NO SEX OR CONDOMS HERE

HIV Prevention, Treatment and Care in Jamaican Prisons

GLOBAL AIDS PROGRAMME

www.panosaids.org

ACKNOWLEDGEMENTS

This paper was written by Andrea Downer, freelance writer for Panos Caribbean. Editing was done by HIV communication specialist Gail Hoad and Patricia Watson, Regional Director HIV and AIDS, Panos Caribbean. Comments on the draft were gratefully received from Robin Vincent of Panos London.

Cover photo: Tower Street Adult Correctional Centre, Kingston.
© The Gleaner Company Limited, 2008

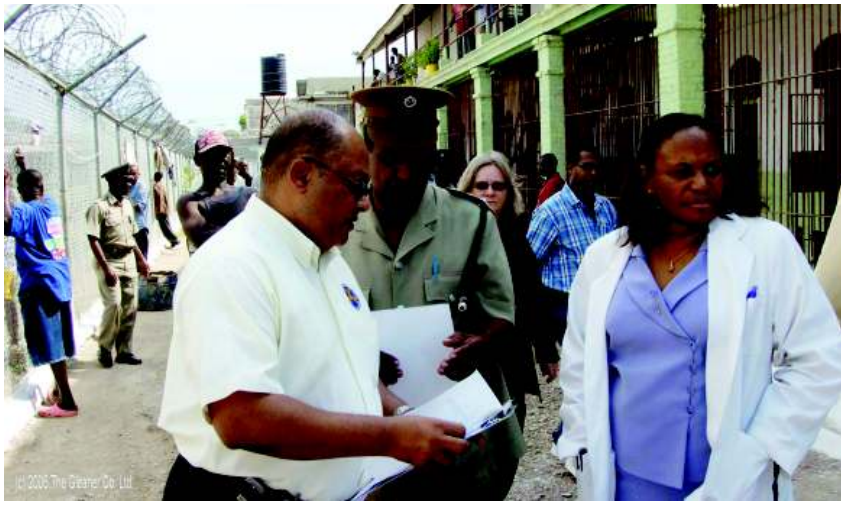
Panos Institute Caribbean is an international information organization established in 1986. Panos believes that information which is independent, accurate and timely is a key resource for development. Information needs to be locally generated in order to enable countries and communities to shape and communicate their own development agendas through informed public debate.

Its mission is to promote sustainable development in the Wider Caribbean region through empowering all sectors of society to articulate their own information and perspectives on development issues and broadcast them across language and political borders. In particular, Panos aims to disseminate through the media the voices of poor and marginalized people who are affected by certain development issues (farmers and fisher folk, women, children, people living with HIV, etc.). This encourages their full participation in shaping the development of their societies.

Since 1989, Panos has been working in the Caribbean through close alliance with the media to raise awareness about HIV and AIDS issues. It has provided extensive training for journalists and is currently investigating the issues of participation, ownership and accountability in the HIV and AIDS response. It has also worked to build the capacity of persons living with HIV to participate in the responses to HIV.

Panos Caribbean operates an HIV and AIDS Programme (Panos Caribbean HIV and AIDS Programme) which for the most part carries out activities under The Panos Global AIDS Programme - a network of Panos offices in Africa, Asia, the Caribbean and Europe.

Panos Caribbean
9 Westminster Road
Kingston 10
Jamaica
Telephone:1-876-920-0070-1
www.panoscaribbean.org



Commissioner of Corrections, Major Richard Reese on a tour of the St. Catherine District Prison. © The Gleaner Company Limited, 2008

CONTENTS

It is probably the worst kept secret: Sex does occur in Jamaica's prisons. Widespread homophobia and a law that prevents the open distribution of condoms or other barrier contraceptives in Jamaica's prisons, provide the ideal conditions for HIV and other sexually transmitted infections to thrive. Prison, with its same sex population comprising inmates from various backgrounds with limited or no sexual contact with the opposite sex, sometimes results in heterosexual males engaging in sex with other men. Gay men who are imprisoned also form sexual liaisons inside prisons walls. Internationally, rapes are common occurrences in prisons and also take place in Jamaica's prison. The no condom policy in Jamaica's prisons therefore puts many men at risk of contracting sexually transmitted infections including HIV.

BACKGROUND

Jamaica's adult prison population stands at just under 4,500. In 2005, a total of 2,037 persons were released from prisons into communities across the country. Data for a three-year period from the Department of Corrections indicate that on average almost half of the prison population is released on completion of their sentences each year. The majority of persons incarcerated are serving short sentences. In March 2006, only 14 per cent of the island's prison population was serving life sentences. As at March 2006, there were approximately 700 inmates serving life sentences in the island's prisons.

Overcrowding is a major problem especially in the island's two maximum-security prisons - Tower Street Adult Correctional Centre in Kingston and St. Catherine Adult Correctional Centre in St. Catherine - where prisoners with very long sentences and life sentences are held. Both prisons are extremely overcrowded. Tower Street, the worse offender, houses almost twice its capacity of 850 prisoners. On March 6, 2006, it was reported that there were 1,672 inmates at the facility. St. Catherine had 381 more inmates than it was built to house (Table 1).

The large population of both prisons means that grown men are forced to co-exist in close proximity for up to 20 hours every day. Three or five inmates are crammed into tiny 6 x 8 x 9 cells, which were designed to house one person.

"At present, there are three to five inmates per cell. It's a strategy in corrections that seems to work. If I attack you, there is a third person who might intervene, however if the two people gang up on you, that's another problem," Major Richard Reese, Commissioner of Corrections explained.

- ***Jamaica's prison population stands at 4,861***
- ***HIV prevalence rate in Jamaica's prison population now stands at 3.3 per cent***
- ***Sex, whether consensual or forced, takes place in Jamaica's prisons***
- ***International guidelines recommend the provision of condoms in prisons for public health reasons.***
- ***There is no policy on the distribution of condoms in Jamaica's prisons***
- ***Inmates who have sex in Jamaica's prison do not necessarily see themselves as "gay" or homosexual***
- ***Rape occurs in Jamaican prisons***
- ***Prisoners are segregated based on sexual orientation***

Table 1: Jamaica's Prison Population

Department of Correctional ServicesIdeal Capacity and Muster for Juvenile and Adult Institutions					
Institutions	**Type**	**Classification**	**Ideal Capacity**	**Muster 30/05/07**	**Remarks**
Tower Street A.C.C.	Male	Max. (Reception)	850	1696	
St. Catherine A.C.C.	Male	Max. (Reception)	850	1306	
South Camp A.C.C.	Male	Maximum	250	247	
Tamarind Farm A.C.C.	Male	Medium	350	271	
Richmond Farm A.C.C.	Male	Low/Open	300	112	
Fort Augusta A.C.C.	Female	Max. (Reception)	250	154 (adults) 4 (juve-niles)	
New Broughton A.C.C.	Male	Low/Open	50	20	
Horizon A.R C.	Male/Fe-male	Max.	1036	623 adult males 15 adult females 35 juvenile males 6 juvenile females	Remand Centre
St. Andrew J.R.C.	Male	Max.	48	44	Remand Centre
Hill Top J.C.C.	Male	Max.	98	101	
Armadale J.C.C.	Female	Max.	45	60	
Rio Cobre J.R.C.	Male	Max.	120	127	
Total			**4247**	**4861**	
A.C.C. - Adult Correctional Centre, J.C.C. - Juvenile Correctional Centre, A.R.C. - Adult Remand Centre, J.R.C.- Juvenile Remand Centre *NB. There are peak periods throughout the year and classification & transfers are done monthly.*					

The prisoner ratio per cell that works for Major Reese is however the personal hell of Mark, who is serving his last few months of a 15-year sentence for manslaughter. He said over the past 15 years, he has spent time at four of the island's seven male prison facilities. During those periods, he has shared a cell with four to five prisoners and even six, when the prisons were very crowded.

"It's like fire in the cells, especially when it comes on to summer. We sweat so much that when we wipe our perspiration from our bodies, we can wring the sweat from our rags," he said.

Mark has no official means of measuring his tiny cell, so he uses the only thing available to him – his body.

"It is about two arm lengths wide and one and a half of a man in length," he explained. Mark is five foot six inches tall. He said the inmates have to be very creative in order to co-exist in such small space.

"Three persons sleep in hammocks and two persons sleep on the floor," he explained. He said sometimes all five or six inmates sleep curled on the floor in the cells with no beds.

Another man who spent 21 years in Jamaica's prison system, 11 of which were spent on death row after being convicted of first degree murder, described the hellish conditions he endured for more than two decades and how it affected him.

In an abbreviated biographical account of his life before and during prison, written by Dawn Vaz-Green and published in 2005, the former inmate, Anthony "Fines" Ashwood, vividly described his experience of being locked down at The Tower Street Correctional Facility while his case was being tried.

"…That first night in the cell was a nightmare. When the cell door closed behind me, I was shocked to see that three other men were already occupying the same small space, and if that wasn't bad enough, they brought two others in making a total of six men to a cell approximately ten feet by five or eight feet wide. Our sleeping arrangements were three men lying in a row; one head up, one head down, the other head up, with one man lying crossways across the top; the fifth and sixth men had to wait there turn for a good sleeping space. This is how we slept on the hard concrete floor. We had no beds; we didn't even have hammocks like in some of the other cells."

Executive Director for local human rights group, Jamaicans for Justice, Dr. Carolyn Gomes, said the conditions under which Jamaica's prisoners live are deplorable.

"Cells which were built for just one person now hold several inmates. The close proximity and long periods of lock down in a small space is a recipe for a myriad of problems including violence and forced sexual contact with the possibility of transmitting HIV," she stated.

So crammed together in confined spaces for months or years, many Jamaican prisoners eventually take on or are assigned various roles as they recreate a sense of community that echoes the social structures and often, complex power hierarchies that are in the wider society.

Table 2: Releases from Jamaica's Prisons 2003-2006

Year	Number Released	% of Population
2003	2,040	42%
2004	2,452	51%
2005	2,037	42%
Source: Department of Correctional Services, Jamaica		

Prisons are extremely high-risk environments for public health issues such as HIV and other sexually transmitted infections due to factors such as overcrowding, limited access to health care, unprotected sex and poor nutrition. Globally, it is estimated that HIV infection among prison populations is higher than in populations outside of prisons. This situation is usually accompanied by high rates of Hepatitis C, tuberculosis, sexually transmitted infections and mental health problems. UNAIDS reports that inside prisons, the primary "risk behaviour for the transmission of HIV are the sharing of injecting equipment and unprotected sex."

Despite this however, prison officials are reluctant to discuss whether to make condoms available to prisoners or even whether sex occurs behind prison walls.

In Jamaican prisons, condoms are contraband. In addition, the country's reluctance to confront the fact that sex occurs in prisons and to accept the fact that sexual intercourse occurs between males generally hinders meaningful interventions.

A 2005 UK AIDS and Human Rights Project found that whether coerced or consensual, sexual activity occurs in prisons.

"Homosexual activity takes place as it does outside as a result of homosexual orientation, but it also occurs as a result of denial of female company. Heterosexual sex occurs between male and female prisoners as well as prisoners and prison officers. Although sex between prisoners may be consensual, coerced sexual activity is very often prevalent. Rapes are frequent and are sometimes considered as a type of institutionalized initiation where it can take the form of gang rapes. The risk of sexual assaults is also heightened by the conditions of imprisonment such as overcrowding and cell sharing as well as the violent and unstable nature of some prisoners."

The report also states that in prisons, sex is sometimes exchanged for privileges or protection.

"Sexual activities between male prisoners happen on a regular basis on the ' Block' in Spanish Town and '***' at Tower Street, where the homosexuals are located. On those blocks men live together as a couple," - male prisoner***

NO SEX HERE!

When questioned, prison officials in Jamaica expertly sidestep the issue of sexual acts amongst male prisoners.

Commissioner of Corrections, Major Richard Reese, said he has never received any official reports of sexual activities in the island's prisons. He maintained that prisoners do not engage in sexual intercourse with each other, as wardens who patrol the cellblocks and monitor the activities of the prisoners prevent this from happening.

"We have to patrol the blocks regularly and I, as Commissioner, have never had any information where someone has seen someone (engage in sexual activity) and taken action. I have seen where people have made 'improper advances' and create a problem," he conceded.

But UNAIDS Country Representative for Jamaica, The Bahamas and Cuba, Miriam Maluwa, finds it highly improbable that no sex takes place in Jamaican prisons.

"Whether we like it or not, sex happens. It happens with people wishing it to happen or not. A lot of rape also happens in prison. Which means that sadly, some people are arrested for very petty offences, they go into prisons, they are raped, which they don't want, and they come out with an HIV infection. This is happening whether we like it or not and I think we have to be pragmatic, we have to be responsible," she said.

Mark (not his real name)* is certain that sexual contact occurs among inmates, but says the majority of the sexual activity occurs among inmates on the 'homosexual' blocks.

"Sexual activities between male prisoners happen on a regular basis on the '*** Block' in Spanish Town and '***' at Tower Street, where the homosexuals are located," he stated. "On those blocks men live together as a couple," he continued.

Mark then provided 'evidence' to support his claim.

"In prison, a 'real' man wouldn't plait man hair and mi see man plait other man hair," he stated emphatically. "We see man and man a fight ova man like how man fight over woman on a regular basis. When they fight, sometimes they cut up and stab each other," he continued.

Mark said the majority of the inmates on the homosexual blocks engage in consensual and non-consensual sexual activity.

"Between 200 and 300 of them located over there, and about 75 per cent of them engage in it (sex with each other) regularly," he stated.

.....But Rape Prevalent

Mark said prisoners are sometimes raped during the daytime, as there are not enough warders to fully patrol all the sections at all times. However, he said most of the incidents of rapes take place at nights under cover of darkness.

"When the cells are locked and at nights, warders cannot always patrol the sections. Even though they might be detailed for duty to patrol the area, they don't, unless an inmate is in obvious distress and bawl out more than one time fi get them attention. Even when an inmate teck sick, wi haffi meck nuff noise and bang pon the grill of we cell before warders do come," Mark explained.

He said inmates who are raped are treated at the prison health facilities and are only sent to public hospitals outside the prisons if they are badly injured.

"But I don't remember any case where the victim was sent to outside hospitals because the prison officials and doctors don't want any one on the outside to find out what takes place in here, them try fi cover it up," Mark reflected.

The 2005 UK AIDS and Human Rights Project states that in 2004, 2 per cent of a sample of 208 male prisoner participants in the UK study had engaged in forced penetrative sex, which represents approximately 1,500 victims in a single year. According to the report, there is extensive anecdotal evidence of HIV transmission as a result of rape in prisons.

With the absence of any documented studies to determine the prevalence of rape in Jamaica's prisons, Dr. Raymoth Notice, former prison doctor, weighed in on the issue.

In January 2006, Dr. Notice alleged that mentally ill prisoners at the St. Catherine District Prison in the parish of St. Catherine were being raped daily. Major Reese asked that Dr. Notice provide evidence of his claim and the Ministry of National Security launched an investigation into the allegations.

"There is nothing to investigate. How can you ask a man who hasn't been in the prison system for five years to provide evidence about what is taking place in prisons?" Dr. Notice queried incredulously. "They need to ask the wardens who are in the prisons now, they know who are involved," he said.

In April 2006, three months after Dr. Notice's allegations, the Ministry of National Security issued a release indicating that several inmates that were implicated in allegations of sexual abuse of mentally ill prisoners were removed from the St. Catherine Adult Correctional Centre to another maximum-security institution for closer monitoring. The release said investigations into the allegations of sexual abuse revealed that there were three cases with "strong allegations of abuse" involving mentally ill inmates, one of which was verified. A representative from the ministry, who spoke on condition of anonymity, revealed that 13 inmates had been transferred based on the investigation's findings.

Dr. Notice pointed to a power structure among prisoners that creates a cycle of abuse. "Rape in prison is not about sexuality; it is about ego and machoism," he stated.

Men who have sex with men

Prisoners who declare that they have sex with other males when they enter the prison system and those who are convicted on buggery charges are housed together - separate from the rest of the prison population. Prison Commissioner Major Reese disclosed that this only happens at the St. Catherine District Prison and the Tower Street Adult Correction Centre.

However, Major Reese refused to disclose the number of prisoners housed on the 'homosexual' blocks. He said separating the prison

population at the island's two maximum-security prisons, is a strategy that helps to keep the peace and save lives.

"This is done to protect the homosexual prisoners, as they are likely to be harmed by heterosexual inmates," he explained. "The 'straight' people in the prison(s) accept what we are doing, because we have separated them so they are happy with that - they don't want them over there. So they commend us for taking that action. Because if we don't take action, they'll take action and their action is different from ours," he said.

"If you are charged with buggery, it comes in on your penal record. You can't be placed in the general population, because if it becomes known, you are dead! I can't let that happen. I have a job to protect lives. There was a foreign national who was being held elsewhere and he acted inappropriately and we had to rescue him and take him to St. Catherine (District Prison.) We rescue inmates everyday. The ideal thing that we would want to move to is to house persons who we segregate, single cell," Major Reese explained.

"The ones that we have to worry about are not the ones who admit to being homosexuals. It is the ones who do it (have sex with men), but believe that they are not homosexuals that are the real threat." - Dr. Carolyn Gomes, Human Rights Advocate

However the reality is the inmates, many of whom have acknowledged that they have sex with men are housed three or five to a cell, separate from the rest of the prison population. And they are not given condoms, according to Major Reese.

Mark* confirmed that male prisoners who have sex with other males are separated from the general prison population at both Tower Street and the St. Catherine District prisons.

"The prison is divided. You have the "bigman' dem on one side and the 'boys' or gays are by themselves," Mark* explained.

"Yuh see ova our side, if a man is seen with a condom, 'im dead, or him affi relocate to the homosexual section," he declared.

Mark* claimed that he remained celibate while in prison. He explained that he coped with the absence of sex by exerting self-control.

"Yuh mind control your whole body, so I just don't put my mind on it. I just play football, watch TV, smoke weed (marijuana) and just live a normal life like anybody else," he stated.

Dr. Carolyn Gomes explained that the complex factors driving sexual behaviours in prisons mean the issue of sex among prisoners and associated risks cannot be addressed by simply separating homosexual prisoners from the rest of the prison population.

"The ones that we have to worry about are not the ones who admit to being homosexuals. It is the ones who do it (have sex with men), but believe that they are not homosexuals that are the real threat," she continued.

"They view raping another inmate as a form of punishment. While they might claim that their heterosexual status is validated by the fact that they have several baby mothers, they terrorise other inmates by raping them. They don't see it as being homosexual, but they are performing buggery, which is a homosexual act," she stated firmly.

HIV PREVENTION, TREATMENT AND CARE

Prisoners are highly vulnerable to HIV and other infections. A Human Rights Watch Report states "prisons provide the perfect breeding ground for transmission of the HIV. High-risk behaviours such as injecting drug use and unprotected sex including coerced sex, are common in prisons around the world." The report also notes that health care in prisons is usually sub-standard and sometimes non-existent.

According to the 2005 UK AIDS and Human Rights Report, "Worldwide, the rates of HIV are significantly higher in prison than in the general community. This is due to the fact that prisoners often belong to groups that are highly vulnerable to HIV."

Prevention

Dr. Notice was unable to say how many inmates he treated for Sexually Transmitted Infections (STIs), but said during his tenure, the rate of STIs in the prisons where he worked was very high. He said the most common STIs he treated were gonorrhoea, HIV, chlamydia and syphilis, but not in its acute stage. He revealed that he has also had to treat inmates who had STIs in the anus. However, he said more inmates with STIs had penile discharges than anal discharge.

"Infrequently you might see anal discharge or anal sores or in extreme cases, rectal prolapse, when the muscles of the anus become loose and the sphincter become dysfunctional, this causes the rectum to protrude," Dr. Notice said.

Dr. Notice says rectal prolapse only occurs when someone has been brutally raped in the anus or has a severe case of constipation, which causes excessive straining in attempts to have a bowel movement. He said during his years as prison doctor, he treated between three and five cases. He said all those inmates required corrective surgery, as a prolapsed rectum could result in incontinence.

The Human Rights Watch report also lists tattooing as a factor, which increases the vulnerability of prisoners to HIV infection. The report states:

"Despite being prohibited, tattooing is a very common activity in prison and sharing of tattooing equipment is extremely frequent."

In developed countries such as Ireland, almost half of prisoners surveyed were tattooed and 15 per cent of them said they received tattoos while they were in prison. In Canada 45 per cent of federal prisoners reported having had a tattoo done in prison.

While tattooing takes place in Jamaican prisons, it does not happen on a large scale. Mark* says some inmates get tattoos while they are in Jamaican prisons but not many of them do.

"Only a few do it. Nuff man scared of it because of the needle. Man want meck sure say a needle has not been used on other people. Even when the needles are changed they are still not sure if blood still remains in machine which will affect them," he explained.

He says not even the low cost of a tattoo which is usually between

The new medical wing at the Tower Street Correctional Centre. © The Gleaner Company Limited, 2008

$200 –$500 is enough to override the fear that inmates have of getting infected with HIV in the process

The Human Rights Watch Prison Report also noted that, "rather than provide prisoners with prevention tools such as condoms for safe sex and liquid bleach for sterilizing needles and syringes, prison administrators frequently bar the entry of these items. Even HIV and AIDS education, which could help prisoners understand their vulnerability to the virus, is rarely found in the world's penal institutions."

In Jamaica, the Ministry of Health (MoH) has implemented an HIV and AIDS education programme in the island's prisons. Lovette Byfield, Director of Prevention at the MoH said more than 400 inmates at the Tower Street prison have participated in face-to-face group sessions.

"In our peer education programme, we train long-staying inmates as peer educators. Peer educators are expected to pass on HIV prevention information and teach inmates how to conduct risk assessment so that they are able to recognise their vulnerability to HIV infection and the kind of behaviour and practices that place them at risk," she disclosed.

Jamaica's buggery laws which make anal sex illegal and a culture of homophobia are often cited as reasons why condom distribution is not allowed in prisons. Mark* explained that anyone found with condoms in their possession, would be labelled gay and would be in serious trouble, not only with the prison authorities, but would also have to answer to the 'bigmen'.

Treatment and Care

There is still a shroud of secrecy regarding HIV diagnosis and treatment in Jamaica's prisons. Very little is known about the real conditions under which the island's prison population lives.

The stigma which links HIV and AIDS to homosexuality and Jamaica's pervasive homophobic culture helps bolster the wall of silence which is as old and impenetrable as the maximum-security walls that surround some of the island's penal institutions. For the most part, prison officials maintain a stony silence in adherence to a code of secrecy, which is part of their conditions of employment. Many inmates also remain silent about some aspects of life in prison, even after they are released, sometimes because of shame and fear of retribution.

Within these walls of silence, prisoners whose immune systems were compromised because of HIV infection died from AIDS-related illnesses. Those who break the silence say many of the prisoners are diagnosed with the disease only during the end stages when they exhibit visible signs of illness. Some prisoners are afraid to get tested, as they have no confidence that their status will remain confidential. And still, others who test positive sometimes refuse to take their medication, as they do not want wardens or other inmates to find out that they are taking medication for HIV.

Impact of Stigma on Care and Treatment

The stigma associated with HIV makes inmates unwilling to get tested until the disease is advanced. This prevents them from accessing treatment, which could prolong and improve the quality of their lives. According to a former prison employee, even when they test positive, many prisoners refuse to take their medication or fail to strictly follow their treatment regimen, as that might alert other prisoners to their status.

"Stigma against HIV is very high in prisons. An inmate who is HIV-positive is automatically branded a homosexual once his status becomes known, so he has to live with a double stigma," the former prison employee revealed.

She said whenever wardens accompany them to the medical quarters for them to take their medication, inmates would deny that they are HIV-positive and refuse to take the drug.

"They knew that the wardens would recognize the drug as HIV medication and then word would get out about their status," she explained.

The former employee said the medical staff had to devise strategies, such as claiming that the HIV medication was vitamins in order to deceive the wardens into believing that the inmates were not HIV-positive. Many of the inmates, she said, do not tell their family of their HIV-positive status.

Prison employees who break the code of silence and speak out on sensitive issues only do so on the condition that their names are not used, as they risk disciplinary action or even dismissal if their identities become known. Former employees who dare to speak candidly about Jamaica's prison conditions claim they are ostracized, victimized and branded as troublemakers in attempts to destroy their credibility and the validity of the information that they share.

Care - Nutrition and Exercise

Proper nutrition and exercise are integral to a person's health. Inmates locked in cramped quarters with just a few hours of exercise per day and fed smaller portions of food than they are used to getting are more vulnerable to infections. However, prison officials offered very little information about the diet of inmates and none about the diet of HIV-positive inmates.

Major Reese disclosed that, "…the medical officer determines which inmates receive special diets based on a specific medical condition."

He refused to give specifics of the diet of HIV-positive inmates, but revealed, "Regimes for HIV-positive inmates are determined by the (prison) doctor." He said a full-time nutritionist is assigned to the Department of Corrections and external local consultants in consultation with the nutritionist and medical officer develop the diets of the inmates. However he said that an interview with the prison doctor and the nutritionist would not be allowed.

According to Major Reese, inmates are allowed outside of their cells for approximately six hours each day for recreation and rehabilitation. However Mark* said to the best of his knowledge, prisoners are allowed

outside for exercise for four hours each day, two and a half in the mornings and one and a half in the evenings.

Mark* shared some information about the meals he and other prisoners receive. Breakfast consists of a slice of bread, a cup of tea and sometimes a boiled egg and an orange. Turkey neck served with either dumplings or rice is the typical fare for lunch, while rice, served with chicken back, turkey neck or callaloo is served for dinner. He said neither lunch nor dinner is served with juice; water is the only beverage that is offered. On Saturdays they are given soup and on Sundays the meal is rice and peas with some form of meat.

Care - Staffing

Major Reese explained that the number of wardens employed to the island's prisons is inadequate, but said he was unable to disclose how many more wardens are needed because of security reasons. There is also not enough medical staff to take care of the health needs of the prisoner population. Information from the Department of Corrections revealed that there are 17 medical personnel that provide treatment and care for inmates in all of the island's prisons.

Table 3: Prison staff

POSITION	ESTABLISH-MENT	NO. IN PLACE	REMARKS
Full Time Officers:			
Consultant Psychiatrist MO IV	1	Vacant	
Psychiatrist MO III	1	Vacant	
Medical Officers MO II	2	3	1 additional MO employed on contract
Dental Surgeon	1	1	
Registered Nurse	1	1	Retired Nurse employed on contract
Enrolled Assistant Nurse	1	Vacant	
Psychologist	1	4	3 related to other positions
Part Time Officers:			
Consultant Psychiatrist		1	
Psychiatrist		2	
Medical Officers		5	
TOTAL	8	17	

Source: Department of Corrections, 2007

During a tour of the renovated medical facility at the Tower Street prison, Major Reese disclosed that the Department of Corrections is in need of between eight and 10 more nurses in addition to the one full time nurse who is assigned to the Tower Street prison. He said because of the staff shortage, Correctional Officers assist in performing some functions of the medical staff. He said those Correctional Officers are classified as Medical Orderlies. He said the Medical Orderlies are trained by the Ministry of Health; some are trained at the University of the West Indies, Mona, while others are trained within the prison system. According to him, training includes:

- Phlebotomy
- Emergency Medical Technician
- Voluntary Counselling and Testing
- Basic First Aid
- Cardiopulmonary Resuscitation (CPR)

Major Richard Reese, Commissioner of Corrections shows a warden medication available to inmates at the Tower Street Adult Correctional Centre. © The Gleaner Company Limited, 2008

"Some are emergency medical technicians, who are trained by the instructor who is in charge of the national programme to train emergency medical technicians who work as ambulance personnel," Major Reese disclosed.

A sign on the ward of the Tower Street Prison's medical facility states that inmates who are not bedridden are expected to assist other ill inmates who were too ill to help themselves. According to Major Reese, "In correctional settings, inmates are required to assist each other and some are classed to working parties such as orderlies, cooks, welders, plumbers, electricians, tailors, masons, etc."

Major Reese said the challenges faced by the Tower Street medical centre are similar to those at any other health facility.

"The department refers inmates to public hospitals in circumstances where we cannot provide the desired level of care," he stated.

According to the Department of Corrections, only two of the island's prisons have hospitals. One is at Tower Street and the other one is located at the St Catherine District prison. All the others have smaller facilities – medical stations.

Care - Compassionate Early Release

The United Nation's International Guidelines on HIV/AIDS and Human Rights also recommend that compassionate early release of prisoners living with AIDS should be considered. The Guidelines recommend that prison authorities should … "prohibit the denial of access to early release of prisoners living with AIDS."

However, based on reports from at least two former employees of the Department of Corrections, many inmates with terminal illnesses, including AIDS, die in prison, despite repeated applications for early compassionate release, which are supported by their doctor's diagnosis.

There are provisions in the Corrections Act for prisoners who are terminally ill to be released on a compassionate basis before they have completed serving their sentences. Persons with AIDS, who are at the end stage of the disease fall into this category. However it is unclear to

what extent this is facilitated. While the Department of Corrections provided figures on the number of compassionate releases granted over a two-year period, the department refused to disclose the type of terminal illnesses those persons were diagnosed with.

Data obtained from the Department of Corrections indicate that of 10 inmates who requested to be released on early compassionate leave over a two-year period, between 2004 and the first three months of 2006, only three were sent home.

Major Reese conceded that early compassionate release is "necessary for terminally ill inmates who qualify," stating that persons who are "deemed terminally ill may apply".

He said a committee of senior correction officers reviews the applications. The committee refers the applications to the Department of Corrections, which sends them to the Governor-General's office. The requests are then forwarded to a local Privy Council, which decides whether the requests should be granted.

However, Dr. Raymoth Notice said that during the five years he was employed as the doctor at three of the island's prisons, compassionate releases for prisoners with AIDS were difficult to obtain.

"It was hard to convince the secretariat at the Governor-General's office that the persons who requested early compassionate leave would die soon," he stated.

He said there is insensitivity and ignorance about HIV, which hamper the process. He recalled one instance that he said might have influenced how applications for early compassionate releases are now reviewed and granted and might even hamper the chances of some inmates being granted early releases in the future.

"One person who got compassionate early release, wanted to do a course at the University of the West Indies. Even though he knew he would die soon, as he had AIDS, he still wanted to pursue his dream, which he had harboured for many years. However, one of the persons on a panel (at UWI) who interviewed him as part of his application process had been a member of the local Privy Council that had reviewed his case and granted him the early release. It was immediately assumed that the inmate was not critically ill, because by applying to UWI, he seemed to be engaged in long-term planning and as such, had no intention of dying soon," Dr. Notice explained.

"I got a letter of reprimand which stated that the inmate's diagnosis

was at best exaggerated or at worst dishonest. The former inmate died about four months after that," he stated.

Dr. Notice revealed that more than four years after quitting his job with the Department of Corrections, he still has very painful memories of the anguish of some inmates who were diagnosed with AIDS, but whose requests for early compassionate release were not granted. He said even when requests were granted, often the reprieve came too late for some of the inmates who were critically ill.

He said during the five years that he worked in the prisons; very few inmates who requested early compassionate leave were sent home.

"No more than five or six persons got through and at least 24 needed the compassionate leave. That was inhumane," he stated.

A former employee of the Department of Corrections who spoke on condition of anonymity revealed that part of her job was to write application letters for persons who needed early compassionate release. However, she revealed that the process was so slow that she was constantly frustrated. She said the problem was compounded by the fact that sometimes the committee set up to review the applications would not hold sittings for long periods.

"It does not make sense to be writing requests for people who you cannot help. It makes no sense writing the requests for the same people year in year out. After a while, I simply refused to write any more," she stated.

Care - Partner Notification

The Correctional Service does not inform the partners of inmates that are HIV positive of their status. Major Reese said inmates are expected to tell their spouse of their status if they are HIV positive or if they have other infectious diseases.

"Partner notification is the business of the partner," he said candidly.

He said when conjugal and weekend visits were allowed, inmates who were HIV positive or had infectious diseases were only allowed to access the privilege if they disclosed their medical condition to their spouses and if their spouses then disclosed to prison authorities that they had been told.

However, when inmates complete their sentences and are being released, the Correctional Services does not mandate that they tell their spouse of their status.

"We only have control over inmates while they are with us," he explained. "They are referred into the public health system, so if they are going to Portland, then the Portland Health Department will be notified and they will be given referrals so when they come out they go there and continue their treatment. They are counselled, they know that they need these drugs to remain healthy," Major Reese explained.

Dr. Peter Figueroa, chief of AIDS at the Ministry of Health (MoH) said he is not particularly concerned that it is not mandatory for the partners of ex-convicts to be advised if they are HIV positive.

"This is something that is not limited to prisoners - all HIV positive persons are not mandated to tell their partners their status," Dr. Figueroa declared.

However, he noted that the Department of Corrections and the Ministry of Health (MoH) are working on a reproductive health programme for prisoners.

HIV PREVALENCE

A Sexual and Reproductive Health Study which was undertaken by the Correctional Services, the Ministry of Health, John Hopkins University, Health Through Walls (a US based group), and Jamaica AIDS Support in 2006, found a 3.3 percent HIV prevalence rate among the island's prison population. The study aimed to determine the prevalence rate for HIV and other transmissible diseases such as Hepatitis A, B & C among inmates. Major Reese said from the information gathered, a medical database on the island's prisoners will be developed, which will guide the treatment of inmates when they are referred to medical facilities outside the prisons for treatment. He said the information will also guide the development of appropriate treatment programmes for HIV positive inmates within prisons.

Major Reese expressed confidence that the results of the new Sexual and Reproductive Health Study were more accurate than those from a similar survey conducted in 1997. He said a larger sample size of the prison population was used in the recent study and more inmates participated in the new project than in the previous one.

"They (the inmates), were sensitized about the project. Before the new project commenced, 100 inmates were tested for HIV during a pilot Voluntary Testing exercise. The pilot was done to gauge the extent to which inmates are likely to participate in the new testing programme," Major Reese stated.

Ms. Byfield said the recent Sexual and Reproductive Health Study, the first phase of which was completed in late 2006 at the Tower Street prison, and which was slated to continue in other prisons in 2007, provides a unique opportunity for the Ministry of Health to target men on reproductive health issues.

"The programme provides a unique opportunity for the Ministry of Health to reach men on reproductive health issues. You see, men are notorious when it comes to health seeking behaviours; it is generally more difficult to get information to them than women. Therefore an incarcerated male population provides a good opportunity for intervention," Ms. Byfield explained.

She said the programme focussed and will continue to focus on men's sexual and reproductive health in its widest sense and not just on HIV and STIs. According to Ms. Byfield, under the programme, the medical facilities at the Tower Street prison were improved so that inmates who need medical care could be cared for in more comfortable surroundings. She said before the hospital was repaired, inmates who were ill had to remain in their cells, which was not ideal.

Major Reese said the refurbished hospital would make it possible for more ill inmates to be treated in the prison, instead of being taken to public hospitals. Taking prisoners to public hospitals poses a security risk and is an additional strain on the security resources of inadequately staffed prisons.

The hospital, which is a 50-bed facility, was refurbished with international funding at a cost of $5 million and has examination rooms, counselling facilities, a dentist's office, a small pharmacy and bathrooms.

Ivan Cruickshank, of the NGO Jamaica AIDS Support for Life (JASL) said his organisation was involved with the project. He also noted that while the research component of the Voluntary Counselling and Testing, VCT, Programme ended in late 2007, the project was still ongoing. However he said that while HIV testing was offered to inmates, not all inmates volunteered to be tested.

Major Richard Reese on a tour of the St. Catherine District Prison. © The Gleaner Company Limited, 2008

He said all new inmates are now routinely offered HIV testing when they are being processed for admission into the Tower Street Adult Correctional Centre. VCT would only be offered at the other penal institutions across the island when certain logistics have been worked out.

"That includes transportation of personnel and supplies to the prisons," he explained.

Mr. Cruickshank said the project has already achieved a number of objectives.

"Significant strides were made in identifying individuals who will need treatment and care. In addition, the hospital at the Tower Street prison was refurbished as part of the project."

Major Reese said the results of the study will help determine the prevalence rate of certain infectious diseases amongst inmates. According to him, this data will help prison officials decide what infectious diseases inmates are likely to have and which ones they should be tested for when they are being processed before they enter the penal system. He disclosed that prisoners entering the island's prison system are processed at three reception centres; two for males at Tower Street and St. Catherine District Prisons and one for females at Fort Augusta. However, he said initially, the Reproductive Health Survey to determine prevalence rates and treatment regimes for contagious diseases would only be carried out at Tower Street.

He disclosed that one reason for the absence of current, reliable data on inmates living HIV is the fact that prisoners are not given comprehensive medical examinations when they are processed at the island's three reception centres. He said new inmates would be given general medical examinations, but would only be tested for HIV and other infectious diseases, if they looked visibly ill. He said the same rule applies to inmates already in the system.

"Normally the doctor would examine an inmate, but if he has no overt signs of an illness, then naturally, he wouldn't be treated and laboratory tests would be limited," Major Reese revealed. He said the Department of Corrections has realized that it would be less costly to identify and treat illnesses in prisoners early.

Major Reese said in the first phase of the Voluntary Counselling and Testing (VCT) Programme, inmates would only be tested if they volunteer to take the test. However, he said all inmates entering the prison system will be subjected to mandatory testing for HIV and other Sexually Transmitted Infections as well as other communicable diseases when they are processed and accepted in the prison system.

The commissioner was anxious for the mandatory testing to start as he believes it would clear up the misconception that prisoners who test positive for infectious diseases when they are in prison became infected in prison.

"From our information, a significant number of inmates come in with contagious or infectious diseases. There is a perception that they are contracted internally. That is a myth. The reality is that most of them come in with these diseases. We have to identify these diseases and prevent them from being spread."

Major Reese said inmates who test positive for HIV during the VCT programme, will be placed on appropriate treatment immediately.

"We've trained laboratory technicians through the Ministry of Health. All the systems relating to confidentiality and counselling arrangements are in place and we have received medication for treatment for any of these ailments in advance. Once a person (has been) diagnosed, and it's not just with HIV, the treatment regime can flow," he revealed. The testing and counselling activities will be carried out at the hospital and clinic facility at the Tower Street prison.

A prevalence rate of between six and seven percent from the 1997 study was widely rejected by Jamaica's prison officials and the Ministry of Health. Before the latest HIV prevalence rate of 3.3 per cent was released in late 2007, Lovette Byfield, Director of Prevention at the Ministry of Health and Major Richard Reese, Commissioner of Corrections, questioned the validity of the 1997 survey that found that the prevalence rate of HIV in Jamaica's prisons was six to seven times higher than in the general population. They both claimed that the study was flawed. Major Reese said the sample of prisoners used in the study was not an accurate reflection of all the sectors of the prison population.

"Research done in the past was not comprehensive enough and was not done in a manner that could be used as a reliable source of data," Major Reese stated. Ms. Byfield echoed his views.

"There is some doubt that the rate of HIV infection among inmates is six or seven times higher than that within the general population as revealed in the (1997) study. Some elements of the study could have been flawed, perhaps as it relates to sample selection" Ms. Byfield revealed.

While Dr. Notice also felt that the results of the 1997 study might be inaccurate, he indicated that it was more likely that the infection rate could be much higher than the 1997 study found.

"The figure should be higher," Dr. Notice claimed. "Because there were quite a few persons who I am sure died of AIDS but were undiagnosed."

He said the prisoners feared that if it became known that they

The 3.3 percent HIV prevalence rate in Jamaican prisons places Jamaica among countries with the lowest HIV prevalence rate in prisons in the world. Figures from developing countries such as the United States show rates ranging between two and 10 percent and other countries of the Caribbean such as Trinidad which has a rate of 4.5 percent.

had died of AIDS, the high level of stigma associated with the disease would negatively affect their family even after they had died. Dr. Notice claimed that during the five years he served as the medical doctor at the St. Catherine, Fort Augusta and Tamarind Farm prisons, more than 10 inmates from St. Catherine Prison died due to complications caused by AIDS in addition to others who were diagnosed with the disease in other prisons. He said female prisoners who are kept at Fort Augusta in St. Catherine, were among those who died of the disease.

Dr. Notice claimed that many inmates who are diagnosed with HIV while they are incarcerated were HIV positive prior to imprisonment.

"They were infected when they came in but when they came to prison their immune system broke down faster, as a result of poor nutrition, lack of proper medical care and high-risk behaviour," Dr. Notice explained.

Despite these speculations, the recently released results of the 2006 study seem to have provided some comfort to the Minister with responsibility for Jamaica's correctional services. Minister of National Security, Derrick Smith in an article in The Gleaner dated, December 11, 2007, claimed that the 3.3 percent HIV prevalence rate in Jamaican prisons places Jamaica among countries with the lowest HIV prevalence rate in prisons in the world. According to Mr. Smith, the 3.3 per cent rate compares favourably with figures from developing countries such as the United States whose rate ranges between two and 10 per cent and other countries of the Caribbean such as Trinidad which has a rate of 4.5 per cent.

"This means that our HIV prevalence rate within the prison system is actually one of the lowest in the world," Mr. Smith stated in the article.

He said the lower HIV prevalence rate was due to "a dramatic decline in incidents of sexual abuse and the spread of disease in the prisons."

He said this was achieved as a result of the housing strategy introduced by the Department of Correctional Services, which separates homosexuals, heterosexuals, those who are mentally challenged and those prisoners with communicable diseases.

The issue of condoms in our prisons is a controversial issue and it is the Ministry of Health that must be the leader in promoting proper health care and preventing any form of sexually transmitted diseases in prisons - Dr. Raymoth Notice, former prison doctor

CONDOM DISTRIBUTION RESISTED

Condoms are not distributed in the island's prisons. According to Major Reese, under Jamaica's buggery laws, anal sex between males is illegal. Condoms, he said, are contraband in prisons.

"I run my organization by common sense and…by the laws of Jamaica. There are certain laws and social and cultural practices, and you have to be guided by those practices and laws," he stated.

However, Dr. Notice said that does not mean that condoms are not available in the island's prisons. He said that during his five-year stint as prison doctor, condoms were not distributed in prisons by the authorities or by medical personnel. However, he said prisoners have always found ways to get them.

"It is considered contraband, but contraband is always available in prisons," he said. "These guys find innovative ways of getting them. They are trafficked in, sometimes by their relatives," he continued.

Dr. Notice said that has become the norm universally in all prisons where condoms are prohibited and prisoners are becoming increasingly aware of HIV.

"When they can't get condoms, they improvise, they use gloves or plastic bags," he stated.

As a medical doctor, he thinks condoms must always be available to adults or to persons who have the right to protect themselves.

"However, the issue of condoms in our prisons is a controversial issue and it is the Ministry of Health that must be the leader in promoting proper health care and preventing any form of sexually transmitted diseases in prisons," he explained.

United Nation's International Guidelines on HIV/AIDS and Human Rights, state, "Prison authorities should take all necessary measures, including adequate staffing, effective surveillance and appropriate disciplinary measures to protect prisoners from rape, sexual violence and coercion. Prison authorities should also provide prisoner (and prison staff as appropriate), with access to HIV-related prevention information and education. They should also be provided with access to voluntary testing and counselling as well as means of prevention, such as condoms, bleach and clean injecting equipment and treatment and care.

An attempt to address the issue of HIV by promoting condom use in the island's prisons in 1997 resulted in what is probably one of the most horrific incidents in the island's penal system. A proposal by then Commissioner of Corrections, Lieutenant Colonel John Prescod, for condoms to be distributed to prisoners to help combat the spread of HIV amongst the prison population, triggered a riot at the Tower Street Adult Correctional Centre. The three-day riot left 16 inmates dead and approximately 40 prisoners injured. Following the deadly riot, the Minister of National Security suspended conjugal visits at the island's prisons. Home weekend visits by prisoners who were considered low-risk, were also discontinued. It should be noted that the riot was fuelled not only by the reactions of some prisoners, but also by the reactions of some warders and their union leaders.

Mark* said the only time he saw condoms in the possession of an inmate was during this riot when a box of condoms was discovered in the cell of an inmate who was one of the 16 persons killed.

CONCLUSION

Sex occurs in Jamaica's prisons. Current and former inmates and Dr. Notice, who spent five years as the doctor for three of the island's all male population prisons, is among those who attest to this.

"Consensual and non-consensual sex take place in prisons. There are those who have steady relationships in prison. I have seen men fight over men in prisons, just like how a man would fight for a woman," Dr. Notice stated firmly.

The non-distribution of condoms in the island's prisons as well as the moral and legal sanctions against homosexuality heighten the

stigma surrounding sexual relations among males and HIV infection in the island's penal institutions. From a human rights and public health perspective, condoms should be made available to everyone, including prisoners, who are likely to be sexually active. However, the social, legal and religious taboos that have been placed on men who have sex with men have ensured that Jamaica's buggery law, which makes anal sex illegal, remains firmly in place. Despite this, views differ about how the situation should be addressed.

Lovelette Byfield of the MoH, maintains the ministry does not distribute condoms in the island's prisons as part of their prevention programme in prisons, and she said she does not think that condoms should be distributed in prisons.

"The Ministry of Health does not distribute condoms in prisons as part of our prevention intervention but we do provide skills in condom use to those who are about to be released from detention. Wide-scale distribution of condom in prisons could be interpreted that all men in prison are having sex and the majority of men are not, a significant number are abstaining. We provide peer education training to increase awareness of HIV and other STIs. I don't think that distribution of condoms in prison is likely to be part of the response to HIV in the near future. Jamaica is not ready for this action as it goes against both the legal and moral framework in which we presently operate," Ms. Byfield stated.

Dr. Notice, on the other hand, fully supports the distribution of condoms in prisons.

"I encourage the use of any bio mechanism to prevent the spread of any STIs including HIV, whether amongst nuns, monks, fathers or pastors," he stated.

But he stops short of giving the repeal of the buggery law the nod.

"Sex is people's private business. My job as a doctor is to prevent and cure. I'll allow the moralist to deal with the issue of repealing of law, however, it is difficult for most politicians to be moralists," he stated.

Dr. Notice recommends a massive educational programme on STIs including HIV, for warders, administrative staff and the entire prison population.

"The new programme (the sexual and reproductive study) is excellent, but they are only targeting a small amount of the population. It should be a mandatory programme for all prisons as consensual and non-consensual sex happens across the board," he stated.

On the issue the distribution of condoms in prisons Dr. Figueroa said: "It is a policy decision whether condoms are available in prisons. This is complicated by the fact that sodomy is against the law. Best practice recommendations by UNAIDS and international best practice from a public health and a human rights point of view is that condoms should be made available to inmates."

"Sex is people's private business. My job as a doctor is to prevent and cure. I'll allow the moralist to deal with the issue of repealing of law, however, it is difficult for most politicians to be moralists." - Dr. Raymoth Notice, former prison doctor

UNAIDS Recommendations

The Joint United Nations Programme on HIV and AIDS notes that the high rate of HIV infection among prisoners normally mirrors the rate

among general population- a rate driven largely by failure to follow safer sex practices. It further notes that an effective response to HIV in the prison system, must be addressed in the context of substandard or antiquated prison systems. Thus, it recommends dealing with overcrowding and violence. These, the agency notes, when combined with inadequate means of maintaining personal hygiene, inadequate nutrition and inadequate medical services, increase the vulnerability of prisoners to HIV infection.

UNAIDS representative to Jamaica, The Bahamas and Cuba, Miriam Maluwa, said her organization fully endorses the distribution of condoms in the island's prisons.

"We (UNAIDS) would fully endorse it (condom distribution) and I personally think that it is a very pragmatic way of dealing with the epidemic," she stated.

According to Ms. Maluwa, if steps are not taken to prevent and stem HIV in prisons, the effects on the wider society will be devastating.

"If we behave irresponsibly in terms of preventing infections in prison, we are only creating a breeding ground that will then trigger off to the general population," she warned.

"Prisoners interact with the general population. They get released. Once they are released they go back to their wives, they go back to their boyfriends, girlfriends; they go back to the community. So in addressing HIV, you have to identify every potential source of infection, find it and prevent it. You can't procrastinate with HIV, because every omission to carry out a prevention programme where you could have is really a possible infection," she emphasized.

Ms. Maluwa stressed that it is irresponsible to allow that kind or risk to exist undeterred in a setting where a category of people is confined, where it is inevitable that they will have sex because of sexual desires and where it is known that they are having unprotected sex because they are denied commodities to have protected sex.

"It is the height of irresponsibility!" she declared. "We have to move towards condoms in prisons. It has to happen! The National AIDS Programme and the Ministry of Health have the right focus on this, but we need to move the rest of the political structure and also the prison authorities to appreciate the necessity and importance of this," Ms. Maluwa stated.

She also pointed out that there is a clear distinction between decriminalizing certain acts, such as sodomy and buggery, which is very different from legalizing them.

"Decriminalizing means that you remove it from the books. So you don't make it an offence. You don't target particular people by making them criminals because of this private act that they engage in their private homes," she argued.

She said a large number of countries in the rest of the world have decriminalized sodomy and buggery and Jamaica is in fact trailing behind international best practice in this regard.

"Decriminalizing means that you remove it from the books. So you don't make it an offence. You don't target particular people by making them criminals because of this private act that they engage in their private homes." - Miriam Maluwa, UNAIDS representative to Jamaica, The Bahamas and Cuba

The last word...

But Major Reese is still in charge of the island's prisons and regardless of the debate that rages about the wisdom of distributing condoms in the island's prisons, he remains unmoved.

"There is no debate," he stated. "I am not debating it with anybody. The policy of the Ministry of National Security and the Department's (of Correction) is clear. I am in charge of Corrections, so if there is any decisions in that regard, it is the Ministry of National Security that will make that decision," he continued.

Major Reese staunchly maintained that the matter is not relevant because it is not legal and indicated that even if the laws are repealed, condom distribution would not necessarily commence in prisons.

"If people smoke ganja in prison, are you going to give them Rizzla paper (cigarette paper) and encourage them to smoke?" he queried.

"Every decision has to be looked at in an ethical light as well as from a legal perspective. All condoms have a notation on them, which is a clear indication of what they should be used for. I am holding a brand now and the notation on the inside of the package states that 'condoms provide their best possible protection only when being used for vaginal intercourse.' What does that tell you?" he asked.

**Names changed on request*

ENDNOTES

1. All prison population statistics are from the Department of Correctional Services, Jamaica.
2. WHO/UNAIDS, 2006: HIV/AIDS Prevention, Care, Treatment and Support in Prison settings.

BIBLIOGRAPHY

Corrections Times - Annual Review of the Department of Correctional Services, April 2004 – March 2005

Fact File 2, Prisoners Rights and HIV: High-Risk Behaviours and HIV Transmission in Prison, A UK AIDS and Human Rights Project 2005

The Gleaner, March 2, 2006

The Gleaner, December 11, 2007

Jamaica Observer, November 6, 2005, November 19, 2005 & January 29, 2006

State of the Nation Debate Speech, March 3, 2006 – Delivered by Parliamentary Secretary, Ministry of National Security, Senator Kern Spencer.

Vaz-Green, Dawn, A Passage Through The Valley of Death – The Anthony Ashwood Story, August 2005, A Green Oasis Publication

WHO/UNAIDS, 2006: HIV/AIDS Prevention, Care, Treatment and Support in Prison settings.

INFORMATION SOURCES:

Nancy Anderson
Legal Officer
Independent Jamaica Council for Human Rights
131 Tower Street, Kingston
(876) 967-1204

Lovelette Byfield
Prevention Coordinator for Vulnerable Populations
Ministry of Health
2-4 King Street, Kingston
(876) 967-1100

Dr. Horace Dalley
Former Minister of Health
2-4 King Street, Kingston
(876) 967-1100

Charmaine Edwards
Nutritionist
Ministry of Health,
2-4 King Street, Kingston
(876) 967-1100

Dr. Peter Figueroa
Chief Epidemiologist at the Ministry of Health
Vice Chairman
National Aids Committee

Dr. Carolyn Gomes
Executive Director
Jamaicans For Justice
1 Grants Pen Road, Kingston 8
(876) 755-4355/755-4524-6

Ms. Miriam Maluwa
UNAIDS Country Representative to Jamaica, The Bahamas and Cuba
UNAIDS Office Jamaica
60 Knutsford Boulevard, Kingston
6th Floor Pan Caribbean Building
(876) 960-6536-8

Dr. Raymoth Notice
Former Doctor
Department of Correctional Services

Major Richard Reese
Commissioner of Corrections
5 King Street, Kingston
(876) 922-0021/967-2539/967-2781

Additional sources include former prison employees and inmates who spoke on condition of anonymity.

PANOS CARIBBEAN

Panos Caribbean – Main Office
51, Route du Canapé-Vert
B.P. 1595
HT-6110 Port-au-Prince, HAITI
Tel : (509) 511-1460 / 213-6864
Email : Haiti@panoscaribbean.org

Panos Caribbean – Jamaica Office
9 Westminster Road
Kingston 10, JAMAICA
Tel: (1-876) 920-0070/1
Fax: (1-876) 920-0072
Email: Jamaica@panoscaribbean.org

Panos Caribbean – Washington Office
Webster House
1718 "P" Street, NW, Suite T-6
Washington, DC 20036, USA
Tel : (1-202) 429-0730/1
Email : Washington@panoscaribbean.org

PRINTED IN JAMAIACA BY MINUTE PRESS LIMITED