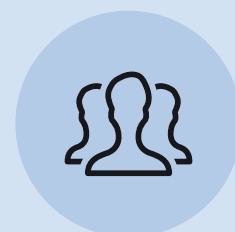


HIV Positive Detainees and Access to Social Rights

A Centre for Life Study



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A study by the Centre for Life

This paper is based on the outcomes of a study conducted by the Social and the Legal Department of Center for Life from March 2016 until December 2016 at the following detention centers:

- Detainees' Hospital of Korydallos
- Women's Department of the Korydallos Detention Center
- Detention Facilities of Attika's Aliens Directorate
- Diavata Detention Center
- Detention Facilities of Thessaloniki's Aliens Directorate

Data were collected by the following means:

- a) discussions with the HIV positive detainees hosted in the above detention centers (N=48) about the problems they face and their needs,
- b) monitoring of the practices applied by the respective administrations,
- c) discussions with the administrative staff over the problems reported by the detainees, and
- d) study of the recommended procedures by the Greek and the international law, as well as the relevant verdicts of the European Court of Human Rights, the existing reports by the Greek independent administrative authorities and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

Detention Conditions

The Greek Penitentiary Code does not ordain the detention of HIV positive detainees in specific centers or separated settings within the detention centers. The same code is accordingly implemented in the administrative detention centers as well. However, HIV positive detainees are according to custom hosted at the Detainee Hospital of Korydallos (D.H.K.), in order for them to receive direct and appropriate medical care. The D.H.K. is the only medical facility in Greece, which is solely dedicated to attend the needs of detainees. Actually, all HIV positive detainees, either after being diagnosed in some other detention center or after making their HIV status known to the staff, are immediately transferred to the D.H.K.

The Greek government has been criticized for this policy for multiple reasons. Since HIV positive people are regularly monitored for health issues and comply with their treatment, they are in no need for special care; hence, there is no reason for them to be separately detained. As a matter of fact, this practice not only contradicts our current scientific understanding and treatment of the disease, but also violates their private life and medical confidentiality and exposes sensitive personal information. Overall, this particular policy followed, made by the government, is a very problematic one, as it promotes the social stigmatization of the HIV positive population in that it cultivates the belief that the HIV positive person is a threat, unless detained in a hospital and, even more, in an isolated detention area, away from the other patients.

Moreover, considering the fact that HIV infection has been included in the disability ailments, a series of issues needs to be examined, such as:

- whether the legal provisions for the protection of people with disabilities are indeed taken into account in the detention centers of our country,
- whether the right to medical care is being granted for all HIV positive detainees,
- whether the detention and living conditions of the detainees in the respective institutions comply with human dignity and their health status, and
- whether the nursing goal of the D.H.K. is achieved.

As far as disability is concerned, provisions of national and international law are applicable. On national level, constitutional provisions are being invoked, and especially Article 25 § 1, which introduces the principle of the welfare state rule of law, Article 2 § 1, which establishes the state's duty to respect and protect the value of the human being, Article 21 § 3, which establishes the state's duty to care for its citizens' health and to adopt special measures, such as for the protection of disability (Article 21 § 3), Article 21 § 6, which establishes the right of the disabled people to benefit from measures ensuring self-sufficiency, professional integration and participation in the social, economic and political life of the country and last but not least, Article 4 § 1, which establishes the principle of equality.

The provision of the Article 2 of the Penitentiary Code is also applicable, which postulates that detainees' treatment should be provided in ways that respect human dignity and strengthen self-respect. Additionally, it ordains special treatment of the detainees, when this is justified by their legal or objective situation, such as for people with special needs, provided that it takes place for the benefit of the detainees and in order to serve their special needs, which derive from the situation they are faced with. Finally, the article 4 of the Penitentiary Code is also applicable, which indicates that, during the service of the sentence, no other individual right is being suppressed except for the right of personal freedom (Article 4 § 1 of the Penitentiary Code). Of course, the Internal Regulation of the General Detention Centers type A and B is been taken into account.

On an international level, Article 10 of the International Covenant on civil and political rights for the economic, social and cultural rights is being implemented, as well as Recommendation R (98) 7 of the Committee of Ministers of the Council of Europe concerning medical care in the detention centers and the European Convention on Human Rights (E.C.H.R.) and especially Article 3 of the Convention, which indicates that no individual may be subjected to torture or to any inhuman or degrading treatment or punishment and is applied to all detainees, depending also on their particular health condition, ensuring dignified detention and living conditions in correctional facilities and detention centers.

Greece has been convicted quite a few times for violating the above provisions in detention cases. With respect to HIV positive detainees, the judgement *Martzaklis and Others Versus Greece* is worth mentioning. Through this judgement of July 2015, Greece was convicted for violating Article 3 of the Convention, because it was found that HIV positive detainees at D.H.K. were not provided with the appropriate medical care and they were living under degrading and inhuman conditions in Aghios Pavlos Hospital, as well as for violating Article 14 which requires that rights and freedoms provided by the Convention are ensured without any discrimination based on gender, race, color, language, religion, political or other belief, national or social origin, affiliation with national minority, property, birth or other circumstance, due to the ghettoization of HIV positive detainees and their marginalization thereafter.

Another important judgement of the European Court is the October 2016 case of *Kalandia Versus Greece*, which dealt with a detainee who suffered from drug resistant tuberculosis, cancer and psychiatric disorders, who claimed that he developed AIDS as a result of his detention conditions. This detainee was held in various detention centers (Grevena, Corfu, Larisa, Alikarnasos) and his petition for conditional release was denied. The detainee appealed to the Prosecutor with respect to the conditions of his detention, mentioning that he did not receive antiretroviral therapy, that he suffered from fever and chills, that he did set the other detainees in danger due to his tuberculosis and that his confinement would result in him having a shorter life expectancy. He also asked to be transferred to a hospital. The Prosecutor did not answer to his plea. After that, the detainee addressed the Minister of Justice and pled his transfer to any correctional center that could provide him with dignifying living conditions and health services. He also asked the conviction of the Greek State for violating article 3 of the Convention, with respect to the detention conditions he encountered, the transfer conditions from one facility to the other and the level of medical services he had been provided with.

Irrespective of the decision itself and its outcome, on the occasion of the issuance of the decision, there are clarified the jurisprudential criteria set by the Court for the violation of Article 3 of the Convention for non-proper provision of medical services in detention centers. More specifically, the state institutions must provide detainees with immediate and explicit diagnostic examinations and health care services. The medical staff must be permanent, provide its services regularly and offer an integrated therapeutic care. The detainee's health decline alone may constitute a factor that can set the offered state services under questioning, but does not constitute necessary proof for the violation of Article 3 of the Convention, especially if inquiries show that the Administration did everything it ought to. It must be proven that the state authorities neither offered to the detainee proper health monitoring, nor did they follow the suggested medical protocol for each disease.

Recommendation R (98) 7 of the Committee of Ministers of the Council of Europe, concerning medical care in prison, draws attention to the needs of the detainees with physical disability and recommends for measures to be adopted, in order for the detainees to be able to be serviced with a similar way with which they would have been treated outside the detention centers. It is recommended for living conditions to be established, that would allow detainees to live a life as close as possible to the one they would live outside the detention centers, as well as not to be isolated from the rest of the population, especially for people who have a severe physical disability and the ones who are of an advanced age. Additionally, the possibility of pardon or early release for health reasons should be examined. The adoption of article 110 A of the Greek Penal Code is an important step towards the realization of the aforementioned recommendation. Article 110 A of the Greek Penal Code allows early release under certain circumstances for HIV positive detainees.

Furthermore, regarding the current situation of the detention and living conditions of HIV positive detainees in every detention center, it should be underlined that according to the views of the detainees, the hygiene conditions in the detention centers are inadequate, while the cleaning of the facilities has been left to the detainees, which have minimum access to cleaning equipment. Additionally, the detention centers are not heated and therefore the detainees suffer from cold during winter.

As far as overpopulation is concerned, it should be mentioned that the opening of the Third Prison Ward of the women's department at the Korydallos Prison has had a positive impact on the detainees' lives, as was reported by both the detainees and the administration of the center. The D.H.K. caters 110 HIV positive people. From them, 50 are hosted to a Division of D.H.K., while the rest are held at the D.H.K. which can nurse up to 60 people. In total, the D.H.K. hosts, apart from the HIV positive, 90 more people on average (the exact number differs, given the provisions for early release under certain terms).

From the above it is concluded that, despite the important effort that has taken place by the administration of the detention centers for the reduction of the problems due to detainees' overpopulation, there is big room for improvement. The release of a large number of detainees, according to the provision of Article 110 A of the Greek Penal Code, has contributed towards a solution to the problem of overpopulation. However, this does not imply that the Greek State has no obligation to provide dignifying detention conditions, which cannot be achieved in case of overpopulation of detainees, hosted at spaces with a capacity for less people.

The issue of overpopulation and its subsequent consequences is especially prominent at the Correctional Facility Detention Center of Diavata, where (during the time of the survey) 520 detainees were hosted, of whom 8 were HIV positive. The seropositive detainees were

held in the same facility with the other detainees, unless suspected that they might have suffered from another contagious disease. In this case, they were held in an isolated detention area, until it was certified that they were no longer contagious, unless they themselves chose to stay in this division and not be held with the other detainees. Often the HIV positive detainees choose to stay in the isolated detention area of the detention centers because of the better conditions, namely larger cell space and no overcrowding with the rest of the detainees.

At the Aliens Police Detention Facilities of the Directorate of Attiki, every HIV positive detainee (11 people during the period of the survey) was hosted in a separate room or, during certain periods, two detainees would share a room. However, there is no provision for enough space, should the numbers increase. At the Aliens Detention Facilities of the Directorate of Thessaloniki, until the end of the survey, no problem was noted, as there were only 3 cases of HIV positive detainees.

From the above, it is concluded that indeed, the state's choice to keep HIV positive detainees separately for a specific amount of time, besides being a mistake in principle, is not even justified by the services offered to them, especially to the impaired ones. The incorporation of D.H.K. to the National Health System, an action that has been proclaimed since 1999, has not yet been implemented and the hospital is neither staffed with the necessary medical and nursing personnel, nor does it have the appropriate medical organization, the infrastructure and the equipment. The required executive regulatory acts have not yet been issued, as, even though the required positions have been proclaimed, doctors did not accept to undertake their duties, due to the fact that they consider it a difficult working area.

Access to Healthcare Services

As far as the detainees' access to healthcare is concerned, Article 27 of the Penitentiary Code states that: 1) The Administration should provide health and medical care to the detainees similar to the one the rest of the population enjoys. 2) Every detainee should be examined by a doctor of the institution on his arrival to the facilities and every 6 months thereafter. The detainees can request to be examined at any point they wish by the institution's medical staff or by a doctor of their own choice [...] 3) If at a certain facility no permanent medical personnel is appointed, the needs are covered on a 24hour basis by visits of outpatient doctors and nurses[...], while in Article 28 it is stated that : "1) For every detainee a medical record (card) is being kept, in which medical data are being recorded, such as the date of every examination, respective diagnosis, recommended medication etc. This card is being kept in the records of the doctor's office and follows every detainee to his/her transfers. 2) At every facility, medical examination records of the detainees are being kept, in which the examinations date, the recommended and the supplied medication are being listed. 3) Access to the medical card and record is only available to the detainee or any legal representative of his/hers, the competent judicial functionary and the rest of the competent bodies of the centers, every time that the health of the detainee is being examined in order for decisions to be taken. Finally, in Article 29 of the Penitentiary Code, it is stated that: The confidentiality of the medical examinations is being ensured at all circumstances.

It is worth mentioning that the law (Article 29 § 4 of the Penitentiary Code) defines that "In a joint decision between the Minister of Justice and the Minister of Health & Social Welfare, the details for the regular updating of the personnel of the detention centers are being provided, as well as the briefing of the detainees on issues of healthcare counseling and receiving preventive measures for tackling HIV and other contagious diseases". However, until the time that this survey was conducted, the above ministerial decision had not been issued. Additionally, according to Article 30 of the Penitentiary Code, "1) Detainees who get ill during their detention period, as well as the ones that present mental health issues, are transferred to the convalescent department of the center or are confined to a special department. If required by their condition, they are imported to a special therapeutic detention center, where they are submitted to the necessary nursing measures or to therapeutic programs. The stay of the detainees on the convalescent department cannot exceed a one month period. 2) Sick detainees, whose hospitalization cannot be realized at the convalescent departments of the respective detention centers, or to the special therapeutic detention centers, are transferred, according to their condition, either to a public hospital of the region of the detention center or, if the hospitalization is not possible at a nearby hospital, with the command of the Administration of the clinic, to a public hospital of a nearby county, in which there is an operating detention center. Finally, "4) detainees that during their detention period are shown to be addicted to toxic substances, are subject to a status defined by special provisions, in accordance with the basic guarantees of therapeutic treatment of the present Code. 5) Detainees suspected of having a transmittable disease are restricted to a special department of the center, with the decision of the head of the facility and the doctor of the center, for as long as it is deemed medically necessary, until the final diagnosis is made".

During the period that the study was held, the permanent staff of D.H.K., which serves the needs of the people held in Aghios Pavlos Hospital and to its Annex, had only one general practitioner. The administration considered mandatory the employment of at least one more GP, in order for the needs of the detainees to be covered. Additionally, a cardiologist, an orthopedic and a radiologist were appointed and it was considered mandatory for a permanent dentist and a psychiatrist to also be appointed. Doctors of various medical specialties made visits to D.H.K., including two psychiatrists. There were also one preparator, 2 microbiologists, and 4 nurses. This personnel was not enough to cover the needs of the centers. During the period of the study, a radiological device was ordered and was at the process of being delivered. As far as the situation of the microbiology laboratory is concerned, the hospital did not have either the infrastructure or the equipment for specialized microbiological examinations, but only for blood and biochemical tests.

The detainees complained about the quality of the provided services, mentioning that there are major delays, even in emergency circumstances. Additionally, many complained about receiving their medicine through the bars of their cells and facing demeaning behavior from the security personnel, something that has a negative mental effect on them. These complaints, according to the administration, were false and did not correspond to the truth.

At the Diavata Prison, during the period of this study, there was a modern convalescent structure, which wasn't operating though. The detainees were transferred at the Health Center of Nea Ionia for their medical examinations or for medical care. There was no permanent medical personnel. The detention center collaborated with 2 GPs, outpatient doctors who visited the detention center from 09:00 to 12:00 3 times a week. Two people that were hired as guards were actually doing nursing duties and two more were hired as nurses. These 4 people were working only during daytime and no nurse was present during the night. The administration of course deemed necessary that the official process for hiring additional staff should be initiated by the State, so that the prison would be staffed by more doctors. The administration also believed that the facility needed 4 more nurses to be hired.

In the case of the Aliens Directorate of Attiki, there was one permanent doctor for all the detainees, including the HIV positive ones, with a daily schedule from 09:00 to 15:00. However, many times she stays during the afternoon as well, in order to meet the additional needs. The specialized and urgent needs of the detainees were covered by them being transferred to a public hospital. The doctor's office was not properly equipped. The medicines were distributed normally, but with many difficulties, through a network of partners (Public and NGOs). The antiretroviral medicines were supplied exclusively by the hospitals. The majority of the HIV positive detainees had repeatedly raised the issue for the fact that they had no access to medical services during the weekend, even for emergencies. However, these complaints were not confirmed by the personnel of the doctor's office.

As far as the supply of antiretroviral medicines is concerned, the HIV positive detainees of the Korydallos detention center, who already were receiving those medicines before their detention time, did not mention any cessation of their medicine, for the duration of the study. However, 5 people complained about delays in starting their treatment. In one case the delay was quite long (more than 4 months). In the majority of the cases though, the starting of treatment takes the same as needed for a person not in detention. The administration highlights that they have managed to prevent any shortages of medicine at the hospital's pharmacy by keeping the following practice: they monitor the population of the hospital and after informing the competent service of HCDCP (Hellenic Center for Disease Control and Prevention) about the number of the HIV positive detainees, they contact the B' Health Region (H.R.) of Piraeus on time, who order the pharmacies of different hospitals to cover the needs of the detainees of the D.H.K. Therefore, a stable medicine inventory has been established and the phenomenon of late treatment commencements has been avoided. In the case of Diavata Prison no problems were reported in treatment commencement, as was the case in the Detention Facilities of the Aliens Directorate in Thessaloniki. However, some cases of treatment interruption have been reported, since the medicines are distributed by the Infectious Diseases Units (I.D.U.) of the Hospitals, which, as is known, had shortages last year. In the case of Attiki's Aliens Directorate, in which medicines are again being distributed by the I.D.U. of the Hospitals, there have been complaints by 2 detainees for delays in receiving treatment. However, these complaints have not been confirmed when the Center for Life addressed the Administration.

Detention in special areas

Detention in special areas is provisioned for detainees suspected of having an infectious disease. Specifically, according to Article 30/5 of the Penitentiary Code "Detainees that are suspected of having a contagious disease are restricted to a special section of the facility, with the decision of the head of the facility and the assent of the facility's doctor, for as long as it is deemed medically necessary, until a final diagnosis is made".

According to our research, without exception all the detainees at Korydallos center are introduced to a special detention area, when entering the Detention facility, in order for their health situation to be determined and the probability of transmission of infectious diseases to other detainees to be avoided. According to complaints made by some detainees, the time that they spend in isolation is long (most of them complained about staying there for about a month), the detention conditions there are really bad, while the measure taken does not achieve its goals, due to the mixing of the HIV positive detainees with HIV positive detainees, who simultaneously suffer from Hepatitis A, through sharing the same bathroom. The detainees complain that the measure of isolation burdens them and has a negative impact on them psychologically, as well as on their health condition, due to the low standards of detention conditions there.

The Administration points out that detention in a special area, either in D.H.K. or in its Annex, is deemed necessary, in order to prevent internal transmission of any infectious diseases, which has been achieved indeed.

This practice is not followed at Diavata Prison. There is a special detention area, i.e. 15 cells with dimension 10 m² each, where 2 individuals are hosted. That is, the living space of the detainees is not sufficient according to the Penitentiary Code, which requires that a 6 m² area should be necessarily provided to each detainee. However, this space is intended only for those with confirmed suspicion of suffering from an infectious disease (unless it pertains to a drug dependent person) and the detention in a special area is not for prevention, as is the case at Korydallos. This practice is not followed by the Detention Facilities at the Attiki (Petrou Ralli st.) and Thessaloniki Aliens Directorate, nor is any preventive measure taken there, and so internal contagion is not avoided.

In any circumstance though and according to the law, it is certainly allowed for a person to be placed in a special detention area for an infectious disease hazardous to public health, in order for him/her to receive the appropriate treatment, to protect his/her health, as well as the health of others. Nevertheless, the measure of placing a detainee in a special detention area, in this case an automatic choice for all the detainees without exception and irrespective of any suspicion and clinical condition, is problematic according to the international, European and Greek legislation, which prohibits the submission of any individual to torture or to inhumane, humiliating and degrading treatment. The

European Court of Human Rights has repeatedly ruled that the detention of an individual in a special area is permitted only in exceptional cases, under circumstances which are provisioned by the law, respecting the principle of proportionality and for reasons of safeguarding public health. Otherwise, Article 3 of the E.C.H.R. is violated. It follows from the above that there should be a judgement based on science and that this measure should only be applied in exceptional circumstances, where there is no margin for other milder measures.

In contrast, in the case of viral hepatitis, only if someone suffers from hepatitis A can they transmit it through sharing the bathroom. However, no such incident has been reported, neither at Korydallos detention center, nor is there any information for the other prisons and detention centers. Nevertheless, the detainees complain that there is no proper separation and there is risk of transmission.

Access to Substitution and Rehabilitation Programs

Our research data show that 99% of the HIV-positive criminal and administrative detainees suffer from severe and chronic dependence by psychotropic substances. A substantial percentage of them, prior to their detention, had chosen the rehabilitation path of receiving buprenorphine from the Organization Against Drugs (OKANA) or had applied to be admitted to OKANA's program. However, due to their detention and the unavailability of substitution programs in prison, the treatment has been disrupted or not started at all. The Administration, however, underlines its continuous efforts to offer the detainees of all kind of possibility for substitution and rehabilitation.

Today, the Therapy Center for Dependent Individuals (KETHEA) operate advisory programs in D.H.K. and its Annex, as well as the Psychiatric Hospital of Attiki (18 ANO) and the Narcotics Anonymous operate programs in D.H.K.'s Annex. Furthermore, after persistent efforts and actions by the Social Services Office of the D.H.K. and under the reasoning for psychological support for people who use drugs, and the necessity to ensure that these people have opportunities in accessing creativity programs, it was permitted to the "Art and Action Network" visual arts workshop and to the drama team of "Technodromo" to enter D.H.K.'s Annex. Response from the detainees was very good.

At Diavata Prison there is a consulting and treatment program by KETHEA. On the contrary, there are no substitution or rehabilitation programs operating at the Detention Facilities of Attiki's and Thessaloniki's Aliens Directorate, even though all the seropositive administrative detainees face substance dependence issues. The Administration has been made aware of the issue, which has acknowledged the problem and relevant actions are being expected.

The further strengthening of the therapeutic rehabilitation programs is deemed necessary by the Administration of the aforementioned institutions as well, since they have realized that dependence from psychotropic substances is prevalent among HIV positive detainees. Specifically, the operation of substitutional programs inside the facilities seems appropriate. Given that each rehabilitation program follows its own approach and is being inspired by its own views, free access of the detainees to any which they desire should be ensured, regardless where their detention center is. In the Korydallos case and to the degree that its building facilities permit, if a detainee that stays, for example, at the D.H.K. but wants to attend the program held by 18 ANO, the Administration would take care of his application for being transferred to the respective Annex.

The substance-dependent persons constitute the medically most vulnerable HIV positive population group. Due to their addiction to psychoactive substances, they do not adhere to treatment, which results in many phenomena of developing resistance to medication. Additionally, the HIV virus can be transmitted by common usage of needles. Therefore, there is an urgent need for detox options to be available, as they wish, already by the time of their incarceration.

Access to Mental Health Services

In the case of the Korydallos detention center, both the Administration and the detainees agree on the need to employ a psychiatrist for meeting the needs of the detainees, a significant part of which present psychological issues, mainly due to their heavy and chronic addiction to psychoactive substances. The efforts of the Administration towards this direction have not yet been fruitful. Similar needs were raised by people detained at the Facilities of Attiki's Aliens Directorate and the Diavata Prison as well, especially by those who had passed the 18-month detention timeframe. In the case of Diavata Prison, the Administration itself has raised the urgency of employing a psychiatrist.

Feeding Sufficiency

Article 32 of the Penitentiary Code states that: "1) The appropriate feeding of the detainees is a state's obligation [...] 3) The doctor of the center prescribes in writing a special diet to people or groups of detainees that are in need, such as patients, pregnant women and elders. 4) There is provision as well, whenever possible, for special diets indicated for religious or other beliefs". The Administration of Korydallos provides a second menu for cases when specific foods are to be excluded due to religious beliefs.

In other centers, complaints were made about the food's quantity, quality and adequacy. Especially at the Detention Facilities of the Attiki's Aliens Directorate, there have been complaints by all HIV positive detainees about not taking into account their special nutrition

needs, for which the Administration has been informed by the detainees themselves as well. An application on that issue sent by the Centre for Life to the Administration did not bring any change, while the Administration has expressed the view that the quality and the quantity of the food is absolutely fine and that the special nutrition needs of the detainees are taken into account. In all centers there have been reports that no respect is paid to the special nutrition needs of the detainees due to their religious beliefs. However, the Administration of Korydallos underlines that as soon as a detainee makes his special nutrition needs known, he is immediately appointed to the respective menu.

Access to Physical Exercise

Article 36 of the Penitentiary Code states that: "1) For the enhancement of the detainees' physical and mental health, at least one hour a day is provided in order for the detainees to walk or to undertake personal physical exercise at the yard of the detention center or at an open space protected by weather conditions. 2) For the physical exercise of the detainees, special indoors (gyms) or outdoors (courts/fields) facilities are created, specially arranged and equipped for personal or group exercise. 3) The exercise programs are being organized and supervised by trainers [...]".

Until the conduction of this research, the yard of the D.H.K. and its Annex continues of course to exist and to be used by the detainees; however, no special configurations have been done and no special sports or entertainment facilities have been created, which could positively affect the detainees' psychological condition. The same applies to the HIV positive detainees of the Attiki's and Thessaloniki's Detention Facilities at the Aliens Directorate, who take their free time separately from other detainees and in a very small space where no form of any training facility is available. The failure to provide physical exercise, something that according to complaints happens in every detention center we visited, is considered as degrading treatment, which violates Article 3 of the E.C.H.R.

Access to Welfare and Insurance System

The detainees' access to the welfare system and especially to the welfare and social insurance system is not interrupted during the detention period. In this way, the state's obligation to receive special measures for protecting the disabled ones is partially achieved, given that the right of people with disabilities for independence, occupational inclusion and participation to the country's social, economic and political life must be granted.

Through the social services of the detention centers it is possible, in the same terms that apply to all citizens, for the detainees to receive the welfare subsidy that all HIV positive people receive, but they cannot receive any pension. During the detention period, any other subsidy is being interrupted, such as the one for heavy disability. The Centre for Life covers the fees for the examination by the Accreditation Centres for Disability (KEPA/ACD), which continued to be asked until December 2016, despite the passing of law 4332/2015 (Article 33) that exempts people with no public insurance. The population size and the needs of the detainees at Korydallos are quite big, and the social services' work very important; that is why the Administration acknowledges the need of employing more social workers.

Access to Educational Services

Article 35 of the Penitentiary Code states that: "1) Education of the detainees aims to the acquisition or the supplementation of education at all levels for all detainees, as well as their vocational training. 2) For this reason, a one-person primary school operates inside the centers, wherever this is possible, which is supervised by the Ministry of Education and is regulated by the currently applicable public schools regulations. The Council of Prison organizes, in collaboration with the competent institutions, professional training, apprenticeship and specialization programs. 3) The provided degree titles are equal to the respective degrees of the same grade schools and the place in which they were attained is not recorded. 4) Special measures are taken for the education of foreign detainees, wherever this is possible. 5) First-degree education is compulsory for the young (minors) detainees. Illiterate detainees are encouraged to attend first-degree education classes or vocational training programs. 6) Whoever has completed the first-degree education may continue his/her studies to the second or the third degree, and can be granted leaves for educational purposes".

Article 37 of the Penitentiary Code also states that: "1) Every detainee has the right to be informed by newspapers, magazines and radio and television shows. The Council of Prison defines the details under which this right is being exercised, such as the place, the time and the procedure. 2) The Council of Prison, after the notion of the Educational Council of the detainees, organizes lectures to detainees by members of Higher Education Institutions, Technical Education Institutions and by scientific, professional, cultural and social entities. 3) Group discussions among detainees are being encouraged to be held with the participation of scientific experts, who organize and direct them. 4) The self-education of the detainees is facilitated by the Educational Council of the detainees, who organize reading rooms, as well as lending libraries, which are constantly enriched with literary, professional and scientific books. Wherever it is possible, this library may constitute an Annex of the public library. 5) The library's regulation rules are defined by the internal regulation code of the detention center, as well as the detainees' ability to borrow books from external institutions."

The provision of educational and employment programs has special preventive significance, as it aids the reintegration of the detainees to the society. No educational program exists at the D.H.K. In contrary, a second chance school operates at its Annex, with 8 HIV positive

students in total (5 in the first and 3 in the second class), during the time this research was conducted. However, if a detainee at the D.H.K. wishes to participate in this program, his/her application will be accepted and he/she will be transferred to the Annex. Obviously, detainees who are held in isolated areas are not able to access any educational program. The Art and Action Network and the drama team of "Technodromo" regularly visit the Annex, receiving quite positive response from the detainees.

A second chance school operates at the Diavata Prison with 90 pupils in total (during the conduction of this research) and of course HIV positive detainees are able to access it. There is no Greek language program for foreigners at any detention center and no other measures have been taken for their education. However, the social services have not received any relevant request.

At Korydallos, various educational institutions are offered the opportunity to deliver lectures and workshops on the Administration's approval. Additionally, a lending library is operating, but with few and not renewed books, according to complaints made by the detainees. There is also no reading room. Unfortunately, no educational activities are offered by the Detention Facilities at the Attiki's and Thessaloniki's Aliens Directorate. There is only one television in the common room of the Detention Facilities at the Attiki's Aliens Directorate. Although efforts had been made to establish a lending library with books in multiple languages, the project was after all rejected.

The Right to Work

Article 40 of the Penitentiary Code states that: "4) Any detainee that wishes so, can participate in professional education, training, apprenticeship or specialization programs that are operating. 5) The detainees' labor council collaborates with professional or other entities active at the area where the detention center is located, or with similar social entities for vocational education, training, apprenticeship or specialization of the detainees, helping them to find and maintain a job. The detainees are employed to assisting positions or to services covering vital needs of the detention center or of other public buildings or spaces, such as cleaning, cooking, laundry, food cleaning and/or carrying, gardening. The undertaking of these duties lasts for a 3 month period with a possibility of renewing the contract..." According to Article 41: "1) At the detention centers of any type, agricultural or artisanal units may be organized, similar to the ones operating outside the detention centers and may be tailored to the requirements of the free market. 3) At every detention center a 5 member Labor Council of Detainees operates. 5) The detainees can work for their personal interest or may be ordered to work by the State or by a public sector entity or by a private entity inside the detention facilities, after consulting the Prison Council, as long as the security conditions and the proper functioning of the detention center are not deranged". According to Article 42 of the Penitentiary Code: "1) The work of the detainees outside the detention center to industrial, agro-industrial, artisan and agricultural units or companies that belong to the State or to the broader public sector or to the private sector or to Vocational Training Centres, can be organized by the respective administrations in collaboration with the pertinent department of the Ministry of Justice and implemented under the supervision of the detention center's administration. 2) Detainees who wish to continue their employment or for whom a job is found can be employed after the assent of the Detainees' Labor Council and as long as they are granted a day release living [...]". Finally, Article 43 of the Penitentiary Code states that: "1) Employment of the detainees provided to units or businesses of the State or of the broader public sector outside the detention center or to agricultural or artisan units or laboratories inside the centers, is payed. The payment is determined per day of work or by rate or by measuring unit, with decision of the Ministry of Justice, depending on the type of work and the level of specialization of the detainee..."

Unfortunately, no program for vocational education and training operates at any detention center where HIV positive detainees are held. However, even though labor councils for detainees have been created and do operate, HIV positive detainees, considered as patients, cannot work inside the detention centers or out of them. As it is broadly known, the sentence of HIV positive people is calculated beneficially (1 day counts for 2), therefore, they have the same benefit as the detainees who work, who's sentence is also calculated beneficially (1 day counts for 2). The above regulation, even though balancing the awarding of benefits among detainees, remains problematic. Seropositivity is an incurable disease, but it does not a priori prevent anyone from working. Therefore, the exclusion of an HIV positive person from employment should be allowed only if the doctor suggests that the specific detainee, due to his/her overburdened health, is unable to work. Furthermore, the deprivation of HIV positive detainees from vocational education and training enhances the stigma against them, which brings them facing very serious problems at the working areas, enhancing the perception that an HIV positive person has no place to employment. Additionally, any training and creative activity would also contribute to the treatment and rehabilitation of addicted individuals.

Suggestions to improve the situation– Best Practices

According to the directions of the UN program for Narcotics and the fight against crime and in collaboration with the UN's Intersectoral Program for HIV/AIDS and with the World Health Organization, the member states of the UN ought to follow a frame of 11 basic principles that aim:

- a) to provide the detainees with prevention, care, treatment and support services for HIV/AIDS at the same level as provided to people outside the detention framework,
- to prevent transmission of the HIV virus and other coinfections among the detainees, the personnel of the centers and the community in general, and
- to promote a joint strategy towards the detainees' access to healthcare services inside the detention centers, in order for broader issues of public health to be addressed, improving at the same time the level of the provided medical care, as well as the detention conditions at the detention centers.

The above frame is considered to be mandatory, in order for the member states to take up their responsibilities against their citizens, especially in terms of protecting human rights and public health and ensuring appropriate conditions in the detention centers.

Worldwide, the prevalence of HIV infection is higher in the detainee population. As with any person, detainees are entitled to the best possible healthcare services. This right is being provided by the international human rights law (Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Agreement on Economic, Social and Cultural Rights). The only punishment of the detainees should be the deprivation of their freedom. Otherwise, their rights ought to remain inviolable. Thus, the states ought to apply legislation, policies and programs that comply with the international human rights law and to ensure that the detainees have the same quality of access to the healthcare system as the rest of the citizens. The framework that the UN set, gives the opportunity to the governments of the member states to apply a policy for HIV/AIDS in the detention centers that is based on internationally accepted principles and guidelines, set by the United Nations, the World Health Organization and other international conventions that mirror the guiding principles for detention centers.

These guidelines include:

a) Appropriate provision of healthcare services in the detention centers promotes public health

The big majority of the detainees return to society after their release. Therefore, the reduction of HIV transmission within the detention centers is very important, in order to reduce HIV prevalence in the whole society.

b) Good health of the detainees helps appropriate management of the detention conditions

Appropriate care of the detainees' health benefits not only the detainees themselves, but also the center's staff, as the hygiene and safety conditions of their workplace are improved.

c) Respect of human rights and international law

The respect of the rights of vulnerable groups of people and of people living with HIV/AIDS consist a good practice for protecting public health and applying human rights. The member states are obliged to vote and to apply legislation, policies and programs that comply with the rules that the international human rights law sets.

d) Alignment to the international standards and guidelines for health

The policies relevant to HIV/AIDS applied in detention centers should be guided by the standards and rules provided by the legislative international human rights institutions and the guidelines for public health.

e) Equal access to healthcare services for detainees

Detainees are entitled to healthcare services equal to those that free people enjoy, without discrimination, including preventive measures.

f) Evidence-based interventions

The development of the policies followed in detention centers, voting of relevant legislation and application of measures ought to be based on empirical evidence for their appropriateness and aim at reducing the dangers of HIV transmission and improving the detainees' health.

g) Holistic approach to healthcare issues

HIV/AIDS is one of the most complicated and common health issues that correctional officers and detainees are faced with. For this reason, efforts to reduce the chances of HIV transmission among the detainees and to provide care for those already living with HIV have to be holistic and integrated to broader measures, in order to deal with inadequacies in the general detention conditions and the healthcare system.

h) Tackling vulnerability, stigma and discrimination

The programs and services offered for HIV/AIDS have to respond to the special needs of the vulnerable and minority population groups inside the prison system. Also, they have to confront the stigmatization and discrimination of people living with HIV/AIDS.

i) Collective, open to everyone and multidisciplinary collaborations and actions

Even though the prisons' administrations play a vital part in the implementation of effective measures and strategies for tackling the problems of HIV infection and AIDS, this duty requires collaboration and collective action with authorities, highlighting the responsibilities of various local, national and international parties.

j) Supervision and quality check of services

Regular reports and quality check evaluations – provided by independent institutions – of the predominant detention conditions and the provided healthcare in prisons, should be encouraged as an integral part of the prevention efforts for HIV transmission and of the healthcare provision to HIV positive detainees.

k) Reduction of the prison population

The overpopulation of prisons harms the efforts of improving the detention conditions and the quality of the provided healthcare services, while it acts against the prevention of HIV transmission among detainees. Thus, actions have to be implemented towards the reduction of prisons' population, combined with the implementation of an integrated strategy for HIV/AIDS inside the detention centers.

Towards the above direction, we recommend the collaboration of the involved parties, governmental and non-governmental, national and international, in undertaking initiatives for effective holistic HIV-related policies. Additionally, we recommend the adoption of the appropriate legislative framework that will allow the administrative authorities to implement an appropriate policy that provides right and long-term solutions. It is clear that it's the state's obligation to ensure the minimum at least of basic, internationally recognized detention conditions to all detainees. In this direction, appropriate actions should be taken so as to ensure dignifying detention conditions and unhindered access to healthcare services, similar to those that the rest of the population enjoys. In our opinion, that is impossible for as long as the D.H.K. is not included to the National Health System, as long as there is no special budget for the coverage of the antiretroviral medicines' cost and as long as there is no specialized and sufficient medical and nursing personnel employed and vital positions remain empty. Additionally, the introduction of substitution, treatment and rehabilitation programs is suggested, as well as the improvement of the infrastructure, the conformation of the yards and the creation of recreational and sports areas. Moreover, the dietary menu should comply to the special eating habits of HIV positive detainees, as well as to their religious beliefs. The issuing of the relevant ministerial statute on the details of regular educating of the prisons' personnel, as well as the educating of detainees on issues of hygiene and preventive measures for AIDS and other contagious diseases is also essential. Finally, we suggest the implementation of processes of systematic evaluation of the proposed measures and practices, by competent authorities, as well as the collaboration of organizations, governmental and non-governmental, in local, national and international level.

The Centre for Life

The **Centre for Life** is a recognized non-profit, non-governmental organization. Since 1991, it offers support and services covering a wide range of needs of people living with HIV/AIDS, their families and the general population.

Centre for Life operates within the framework of respect and under strict confidentiality, thanks to the valuable and tireless contribution of its volunteers.

Services – Activities

- ✂ Free psychological, social and legal support offered by professionals
- ✂ Empowerment and Support Program for women living with HIV
- ✂ Public awareness program and organization of events
- ✂ Support program for HIV positive detainees – male and female – and ex-detainees
- ✂ Peer to Peer Support Program: Support to people living with HIV by specially trained people living with HIV themselves
- ✂ Positive Counseling Program: Training sessions for the people living with HIV/AIDS
- ✂ HIV/AIDS education program for senior high school students: with a nationwide license by the Ministry of Education
- ✂ Equality in the Workplace Program: Defending labor rights of people living with HIV/AIDS
- ✂ Website: News and information about HIV / AIDS and the Centre for Life
- ✂ Participation in National and European Programs and Networks

Since  **CENTRE FOR LIFE**
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