

IMPRISONED IN BUDAPEST



As a member of the Board of Visitors of a local prison in England, I was keen to find out more about prisons in Eastern Europe; how do they cope with the many problems such as overcrowding and accommodating sex offenders which we also experience? A visit to the Kozma Street medium and maximum security prisons in Budapest as part of the ISTD's Hungarian Study Tour in September last year was an opportunity not to be missed.

The Kozma Street prisons (the biggest in Hungary) are on a triangular-shaped eight hectare site on the edge of Budapest. There are in fact three prisons and a psychiatric institute all in the same area, which are run as separate units. Down the middle of the site was a large metalwork and timber furniture factory - the main source of work for the prisoners.

As we arrived we were met by the deputy governor of the prison (a colonel in uniform), and it soon became apparent that *glasnost* had found its way into Hungarian prisons as well as everywhere else. We were allowed to take photographs anywhere in the prison and were given direct answers to our questions. For example, on asking about political prisoners, we were told that there were at present 16 in the prison (5 for slandering the state in public

and the rest for spying), and that they were the only political prisoners in the country. The population of about 1,200 inmates (including 16 foreign nationals) in the Kozma Street prisons was decreasing. All prisoners (with a few exceptions) had to work and those classified as non-dangerous and serving less than three years went daily to jobs outside the prison. The rest worked at the furniture factory. Prisoners were also classified as either skilled or unskilled workers. In addition there was a full education programme at the prison and the 40% who had not had the minimum 8 years at primary school were given compulsory primary education. Secondary education was voluntary and there were also spare time activities including painting and music. As elsewhere in penal establishments and other institutions, we found a very high proportion of gypsies among the prisoners.

Our tour of the prison started with the old maximum and medium security 'star' prisons. These were distinctly 'Victorian' looking buildings (Y-shaped in plan) and were joined together by a common entrance range which lead out from the main gate and administration block. These prisons had many similarities with British Victorian prisons - but all the cells now have integral sanitation. Also the cells (as well as the windows) were larger and less overcrowded than at 'my' establishment in England. In solitary cells in the maximum security prison, we were shown three prisoners who had been sentenced to death, but were waiting to see if the death penalty was to be abolished by the new government.

After passing through the exercise yards, and briefly inspecting the furniture factory, we were taken through a brand new connecting tunnel to a completely new prison in its own new compound. It was just about to be officially opened and there were only a few inmates whom we saw eating their midday meal in a bright new refectory. This new prison was in the form of a square on several floors built around a central court (lots of bright red paint in evidence!). All the prisoners' rooms (not 'cells') were for multiple occupancy (6-8 people) and each had its own internal

toilet. We were also shown various classrooms, and some partially completed special cells in the basement for prisoners who were disturbed and likely to try to harm themselves or commit suicide.

We visited the psychiatric institute for mentally disturbed and dangerous 'patients', which was a sad looking building containing about 250 people and staffed by men and women in white coats. As a hospital it was run completely separately from the other prisons, but it shared the same outer perimeter walls and guards. (We found that it was only the guards on the gate and at corner towers who carried guns.) The main part of our visit was a discussion with the doctors in charge about the nature of the patients in the care. We asked some searching questions about political dissidents being sent to institutions such as theirs but were assured that it never happened in Hungary.

After lunch (for 30p!) with the governor in the staff restaurant we returned to the streets of delightful central Budapest.

Tim Tatton-Brown
Vice-Chairman, BoV, HMP
Canterbury

HIV/AIDS, PRISON, EUROPE: What next?

There have now been television programmes, booklets, journal and newspaper articles about HIV and its potential impact on prisons, but ISTD's conference on the subject seems to have been the first held in England. Its scope was ambitious, combining speakers from Holland and Switzerland with two different perspectives on the situation in this country.

John van Putten, Governor of Haarlem prison, began by describing the situation in Dutch jails. He reported that of approximately 6500 prisoners, one third are drug users and 110 are known to have HIV. To date three people with AIDS have been identified and of these one has died and two have been pardoned. As one might expect, the Dutch approach the whole issue of HIV in prison with an enviable mixture of humanity and common sense. Prisoners known to have HIV are not

segregated - instead the assumption is that anyone may have the virus. Although some health education work has been done with prisoners, the Dutch prison authorities hope to take this further by producing a video. Any feeling of complacency about the fact that our own Prison Department already has videos prepared specifically for prison staff and for prisoners fades a little when one discovers that the Dutch are hesitating over how best to produce a video which most adequately reflects the cultural backgrounds of its prison population. This does not appear to have been a matter which preoccupied the committee which produced our otherwise impressive videos. Prisoners in Holland are allowed private visits during which they can have sex, so condoms are available to them for use on these visits or at any other time. The Dutch have decided against providing needle exchange facilities in prison, but a range of drug treatment facilities is available including prescription of methadone either on a detoxification or an open ended maintenance basis. Apparently the indications are that these measures have led to a reduction in illicit drug use in prison.

Tim Harding, of the Institute of Legal Medicine in Geneva, conducted a survey for the Council of Europe in 1987 detailing the situation regarding AIDS and prisons in the 17 member countries. In over half the countries surveyed inappropriate management of prisoners with HIV was found to be routine. Segregation, lack of confidentiality and limited access to work and recreational facilities were common manifestations of this. Many countries perform compulsory HIV tests on prisoners. Injecting drug use is now the main motor of the HIV epidemic in Europe. This obviously means that prisons could play a crucial role in preventing the spread of the virus both through the implementation of sensible measures to curb transmission in prison and by providing education designed to enable prisoners to adopt safer behaviour when they are released. The extent of HIV infection in prison populations varies widely across the world. About 17% of Spanish prisoners are affected - and this is

high by European standards - but up to 47% of remand prisoners in Zambia have the virus. In general it seems that countries which have experienced a high rate of HIV infection in their prison populations are ready to examine realistic and imaginative methods of care and prevention of its spread in prison. Those countries which still have a relatively low rate of infection seem to favour more draconian measures.

On a wider level Dr Harding felt that the presence of HIV/AIDS had revealed grave deficiencies in the medical care provided for prisoners in many countries, a situation which clearly has fundamental human rights implications. He emphasised that all prisoners should have a right to preventative and curative health care on the same level to that which is available in the community. This would include the right of all prisoners to adequate information about HIV/AIDS, the freedom to request or refuse HIV testing after counselling, appropriate psychosocial support for prisoners with HIV who should be accommodated and treated in the same way as other prisoners, as well as adequate care for prisoners with AIDS who should be considered for early release and allowed to die with dignity.

Lee Tomlinson, the Prison Liaison Officer at the Terrence Higgins Trust, spends much of his time visiting prisons and counselling prisoners with HIV disease. He described the obstacles which have been placed in the way of community-based organisations seeking to offer support to prisoners with HIV. Although the Prison Department seems optimistic that the climate of fear and prejudice inside prisons is changing, Lee Tomlinson's impression is that there is still a long way to go. In many prisons, prisoners are still segregated if they are known to have HIV, and those deemed to belong to 'high risk groups' are often isolated until they have agreed to an HIV test. Although this does not amount to compulsory testing it is obviously very coercive. The Prison Department now has a number of staff trained in HIV counselling, yet it appears that some prisoners are still tested without being offered

counselling. Discussion about policy issues can sometimes become rather distant from the reality of prison life as it affects the individual. But Lee Tomlinson's contribution, illustrated by examples from his own contacts in prisons throughout the country, brought the differences between policy and practice into sharp focus.

Dr John Kilgour retired as Director of the Prison Medical Service at the end of July, six weeks after the conference took place. However any hope that he might have taken this opportunity to give a critical view of current policy and the non-medical factors in its formulation was sadly in vain. Immune to 'gate fever', he gave a rather complacent account of the situation in the English prison system that has not developed to the extent that was originally projected. Over the past four years a cumulative total of 242 prisoners have been identified as having HIV, the average number at any given time remaining between 50 and 65. Clearly many more prisoners have the virus, but are either unaware of the fact or choose not to make it known. This may be due in part to the enormous stigma attached to having HIV in prison and the fact that current policies, which make no allowance for the confidentiality of this medical information, ensure that even in situations where prisoners are able to live amongst others, their HIV status becomes widely known to staff and prisoners alike.

Having formulated policies on health and safety, and on the care of people with HIV and AIDS and produced the training materials for staff and prisoners, Dr Kilgour gave the impression that the Prison Department had done what was necessary. The fact that a number of prisons are still segregating people with HIV, and that serious questions about the level of health care available to prisoners with HIV disease had been raised earlier in the day were brushed over in rather a glib fashion. It was particularly disappointing to learn that the policy on condoms in prison, which had apparently been kept under review over the past couple of years, has now been firmed up. Condoms will not be provided to prisoners in this country. Dr Kilgour also indicated that he would not be in

favour of encouraging doctors to make wider use of methadone either in reducing or maintenance doses as this would interfere with their independent professional judgement in prescribing practice. Unfortunately this view takes no account of the fact that many doctors working in prisons have no special expertise in the field of illicit drug use and that they are already subject to a range of subtle institutional pressures.

The conference provided a very useful opportunity to put the situation in England and Wales into an international context. One was left with the impression that there is much we could learn from many of the other European countries. The fact that the number of prisoners known to have HIV in our prisons is relatively low should not engender a false sense of security. The transmission of HIV in prisons is preventable, but only if the Home Office is prepared to provide prisoners with realistic means to keep themselves free from infection.

Una Padel, who wrote this piece, is author of 'HIV, AIDS and Prisons', available from the Prison Reform Trust (01-278 9815)

POWER AND PITY: the morals of judging

The second Eve Saville Memorial Lecture was delivered to an appreciative audience by the Rt Revd Mark Santer, Bishop of Birmingham at University College London on 26th June 1989.

The Chairman, John Freeman, paid tribute to Eve. A good number of the audience had known Eve well and were delighted to listen to recollections of her stalwart contribution towards the work of the Institute.

The Bishop, in reminding us that he would speak from a philosophical view-point, defined judgement as the exercise of power over other peoples' lives - and said that judgement belongs only to God. The lesser judgement by judges and magistrates was the result of an assigned responsibility which comes with the role. Such judgement was always partial and compromised by the interests of the user. In Court it was

an attempt to maintain order and keep the rule of law. This secular judgement was always imperfect, and endlessly botched.

Divine mercy, said the Bishop, is a sign of strength and is not blindfold. Human justice on the other hand, is more or less defective because those evincing the power cannot know all the facts.

A lively discussion followed, which would have been much to Eve's liking. The view that professed beliefs were not related to ability to judge had a number of vociferous supporters in the audience. Adherents of non-custodial remedies were countered by other contributors concerned with the difficulties of dealing with very serious and recidivist offenders - who had shown no response to any treatment.

The maintenance of order, the Bishop conceded, was important - and judges and magistrates had an undoubted contribution to make, acting not in their own name, but in that of a higher authority.

To sum up - a worthwhile, and thought-provoking evening, spent in the presence of many old and respected friends.

Her Honour Judge Jean Graham Hall

CRIME PREVENTION IN EUROPE: Models for Britain?

John Alderson, visiting Professor of Police Studies at Strathclyde University, opened the conference and as former Chief Constable of Devon and Cornwall had much to contribute to the day's proceedings. He raised the question of the potential integration of crime prevention initiatives throughout Europe.

John Graham, a consultant at the Helsinki Institute for Crime Prevention and Control which is affiliated to the UN, gave an overview of the Council of Europe initiative on crime prevention and of the crime prevention policies from the European perspective.

Crime prevention through social development is seen as the responsibility of agencies other than those directly involved in the criminal justice system: in the USSR and Eastern bloc countries the workplace

was seen as an important source of social control.

The emphasis in Holland is on providing youth projects and on occupational surveillance - 'bus conductors and caretakers take the responsibility for aspects of crime prevention.'

Graham explained that in Germany where crime prevention is still a matter for the police, there is little regional involvement and no national crime prevention council. The legacy of the Third Reich impacts on the consciousness of the German people who are sensitive towards surveillance of neighbours - neighbourhood/block watch is a politically sensitive issue. Denmark has a national crime prevention forum with a local committee system of lay persons and professional involvement.

Marie-Pierre de Liège of the Ministry of Justice, Paris looked at the French inter-agency approach to crime prevention. She explained that France experienced an increase in minor crime during the 1970s and early 1980s and a corresponding growth in the fear of crime. In a poll conducted in 1970 (which is now repeated annually), 71% of those questioned said that they were afraid of crime, a figure which had dropped to 34% by 1981. The early 1980s saw urban disturbances involving juveniles (as indeed also took place in this country), to which the French responded immediately by introducing a major programme of summer camps and activities for young people living in the towns and cities. This initiative was followed by the setting up of an interdepartmental Commission to investigate solutions to the problems experienced by young people. The Commission's Report recommended both a national and local perspective multi-agency approach to crime, social issues, poverty, unemployment focussing particularly on juveniles.

The Report went on to say that the resources already existed within the communities and it was a question of activating these resources. The National Council for Crime Prevention funds local authority councils to initiate schemes. Local multi-agency panels claim a common ownership in crime prevention: local

Continued on back page

authorities produce a proposal each year for consideration by the National Council; if they are approved they receive 50% of the funding. The remainder must be found from local resources, including businesses and voluntary organisations - this creates a mobilisation of the community in the prevention of crime.

Jan Van Dijk, from the Ministry of Justice in the Netherlands introduced the Dutch crime prevention model which is influenced by the American experience. The Netherlands has a prison population of 40 per 100,000 - our crime problems are similar but we lock up 100 per 100,000 people. Van Dijk said that crime trends are similar across Europe and suggested that affluence breeds crime and that less affluent citizens resent others with greater wealth; also affluence creates more opportunities for crime.

The Dutch have tried to make it harder to commit crime, for example the Ministry of Justice introduced janitors into tower blocks as a crime prevention measure which resulted in the reduction of burglaries and vandalism. Many of the people employed to work with crime prevention projects are drawn from the ranks of the long term unemployed and from minority ethnic groups. Each town has a crime prevention committee to develop individual initiatives - although the local programmes are well established, the Ministry still sees them as experimental and funds them centrally.

The final speaker was Nigel Whiskin, Director of Crime Concern described his organisation's brief as a practical rather than an academic one. He attempted to predict the future of crime prevention and suggested that intelligence gathering should take place now to answer these questions. He further suggested that the community needed empowering to take responsibility for crime prevention and cited Neighbourhood Watch as a model.

Francis Charlton

Conflict Management in the Classroom

The Report which ISTD undertook in partnership with the Kingston friends Workshop Group and the Kingston Polytechnic is available from the ISTD office at a cost of 4.50+80ppp. A resumé of the research will appear in the next issue of CJM.

Punishment for Profit?

This publication (64pp) includes papers on privatisation in the criminal justice system which were presented at the ISTD conference in April 1989 by Robert Fulton, Sir Edward Gardner, Don Hutto, Roger Matthews, Gordon Read, Stephen Shaw and Nigel South. £4.50 + 80p post and packing from ISTD (address and phone inside front cover)

ISTD North East Branch

During early 1988 the ISTD North East Branch set up an inter-agency study group to examine crime prevention. Meetings have been taking place at monthly intervals and have been attended by all those with a professional interest in crime - probation, academics, victim support, magistrates, court clerks, police educational welfare officers, youth service, prison service and the private security sector. A report on the Group's work will be published in due course and will be available from the ISTD office.

VISITS

Bullwood Hall YOI and Prison

Bullwood Hall is a closed establishment in Essex and has a certified Normal Accommodation of 126 and a capacity of 150. It accommodates the whole range of women prisoners, approximately 25 being Young Offenders, with sentences ranging from four months and a day to life. It was built as borstal in 1964, and still lacks integral sanitation

13th March 1990 2.15pm-5pm £2

Styal Prison and YOI

In its time the complex known as Styal Prison (in Wilmslow, Cheshire) has been both a Children's home and, following the 1956 Hungarian uprising, a refugee camp. The original buildings were erected in 1895 under the Poor Law Acts for orphans. Styal accommodates up to 300 women who may arrive from Remand Centres and Prisons all over the country. It is essentially a multipurpose establishment and accommodates about 25 lifers as well as long term sentenced inmates, some civil prisoners and is a training prison for adult women as well as for Young Offenders and mothers and babies. A variety of work is provided for the women; the workroom, where industrial sewing contracts are undertaken, provides employment for up to 60; other work includes cleaning, cooking, gardening and a new painting and decorating course is about to accept its first recruits. There are educational facilities such as the Home Economics course for women with children or who are pregnant.

15th May 1990 2pm-4.30pm £2

Diary

- March 13 Social justice and the Press 7.30pm, lecture, Bristol. Details ISTD SW Branch 0272 423339
- March 22 Bullwood Hall. Visit
- May 15 Styal. Visit
- June 27,28 Conference on the Criminal Justice White Paper
- May 22 A series of half day
- June 5 conferences on the
- June 12 media and sentencing,
- June 19 reorganisation of the
- June 26 magistrates' courts, law reform, race and criminal justice, and privatisation

(date to be confirmed) Day conference on the future of Probation

Membership Application Form

Full Name _____

Address & Phone _____

Occupation/Profession _____

Membership category (ordinary £15; students/unwaged £5; joint £20; life £200) _____

I enclose a cheque (payable to 'ISTD') for £ _____

Signature _____ Date _____