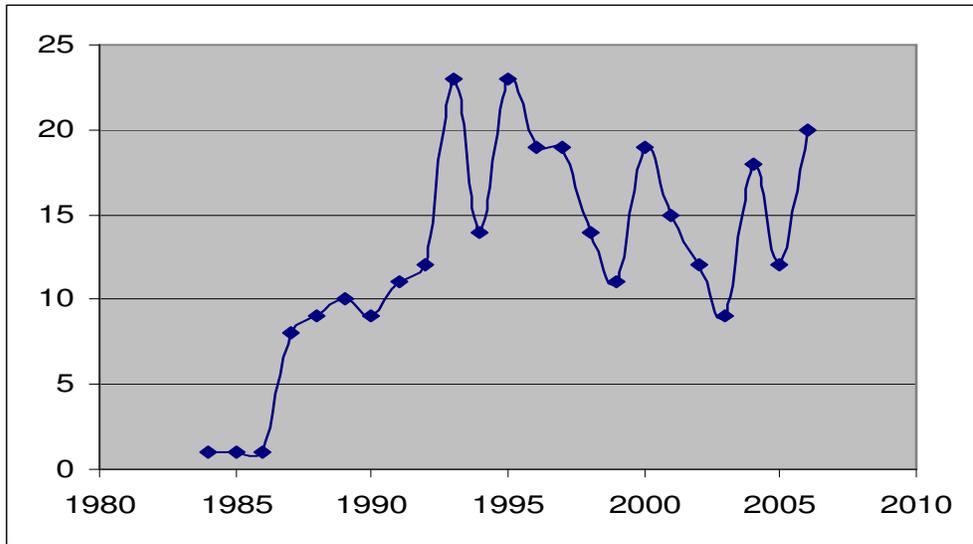
Source: United Nations Development Programme, 2002-2005.

The IMF also pointed out that Grenada's GDP per capita (2004) was US\$4,205, while it was US\$5,473 in the ECCU. Life expectancy at birth (2003) was 73 in Grenada, while the ECCU average was 74. Infant mortality rate per '000 births (2003) was 18 in Grenada while the ECCU average was 17. Grenada's adult illiteracy rate (percent) (2001) was 6 while it was 8 in the ECCU. Grenada's poverty headcount index (2000) was 32 while it was 29 in the ECCU (IMF 2005: 8). These indicators reflect the level of social vulnerability in the country. The following section specifically discusses the threat of HIV/AIDS as a major threat to social cohesion and insecurity in Grenada.

#### *HIV/AIDS in Grenada*

In 1984 the first case of HIV was diagnosed in Grenada. Since then 223 persons have been diagnosed with HIV (See Figure 3). Of that amount, 58.9% have developed AIDS while 82.95% of those diagnosed with AIDS have subsequently died. The prevalence rate of the disease has been estimated at <0.5 per cent.

**Figure 3: HIV Surveillance in Grenada 1984-2006**



Source: Ministry of Health, Grenada, 2006.

As Figure 3 shows, within the past five years incidences of the epidemic are increasing. The former Minister of Health indicated that the statistics ‘are alarming’ since Grenada is a small country with just over 100,000, with over 200 persons already infected, based on reported cases. The Minister refers to the epidemic as ‘a time bomb that is ticking and if it is not diffused it has the potential to seriously explode’.<sup>27</sup>

Since the first case of HIV was diagnosed in 1984, Grenada embarked on a prevention campaign to fight the deadly virus. Judy Benoit, an officer in the Ministry of Health (MOH), has been at the forefront of the fight since 1984. According to Benoit ‘[i]n the past we focused on HIV prevention campaigns since we were seeking to bring about behavioural change. The first mission was to inform the nation about prevention. We have long gone past that prevention stage now’.<sup>28</sup> The prevention messages have been consistent and strong: ABC - Abstinence, be faithful, use a condom. However, despite years of vigorous prevention campaigns, the epidemic is still increasing. The Minister for Education lamented that:

For years we have heard the prevention message. The MOH has said and done a lot. But we still see the rise in the incidences of HIV. The difficulty is, sex is an emotional thing, it is a private thing and the problem is more difficult that we think. We have tried everything from giving information in schools to distributing condoms. The reality is, we cannot legislate or implement policies that can guarantee a change in sexual behaviour. We have to understand that behaviour is influenced by our environment, socio-economic conditions, traditions and culture.<sup>29</sup>

Consequently the strategy had to be modified to take into account the fact that although financial and human resources were being allocated to prevention campaigns, this was not resulting in behavioural change. As Beniot further pointed out:

This [2006] is almost 25 years after the start of the epidemic and we are still seeing an increase here in Grenada. For the whole of last year we identified 12 new cases, by the end of March this year we had 15, by the end of August we already have 20 and the year is not yet ended. With all the information out there, with all the care and treatment, and with voluntary counseling and testing HIV/AIDS is still on the increase. We are at a stage now where we are looking at various factors that drive the epidemic, such as poverty, unemployment, deviant youth, gender inequity, gender inequality, religious norms, among others. In terms of poverty, there are parents who are struggling to send their children to school and some of them will do anything, including commercial sex work, to get that dollar to buy the milk so that the children could go to school with something on their stomach. We have done a lot in the past but we have been slow to change our strategies to reflect today's realities.<sup>30</sup>

The data supports the fact that there are many factors responsible for the spread of the disease. According to the 2003 *Strategic Plan for HIV/AIDS in Grenada*, one of the factors favourable to the spread of the disease is the 'existence and acceptance of transactional/commercial sex, especially within the context of the significant poverty levels that exist in the country'. The 1999 Poverty Survey estimated that 32.1 per cent of all individuals in Grenada were poor. That is, their annual expenditure was less than EC\$3,262, which is the cost to meet their minimal food and other requirements. 12.9% of all individuals were found to be extremely poor or indigent. The report also pointed out that poverty particularly affected the youth with over 56 percent of the poor being less than 25 years old (Poverty Assessment Report, Grenada, 1999). The former Minister for Health confirmed that:

Poverty is a culprit in all of this. Poverty goes with lack of knowledge, information and education. Commercial sex is not practiced overtly in Grenada, but it does happen. Poverty makes people more vulnerable and they often turn to alternative survival strategies.<sup>31</sup>

The Minister for Finance also pointed out that there are still some people in Grenada who go to bed hungry, not knowing where their next meal is coming from, or how they will send their children to school because they have no food, or cannot afford to buy books or uniforms for their children (GOG 2001:23). Sandra Ferguson, a leading Non-Governmental Organisation (NGO) representative pointed out that from her work in rural communities, Grenada has not yet recovered from SAPs and there are widening poverty gaps. 'We are seeing the new working poor' she asserted.<sup>32</sup> The Director of the National AIDS Directorate also confirmed that '[p]overty is one of the leading factors driving the epidemic in Grenada since the population group most affected by HIV/AIDS are made up of low income earners'.<sup>33</sup> According to the Minister for Tourism, Grenada recognizes the importance of tourism to poverty alleviation [and] if structures are not put in place to address poverty, the destination can lose the very tourism on which it depends. This in turn can have a negative impact on the economy as a whole.<sup>34</sup>

Gender issues also contribute to the complexity of the problem. The statistics show that a greater percentage of women are affected by the HIV/AIDS epidemic. In many cases, there is the problem of 'sex for security.'<sup>35</sup> This has implications for the interrelationship between tourism and HIV/AIDS. Benoit confirmed that Grenada's first case of HIV/AIDS came from abroad. While some tourism officials argue that sex tourism is not a problem in Grenada, as is the case in some other Caribbean destinations, the Director of the National AIDS Directorate pointed out:

We all know that visitors come to the Caribbean looking for sex. Let's not fool ourselves. And how often would tourists pack condoms in their suitcases? We have three serious issues here. On the one hand, visitors to our islands come to have fun and the values they usually uphold in their home countries they do not often adhere to in a foreign country, particularly when they are in a holiday mode. They may have sex as part of fun without thinking they are multi-partnering. They drink extra alcohol, use harder drugs; no one sees them, so its ok. Second, once the tourist is coming with foreign currency in a poor country there will be a thriving commercial sex trade. Third, Caribbean people are generally friendly and welcoming. Since we depend on tourism we often feel obligated to please the tourists – giving them the whole experience. Therefore, many factors contribute to the complexity of the problem.<sup>36</sup>

However, there is little or no research done on sex tourism in Grenada and commercial sex is illegal.<sup>37</sup> In the run-up to CWC 2007 there has been a debate about the handling of commercial sex workers. At a two-day CARICOM/CWC 2007 Health Sector Sub-Committee meeting in August 2006, Antigua's Health Minister tabled the idea of legalizing prostitution during the 51 day tournament. He pointed to the likely influx of Commercial Sex Workers (CSWs) in the eight Caribbean countries that will host the games. 'By registering and regulating the women [and men] the spread of HIV/AIDS can be curtailed,' he argued. Barbados and St. Kitts and Nevis have said no to this proposal.<sup>38</sup> According to Grenada's Minister for Health:

Grenada has launched the HIP (How you Playing Program) since it is expected that there will be an influx of visitors around world cup – we are ensuring that we continue to advocate the ABC –abstinence, faithfulness and condom use – for our nationals and tourists. Grenada is predominantly a Christian society – commercial sex is not an authorized means of earning a living. And we have no intention as a government or indeed as a people to legalise commercial sex work, prostitution or even homosexuality. But we ensure that we treat everyone with dignity.<sup>39</sup>

As the Minister's position suggests, cultural and religious norms are key factors in the milieu. The 1991 census showed religious affiliations as Roman Catholic 53.1%, Anglican 13.9%, Seventh Day Adventist 8.6% and Pentecostal 7.2%.<sup>40</sup> There is, for instance, an issue with the Catholic Church and its strong stance against the distribution of condoms. The Minister of Education asked 'how do you ask a Catholic to wear a condom

and how will the church react if the government promotes condom use?’<sup>41</sup> Regarding the role of the church, Prime Minister Mitchell indicated that:

The church must continue to use the pulpit to reach out and sensitise the public. But we have to go further. We tell people do not commit sin, but they *do* commit sin. In cases where they disobey, the state has a responsibility to protect the collective.<sup>42</sup>

This adds another dimension to the problem. That is, in a democracy, how does one balance the need to promote human rights and protect national security? Security in the Grenadian context relates to the ‘capacity of the system to sustain life’.<sup>43</sup> In relation to the Cuban model, Prime Minister Mitchell indicated that such an approach will be very difficult to implement in a democratic society. However, he stated that Grenada can find the balance through legislation. According to the former Minister for Health, ‘mandatory testing is very difficult. When you start interfering with human rights it is a very serious issue’.<sup>44</sup> According to the current Minister for Health, ‘at times the public health issue should be first and foremost. In this case the public health issue should come first.’ In her view, there is need to protect the whole even the person ‘who is kicking up against it’.<sup>45</sup> The Minister for Education also shared this view. In relation to the Cuban model, she pointed out that ‘this is the best thing we can do [for] if you don’t have mandatory testing the Government will not be able to take care of the budget in such a way for the very people who would need care and treatment’.<sup>46</sup>

Therefore, many factors account for Grenada’s social vulnerability, such as poverty, gender inequality, cultural norms, among others. This is compounded with the threat of HIV/AIDS and points to the apparent interrelationship between economic insecurity, tourism-dependency and the spread of HIV/AIDS.

### *Institutional Vulnerability*

Institutional vulnerability is another major challenge which surrounds the tourism-HIV/AIDS problematic. Institutional vulnerability refers to ‘the greater than average risk posed by the limited capacity of domestic institutions to respond to the complexity and intensity of the pressures flowing from globalization’ (Thomas 2004:3). A major aspect of institutional vulnerability stems from external forces in the global political economy. As mentioned earlier, Grenada underwent SAPs in the 1980s and from 1993-95. This resulted in the ‘streamlining’ or ‘downsizing’ of the public sector and increased unemployment. Currently the human resource and organizational capacity of the country – in the public sector, private sector and civil society generally – is ‘limited and stretched’.<sup>47</sup> There is a ‘zero-growth’ policy in the public sector which has been in effect since the 1990s. In the 2000 budget speech the Minister of Finance confirmed that:

This Administration remains committed to the principle of small government and a more efficient Public Service. Consequently public sector reform remains a high priority for Government. It is the principal strategy to curb increases in recurrent expenditure. The freeze on hiring in

the Public Service will remain in force and we will continue to reduce the size of the Public Service, where appropriate (GOG 2000:19-20).

Public sector reform has had implications for human capacity in the public service. For example, in 1988 a health planning unit was established in the MOH, but it was staffed by two officers only who were expected to conduct health planning for the entire tri-island state. Traditionally, health services in Grenada were provided mainly through public health facilities. However, there is a growing move towards the use of private services, in keeping with the demands of International Financial Institutions such as the IMF and WB which promote privatization as a means to increase efficiency. For instance, in 1997 and 1998 Value for Money studies were carried out in the MOH which resulted in the outsourcing of some health services. User fees were also introduced in the main hospitals. Although there are built in provisions to protect the disadvantaged, from general observation by the author, user fees have negatively affected the ability of the poor to access health care. However, outsourcing and commercialization initiatives are ongoing in the health sector. In 2002, the Government of Grenada launched its Public Service Management Improvement Project (PSMIP) in response to 'systems deficiencies' in the public sector. A part of this project will address commercialization of public services. This thrust toward public sector reform and 'smaller government' is part of a larger global neo-liberal project which has implications for Grenada's ability to respond to challenges, such as the interrelationship between tourism and HIV/AIDS. This highlights Grenada's institutional vulnerability to adequately respond to the challenge.

### *The Policy Environment*

Another aspect of institutional vulnerability relates to inadequate policies. While there are initiatives to prevent the spread of HIV/AIDS and care and treatment for those afflicted and affected with the disease, currently Grenada does not have a policy that addresses the interrelationship between HIV/AIDS and tourism. This was confirmed by the Minister for Tourism who indicated that there is 'no procedure to follow at this time'. The minister also pointed out that in all the national, sub-regional and regional meetings that she has attended, 'HIV/AIDS has not been part of the tourism agenda'.<sup>48</sup> In her view it should be. This was also pointed out by the Public Relations Officer of the BOT who acknowledged that the BOT is not involved in addressing the issue of HIV/AIDS. In his view, the MOH is working for the country in general, so there is not much 'rhetoric' about HIV/AIDS in the tourism sector.<sup>49</sup> The Minister for Health also confirmed that 'the issue has never come to the table in that manner'.<sup>50</sup>

Since Grenada is heavily dependent on tourism, it becomes problematic to include HIV/AIDS prevention messages which may appear to target tourists. As the Minister for Tourism explained, there must be caution, since this is a sensitive area the country will have to get into. In the minister's view, since the epidemic is quite prevalent in the world, Grenada needs to put mechanisms in place so that it cannot be spread in the society. According to the Tourism Minister, 'we want to protect the visitor who has the disease and protect our local people at the same time'. In her view this must be done in 'a very polite way' so as not to destroy the tourism industry, which must continue to market Grenada's 'glamour'.<sup>51</sup>

The Public Relations Officer (PRO) of the BOT also shares this view. According to the PRO:

The BOT focuses on a certain type of tourism. We deal with up market generally. The bottom line is that we would have hoped that given the type of tourism that we promote we would not find ourselves being a victim of persons coming here for the purposes that can lead to the further spread of this deadly virus. But in our promotional work out there, we cannot talk about it. The role of the BOT is to promote the destination as a preferred Caribbean enclave. We would encourage the MOH's efforts to educate people about the disease but in the long run I don't think you would see us becoming involved in this. The statistics are frightening and I'm scared for what can happen, but tourism promotion is our business [not health].<sup>52</sup>

This position by the tourism sector reflects the dependency on tourism. It also reflects the disjointed approach to the question of HIV/AIDS and tourism. The PRO's views are shared by another official in the BOT who argues that '[i]t is not our role to educate the tourist. We have to educate *our* people. A lot of tourists come here thinking Caribbean people are easy. If we do advertisements which ask them to walk with condoms, that will reinforce in their minds that we are all about sex. And the destination offers much more than that'.<sup>53</sup> The former Permanent Secretary in the MOH argued that 'policies cannot zero in on the tourists, we have to ensure that our people develop and maintain healthy lifestyles'.<sup>54</sup> The Minister for Education foresees a similar backlash to what occurred in Barbados. She argued that tourist destinations do not have any responsibility for the tourist because 'AIDS is not an infectious disease like SARS [instead] one should deal with its *own* population'.<sup>55</sup> However, Benoit shares another view. She points out:

We all have to be speaking the same language. Whichever sector we belong to – HIV prevention is our business. If you're in tourism, agriculture, or wherever, what we have to get right is that HIV affects people, it affects our development, it affects our social life. If we want to promote tourism we have to promote tourism within the context of healthy lifestyles. We have to remember that first and foremost we have to do it for us. Once we do it for us then it is available for visitors. If we can talk the same language and walk the same street I don't think we would go wrong. I don't think that because we are trying to save our country that tourists will not come to Grenada. In fact, I think that will encourage more people to come to Grenada.<sup>56</sup>

Therefore, one aspect of institutional vulnerability relates to conflicting goals among sectors. There appears to be a conflict between the goals of tourism marketing and promotion and HIV/AIDS prevention. For instance, there appears to be a resistance from sub-sectors of the tourism industry against messages that too visibly target tourist. An officer from the MOH indicated that 'there was one time we tried to set up a banner at the airport and we were told we cannot do so'.<sup>57</sup> As Benoit confirmed: 'I know that some

times we attempt to put messages at the airport and we are debarred from doing so for the fear that it would affect tourism.’ Benoit agreed that the MOH has to be careful with the messages that are displayed, but at the same time she argued that Grenadians have the right to protect themselves from their own selves and from visitors. In Benoit’s view there is need to strike an even balance.

According to the Director of the National AIDS Directorate, the tourism sector needs to find creative ways to market the tourism product that takes into account the problem of HIV/AIDS. In her view HIV/AIDS needs to be put on ‘the front burner.’ The Director would like to see advertisements that highlight the seriousness of the global issue. In essence, the message could be that ‘we do not want you [the tourist] to be vulnerable to HIV and we do not want your presence to make our population more vulnerable to HIV. You can have the full experience, but be safe’.<sup>58</sup>

### *The Political Dimension*

Another dimension of institutional vulnerability is driven by the political divisiveness within the country. Given the complexity of the problem, it is generally accepted that there needs to be a multi-sectoral response. In 2003 a strategic plan for HIV/AIDS was developed. One of the objectives was to facilitate a multi-sectoral approach to the management of HIV/AIDS. According to the Minister for Finance, the Government considers itself an ‘inclusive Government’ willing and ready to work with all citizens irrespective of political affiliation. The Minister indicated that two mechanisms to ensure good governance include the Multipartite Consultation Committee and the Face-to-Face Programme. He indicated that the Multipartite Consultation Committee consisted of representatives from the development NGOs, the private sector, trades unions and government. They have been engaged in developing a partnership in respect of the management of national development issues (Government of Grenada, 1999:40). The former Permanent Secretary, MOH described the relationship between government and the NGO community as ‘cordial and collaborative.’ However, Sandra Ferguson, a leading NGO representative, does not share this view. According to Ferguson:

At this point the relationship between government and the NGO community is generally lukewarm and growing cold. There is insufficient space for civil society. Within the last five years or so international institutions have tied donor support to good governance and inclusiveness. Governments are being forced to create greater space for civil society. But in many cases this space is generally tokenism. In Grenada, we are yet to know how much the government really wants us on board. Do they want genuine participation and contributions? It has become a norm that a ministry will hardly have any major issue without sending you a document and asking for your input, or having a consultancy and inviting you to be there. That is the first stage but how this is followed up is the next step. It depends on the politicians whether they want your input or not. For example the multipartite committee which has been in existence since

1997 is going nowhere. We have seen no clear and concrete evidence of commitment to follow up or to take decisions based on our suggestions. We have to ask who sets the policy agenda? The politicians do and they decide whose views they consider and whose they don't.<sup>59</sup>

The Minister for Education notes that it is 'extremely sad' the extent of partisan politics in Grenada. No country will develop with that kind of divisiveness, she argued. She went on to state that there is a current situation in Grenada where supporters of the administration feel they can give less than their best because 'their government is in power and no one could fire them'. At the same time, opposition supporters are saying: 'We will not do anything to make this government look good.' In such a political environment, the minister argued, '[w]e are at a stand still'.<sup>60</sup> As the IMF noted 'Having won less than a majority of the popular vote in the 2003 election, and with only a one-seat majority in Parliament, the government has found it difficult to build a social and political consensus on a course of action for recovery' (IMF 2005:9)

Thus institutional vulnerability relates to limited institutional capacity, inadequate policies, sectoral conflict and an adversarial political environment which breeds disunity. These factors converge to exacerbate the challenges posed by the interrelationship between HIV/AIDS and tourism.

### **Reflecting on Positive Steps**

Within this environment and despite the vulnerabilities Grenada has made efforts to address HIV/AIDS. In terms of the public policy response the following institutional arrangements were put in place:

- In 1984 the National AIDS Task Force was established to advise the Ministry of Health on matters concerning AIDS prevention and control and to support programme implementation.
- The National AIDS programme was established in 1986. Its purpose was to implement the recommendations of the Task Force. It was designed as a unit within the Ministry of Health to provide HIV/AIDS programme management, counseling, education, condom distribution, surveillance, diagnosis and treatment.
- A private-public sector initiative to re-energise HIV/AIDS prevention was launched in 1999. However, this initiative was not sustained.
- In 2002 the National Aids Programme (NAP) was replaced with the national Infectious Disease Control Unit, which has responsibility for HIV/AIDS and Sexually-transmitted diseases.
- GOG inputs were minimal until 2001 when EC\$200,000 was budgeted explicitly for the use by the NAP.

- In terms of donor support from 1986 to 2002 Grenada benefited from assistance from the United Nations HIV/AIDS (UNAIDS), the Caribbean Epidemiological Center (CAREC), the Pan American Health Organisation (PAHO), the French Technical Mission and the British High Commission and PANCAP.

## **The Way Forward**

Grenada is moving forward to address the problem of HIV/AIDS with assistance from the WB and other donors. In February 2003 an EC\$18 million WB HIV/AIDS Prevention and Control Project was launched in Grenada, which is being collaborated between the MOH and the Prime Minister's Office. The WB Project includes (US\$130,000) for advocacy; US\$128,000 for behavior change. The population groups being targeted include commercial sex workers and hotel and tourism workers. US\$604,300 was earmarked for condom distribution. The project aims to promote the visible access to condoms in hotels, motels, restaurants and other public places. The project also includes US\$1,808,500 for institutional development and management and US\$770,000 for treatment. In this regard the project supports the newly established National HIV/AIDS Action Council (NAC) whose mandate is to provide policy guidance and leadership and through its Directorate, ongoing management of the program. The NAC falls under the Prime Minister's portfolio, since HIV/AIDS 'is considered one of the most important issues facing the country'.<sup>61</sup> As the Prime Minister further noted: 'Leadership is important, hence the decision to place the NAC in the Prime Minister's Office to give it a high level of importance'.<sup>62</sup> Members of the NAC are appointed by the Prime Minister on advice of a core group of HIV/AIDS stakeholders. The NAC reports to the Prime Minister and comprises representatives from:

- Persons Living with HIV/AIDS (PLWA)<sup>63</sup>
- Faith-based organizations
- Grenada Media Worker's Association
- Grenada Trade Union Council
- National Youth Council
- Ministry of Health (representing the Government of Grenada)
- Non-Governmental Organisations
- Grenada Chamber of Industry and Commerce

The National AIDS Directorate (NAD) is the executive arm of the NAC. The Director relies on the National Infectious Disease Control Unit (NIDCU) within the MOH for management of all of the technical and clinical aspects of the project. The mission of the NIDCU is to:

- a) reduce the burden of serious infectious diseases on Grenadian society;
- b) arrest the progress of epidemics of selected diseases, which threaten the public's health;

- c) provide surveillance and a management system for confronting future infectious diseases, which may emerge.

The HIV/AIDS programme is administered by the NAD. This unit has full executive responsibility for the management of the AIDS epidemic in Grenada. The NAD is under the direction of the NAC. The directorate is the executive arm of the Council. Emphasis is on building capacity in civil society and strengthening the health center. The work program of the NAD also includes non-health issues such as tourism. The NAD is a strategic unit to encourage greater synergy between the HIV/AIDS policy community and other sectors. The Director of the NAD reports to the permanent secretary, Prime Minister's Office. There is a working relationship with the Ministry of Health. NAD is responsible for the overall response. The MOH has responsibility for a coordinating and implementing role.

A significant development is the planned appointment of a tourism coordinator in the NAD. That person will be the link to pinpoint issues which relate to tourism and HIV/AIDS. According to the Director of the NAD a tourism coordinator is expected to be appointed before the end of 2006<sup>64</sup> to work with the HIV/AIDS policy community and the tourism sector to put some basic structures in place. Some of the duties of the HIV/AIDS-Tourism Coordinator will include:

- Working with the MOH and Tourism and other stakeholders to place the issue of tourism and HIV/AIDS on the national agenda;
- HIV/AIDS training, re-training and certification of all stakeholders in the tourism industry;
- Broad based sensitization programmes on the issue of tourism and HIV/AIDS
- Increasing access to condoms in places frequented by tourists;
- Encouraging hotels and guest houses to have condom vending machines onsite;
- Increasing access to voluntary counseling and testing
- Researching the linkages between tourism and HIV/AIDS, particularly issues such as sex tourism and the relationship between poverty, gender, tourism and HIV/AIDS
- Monitoring and evaluating projects and programs

The Minister for Health indicates that in short to medium term, there is expected to be improved collaboration. In the Minister's view, Grenada has an emerging model that would lend itself to best practice. In her view there is very strong political will, technical expertise in the NAD and the NIDCU, and a multi-sectoral partnership which includes the churches and other NGOs. According to the Minister, '[f]or a long while Grenada was 'stuttering, making two steps forward and two backward, but the country is now shaping a 'collaborative model'.<sup>65</sup> Benoit sees hope. She is pleased to see that more people are being involved, more people are being treated. Benoit is particularly pleased with the formation of the support group by PLWA and the proposed tourism coordinator in the NAD. In her view, Grenada would not be able to eradicate the epidemic, but it can be under control, if not, she fears that it could threaten the very tourism industry on which the region depends and derail the destiny of Caribbean peoples.

## Conclusions

The main argument of the paper was that securitization of global public health can threaten short term gains from tourism through negative publicity while tourists activities can undermine global public health and human security. As the case of Grenada showed, this argument has merit and warrants further study. The paper highlighted that the interplay between tourism and HIV/AIDS, though understudied, seems to present a grave challenge for Caribbean policy-makers; a challenge for which they appear to be ill-equipped to tackle as individual states. As the paper argued, the Caribbean is the most tourist-dependent region in the world and it has the second highest HIV/AIDS prevalence rates. The apparent relationship between the spread of HIV/AIDS and the movement of people in the Caribbean is shaped by several factors: the power differentials between tourists and locals, which is historical; the 'hedonistic' nature of tourism; cultural norms; the consequences of SAPs such as unemployment, poverty and further weakened institutional capacity; deficiencies in governance, such as disjointed or absent policies. The convergence of these factors brings to the fore the vulnerability of Caribbean states.

As the paper argued Grenada is an open, dependent economy which is exposed to external shocks. With limited financial and human resources it is difficult to adequately respond to such shocks. At the same time, weakened social and institutional structures undermine productivity and stifle economic growth, which further perpetuates economic, social and institutional vulnerability. To compound the problem, small states, such as Grenada, are also exposed to environmental shocks, such as Hurricane Ivan. The severe impact of the hurricane further weakened the socio-economic fabric and institutional framework of the country.

It can be concluded, therefore, that the vulnerability of the Caribbean is shaped by interrelated external and internal factors. Within this context the problem of tourism dependency and the threat of HIV/AIDS is complex and threatens to undermine human security and development. As the region continues to search for a viable path to development, the HIV/AIDS pandemic is an unwelcome guest which inadvertently may accompany the tourism product. The challenge is to find policies which frontally address the issue. As the 2007 CWC approaches there is an urgency to tackle the tourism-HIV/AIDS dilemma. Theoretically Grenada's emerging model is a step in the right direction. There appears to be political will; plans for greater collaboration between the HIV/AIDS prevention community and the tourism sector; the involvement of PLWAs and other stakeholders; regional and donor support. The challenge will be to convert plans into action within Grenada's political, economic and socio-cultural environment.

### *Policy Prescriptions*

A number of policy prescriptions are recommended. First, the political culture needs to be transformed to ensure genuine participation and inclusion of all stakeholders. The dilemma cannot be effectively tackled within a divisive and conflictual political environment. Second, tourism dependency needs to be addressed. In this context, Grenada can benefit from its membership in the CSM. There needs to a visionary and collective approach to Caribbean development, which carves out creative niches which reduces vulnerabilities and maximizes the economic potential of the region. This is

beyond the scope of this paper and requires further study. Third, public education is an imperative. Ordinary people must be involved in the process. The tourism-HIV/AIDS predicament centers around the lived experiences of ordinary people. They can contribute meaningfully to finding answers 'on the ground' to address the dilemma. Fourth, the way forward also requires a cultural revolution to change behaviour. Families, churches, schools and society as a whole must be involved in a positive way to diffuse the time-bomb that is ticking. This will not happen overnight. As Grenada seeks to rebuild after Hurricane Ivan, this is an opportune time to do so correctly.

Further, as regional integration deepens, it is expected that there would be greater intra-Caribbean travel. This brings a sense of urgency to the question of tourism, HIV/AIDS and security in the region. It is instructive that CARICOM Heads have recognized the need to include security as the fourth pillar of the Community. This is a step in the right direction. The challenge would be to operationalise this initiative to take into account the multidimensionality of security and the costs of securitization.

### *Suggestions for Further Research*

This is by no means an exhaustive study. While it intends to contribute to the discourse on tourism development and security in the contemporary era, further research is needed to probe the problem. This paper proposes that there is need for further research in the following areas:

1. The implications of non-traditional security threats in the context of deeper Caribbean integration;
2. Democracy, human rights and security in the context of HIV/AIDS
3. Rethinking tourism 'development' within the critical discourse on security
4. Securitization of global public health and the impact on economic development in the global south

Finally, ongoing research is needed to continue to unpack the concepts of 'globalisation' 'security' and 'development' to unravel hegemonic notions, while seeking to capitalize on opportunities for intellectual breakthroughs.

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<sup>1</sup> Statistics reveal that in 2004 international tourist arrivals reached an all-time record of 763 million. Correspondingly, in absolute figures, worldwide earnings on international tourism reached a new record value of US\$623 billion for that same year (UNWTO 2006). In the case of the Caribbean, over 20 million tourists visit the region each year. Between 1970 and 2000 the number of Caribbean stay over arrivals increased five times from roughly 3.5 million to 17.2 million (CTO 2002). International tourist arrivals in 1990 stood at 11.4 million. There was a steady increase to 18.2 million tourist arrivals in 2004 with corresponding receipts of US\$19.2 billion (UNWTO, 2006).

<sup>2</sup> Peggy McEvoy, former Team Leader, UNAIDS Caribbean, UNAIDS. 'Special Report: AIDS in the Caribbean and Latin America' 2006.

<sup>3</sup> See Carr, E.H (1962). *The Twenty Years Crisis 1919 – 1939* London: MacMillan and Co. Ltd.  
Hans Morgenthau (1948) *Politics among Nations: The Struggle for Power and Peace* New York: McGraw Hill; Kenneth Waltz (1959) *man the State and War* New York: Columbia University Press.

<sup>4</sup> See work by Barry Buzan and Ole Weaver (2004). *Regions and Powers: The Structure of International Security* (Cambridge Studies in International Relations; Barry Buzan, Ole Weaver and Jaap de Wilde, (1989) *Security : A New Framework for Analysis* (Boulder, CO: Lynne Rienner); Jessica Matthews

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“Redefining Security”, *Foreign Affairs* 68 no. 2 (1989) 162-177; Richard Ullmann, ‘Redefining Security’ *International Security* 8, No. 1 (1984); Ole Weaver (1995) “Securitisation and Desecuritisation” in *Security* Ronnie D. Lipschutz (New York: New York University Press).

<sup>5</sup> Gro Harlem Brundtland “Global Health and Human Security” *Global Governance* 9 (1993), 417-423 pp417-8.

<sup>6</sup> The 1918 Spanish Flue killed between 20 to 50 million people worldwide in one year.

<sup>7</sup> See “Summary of probable SARS Cases with Onset of Illness from 1 November 2002 to 31 July 2003,” WHO, EPR, <[http://www.who.int/csr/sars/country/table2003\\_09\\_23/en/index.html](http://www.who.int/csr/sars/country/table2003_09_23/en/index.html)>

<sup>8</sup> See “Cumulative Number of Confirmed Human Cases of Avian Flue A/H5N1 Reported to WHO,” World Health Organisation (WHO), Epidemic and Pandemic Alert and Response (EPR), 1 March 2006, [http://www.who.int/csr/disease/avian\\_influenza/country/cases\\_table\\_2006\\_03\\_01/en/index.html](http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_03_01/en/index.html)

<sup>9</sup> UNAIDS. ‘Global Summary of AIDS Epidemic December 2006’

([http://data.unaids.org/pub/EpiReport/2006/02-Global\\_Summary\\_2006\\_EpiUpdate\\_eng.pdf](http://data.unaids.org/pub/EpiReport/2006/02-Global_Summary_2006_EpiUpdate_eng.pdf)) accessed January 26, 2007, pp 1-2.

<sup>10</sup> See Caroline Allen et al “The Caribbean, HIV/AIDS and Security” in Ivelaw L. Griffith (Ed.) *Caribbean Security and the Global Challenge*. Kingston: Ian Randle Publishers, 2004 pp 219-251.

<sup>11</sup> Sakiko Fukuda-Parr “New Threats to Human Security in the Era of Globalisation” *Journal of Human Development* Vol. 4, No. 2, July 2003, 167-179 pp171

<sup>12</sup> Griffith, Ivelaw “Security and Sovereignty in the Contemporary Caribbean: Probing

Elements of the Local – Global Nexus” in Cynthia Barrow Giles and Don D. Marshall (eds.) *Living at the Borderlines: Issues in Caribbean Sovereignty and Development* Kingston: Ian Randle Publishers 2003, pp 209-225.

<sup>13</sup> Communique issued at the Conclusion of the eighteenth Inter-Sessional Meeting of the Conference of Heads of Government of the Caribbean Community (CARICOM), 12-14 February 2007, Kingstown, St. Vincent and the Grenadines.

<sup>14</sup> ‘Sex Tourism Cause HIV spread, Says T&T Minister’ *The Weekly Gleaner* (Jamaica), 19 February, 2003. See also Anna Boodram, ‘The Beach Bum Phenomena’, *Caribbean Voice* 3 August, 2003, and Juile Bindel, ‘The Price of a Holiday Fling,’ *Guardian* (London) 5 July, 2003.

<sup>15</sup> ‘AIDS Activists Worried Over Child Prostitution in Dominican Republic’, *Boston Haitian Reporter*, 31 January, 2003.

<sup>16</sup> amfAR is one of the world's leading nonprofit organizations dedicated to the support of HIV/AIDS research, HIV prevention, treatment education, and the advocacy of sound AIDS-related public policy. See (<http://www.amfar.org/cgi-bin/iowa/amfar/record.html?record=1>)

<sup>17</sup> amFAR. ‘Special Report: AIDS in the Caribbean and Latin America’, pp 2 (<http://www.amfar.org/cgi-bin/iowa/programs/globali/record.html?record=128>) accessed 27 January, 2007.

<sup>18</sup> The dispute began in September 1994 when Chiquita petitioned the United States Trade Representative (USTR) to initiate Section 301 investigations against banana policies of the EU. The United States, acting on behalf of Guatemala, Honduras, Mexico and later Ecuador, challenged the EU regime at the WTO, based on what the United States referred to as discriminatory EU trade policy. Despite vigorous negotiation efforts on the part of the EU and ACP states, public appeals by Non-Governmental Organizations and other interests groups, and wide media coverage, the WTO ruled in favor of the United States in September 1997 (For an account of the banana trade dispute see Clegg 2002; Sutton 1997).

<sup>19</sup> See Ronald Sanders (2005) *Crumbled Small: The Commonwealth Caribbean in World Politics*.

London: Hansib Publishing Ltd.; Caroline Thomas and Peter Wilkin (2004) ‘Still Waiting after all these Years: ‘The Third World’ on the Periphery of International Relations’ *British Journal of Politics and International Relations* 6: 241-258; Ulf Olsson et al. ‘Special Section: Small states in the world of Markets’ *New Political Economy*, Vol. 8, No. 1, 2003; Commonwealth Advisory Group (1997) *A Future for Small States Overcoming Vulnerability*. London: Commonwealth Secretariat; G. K. Helleiner. ‘Why small states worry: Neglected issues in current analyses of the benefits and costs for small countries integrating with large ones’ Oxford: Blackwell Publishers Ltd, 1996; R. Edis. ‘Punching above their Weight: How Small Developing States Operate in the Contemporary Diplomatic World’, *Cambridge Review of International Affairs* No. V (2), Autumn/Winter 1991; Clive Y. Thomas *The Poor and the Powerless*. New York: Monthly Review Press, 1988.

<sup>20</sup> The Eastern Caribbean Currency Area has a common Central Bank, the Eastern Caribbean Central Bank, a common currency pegged to the US dollar at 2.70 per US\$1 since July 1976. The ECCU comprises

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Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and The Grenadines.

<sup>21</sup> See Government of Grenada, Agency for Reconstruction and Development, 2004.

<sup>22</sup> Eastern Caribbean dollar (EC\$) is equivalent to US\$2.7.

<sup>23</sup> K. C. Mitchell, Prime Minister of Grenada. Interview by author. 11 August, 2003. St. George's, Grenada

<sup>24</sup> Clarice Modeste-Curwen, former Minister for Health, Government of Grenada. Interview by author. St. George's, Grenada 14 August 2003.

<sup>25</sup> Organisation of Eastern Caribbean States. 'Grenada Macro-Socio-Economic Assessment of the Damages Caused by Hurricane Ivan'. September 2004, p. 37.

<sup>26</sup> Leroy Noel. 'Food for Sex in Grenada.' *Carib Net News* 27 September, 2004.

<sup>27</sup> Modeste-Curwen, 2003.

<sup>28</sup> Judy Benoit, Official, Ministry of Health, Grenada. Interview by author. St. George's, Grenada. 28 September, 2006.

<sup>29</sup> Claris Charles, Minister for Education, Government of Grenada. Interview by author, St. George's, Grenada. 28 September, 2006.

<sup>30</sup> Benoit, 2006.

<sup>31</sup> Modeste-Curwen, 2003.

<sup>32</sup> Sandra Ferguson, Executive Director, Agency for Rural Development (ART), Grenada. Interview by author 14 August, 2003.

<sup>33</sup> Cecilia Alexis-Thomas, Director, National AIDS Directorate, Grenada. Interview by author. St. George's Grenada. 2 October, 2006.

<sup>34</sup> Brenda Hood, Minister for Tourism, Government of Grenada. Interview by author. St. George's, Grenada, 28 September, 2006.

<sup>35</sup> Modeste-Curwen, 2003.

<sup>36</sup> Alexis-Thomas. 2006.

<sup>37</sup> The Criminal Code Chapter 1 Volume 1 of the 1994 Continuous Revised Laws of Grenada (CAP 126).

<sup>38</sup> Cedriann J. Martin 'Caribbean Sex Market and Economy' *Trinidad and Tobago Express* Saturda 23 September, 2006.

<sup>39</sup> Ann Antoine, Minister for Health, Government of Grenada. Interview by author. St. George's, Grenada. 28 September, 2006.

<sup>40</sup> Grenada National Strategic Plan for Health. *Situation Analysis*, 2005.

<sup>41</sup> Charles, 2006.

<sup>42</sup> Mitchell, 2003

<sup>43</sup> Joseph Charter, former Permanent Secretary, Ministry of Health. Interview by author, St. George's Grenada. 13 August, 2003.

<sup>44</sup> Modeste-Curwen, 2003.

<sup>45</sup> Antoine, 2006.

<sup>46</sup> Charles, 2006.

<sup>47</sup> Government of Grenada. 'Public Sector Modernisation 2006-2010', Draft November 2005.

<sup>48</sup> Hood. 2006.

<sup>49</sup> Edwin Frank, Public Relations Officer, Grenada Board of Tourism. Interview by author. St. George's Grenada, 2 October, 2006.

<sup>50</sup> Antoine, 2006.

<sup>51</sup> Hood. 2006.

<sup>52</sup> Frank, 2006.

<sup>53</sup> Interview by author with an official of the Grenada Board of Tourism who requested to be anonymous

<sup>54</sup> Charter, 2003.

<sup>55</sup> Charles, 2006.

<sup>56</sup> Benoit, 2006.

<sup>57</sup> Officer of the Ministry of Health. Interview conducted by author. Officer requested to be anonymous

<sup>58</sup> Alexis-Thomas. 2006.

<sup>59</sup> Ferguson, 2003.

<sup>60</sup> Charles, 2006.

<sup>61</sup> Mitchell, 2003

<sup>62</sup> Ibid.

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<sup>63</sup> People Living With AIDS (PLWA) is an active group which celebrated its fifth anniversary in 2005. The group is funded and benefits from treatment.

<sup>64</sup> At the time of writing this paper (march 2007) the coordinator has not yet been appointed.

<sup>65</sup> Antoine, 2006.

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