

# Prison Healthcare News

Newsletter of the project to promote better prison and public health in Eastern Europe and Central Asia

## Editorial

IN this second edition of *Prison Healthcare News* we are focussing particularly on HIV/AIDS in prison systems. The rapid spread of HIV infection in Eastern Europe and Central Asia has had a serious impact on the penitentiary systems and medical staff are facing great difficulties in dealing with it. Some authorities see the spread of HIV as a bigger challenge than that posed by the TB epidemic.

In this issue we also bring reports from round the world and an interview with Dr Gunchenko, head of the penitentiary medical services in Ukraine. Some of the responses we have received to the first issue appear on page 8. We hope our readers will continue to react to the newsletter and send us interesting material for inclusion.

*Vivien Stern, Editor*

*Anton Shelupanov, Assistant Editor*

## COUNCIL OF BALTIC SEA STATES:

prison health a priority for heads of government

*The fourth Baltic Sea States summit has named prison healthcare a priority issue. The summit was attended by the heads of state of all 11 Baltic Sea States, including President Putin of Russia. All the heads of government agreed that increases in communicable diseases were a threat to human*

*security and welfare in the Baltic Sea Region.*

The heads of government reaffirmed their commitment to five fields of action. One of these was prison health and it was agreed that:

*“Overcrowded prisons with infected inmates and with poor hygiene and sanitation are a*

*dominant threat in the field of communicable diseases in the region. Prison health must be a priority”.*

Another field of action was HIV. The statement was issued on 10 June 2002. It is available in full on the Council’s Website at <http://www.baltinfo.org/>

## One in three Russians with TB is in prison

One in three sufferers of the active form of TB is in custody, Russian Justice Minister Yuri Chaika said on 16 July to a meeting with foreign reporters. There are 950,000 people in pre-trial detention, labour colonies and prisons, of whom nearly 460,000 have some kind of illness.

He told the meeting that the mortality rate for the active form of tuberculosis has been

brought down in prisons to the national average for Russia. The overall TB rate in prisons has been reduced by 15 per cent, he said. “But this remains an acute problem and we intend to continue tackling it in collaboration with international organisations such as the Red Cross and Council of Europe”.

Source: ITAR-TASS correspondent Aleksandr Shashkov 16 July 02

## Prison/Public Health Seminar held in London

Nine countries from Eastern Europe and Central Asia were represented at the Project’s first seminar in London on 23-24 April. Models of ways of linking prison and public health were presented and the problems in making such links were discussed.

For seminar highlights see page 6

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**International Centre for  
Prison Studies**



# The PHN Interview

**Assistant Editor Anton Shelupanov interviewed Dr Olexander Gunchenko, head of the healthcare department of the penitentiary system of the Ukraine, during his visit to London in April**

**1. Please tell us a bit about yourself: how long have you worked in this system?**

I completed my studies at the Kiev Medical Institute in 1974 and worked as a surgeon. In 1986 I became the head of a hospital for convicted prisoners in the Kiev region. Since 1990 I've been the deputy head of the healthcare department of the penitentiary system in the Ministry of Interior where I was in charge of medical affairs. I became the head of the department in 1999.

**2. What are the biggest challenges facing the Ukrainian penal system today?**

Certainly the overcrowding, although the situation has been improving since the new penal code came into force. The fact that we are undergoing TB and HIV epidemics. There is also a serious personnel problem. And the fact that we are now in the process of re-organising the system.

**3. What is being done to address these challenges?**

Firstly, for the last four years we have been a self-standing organisation. We are an executive body which reports directly to the Council of Ministers. The way our system is financed is beginning to stabilise. There are now preventative programmes in place to deal with HIV and AIDS as well as national and departmental TB programmes. We are now getting more money to work with TB patients and we have been able to improve their diet. TB numbers are stabilising too, although it's still a major problem since we are detecting TB in more and more people coming into our system from society.

**4. What poses the most difficulty for you?**

Probably, to quote my colleague, not being allowed to work without being disturbed so much (*laughs*). One is often forced to defend medical decisions to persons who take political decisions and have no medical background. This means that one has to prove to them the necessity of certain medical activities which lengthens the period of time between an idea occurring and it being implemented.

**5. And what is the most pleasant aspect?**

The fact that once a decision is made, it is implemented promptly.

**6. In Ukraine, some very progressive steps have been taken to counter the spread of HIV and AIDS in prison. Have you been able to take your successes and innovations forward?**

Unfortunately all activities which we undertake are subject to financial constraints. There are more immediate problems – feeding the prisoners, basic healthcare, the TB epidemic. The HIV problem has become secondary. Of course we realise that it's still a very serious concern which needs careful attention, especially if the patients have both TB and HIV.

**7. How strong are the links between prison and public healthcare? Would you like to see those links improved?**

I think these links are getting stronger. For the last four years, especially since we started our work on HIV prevention, we had good contacts with the Dangerous Diseases section of the Ministry of Health. Now, with the President identifying dangerous diseases as a priority area, we are working very closely with that department on issues of prevention, treatment and gradual integration of the penitentiary medical service into the structure of state healthcare.

**8. When a prisoner with an infectious disease leaves prison, how does the system ensure that public health bodies receive his details in order to continue his treatment?**

At present, we have proposed a number of normative documents, which are being implemented at the centre and in the regions, requiring us to exchange information between the various agencies – if a prisoner is diagnosed in a SIZO, this information is passed on to the colony. Moreover, when a prisoner with an infectious disease is freed, his full file is sent to the local TB dispensary in the area where he will live, and in this file is included his full diagnoses, a history of his treatment (which drugs he took, in what quantities, etc), the results of his tests and any x-rays.

If the prisoner is very ill, he is escorted to a state healthcare establishment upon release.

The tendency is towards improvement, and the structures for receiving these people in society are getting better. However, one problem is the lack of discipline on the part of the out-patients – they may register and attend treatments several times, but after a while they get bored and fail to complete their treatment.

**9. Is the issue of mental illness among prisoners in your system one which concerns you? Are there adequate facilities and systems to care for them in prison and society?**

Compared to TB and HIV infection, mental illness is not of very high priority. Although one should note that of our prisoners, probably about 80 per cent are borderline between being mentally healthy and having some form of illness. We have a special psychiatric hospital within the system. There they undergo treatment for their mental illness, but the hospital also has links with other specialists, for example TB doctors, if the patients suffer from some form of physical illness too.

**10. It's very nice to see you in London at this seminar. Could you tell our readers what you have been able to take away with you from the seminar?**

It's always interesting to hear what the situation is in other countries and what work is being done in other penal systems, because we do some things well, others are good at other things. It's not just useful to be able to discuss these issues with one's colleagues, but it's good to get their perspective on one's own problems and examine them from a fresh viewpoint. This in turn gives one the opportunity to improve one's own performance.

**11. Generally speaking, do you feel that the move towards greater co-operation and integration between prison and public healthcare systems is encouraging?**

This move is necessary, but I still believe that it's important for penal healthcare systems to retain their autonomy because a prison doctor is very different from a doctor in society. So integration is important but only up to a point, since particularly in Eastern Europe I doubt that total integration is likely to improve our performance. We need independence, but we need the opportunity to be able to treat some of our patients in society.

**12. What should the next step be for this movement?**

I think the main task for us is the gathering and analysis of information for all countries in the region about what's going on in the region as a whole. We need the opportunity to study other systems and learn from each other.

## News in Brief

### Tuberculosis a threat in Egyptian prisons

The Egyptian Organisation for Human Rights has published its *11th Report on the living and health conditions in Egyptian prisons*. The report, entitled "Tuberculosis – the slow death in the prisons El Wadi El Gadeed and Damanhour", highlights several very serious concerns, including high rates of TB, the absence of medical care, bad conditions in the prison hospitals and a lack of medicines.

### Year of Health in Kazakhstan

President Nazarbayev has declared 2002 the Year of Health. He has charged his government with the task of improving public health infrastructure and giving more of the population access to healthcare. Increased funding will be made available for the health system and anti-tobacco, alcohol and drug campaigns will be mounted.

### Western Prisons overloaded with mentally ill

One in seven prisoners in Western countries suffer from depression or psychosis and may not be receiving adequate treatment because prisons are not equipped to care for them. The study, carried out by the Institute of Public Health at Cambridge University and the department of Psychiatry at the University of Oxford said that prisoners were two to four times more likely to have an anti-social disorder than the general population.

Source: Reuters, 14.2.2002

### Minnesota, USA

The *Minnesota Star Tribune* notes with concern that prisons in the US are being used to house mentally ill people instead of psychiatric hospitals. According to the report, there are five times as many mentally ill people in prison as there are in psychiatric hospitals in the USA.

### New York, USA

The care of mentally ill prisoners in New York State is being challenged in the federal court. Three groups are taking the case alleging that the state has acted 'with deliberate indifference to the serious medical needs of prisoners with mental illness...' The groups claim that nearly one quarter of the state's 67,000 prisoners suffer from psychiatric illness. Some of these prisoners are housed in disciplinary isolated confinement cells where their suffering 'is intensified' and a disproportionate number commit suicide.

Source: *Corrections Journal* Vol 5 Number 23

# FOCUS on HIV/AIDS in the prison system

## Some facts about HIV in prisons

**IN UKRAINE** since 1987 8,439 new cases of HIV have been detected in the penal system. This is roughly 19.4 per cent of the total number of new cases detected in Ukraine. On 1 April 2002 there were 1,679 prisoners registered as HIV infected. Twenty-four were suffering from AIDS. The first cases of HIV-related deaths were registered in 1996 when three people died. In 1998 there were 42 deaths and in 2001, 36. In total, since 1996, 130 people have died. Compared to 1999, detection of new cases of HIV grew by 26 per cent in the penal system compared to a five per cent increase in the whole of the Ukraine. This confirms a concentration of the more at risk groups, drug users and those who are promiscuous, in the penal system. Ninety per cent of HIV-infected prisoners have injected drugs.

Source: Dr Olexander Gunchenko, Head of the Medical Services of the Ukrainian Penitentiary System

**THE PREVALENCE OF HIV** infection in Moldovan prisons was 3.4 per cent of males and 3.8 per cent of females in 2001.

Source: Dr Dumitru Laticevschi, Director of NGO Medical Reforms in Penitenciarie, Moldova

**IN RUSSIAN PRISONS** there are 34,000 HIV-infected prisoners. Ninety-five per cent of these are intravenous drug-users. Most of these prisoners learn that they are infected once they are in prison.

Source: Dr Alexander Kononets, Head of the Medical Services of the Russian Penitentiary System

**IN THE USA** the HIV infection rate is five times higher in prisons and jails than in the population at large. At the end of 1999 there were 25,757 HIV-infected prisoners in the United States, just over two per cent of all prisoners. In 1995 there were 1,010 AIDS-related deaths, decreasing to 242 in 1999.

Source: US Department of Justice, *Bureau of Justice Statistics, HIV in Prisons and Jails*, 1999

**IN CANADA** in December 2000 Federal prisons held 217 prisoners known to be HIV-positive, 1.66 per cent of the Federal prison population of men and 4.7 per cent of the women.

Source *HIV/AIDS and Hepatitis C in Prisons; The Facts and Women Inmates and HIV/AIDS, Canadian HIV/AIDS Legal Network 2001*

## News

### Drugs, AIDS and Harm Reduction

Harm Reduction programmes try to reduce the risk of drug users becoming HIV infected. The programmes include needle and syringe exchange services for drug users, methadone treatment and health education. The Open Society Institute runs an International Harm Reduction Development Programme in Central and Eastern Europe. Activities in prisons under this programme have been carried out in Estonia, Latvia, Moldova, Poland, Russia and Ukraine. The programmes can mean that condoms, bleach and clean needles are distributed to prisoners. In Albania the group Stop Aids is working with the prison administration there to increase knowledge about AIDS and HIV amongst the prison staff and the prisoners, and providing prevention equipment where it is needed. In Kyrgyzstan the Main Department of Harm Reduction gives specialised training to prison medical staff about HIV and hepatitis and prisoners educate other prisoners about safer behaviour. In Latvia the AIDS Prevention Centre provides bleach disinfectant and condoms for prisoners, organises prisoners to educate other prisoners about risks and links the prison and the public health response. The Pskovian Anti-AIDS initiative provides access to disinfectant and condoms for prisoners in the Pskov region. Force for Change in Turkmenistan is running a similar programme in two prisons there.

Source *Drugs, AIDS and Harm Reduction*, Open Society Institute, New York, 2001

## New handbook on HIV in Prisons

Four prominent organisations active in health and prisons have worked together to produce a new handbook on *HIV in Prison: A Reader with particular relevance to the Newly Independent States*. The Handbook, funded by the Open Society Institute, will be available in English and Russian and has been recommended for distribution by the prison administration of the Ministry of Justice of Russia. The Ministry of Health of the Russian Federation has been consulted.

The handbook is designed primarily for prison medical staff and 'aims to pass on the most up-to-date knowledge and ethical standards in responding to HIV/AIDS in prison settings.' There are chapters on health and human rights in prisons, high-risk behaviours, monitoring HIV infection in prison, prevention, treatment, TB and HIV/AIDS, women in prison and HIV, protecting prison staff and prevention of sexually transmitted diseases in prison.

Source: *HIV in Prison: A Reader with particular relevance to the Newly Independent States*. Médecins Sans Frontières, Penal Reform International, AIDS Foundation East West, WHO Europe, available from WHO, Regional office for Europe.

### Extracts from the WHO guidelines on HIV infection and AIDS in prisons

- ▶ In each country, specific policies for the prevention of HIV/AIDS in prisons and for the care of HIV-infected prisoners should be defined.
- ▶ Preventive measures should also be based on risk behaviours actually occurring in prisons, notably needle-sharing among injecting drug-users and unprotected sexual intercourse.
- ▶ Prison administrations have a responsibility to define and put in place policies and practices that will create a safer environment and diminish the risk of transmission of HIV to prisoners and staff alike.
- ▶ Compulsory testing of prisoners for HIV is unethical and ineffective and should be prohibited.
- ▶ HIV-infected prisoners should have equal access to workshops and to work in kitchen, farms and other work areas, and to all programmes available to the general prison population.

### New York research

New research by the New York City Department of Health published a study in *Clinical Infectious Diseases* which demonstrates that HIV-infected patients are at a significantly greater risk than those without HIV of relapse or recurrence of tuberculosis after seemingly successful initial short-term treatment.

The study found that of the 4,571 patients who had positive cultures for drug-susceptible tuberculosis, the risk of relapse or recurrence was two per 100 person years for those infected with HIV versus 0.4 for those uninfected.

Source: *Clinical Infectious Diseases* 33, 2001.

### AIDS 'explosion' in Russia

A survey carried out by researchers at Imperial College London and commissioned by UNAIDS predicts that five per cent of the Russian population will be infected with HIV within five years. This means that four million adults will develop AIDS. The World Bank has estimated that the Russian economy will shrink by four per cent if HIV continues to spread at the current rate.

Source: BBC News 2 June 2002

### Harm Reduction in Moldova

The NGO, Medical Reforms in Penitenciare in Moldova is working with the Moldovan prison administration to carry out harm reduction programmes in Moldovan prisons. Needle exchange programmes started in 1999 in one prison and condoms and educational materials are distributed in all prisons. The NGO is working to reduce the stigma associated with HIV-infected status and as a result of their work infected prisoners are mixing more easily with other prisoners.

### Project in Latvian women's prison

The Latvian AIDS Prevention Centre has been working in Ilguciema women's prison in Latvia. Twenty-two female prisoners there were found to be infected with HIV.

A self-support group was set up to enable the women to help each other and support each other. Two groups of prisoners were also trained as health educators. The themes which were most popular were 'Drug addiction and harm reduction' and 'Delivery and Abortion'. A brochure entitled *HIV positive... What next?* was published in Russian to help Russian-speaking prisoners who comprised 56 per cent of those with HIV infection. The project was supported by Penal Reform International.

## Prison healthcare and public health: making the links

Photo highlights from the seminar held in London on 23 and 24 April 2002

*The seminar was part of the project Improving Prison Healthcare in Eastern Europe and Central Asia and was organised by the International Centre for Prison Studies. The participants came from both prison and public health services in Russia, Latvia, Ukraine, Lithuania, Kazakhstan, Moldova, Kyrgyzstan, Lithuania, Georgia and the UK. Also present were representatives from the World Bank, USAID, WHO Health in Prisons Project, the Swedish Institute of Infectious Diseases and the Open Society Institute.*



**Dr Felicity Harvey, Director of Prison Health, England and Wales**

The seminar looked at the links between prison healthcare and the public health services, at the need for a closer relationship between the two services and the problems that stood in the way.

“We heard about many inspiring changes which were introduced in difficult situations. We must use such successes as a foundation for building a better future.

From the English colleagues we heard about a unique model for



**Dr Regina Fedosejeva, Chief of the Medical Service, Latvian Prison Administration, Dr Dumitru Laticevschi, Director of NGO Medical Reforms in Penitenciarie, Moldova.**



**Dr Kuznetsov, Deputy Minister of Health, Samara, Russia**

integration. From Samara we heard about an oblast-level partnership between prison and public healthcare. Our colleagues from Moldova told us about the distribution of condoms in prisons and a needle exchange experiment. We learnt that in Latvia there are independent inspections of prison healthcare facilities by the Ministry of Welfare. In Kazakhstan there is computerised data collection. In Kemerovo and Tomsk there is the vitally important treatment programme for those with multi-drug resistant tuberculosis. In Lithuania there are measures to work with the media for HIV



**Dr Marat Akhmetov, Head of the Medical Department of the Prison Service of Kazakhstan**

prevention. We heard from Kyrgyzstan about the Manas integrated



**Ambassador Harold Siem, Council of Balkan Sea States**

government public health programme and from Georgia about the



**Beverley Hughes MP, Under Sec. of State, Home Office, England and Wales**



**Dr Mudybaev, Ministry of Health, Kyrgyzstan**



**Dr George Kechinshvili, Head of National TB programme, Georgia**

total integration of prisoners into the national TB programme.

If we added all these elements together, we would get a powerful programme for reform.”

*From the summary by the seminar's General Rapporteur Anton Shelupanov*



# Highlights from reports of the European Committee for the Prevention of Torture and inhuman or Degrading Treatment or Punishment (CPT)

## The CPT

*The only region of the world with a supra-national inspection mechanism for its places of detention is Europe. The European Committee for the Prevention of Torture and Other Inhuman and Degrading Treatment or Punishment is the only inspection mechanism of places of detention that allows citizens of a state to inspect the institutions of another state and report their findings. All 41 of the 44 member states of the Council of Europe that have ratified the Convention for the Prevention of Torture are subject to visits from this committee.*

In **Prison Healthcare News** from time to time we shall be bringing to the attention of our readers comments made by the CPT on prison health in the countries they inspect. We shall be doing this not in order to highlight the shortcomings of the countries visited but to give an insight into what standards the CPT expects and what role it expects prison healthcare staff to fulfil.

## Visit to Moldova

The CPT's second visit to Moldova took place in June 2001. The delegation visited a prison and a TB colony in Bender, a prison in Cahul, a prison in Chisinau and a prison hospital in Pruncul.

The delegation noted the grave financial problems of the country leading to power cuts, lack of water, and shortage of essential medicines for the prisons so that prisoners were dependent on their families for the supplies that they needed. They recognised the worthy efforts of the prison administration to obtain humanitarian aid and noted that these efforts had met some success. However, they stressed that even in times of grave economic difficulty the State had to provide the necessities of life to those it had deprived of their liberty. Nothing could relieve the State of that responsibility.

## TB worse

They concluded that the TB situation had worsened. Statistics showed that TB was responsible for 42 per cent of prison deaths.

The Committee welcomed the removal of the shutters from the windows of the cells in Chisinau prison. The Committee declared that natural light and fresh air were fundamental rights for prisoners. In addition, without them conditions were created favourable to the spread of disease, particularly TB. Therefore the Committee recommended that shutters be removed to allow the entry of natural light and fresh air. They also welcomed the introduction of screening and DOTS treatment in the specialised medical facilities as well as the early release of prisoners suffering terminal illness.

## HIV isolation

They observed that some of the prisons tested all prisoners for HIV and others only with the prisoners' consent. At Prison No. 5 the one HIV infected prisoner was also held in isolation. The CPT underlined once again that there was no medical justification for isolating HIV-infected prisoners and repeated the recommendation it made in 1998 that such isolation should end.

They were critical of the way the medical staff did their work. In all the prisons discussions between the prisoners and the medical staff were carried out through the window in the cell door in full hearing of the prison staff. Prison staff were even present at consultations carried out in consulting rooms. Particularly undignified were the arrangements in Prison No. 3 where the prisoner requiring treatment presented the part of their body concerned at a closed grille and treatment was administered through the grille. The delegation recommended that all medical consultations should be carried out of the hearing and sight of prison staff unless the doctor requests otherwise in a particular case. It also recommended that the process by which prisoners got access to the doctor should be reviewed so that the requests were not made first to the staff.

## European Court Case brought by Russian prisoner

The European Court of Human Rights has found that the conditions in which a prisoner was held for four years and ten months in a detention centre in Magadan contravened Article 3 of the European Convention on Human Rights. Article 3 prohibits inhuman or degrading treatment. The case was brought by Valery Kalashnikov who was imprisoned in Magadan between 1995 and 2000.

The Court found that in the detention centre in Magadan Mr Kalashnikov was held in a cell where each prisoner had between 0.9 and 1.9 square metres of space. The acute overcrowding meant that the prisoners had to take it in turns to sleep. The light was on in the cell all the time and there was constant noise from the large number of prisoners. These conditions led to sleep deprivation. The Court also noted the lack of adequate ventilation and the fact that prisoners were allowed to smoke in the cell, the infestation of the cell with pests, the dirty state of the cell and the toilet area, the lack of privacy and the contracting by Valery Kalashnikov of skin diseases and fungal infections. The Court was very concerned that at times Mr Kalashnikov was held in the same cell as people suffering from syphilis and tuberculosis.

The Court also noted however that conditions had improved considerably at the Magadan Detention Centre recently and also accepted that there was no actual intention on the part of the Russian authorities to humiliate or debase Mr Kalashnikov.

Source: Council of Europe [www.echr.coe.int](http://www.echr.coe.int)

**The 6th European Conference of Drug and HIV/ AIDS Services in Prison shall take place in Vienna on 10 -12 October 2002.**

#### Contact

Cranstoun Independent Management, 4th floor, Broadway House, 112 - 134 The Broadway, London SW19 1RL, UK  
(Fax: +44 208 543 4348)

**The 4th European AIDS Conference shall take place in Vilnius, Lithuania on 19-21 September 2002.**

#### Contact

The Lithuanian AIDS Centre, Nugaletoju St. 1 4D, LT-2016 Vilnius, Lithuania

e-mail: [aids@aids.lt](mailto:aids@aids.lt)

## Our readers write

### Responses to the first issue of *Prison Healthcare News*

"I read the first issue of *Prison Healthcare News* with great interest. Thank you for sending it to us. I would like to congratulate you with such a noble undertaking.

It is clear to me that the main aim of your project is the development and improvement of medical services for prisoners in co-operation with the agencies of public healthcare. We are very interested in activities with this aim which are being conducted in other countries, in order to be able to study examples of good practice with a view to using them in our system. We are endeavouring to make the penal institutions of Azerbaijan as transparent as possible for international observers, NGOs and other interested parties. Our basis is that the primary person within a state is its citizen, regardless of whether he or she is incarcerated or not."

Aidyn Gasyimov, Deputy Minister of Justice, Azerbaijan

"Thanks for the first issue of the Newsletter. It's a great idea."

Silvia Casale, CPT President

"The newsletter is very useful for the staff and students of the Academy."

General Ponomaryov, Director, the Ryazan Academy of Law and Economics, Russian Federation

"With high interest I read the first issue of *Prison Healthcare News*, which will surely be an excellent tool to motivate decision makers."

Vincent Theis, Directeur du Centre pénitentiaire de Luxembourg

"Thank you very much for the first copy of *Prison Healthcare News*. It is very interesting and promising."

Ole Vedel Rasmussen, MD, DMSc, Senior Medical Consultant, International Rehabilitation Council for Torture Victims

"Many thanks for your first copy of *Prison Healthcare News* – and congratulations on a first rate publication."

Professor JL Murdoch, University of Glasgow

"It was with great pleasure that we received your newsletter on Prison Healthcare. We wish the best success to this very needed publication and the whole project as well".

Boris Abrashev, Health Foundation, Bulgaria

"Thank you for the information on the Prison Healthcare project and for the first issue of the newsletter. It is undoubtedly of interest to our staff."

Tatyana Portko, Belarussian Helsinki Committee

## Contact details

The Prison Healthcare Project is funded by the Open Society Institute and is run in conjunction with Penal Reform International

**Prison Healthcare Project**, International Centre for Prison Studies, King's College London – School of Law, 8th floor 75-79 York Road, London SE1 7AW, UK

**Tel:** +44 (0)20 7401 2559

**Fax:** +44 (0)20 7401 2577

**Website:** [www.prisonstudies.org](http://www.prisonstudies.org)

**Email:** [icps@kcl.ac.uk](mailto:icps@kcl.ac.uk)

**Penal Reform International**, Head Office

Unit 450, The Bon Marche Centre

241-251 Ferndale Road

London SW9 8BJ, UK

**Tel:** +44 (0)20 7924 9575/9853

**Fax:** +44 (0)20 7924 9697

**Website:** [www.penalreform.org](http://www.penalreform.org)

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