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The Forgotten Epidemics
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JOANNE CSETE: On the important topic of HIV and HCV in prison and in detention settings. My name is Joanne Csete, I'm a professor at Colombia University's Mailman School of Public Health and I do want to thank you all for being here. I think it is especially appropriate that we remember in this session our good colleagues, the Alaei bothers in Iran.

I hope that all of you have had a chance to learn about their incarceration, their unjust incarceration that's related to their pioneering work on HIV which has included work on HIV in prisons and I hope you will learn more about their case at IranFreetheDocs.org and if you are so moved to join us in signing the petition that's there.

Again, thank you for being here a conference that is about human rights in HIV responses it is certainly crucial that we bring some of our best thinking to the matter of the situation of prisoners and detainees with respect to HIV and human rights. People who are in most places, at very high risk of HIV and whose access to HIV services and support is completely reliant on the will of the state.

In spite of the best efforts of many persons in this room, including the people who are on our distinguished panel, whom I will introduce shortly, addressing HIV and Hepatitis C in prison is undermined in too many countries by denial that there is drug use and sex in prisons and by the feeling that

detainees and prisoners do not merit the services available to others, even though they have the right to those services.

HIV and HCV prevalence is higher among prisoners and detainees than those in the general population in almost every part of the world. And a concern for all of us in this room, harsh criminalization of sex work, of minor drug offenses, of homosexuality and transgenderism, guarantees that sex workers, people who use illicit drugs, men who have sex with men and transgender people, are over represented in prison and in detention in many, many places.

All of these persons as detainees are vulnerable to physical and sexual abuse and sometimes to coercive interrogation and other violations of their rights. And comprehensive HIV prevention, treatment, care and support for them is very rarely a political priority.

In addition, as we will be hearing, in spite of good evidence of their effectiveness and feasibility in prison, syringe exchange programs and maintenance therapy for opiate dependency for example are simply not even tried in prison and detention settings in too many places.

Well funded strategies for addressing Hepatitis C in prison and in detention are also relatively rare. HIV programs designed especially for women in detention and in prison, including women who use drugs and women in sex work, are also very, very rare.

It is often said that because most prisoners and detainees will return to the communities from which they came, prison health is indeed public health in a real sense. Today we also know from ground breaking epidemiological research, that the rapid transmission of HIV and Hepatitis C as well TB in prisons and in detention facilities, are important determinants of the overall course of those epidemics in many countries.

In short, HIV and Hepatitis C in prison, and pre-trial detention represent a public health challenge of crisis proportions in far too many parts of the world.

I'm very honored to be here with this very distinguished panel, and on the speakers who are with us today, to think about strategies to help us address these challenges and shrink the scale of this problem before our next opportunity to talk about it, maybe in a year or two.

I just want, because the structure of this session is a little bit different from some of the ones you may have attended, and again, I'm so pleased to see so many of you hear at such a busy conference, with so many competing demands.

We will have a 15 minute presentation, we're very honored to have from the honorable Senora Mercedes Gallizo Llamas who directs prisons in Spain and will share some of the Spanish experience on effective measures that I think will be an example for many of us.

We are also honored then to hear from Mr. Alec Zaripov, about his personal experience with the prison system in the Russian Federation.

We will then have short statements from the panel of experts, Anya Sarang, Christian Kroll and Rick Lines, who are with us and they will have a little bit of discussion. And then we will be sure to leave some time to hear from you and to try to get to your questions.

So, without further adieu, if I can find her, it is a great honor really for us to have with us today Senora Mercedes Gallizo Llamas who is the Secretary General of Prisons for Spain. She was previously the Chairperson of the Commission on Petitions and Human Rights in the state of Aragon. She has been in her current position since 2008.

From 2000 to 2004 she was a National Deputy for the socialist party and participated in the joint commission on relations between Defenders of the People and the Commission for Justice and Home Affairs. Senora we are very honored to have you with us [applause].

MERCEDES GALLIZO LLAMAS: Thank you. Good afternoon. [Speaks in Spanish].

JOANNE CSETE: [Speaks in Spanish] Thank you so much for that inspiring presentation. We will take a few minutes, just a few minutes for question for the Director. I would like to thank Professor Carmen Al Besa [misspelled?] from the

University of Puerto Rico who is here to help us with the translation of questions. If you would like to ask a question from the floor, there are microphones along the center aisle.

I'm going to take the privilege of the Chair and ask the first question. I wonder if you could say something about the political barriers that you had to face in getting to the point of this amazing achievement. Where were the points of resistance and can you say a little bit about how you overcame those?

CARMEN AL BESA: [Speaks in Spanish].

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: The main barrier is always fear, fear of change and fear of risks.

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: We were able to prove that unjustified fears, that they were never materialized and that the results were evidence that the fears that the political system had never materialized. Politicians demonstrated trust in the public health sector in the prison system.

JOANNE CSETE: Thank you very much. I believe we have someone at microphone two. Please identify yourself. That's you.

DENISE LUCIANO: Denise Luciano [misspelled?] from Development Connections, [speaks in Spanish].

JOANNE CSETE: Professor Al Besa, can you help us?

CARMEN AL BESA: Yes, she would like to know what considerations were give to gender issues and the planning of treatment services.

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: They have begun to develop interventions that are gender sensitive and she did not come prepared today to develop this topic with the audience. But they have understood that it is necessary to address gender issues in spite of the fact that the female incarcerated population is a very small proportion of the total inmate population.

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: In addition to blood borne pathogens associated with injecting drug use, women were particularly affected with STDs especially Syphilis and they have been paying particular attention to the early detection of Syphilis among this group.

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: Many women who were unaware of their serial status have now be detected and diagnosed and [applause] and have been provide care and with a reduction of adverse consequences.

JOANNE CSETE: Gracias. One more question.

PATRICIA CARRERI: I'm Patricia Carreri [misspelled?] from the French National Institute of Health and Medical

Research. Just a question for you, I mean it's a common, this is an amazing experience and we always site Spain for this implementation of package in prison setting that is unique I think in the world. I wonder whether you published this data in a peer review journal that because this would greatly help all of us, all the countries to promote this package in prison setting in any country.

JOANNE CSETE: Thank you.

CARMEN AL BESA: [Speaks in Spanish].

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: They have become aware of the need to develop a series of publications on this issues which they are in the process of writing and improving the information available in their webpage.

CARMEN AL BESA: [Speaks in Spanish].

MERCEDES GALLIZO LLAMAS: [Speaks in Spanish].

CARMEN AL BESA: They will, in a place in the slide a link to their webpage so that anyone who is interested can access it.

JOANNE CSETE: Thank you very much. I think we could spend a lot of time on this amazing example, but we should move on. Please help me thank Senora Gallizo for this wonderful presentation [applause].

We are very grateful that Mr. Alec Zaripov is with us. He comes originally from Kazeon, Russia. His experience

firsthand the destructive effects of punitive drug policies in his country. He entered work and harm reduction in 2004 as a peer counselor on HIV at the organization called VERA, which is for parents of people who use drugs.

In 2007 he became the program director of VERA and in this work today he strives to support activism in Russia, in demanding accountability for the countries commitments on health services for people who use drugs and people who live with HIV.

In 2008 Alex Zaripov participated in the Civil Society hearing at the UN General Assembly special session, where he gave an aspiring speech as well and I'm very, very happy to introduce to you Mr. Alec Zaripov [applause].

ALBERT ZARIPOV: Wonderful day to all of you, thank you very much for giving me the opportunity to speech in front of you, in front of such a high ranking auditory. I don't have much time and unfortunately I wouldn't be able to show up not even 100 spot of the problems that we should signal because there's just. But I try to touch as many as possible.

My personal history is just the same as millions of other people experience the same in Russia. I'm speaking about people who someway or other find themselves in a penitentiary system. In middle 90's I was in a pre-trial, as later was done by a detention center, was there over five month and then the court at last did a sentence and then, you know alcohol and

drugs you could buy without any difficulties in such pre-trial detention centers.

As, somebody seems to have told him not to speak so fast, it wasn't me.

There were problems of course because syringes were just used by three or four people, I've seen it. It was on my eyes. After the trial when I was handed out my sentence then I was no longer in isolation detention camp, I was in a general prison. There were not so many people, it was in the colony. There were not so many inmates and there were no aid there too, not social aid, no medical aid, nothing at all. No psychological aid, which is quite common in such places of detention.

We were very afraid of getting the sentence as being HIV positive because then they were isolated and that was so life there was wonderful. There were just some huts where they couldn't get out into the fresh air.

People were afraid to supply them with water and I've seen how people got the way of bars of their doors, the bars were opened and through the bars, somehow they put their food. And people were afraid to somehow to have any contact even by air, through those open doors. It was just terrible it was like feeding animals.

I didn't have difficulties to if like I wanted drugs in that colony. I don't think there was any control. Probably

truth the administration but they sort of turned a blind eye. They couldn't stop the inflow of narcotics into the detention colony. And of course there were most infections that were there because we didn't have any sterile instruments within the [inaudible]. Syringes and the way it was 20 or 30 people sharing one syringe.

The colony administration just tried to curb that something and they tried to concentrate the HIV infected in one place in the colony, but that wasn't possible because infection went from one house to the other because people are migrating within this penitentiary system. They are being brought from one camp to another and that was then, mid-90's.

No, no in the whole world the question is raising an awareness is rising to get the access to medical care and whatever, all the prisons. But then rarely then, not many are receiving [inaudible] nowadays.

It's better there, there is not really a discrimination against people living with HIV in detention centers. There's not such a stigmatization but the medical help or health care has not changed. The absence, rather of medical health care has not changed in the detainment centers. And there's nothing like separating. People are stopping this injection.

People who live with HIV have to prove to administration that they are also being on therapy, because the camps have no system of their own to give some therapy to those

people and that's why we don't have any data outside about how many people are infected.

And that's why people get resistance, and many people die without ever having seen any therapy. Many people are dying at home. There are many people who are deadly sick are not treated they are just thrown out of the camps and just go home to die.

But of course in our civil servants aren't really sure who is responsible for what. Who is being responsible for diagnosis or anything else. But of course it's not because they want to get health care clause, the medical services to the detainee's but since I'm in the public, the national public I want to tell you that the epidemic of the HIV infections is worsening from day to day in Russia.

And it's all over Russia, all across the board in the country. And we're really ask you to turn to the Russian Parliament, to the Russian government and ask them to supply us with all the medical help they can [applause]. Thank you.

JOANNE CSETE: I'm going to ask our three remaining panelists to give brief statements, I think from their seats would be just as easy, if that's okay with you. And I'd like for them to address a couple of questions briefly.

What are the main barriers to progress on HIV and Hepatitis C in prisons that you've encountered in your work? How have you tried to overcome them or the institution that

you're with? What do you think is really needed now? What's most urgently needed, especially between now and say a year from now?

I would like to start with Anya Sarang, who is a hero for many of us and I think probably needed no introduction even before her remarkable plenary speech this morning.

Since 1998 Anya has been working, has been a real leader in harm reduction activities in Russia, through her training, her networking, her advising, her research. She's been involved with harm reduction activities in Eastern Europe and Central Asia across the region as a member and expert of the Eurasian Harm Reduction Network.

She has, again been part of quite a number of important research studies. She's looked at the impact of police actions on rights of people who use drugs. She's looked at a number of questions central to the management of drug use.

She's now the president of Andrey Rylkov Foundation for Health and Social Justice in Moscow that is, which advocates for access to health services and protection of human rights for people who use drugs. It's an honor to have Anya with us.

ANYA SARANG: [Applause] thank you very much Joanne and thank you everyone for coming to this session. I actually prepared the presentation but I'm not going to do the slides. It's okay because a lot of what is repeating what Alec have

said, but maybe with some figures on Russia. I'm very happy that, oh, sorry.

I am very happy that at this conference we can address the root of the problem that we are having in [inaudible], especially in Russia and the Ukraine and in the countries of former Soviet Union as well as many other countries in the world.

The actual root of this really public health and human rights crisis that is going on in our prisons is over-criminalization of issues related to drugs. Today this conference we will discuss the issue of the current drug wars. Here in Vienna, in Europe near to Eastern Europe, and I think, our region is very clear in the demonstration of what is happening when human rights are neglected. The new public health matters and the issue is dealt by the criminal justice in a very severe way.

Unfortunately today in Russia, I couldn't say we have very bad law of all. Of course the laws can be bad including in the drug wars, but drug uses is not a criminal offence so I am not going for decriminalizing drug use because drug use is not criminal. The possession of even small amounts of drugs for personal use is still criminal and people go to prison for many years.

Another thing is the practices of courts, which is also a real problem because in theory, if courts were more educated

and judges are more educated and more focused on humane approaches and on the problem of HIV and health issues in prisons, maybe it would be possible for them to criminalize less and to imprison less people compared to what is happening now. Because I think almost every drug case ends up with imprisonment.

Also, one very important issue is of course the issue of health in prisons and Eric I think with his speeches, he demonstrated very clearly what's going on there. In Russian prisons, and I know in some countries of our region this situation is different, and we have heard the example of Spain, quite outstanding. That it is possible to do prevention in prisons.

It is possible to do treatment in prisons. It is possible to care of people's health when they are in prisons. Unfortunately in my country it is not like that. We don't have any HIV prevention. We have drugs in prison and it is possible to get drugs in any colony [misspelled?]. We don't have HIV prevention. People don't have access to syringes or substitution treatment. Nor do they have it outside of prison system.

Of course, the main barrier is the political world. It is just the desire of the government to neglect the program, to look at the issue of drug use from the criminal justice point of view not to provide alternatives to incarceration, not to

provide treatment such as treatment for substitution medications, such as methadone or bupromorphine [misspelled?].

Until this political resistance will exist in our country, it will not be possible to do anything. I mean, for the past 10 years or how many 15 years, all the nongovernment organizations and activists and everyone who works in the country and international organization here like [inaudible] were coming to Russia and trying to provide the best evidence to Russian officials and tell them, okay, you can do it, you can stop this crisis. It is just total neglect of this situation and also of the group experience of other countries.

I think until there is no political will, we'll not be able to do anything with the means of the small nongovernmental organization and even our strong international partners. Thank you. [applause]

JOANNE CSETE: I am happy to introduce to my left Rick Lins who has been now the deputy director and I can say as of a few days ago, the new incoming executive director of the International Harm Reduction Association in London. Yes indeed. [applause]

Rick has been working on HIV/AIDS and prison and harm reduction policy advocacy since the early 1990s and any of you who read or follow scholarly work about the human rights of prisoners with respect to health will know Rick's ground breaking writings.

He is a member of the technical advisory group to the global commission on HIV and the law which has been recently formed. He is a core member of the reference group of the United Nations on HIV and injecting drug use.

Before he came to IHRA in 2007, Rick was working at a senior level in NGOs in Canada and Ireland. Congratulations Rick. It is great to have you here. You got the questions that you're addressing. Main barriers, what you need to overcome them, what you are doing yourself.

RICK LINS: Thanks very much Joanne and thanks to everyone who's spoken and thanks also to Ralph Urgan [misspelled?] who did so much work to put this session together.

I actually came into HIV work out of a background in prisoner's rights work before that and that's what initially drew me into HIV and even into harm reduction work was a commitment to prisoner's rights work.

I think the link for me has always been very clear to the affect that HIV within prisons is an important issue for prisoner's rights and prison reform, specifically because issues around HIV and poor prison conditions, in particular, affect all prisoners, all people living in prison, but they affect people living with HIV in prison that much more severely.

Whether we are talking about overcrowding or poor prison conditions or violence or poor medical care or excessive sentencing or lack of access to family and friends, opportunistic infections, these affect all people in prison, but for people with weakened immune systems, they are obviously much, much more dangerous and become a much, much more immediate threat.

It is also recognizing that within this sort of historical context where much progress on prisoner's rights and prison reform, going back 300 years, has been using issues around public health. Man's fear of infection, fear of epidemics, as a wedge issue to try to push for broader prison reform issues.

I think for me that is still very much the case and when we talk about barriers, to me in terms of pushing for expanded harm reduction in prisons, HIV prevention in prisons, I think one of the issues that is really lacking, to me, in the things that is lacking is that issue of movement. There has been a real disconnect.

Certainly when I started doing prison and harm reduction work, we didn't have sort of a glowing examples that we seen from our colleagues in Spain and Moldova and some other countries. We have seen really effective comprehensive harm reduction programs put in place.

So for many years those of us who were working on HIV and prison issues were very much focused on technical aspects of how would these programs work. Could we actually make them work in prisons, could they be safe, could they be effective? Those are important questions to ask and that was important work to be done.

We do have a small number of really stunning examples of where those commitments by governments have really taken fruit and blossomed within approaches to health in prisons. I think at this point in time, I think very much, I feel that maybe we've almost got bogged down in the technical aspects. That we tend to talk a bit too much about the how and we've lost the bit about the why.

Why are we doing this? When we get away from the why, we sort of lose the matters of urgency in terms of the public health crisis in very many countries related to HIV and hepatitis C in prisons. We've lost the why in terms of protecting the fundamental rights of people who are detained and people who are incarcerated.

I think at a really basic level, for me, I think we have very, very good examples now of effective programs. We know that harm reduction programs can and are being implemented in prisons, whether that is prison needle exchange, needle and syringe programs, whether that opium substitution treatments,

whether that is voluntary counseling and testing, whether that is access to antiretrovirals.

At the same time, the sort of drive to expand these programs seems to have stalled in most places. Countries that have implemented those programs, in most cases I think, don't feel a need to scale them up.

So even in countries that at one point in time had been leading in implementing some of these programs, we don't see those programs expanding. They're still servicing a small number of prisoners in a small number of institutions. There's issues of relationships between access of young people to those services, access of women prisoners, and incarcerated women to those services.

We don't see those expansions. More significantly is the vast number of countries who haven't done anything at all. For whatever reasons, don't see the urgency, as Anya and Albert pointed out very well.

The sort of urgency that we do see in very many countries around the world and though we have this wonderful presentations from Spain, and I really admire Spain and certainly when we talk about models of best practice we often refer to Spain with good reason.

We have to recognize that Spain is a very, very much the minority in the world in terms of governments that have taken their responsibilities to fight the HIV and hepatitis C

in prison seriously, and to meet their commitments around the right of people who are detained. So while that is a glowing example, it is, unfortunately, only an example and it is very, very far from the norm internationally.

For myself, just to conclude in terms of what's needed, I think taking some of those technical issues that we know are effective in their implementation and putting, I think, the movement and urgency back into implementing those. I have always said as AIDS activists we have to be prisoner's rights activist and if we are prisoner's rights activists we have to be AIDS activists.

We have to be very, very interconnected, and as Anya pointed out, the prison is only one aspect of the criminal justice system. People who wind up in prisons don't just arrive there. They arrive there through frameworks of laws that criminalize certain people, certain communities, and certain behaviors.

They arrive through justice systems which were stacked against some communities and some people more than others communities. Once people are in prison, their lives are affected differently by virtue of many things including their gender, their HIV status, their age, their sexual orientation, their gender identity, their ethnicity.

I think those are the things we need to incorporate and take a very holistic view of how we look at prisons and HIV,

and start to advocate for the implementation of these programs, and also the decarceration of people who use drugs. Thank you.

JOANNE CSETE: Thank you. [applause] We are privileged to have with us today Mr. Christian Kroll who is the UN ODC office on drugs and crime global coordinator on HIV/AIDS having founded the HIV/AIDS unit of UN ODC in 2004. His unit is one of the biggest in UN ODC now.

He has more than 150 staff in 51 countries. Mr. Kroll joined the UN in 1991, but he was working even before than on drug use; he has been for more than 25 years. He worked quite a lot in Southeast Asia between 1999 and 2002. He was a consultant to the UN AIDS secretariat to IOLT, to UNICEF and to UN ODC in a number of countries. He also was previously the senior advisor to the UN AIDS office in Vienna. Thank you so much for being here.

Speaking from the part of the United Nations system that deals with most with this issue of HIV and HCV in prison, we look forward to your remarks.

CHRISTIAN KROLL: When you look at the presentation from Spain don't think that this is an average country, because something very exceptional and very outstanding. It does not reflect something of the global reality. It is so exceptional that we shouldn't show this here actually, because it is so good. It is really good.

When you look at prisons from a global perspective then there are appalling conditions. The marked problem only of Central Asia or Russia, it is in Africa and Southeast Asia, South Asia, everywhere in the world.

Please when you talk about prison, don't think that people who are sitting in what we call prisons, that they are there because they had a trial given and they saw a judge. Many, maybe even most, we need to ask our epidemiologists are people who are pre-trial detention. They have never seen a judge. In some African countries, people are sitting for six, seven, eight years in prisons and then their file got lost and so nobody knows what to do with them.

We are asking concrete questions that we could do very quickly and very superficially answer. What are the main barriers?

The main barriers is the denial, from my point of view. Denial in a way to admit that you have sex in prisons, that you have sex between men in prisons. You cannot sell it to your public if you are elected. You cannot sell to your public that in my prison, in my country, people have sex. There are drugs in prison.

How can I tell my public if I am a politician that I let drugs come in? How can I admit to the public that I am not doing a good job? In order to keep things away, I simply say

we have no problem in prisons. This happens all over the world.

Sex and drugs are not the only problems in prisons. We have tattooing. We have rape, if you have a young man coming into a prison, a good looking man, I tell you he will be raped in no time. You have tattooing, did I say this already, and you have many, many other behaviors. Then, of course, you have overcrowding and so on.

What I have done, well [inaudible] you have established three teams, working on prison rights, HIV team which is indeed the largest one. We have the criminal justice team who are looking at prisons more from the structural point of view, overcrowding, criminal justice and these kinds of things and we have the people working drug dependence. We have people who are looking particularly at the issue of treatment of drug dependence. That's what we have done.

What is needed now? It's obvious what is needed now. There needs to be a huge, huge push globally to address prisons here globally. Prison was in the UN AIDS family traditionally and neglected area. Nobody liked to work with this. It is also very difficult because if you are going to a country, I don't know what country I should choice, you have a problem in your prison, let me get into your prison, most governments say no you can't. It is internal.

That I must say also, that looking at this huge room and looking also at previous conferences, there is a momentum. I mean, you are sitting here and that is a good sign because I know that 10 years ago we wouldn't have been able to get a room filled. I am happy that you are here and I hope that there is a way I can motivate you. How we all can motivate you, to go back and address the issue of prison.

Your last question, what do you do next year? You know not only continue but intensify, from the UN ODC side and the UN AIDS side, the issue of prisons. I hear my friends and my colleagues calling for zero new infections. I think to have zero new infections in prison is really not a dream, a pipedream of Micheal's sitting there on my side, this is a reality.

What I suggest to you here, and maybe I am going a step further too far, take one prison, at least, and make sure that this prison is reformed to standards so that there are no infections. That's completely possible. You have the excellent example from Spain and there are other examples.

We at the UN ODC will work on that, starting next year, and maybe in 2015 when my colleagues have to be report of the millennium development, because I am retired already, maybe we can show it's possible to really no infections in prisons. Thank you.

JOANNE CSETE: You are welcome. [applause] I want to encourage the panelists to talk to each other but maybe I could start things off a little bit. Christina Kroll, what about the Russia case? How do you deal with what are such entrenched resistances on the part of, in the political structure, in society. Where do we begin? How do we begin to see progress there?

CHRISTIAN KROLL: I think that the colleagues in Russia have begun already and they are working on that for a long time. From my point of view, in Russia, there needs to continue this pressure from advocates, from advocacy pressure. That needs to continue and people need to speak out, and we need to collect data if possible, and to put the pressure that needs to continue there.

Immediately, or in parallel, there needs to be an offer of constructive collaboration. We can have here, we can assist you, if you wish to improve prison conditions. There are people working in AIDS foundation, it's not all the Russians working on that, even all people here, don't know if they are working there.

It is a large projects so there is an opportunity in Russia. We have to continue, and maybe I have to speak closer to my future executive director, who might also have some dealing and some influence in Russian prisons. It is of course

true what Anya and Alex said, it is an issue of that policy then. There are people in prison who do not belong in prison.

JOANNE CSETE: Eric, would you care to respond or say anything? Anya, anyone? Okay, well your microphone is there.

ANYA SARANG: Yes, we all have to pretend there is some optimism for Russia and we would like to do it otherwise we wouldn't be able to survive. That is an old joke. Thank you greatly for keeping this optimism.

Yes, I think, it is really difficult situation and any organization that works in Russia, you can understand this level of desperation we have with our own government. With the law structures, with the ministry of health, with any kind of officials, they just neglect the problem and that situation gets worse and worse every year.

At least five years ago we had some hopes that the government would support new syringe programs, at least outside the prisons. Today we have the statement from the Minister of Health that their ministry will not support it and there is no doubt that nothing will happen in prisons in the near future.

As Alex said, now we are at least two year ago we had hope that the people in prisons could get antiretroviral treatment. Today, we have the situation that the minister of health stopped providing any funding to antiretroviral treatment in prisons.

The ministry of justice medical funding is so low that they can barely treat disabled people in prisons. Antiretroviral treatments, now we have reports every week from prisons from Russia, that the drugs are not provided; that they are interrupted.

Before we had the hope that we can apply to the global fund to get funding to get the money to at least support this people on treatment. Now there is no hope for Russia. If we don't get funding from the global fund and Russia is not eligible for the global funding.

Unfortunately, we would all like to be optimistic and like Bill Clinton said, there is some physics, laws, that there is more positive sides in every atom of our life. Unfortunately, in Russia the situation is not so optimistic for us.

We will keep working anyway, but we need like really strong help, really strong help. You know that it is not coming from the UN organizations because Russia doesn't care about human organizations anymore. This help should come from the governments of the GE countries and it should be really strong pressure.

JOANNE CSETE: Right [applause] Thank you Anya. At the other session yesterday at the conference on pretrial detention, our friend, Detrick Romans [misspelled?] on human

rights shared with us the Dutch expression, mopping while the tap is running.

All of you mentioned overuse of pretrial detention, too much incarceration of various kinds. Rick from your point of view maybe you talked about bringing back movement to these issues; bringing a social movement around these crucial problems. Do we see some attention to pretrial detention and it's over application? Do we being to see reform in some places that might be an example?

RICK LINS: I think, in terms of prisoner's right around the world, there is always ebbs and flows in various countries related to, on some cases, it can be crises within prison systems and riots, in some cases it can be prisoners organizing themselves, in some cases it can be legal challenges, in some cases, like we are seeing now in the United States, it can just be economics. There are so many people in prison in California that we have to start letting them out because we can't afford it.

I think that one of the big challenges is doing creative prison reform in any national setting is actually understanding what some of the levers are in any particular— It is going to be different for different countries and political environments, and different historical circumstances in any country.

Certainly, as I have said, public health generally does provide one of those mechanisms. If only for the fairly selfish reason, not that I think that people really care about the health of prisoners, but I think people are more likely to care about the health of the population when people get out of prison. That is where you hear this sort of horrible characterizations of prison as vectors for disease and I think those are really disgusting sorts of images.

At the same time, we understand that any sort of closed confined quarters like that, often in many countries in the world, both high income and low income countries, you have really horrible overcrowded prison conditions, both in pretrial, particularly in pretrial, and remand centers.

Under those circumstances, all kinds of diseases are more likely to be spread from one person to another. We heard some of the descriptions of syringe sharing in Russian prisons and those are very common stories that I am sure we have all heard in countries that we have worked in or countries that we have visited.

I think that public health continues to offer one of those real mechanisms to push for prison reform, and indeed drug policy reform more generally. HIV is only one of those health related harms. We can use hepatitis C as another, tuberculosis is another, and sexually transmitted infections are another.

There is any number of reason why we can push on these certain types of very measureable, very preventable, very treatable, in the more part, public health concerns, to which rates of incarceration, overcrowded incarceration, and criminal justice systems and criminal justice structure and streamlined global populations such as people who use drugs or poor people that are marginalized or criminalized populations into prison just make those situations worse.

I think public health does provide a useful mechanism for that, and importantly, in terms of movement building, a way to reach outside and I think that is one of the strengths that we have seen historically in the AIDS movement.

Its ability to reach outside of not just lesbian and gay community or the black community or the prisoner's rights movement or young people or women, or bringing in researchers, bringing in physicians, bringing in policy makers, bringing in activists from different communities.

I think it does provide one of those issues that has the opportunity to bring people together from various perspectives and various commitments.

Of course, the problem is that requires work and it requires resources in often overstretched activist and advocacy circles; that required decision making.

JOANNE CSETE: Thanks, let me invite you, again there are four microphones, I believe in the center aisle, some

people are starting already to line up. We will try to get as many questions in as we can. May I ask you please to introduce yourselves and I am very sorry about the competing sound in the next room over, so please speak up. Yes, microphone number 1.

SALVADOR SANTIAGO: My name is Salvador Santiago [misspelled?] from Puerto Rico. I was wondering if congress will help. One day if we can use a web to publicize this case of these politicians come to our countries. Get them for crimes against humanity.

Create that pressure against them. For example, Obama coming could be good because he still has Guantanamo Bay in Cuba, that is a horrible prison there, everybody knows about it and already we can create a movement thought the web. Any time a politician comes to our countries, if we know that information, we can picket them for crimes against humanity and probably create a new pressure from grassroots people. Could you comment son that please?

JOANNE CSETE: Anya, can you help us with that?

ANYA SARANG: Are you volunteering to be the—?

JOANNE CSETE: Maybe you can exchange notes. Quite a strategy, an excellent strategy. Microphone number 2.

TIM HAMMIT: Tim Hammit [misspelled?] from Healthy Associates, Health Policy Vietnam. I was actually struck by what Christian Kroll was saying that administrators and leaders of prison systems are saying that, are refusing to admit, that

sex and drug use occur in prisons because that indicates that they don't have control over their facilities.

I worked on one of the very first studies of AIDS in prisons in the United States in 1985, and I remember the commissioner of the New York State Department of Correctional Services saying exactly the same thing. In 1985, we don't have any sex and we don't have any drugs in our prisons in New York. We actually had sessions at this conference on prisons since 1992, I think.

This issue is a very persistent one. I don't know the answer to this. Whether evidence can work, or activism can work, or the argument that people are going to come out from prison and infect people in the community can work, or some combination of all of these things can work.

So far nothing has worked to induce most correctional leaders, and obviously there are exceptions in parts of the world, where there are very good programs. By and large, nothing has worked to make leaders of prison systems acknowledge that these things are happening and that they need an effective response.

I wonder if there are any new bright ideas. I don't know that I have any but if there are any new bright ideas about how we can make this change happen because without making this change will happen the policy changes that are needed to address this issue in prisons are not going to happen either.

JOANNE CSETE: I certainly commend to you Ted's work on prison in the U.S. if you are not familiar with Ted Emmets work, please look it up. Christian would you like to respond.

CHRISTIAN KROLL: It is true that we are talking about this since 20 years and it is really answer for me, not very pleasant for me to see almost the same form but there are developments and there are opportunities and things that we can do.

The previous speaker said, okay we need somebody; we need a kind of web site. What I think is that for prisoners who have no network of prisoners and ex-prisoners who don't have the constituency which those of and makes really noise. Our experience is when people are discharged from prison, they still feel ashamed and they are not going on the street, not making noise, that seems to evaporate.

If they make attempt, there is an attempt only a very few, only one or two and moments can neglect them. This is very different, for example, from the gay movement. When you look at gay health initiative in the 80's, they went on the street and they made really noise and they really attacked Ronald Regan and so on. You don't have the fear.

The second point, you have stuff in prison and the stuff in prison is also in danger to get infected. I don't need to tell you that so what you could do, it is also the prison stuff come into associations and discuss their rights. The

third thing, and I think that is very promising, you can also connect their various prison, and let in America and also in South Africa, they are establishing prisoners networks.

If I cannot speak in my prison about sodomy, maybe somebody else can do that and they can speak on my behalf and we can support each other. These are three things which I think are very, very practical but they are just now off the cuff and there are many many other ways to do it.

JOANNE CSETE: I look forward to seeing you at the DC fundint. We won't look forward, we will enjoy it now. [interposing]

Anyone else from the panel wants to comment on that? Diana, please.

DIANA REILY: My name is Diana Reily [misspelled?]. I am from Canada and like Rick Lins and Ralph Gergins, I have been working in prison reform since the 1980s. I have been told since then, yes, we will get pilot syringe exchange in prisons one day. We even got to the point where we've had staff from prisons in Europe come over to talk to our prisons and it is still being dismissed as we can't do it here. A brief comment and then a suggestion.

I would also work in prisons and a couple of years ago had the experience of having to counsel a number of women who had been shackled to another women who had died because she'd had her medication removed, as all women do on entering prison.

This part of the war on drugs mentality, which means that medication that is needed for general medical reasons is removed, as well as other medications.

So this is the extent of the problem in Canada, as well as the ones who just talked about. I would make a couple of suggestions. Most people wouldn't realize that Canada is the way that it is. I think we need to name and shame. I think it would be a very good idea to form an active working global group where we pull together what we know is good practice, get a prisoners network going.

Many of us have informal networks, myself with John Howard and Eve Frey for example, we could help with this. I think all of these thing, I think the only way to do this is to give the power back to people and we also I think have to take the prisons to court. Thank you. [applause]

JOANNE CSETE: Thank you. I tell you what, we have quite a number of people lined up so we will go ahead. At microphone two, the next person.

CLYDE ASHBY: Clyde Ashby [misspelled?] of Ghana AIDS Commission.

JOANNE CSETE: Reintroduce yourself please, I think it is on now. It's okay.

CLYDE ASHBY: Clyde Ashby of Ghana AIDS Commission. Previously in Lusuto, we had started a national HIV program working in prisons. The interesting thing was that from the

prison authority's and the government the response was extremely positive.

The issue we found was a complete lack of interest from the major donors in focusing on prison work; their apathetic interest from the international focus unit. You hear so much publicity about work place programs, you hear growing attention to uniform services, etc, it still confuses me why with donors and with major international unit somehow working in prison is not in the lime light.

I don't know whether you may have some explanation, because from my experience in trying to get this program going, the issue was not with the prison authorities, the issue was in sorting the donor funding and also getting that particular international unit to wake up and see that this is a major opportunity to make a difference.

JOANNE CSETE: Microphone one. We will take a few and then we can respond. Thank you for your patience.

RICAR LA VA: My name is Ricar La Va [misspelled?] and I represent AIDS foundation East/West Moscow office and my question, which is pretty much a remark rather than a question, is very much in line with what the previous participant was asking.

I rather wanted to express appreciation for one of the donors who have been supporting our work in prisons through the previous years, that including but not limited to DC as well.

It has been always, not only in terms of funding but also in terms of technical support and guidance.

The only think I have to say right now as soon as the funding is going to be over in like in three months, I guess, is the only thing I have to saw so is to express my hope, and I am pretty sure the hope of all of the colleague of mine, is that the support will continue somehow in the future.

JOANNE CSETE: Thank you very much. Microphone two.

MEGAN MACNAMORO: Hi my name is Megan MacNamoro [misspelled?] of Human Rights Watch. I focus on health and human rights in U.S. prisons mainly. My comment is that, in my experience with my too many years in prisons, prison official really listen only to other prison officials.

Two, they really have what they want to hear is about security interest. Many of these programs, as we know, the ones that are working, either have no negative effect on security or actually enhance security.

I think we need, I am just going to throw this out as a brainstorming suggestion, we need to start thinking about how we connect the officials from the programs that are working directly to interested prison officials around the world, because there are some and we need to get these people together and we need to emphasize how it is in their interest both financially and from the security standpoint to implement these programs.

I can talk about this forever and Ted Hammick can talk about this forever, but I think that the direct dialog with prison officials from Spain and Puerto Rico and from Canada, and places like that, I think that is where we need to go in terms of advocacy.

JOANNE CSETE: Thank you very much. Microphone three. Is that you Kevin?

KEVIN OSBORNE: Hi, my name is Kevin Osborne [misspelled?]. I am from the International Planned Parenting Federation and I have two questions. Increasingly a number of the international affiliates in country are providing a sexual reproductive health, including HIV services in prisons and I was just thinking as all the participants were speaking about prison reform, whether part of this solution could be the creation or the use of different kinds of partnerships.

I am just thinking that if this has been happening since 1992, and we haven't make as many inroads, is there a way that different kinds of partnerships could help drive the message around both HIV and prison reform. I wanted to see if there were any pearls of wisdom.

The second one is perhaps my ignorance speaking, because is it possible or has it been tried that, for example, through the global fund if there is increasingly not being access through CCMs to do prison reform work or HIV work in prisons, in terms of doing a multi country or a regional

application to the global fund to provide the evidence for different kinds of prisons. It is a question.

JOANNE CSETE: Thank you very much. We are going to take the last two questions and then I will give people a chance to respond. A lot of these are just really to spark ideas and they are doing a good job of it. Thank you very much. Microphone one.

MALE SPEAKER: [Speaking in Czechoslovakian] Oh sorry I was on the Russian channel, I am terribly sorry. I want to say everything that was said here especially the man who spoke out of his own experience I have been a drug user since 12 years and for the first thing what he needs that is to get out of and I want to help others and like tell you today in Russia officially there's 1 million people incarcerated and the data and this whole Russia committee has 50,000 is only the registered people who are go in prison.

Again so it wouldn't be bad to have some prevention but alone we can't do it. We think it is already very good that all our activists, whoever you call them, that we have to work with them, but we don't have any funding in the near future. There are so many funds.

There is so much experience, we need to pull this experience, we can point to very positive matters but if Russia could at last somehow acquire European standards and at the

first measures since that. How to say and to make sure what Russia is doing with the words, that would be great. Thank you.

JOANNE CSETE: Thank you for that comment and testimony. Yes, microphone two, finally.

ELANA GONACHUCK: My name is Elana Gonachuck [misspelled?]. I am actually going to make this comment just as an independent film maker. I recently finished making a documentary in a South African prison where I followed perpetrators of sexual violence going through rehabilitation.

Through this process, I would just like to tell the story of one youth inmate that I interviewed. When he was 13-years-old he was put in prison for stealing a radio out of a car in South Africa. He was thrown in with much more hardened criminals and he experienced prison rape.

He was recounting this story to me now 17-years-old, still in prison and he was telling me that now he is a perpetrator of rape. This is only one of dozens and dozens of testimonies I heard where youth come to prison for some kind of insignificant crime and end up getting raped and they are sort of forced, just for survival, to go along with this ritualized male rape and the gang systems in prison.

I wanted to know what can we do to get countries to adhere to the human right treaties that they have signed onto to stop this and in the context of a place like South Africa

where there is such a HIV prevalence. There is tremendous implications for HIV.

Also what can we do to put in place a scale of intervention because prison rape is something that happens everywhere and there are not programs to help survivors of prison rape deal with it. This also become a security issue because men often times in their rape don't know how to deal with it and then they come out of prison and then they take that out on women and children as well.

JOANNE CSETE: Thank you. Of course I have friends at the AIDS world project have actually litigated on access to health services including antiretroviral treatment in prisoners in South Africa, but there is much more that needs to be done.

We unfortunately have only a few minutes left and I want to give the panel an chance to respond to anything we have heard. Perhaps the question of donor apathy, perhaps the question about reproductive health services that Kevin Osborne raised? Would anyone like to make a last brief statement? Christian.

CHRISTIAN KROLL: This donor apathy there is no such thing, this is not true. There are bilateral donors who are providing significant amounts of money – Sweden, Norway, the Netherlands, the U.S. Also the global fund provides money for HIV and also for tuberculosis in prison, but you have to go the long way and get this money.

The argument with bilateral donors though is prison is so much country specific that we can kick off something, we can start something, and it needs to be taken over by the country itself. In some countries will experience donors say we don't go there anymore. You cannot rely on external donors if you want to reform your prisons. It has to happen in the country itself.

JOANNE CSETE: Thank you. Anyone else? Yes.

Rick Lins: To follow up on that I think the resources is a vicious cycle in the sense that we can say that the donors aren't going to be willing to give to job reduction programs in prison but they are certainly not going to be willing to give to governments that aren't willing to implement those programs.'

So unless the governments themselves are actually willing to implement the policy and program changes to implement prison needle and syringe programs, or OST in prisons or ARV access, the donor isn't going to give a government funding for that or in the case of the global fund if the government itself doesn't ask us for money for prison harm reduction projects, it's not going to be forth coming.

So that is sort a what Ted was saying that some of the other issues how do you generally generate demand for this coming from a government level or from the level of the prison services to lobby the government.

Just finally in terms of Kevin's point around building other partnerships, I think that is very true and sort of my comments about the need to reinvigorate movement. A woman who I admire very much, this woman named Vivian Stern who is one of the leading prisoners right activists in the UK has done a lot of work around the world.

I have heard her speak, she says one the biggest things we need to do for prison reform is to get more people in prison out and more people outside of prisons actually in to see what is actually going on. The combination of decarceration while at the same time increasing community input and community collaboration and community monitoring of prisons.

JOANNE CSETE: I know the days are long, this room is very warm, I really thank you all for sticking it out with us. I want to thank again Senora Mercedes Illamas for her inspiring example. I hope that Spain isn't so unusual that we can't aspire in that direction. And to thank also the wonderful panelists who are on the stage with me. Thank you, all. [applause]

[END RECORDING]