

## Human Rights Watch: HIV/AIDS Program

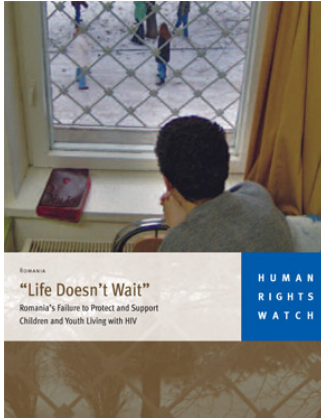
**Rights abuses fuel AIDS:** Since the early 1980s, HIV/AIDS has claimed 25 million lives. 40 million people are living with HIV. Its destructive force is fueled by a wide range of human rights violations. Such violations include sexual violence and coercion faced by women and girls, stigmatization of men who have sex with men, abuses against sex workers and injecting drug users, and violations of right of young persons to information on HIV transmission. In prisons, HIV spreads with frightening efficiency due to sexual violence, lack of access to condoms, lack of harm reduction measures for drug users, and lack of information. Human rights violations only add to the stigmatization of persons at highest risk of infection and thus marginalize and drive underground those who need information, preventive services, and treatment most desperately.

**Abuses follow infection:** Persons living with the disease are subject to stigmatization and discrimination in society, including in the workplace and in access to government services. Women whose husbands have died of AIDS are regularly rejected by their own and their husband's families, and their property is frequently taken from them. Thousands of children who have lost parents to AIDS or whose parents are living with the disease have lost their inheritance rights, have had to take on hazardous labor including prostitution, and have been forced to live on the streets where they are subject to police violence and other abuses.

**Research:** Documenting human rights abuses related to HIV/AIDS and raising awareness about them is essential to combating the epidemic. This work builds naturally on Human Rights Watch's large body of research on discrimination, women's and children's rights, rights of prisoners, and persecution of marginalized groups. Human Rights Watch's program on HIV/AIDS and Human Rights has documented, for example, the drug laws and routine police abuse of injection drug users in the Ukraine, rights violations against children affected by AIDS in Kenya, the fueling of the epidemic through sexual violence on the part of the military in the war in the Democratic Republic of Congo, police violence against HIV/AIDS outreach workers in India, and, most recently, how inadequate health and social policies in Zimbabwe threaten recent progress in its fight against HIV/AIDS.

**Ensuring protection:** Human Rights Watch continues to advocate for legal and policy protections for persons affected by or at high risk of HIV/AIDS. In India, for example, this means repeal of an antiquated sodomy law that contributes to police abuse of HIV/AIDS educators who work with men who have sex with men. For AIDS-affected children, protection of girls against sexual abuse and ensuring avenues of legal recourse for children without relatives to turn to are urgently needed. For injecting drug users, this means embracing harm reduction strategies and ensuring access to antiretroviral therapy. For sex workers, this means providing protection and empowering them to demand safe sex of their clients. Without a focus on human rights, many investments in HIV/AIDS programs and policies are doomed to fail.

## “Life Doesn’t Wait”: Romania’s Failure to Protect and Support Children and Youth Living with HIV



*“I’ve heard that there is money for AIDS but we don’t want people in the village to know so we don’t apply.”*

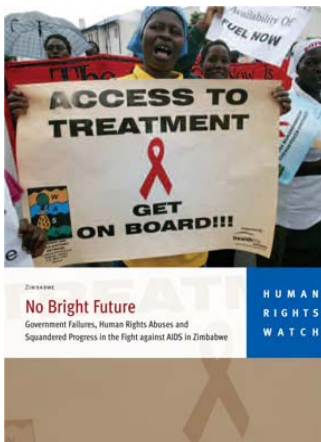
—Victoria A., Bucharest, February 16, 2006

Thousands of Romanian children and youth living with HIV face widespread discrimination that keeps many from attending school, obtaining necessary medical care, working, or even learning about their disease. Currently, more than 7,200 Romanian children and youth are living with HIV. The vast majority were infected between 1986 and 1991 as a direct result of government policies that exposed them to contaminated needles and “microtransfusions” of unscreened blood. Forty percent of these children are not attending any form of schooling. Those who do risk ostracism, abuse by teachers and other students, and expulsion if their HIV status becomes known. Despite the Romanian government’s stated commitment to providing access to antiretroviral therapy, law and practice prevent children from receiving the resources they need to lead healthy and integrated lives. In order to protect the rights of children and youth living with HIV, laws and policies must be instituted that address this discrimination by ensuring confidentiality and universal access to education and treatment.

Romania: Published August 2006

<http://hrw.org/reports/2006/romania0806/>

## “No Bright Future: Government Failures, Human Rights Abuses and Squandered Progress in the Fight Against AIDS in Zimbabwe”



*“It’s like I’m a wild animal - living outside - and with many others all around me.”*

—Priscilla K., a 55-year old HIV-positive widow, Highfields, Harare, April 20 2006

*“There’s no bright future because when you don’t know what you are going to eat tomorrow, there’s no future.”*

—Cecilia M., Highfields, Harare, April 20 2006

Human rights violations and inadequate health and social welfare policies are undermining progress in the fight against AIDS in Zimbabwe. Three thousand people die each week due to governmental policies that create formidable obstacles to accessing life-saving treatment. The prohibitively high costs of antiretroviral treatment and the government’s failure to inform HIV-positive individuals about the eligibility criteria for antiretroviral therapy have resulted in violations of people’s right to health. Women are among the most affected in Zimbabwe as they are often forced to engage in high-risk behaviors in order to survive and support their families, and are less able to independently find funds for treatment. After the government’s program of evictions in 2005, hundreds of people continue to live in appalling conditions, increasing the risk of HIV infection for thousands and further endangering the lives of those already infected. Zimbabwe, often hailed as a success story for a recent drop in HIV prevalence rates, continues to face an HIV/AIDS crisis that is driven by the government’s reluctance to implement equitable and non-discriminatory economic and social policies.

Zimbabwe: Published July 2006

<http://hrw.org/reports/2006/zimbabwe0706/>

## What Future? Street Children in the Democratic Republic of Congo



*“Street kids live in dirtiness and total insecurity. They have no rights and no access to education, healthcare or security.”*

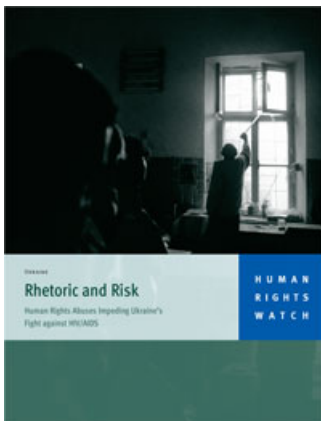
– Mme. Bashizi Mulangala, Division of Social Affairs and the Family, September 15, 2005

As civil violence in the Democratic Republic of Congo rages on, tens of thousands of children have been forced onto the street, orphaned by a war that has killed some four million people. Without family or support, these children endure routine physical, emotional, and sexual abuse, as police, soldiers and civilians exploit their vulnerability and use them for illegal activities. These youngsters are routinely rounded up by police for nothing more than being without a home and are held for extended periods of time in overcrowded and unsanitary lockups. Children suffering from HIV/AIDS are particularly vulnerable to abuse, as extended family members often blame them for their parents’ death or accuse them of transmitting the disease through sorcery. In the face of ongoing violence, this cycle of abuse must be addressed.

Democratic Republic of Congo: Published April 2006

<http://hrw.org/reports/2006/drc0406/>

## “Rhetoric and Risk: Human Rights Abuses Impeding Ukraine’s Fight against HIV/AIDS”



*“I have been arrested before at this spot [the needle exchange point] . . . There were syringes on the ground. A policeman came and picked up the syringe and said, ‘It’s yours,’ and charged me. . . . I am afraid to carry syringes because of police. Sometimes I avoid the needle exchange because of police.”*

- Regina A., Mykolaiv, July 7, 2005

Ukraine is home to the worst HIV/AIDS epidemic in Europe, and one of the fastest-growing epidemics in the world. The epidemic has been fuelled by harsh drug policies and routine police abuse against drug users – those hardest hit by HIV/AIDS – together with widespread discrimination by health care providers of drug users and people living with HIV/AIDS. Ukraine law and policy incorporates human rights protections – such as guarantees of the right to HIV/AIDS information, to confidentiality of HIV/AIDS test results, to free medical care for people living with HIV/AIDS – and progressive, evidence-based policies – such as syringe exchange and opiate substitution therapy. But these important government commitments have been systematically undermined by chronic human rights abuses by police and health care workers. Physical and psychological abuse by police of injection drug users and sex workers, and discriminatory and dehumanizing by health care workers of drug users and people living with HIV/AIDS have kept many from receiving lifesaving HIV/AIDS information and services. Unless immediate and concerted action is taken, these human rights abuses could undo many of the important steps that Ukraine has taken to stop its HIV/AIDS epidemic.

Ukraine: Published March 2006

<http://hrw.org/reports/2006/ukraine0306/>

## Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS

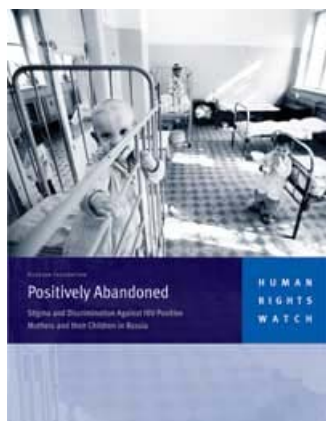
*“I asked myself, why do I have to fail? “*  
 —Sihle S., Johannesburg, South Africa, June 4, 2005

Sub-Saharan Africa’s governments are failing to address barriers to education faced by millions of children affected by HIV/AIDS. It is estimated that 43 million school-age children do not attend school in this region, many of whom are orphans of people who died from HIV or AIDS, children of those infected, or infected themselves. Research indicates that orphans are more likely than their peers to drop out, fall behind or not enroll in school, with overall numbers reflecting lower rates of attendance and completion among HIV/AIDS-affected students. Of those who are enrolled, some are forced to drop out to care for a sick parent. Others must make up for lost family income. And as governments fail to waive school fees, many children are unable to afford the cost of a public education that is supposed to be free. In the face of these hardships, the governments of Kenya, South Africa, and Uganda—where the majority of this research was conducted—have turned their backs on these children, despite governmental policies that prohibit the denial of education based on economic hardship.

Kenya, South Africa, Uganda: Published October 2005

<http://hrw.org/reports/2005/africa1005/>

## Positively Abandoned: Stigma and Discrimination against HIV-Positive Mothers and Their Children in Russia



*“They told us not to kiss our child and to keep a separate set of dishes.”*  
 — Alexei P., St. Petersburg, March 18, 2004

Though Russia is home to one of the fastest-growing AIDS epidemics in the world, the Russian public is almost as unaware of HIV today as it was a decade ago, when the disease was scarcely heard of. Little action on the part of the government has resulted in a social shame so significant that those infected will go to extremes to hide it from friends, family or coworkers—often resulting in isolation. It is against this backdrop that a growing number of HIV-positive pregnant women have begun abandoning their babies. Shunned by society, vulnerable to discrimination and wary of the costs of raising a child, these women are leaving their children to be placed in specialized orphanages for HIV-positive children, or worse, warehoused in stark hospital wards. The quarantine of these children is illegal and discriminatory, but has become accepted in a society where fear and ignorance have created a vast social stigma. And despite national and international standards that are supposed to protect the children of HIV-positive women, the Russian government is failing to implement these standards.

Russia: Published June 2005

<http://hrw.org/reports/2005/russia0605/>

### “Restrictions on AIDS Activists in China”



*“The volunteers cannot protect their [own] lives.... They came to Henan in order to help these AIDS orphans, but only received bad treatment from the government. After consideration, they decided to go back home.”*

—a volunteer who witnessed the crackdown on the Orchid Orphanage, Zeng, July 14, 2004.

After years of denial surrounding the spread of HIV/AIDS in China, senior Chinese government officials have recently begun to acknowledge and confront the existence of a rapidly growing epidemic. To its benefit, the government has encouraged the growth of dozens of grassroots organizations that provide outreach and education programs to those at risk, and advocate for the rights of those infected. Yet the Chinese state remains deeply ambivalent about these groups (as it does with most nongovernmental institutions), and NGOs face a maze of bureaucratic obstacles and harassment by local authorities. AIDS activists report being detained and harassed – even beaten – by police who want to prevent them from conducting outreach efforts or speaking to the media, and education programs are being hampered by censorship campaigns. China must immediately address these barriers if it hopes to avoid the rising catastrophe of this growing epidemic.

China: Published June 2005

<http://hrw.org/reports/2005/chinao605/>

### “The Less They Know, the Better: Abstinence-Only HIV/AIDS Programs in Uganda”



*“People don’t buy this idea of abstinence because in Uganda, many girls are using sex to buy their daily bread.”*

- primary school teacher, Mbale district, November, 2004

*“Abstinence is a message for the elite; it has no place in the slums.”*

—youth activist working in Kawempe neighborhood, Kampala, November 11, 2004

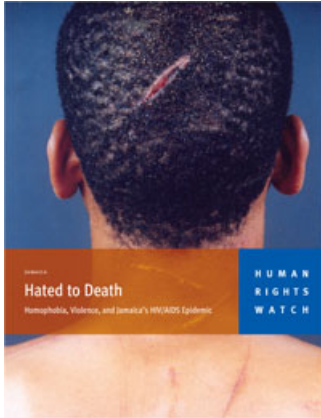
Widely regarded as a worldwide leader in the fight against HIV/AIDS, Uganda—with the support and funding of the Bush Administration—has begun shifting its HIV-prevention strategies for youth from scientifically proven safe sex efforts to ideologically driven abstinence-only programs. Despite a dramatic drop in Uganda’s HIV rates over the last decade, from about 15 percent in 1992 to six percent in 2002, surveys show that more than half of Ugandan girls still have sex by the age of 17, often without the use of condoms. With new programs focused on “Abstinence and Being Faithful”—the title of a draft policy released by the Ugandan AIDS Commission in 2004—AIDS advocates fear that condoms may disappear from prevention campaigns altogether. Since the release of that draft, which contradicts existing policy stressing comprehensive AIDS prevention, the government has taken such measures as removing HIV/AIDS materials from primary school circulation (replacing them with books emphasizing morals and heterosexual marriage) and effectually revoking the funding of groups that promote condom use. If Uganda is to curb the raging HIV/AIDS epidemic, it must address these damaging policy changes and initiate new prevention efforts.

Uganda: Published March 2005

<http://hrw.org/reports/2005/uganda0305/>



## “Hated to Death: Homophobia, Violence and Jamaica’s HIV/AIDS Epidemic”



*If you make a police report, they start by making you instead of the victim the person that is wrong. The police ask, “Why all of a sudden they calling you a battyman [gay man]? How do they know you a battyman?” These kinds of questions trivialize the problem.”*

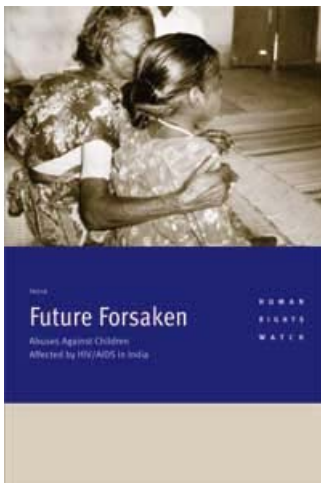
- Adrian S., Kingston, June 13, 2004

Jamaica’s growing AIDS epidemic has unfolded amidst widespread violence and discrimination against people living with HIV/AIDS, as well as homophobia fostered by both law and popular culture, Human Rights Watch found in 2004. Myths about HIV/AIDS have fueled this situation, as many Jamaicans believed that AIDS was strictly a disease of homosexuals and sex workers, and that it could be transmitted by casual contact. This ignorance put people living with HIV/AIDS in Jamaica – as well as its lesbian and gay population – in a state of constant fear, exacerbated by the brutal murder of a leading gay rights activist in June 2004. Men who were perceived to be gay and people living with HIV/AIDS commonly found themselves targets of violence and abuse by peers and police, and in some cases they were driven from their homes and communities. Some were not able to seek healthcare at facilities beyond walking distance because they were denied passage on public and private transportation. Others were often mistreated or denied care by health workers. The Jamaican government in 2004 launched an ambitious project to provide antiretroviral treatment to people living with HIV/AIDS. For this initiative to succeed, the Jamaican government must make a commitment to ending the human rights violations that are fueling this epidemic.

Jamaica: Published November 2004

<http://hrw.org/reports/2004/jamaica1104/>

## Future Forsaken: Abuses against Children Affected by HIV/AIDS in India



*“When I went to school, I sat separately from the other children, in the last mat. I sat alone. The other children wanted to be with me, but the teacher would tell them not to play with me. She said, ‘This disease will spread to you also, so do not play with her.’”*

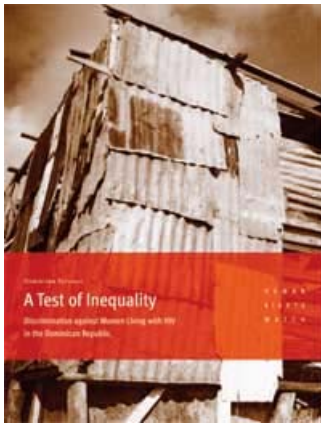
—Ten-year-old HIV-positive girl, orphaned by AIDS, with no access to antiretroviral treatment, Ariyalur district, Tamil Nadu, November 15, 2003.

Hundreds of thousands of children in India are living with HIV/AIDS. Many more children are otherwise seriously affected by India’s burgeoning epidemic—when they are forced to withdraw from school to care for sick parents, are forced to work to replace their parents’ income, or are orphaned (losing one or both parents to AIDS). Yet HIV/AIDS-affected children, including those living with the disease, are nearly invisible in the Indian government’s policy response to the country’s devastating epidemic. Children affected by HIV/AIDS are being discriminated against in education and health services, denied care by orphanages, and pushed onto the streets and into the worst forms of child labor. Discrimination against girls makes them more vulnerable to HIV transmission and makes it more difficult for them to get care. Many children and the professionals who care for them are not getting the information about HIV they need to protect themselves or to combat discrimination. This report documents abuses against India’s HIV/AIDS-affected children and calls on the Indian government to recognize their plight and to take immediate action to protect them from discrimination and exploitation.

India: Published July 2004

<http://hrw.org/reports/2004/india0704/>

## “A Test of Inequality: Discrimination against Women Living with HIV in the Dominican Republic”



*“They take your blood.... Then they send the results to the boss.... Then the boss tells you there is no work.”*

- Judelka de la Cruz, La Romana, January 12, 2004

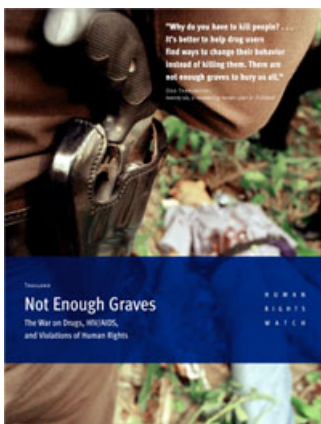
The growing HIV/AIDS epidemic in the Dominican Republic is unfolding in the context of entrenched inequality between men and women and significant levels of high-risk behavior. This situation has put women at increased risk of HIV infection and allowed for human rights violations against women in the workplace and healthcare system. It has not been uncommon for employers in the Dominican Republic to administer illegal HIV tests to workers and jobseekers with impunity, in particular within the tourism and free trade industries – the two main sectors of female employment. If women seek health care related to their status, they have often been provided with grossly insufficient pre- and post-test counseling, have

had their confidentiality rights violated or have been delayed or denied medical procedures altogether. While the government of the Dominican Republic has taken important steps to address HIV/AIDS in the country, it has failed to recognize this link between the spread of the disease and the entrenched sex inequality, violence and social biases that otherwise limit women’s autonomy and rights. If government leaders hope to curb this epidemic, they must recognize this link and establish policies to address its damage.

Dominican Republic: Published June 2004

<http://hrw.org/reports/2004/dro704/>

## “Not Enough Graves: The War on Drugs, HIV/AIDS and Violations of Human Rights in Thailand”



*“They will be put behind bars or even vanish without a trace. Who cares? They are destroying our country.”*

- Interior Minister Wan Muhamad Nor Matha, referring to drug dealers, January 2003

A violent anti-drug crackdown has severely tarnished Thailand’s human rights record and undermined its fight against HIV/AIDS. In a three-month period that began on February 1, 2003, Thailand’s “war on drugs” led to the shooting deaths of more than 2,000 people in apparent extrajudicial executions, as the government placed thousands of suspected drug offenders on blacklists and referred to them as the “scum of society.” The government blamed most of these killings on violence among drug traffickers, and in August 2003, Thai Prime Minister Thaksin Shinawatra instituted a shoot-to-kill policy against anyone

suspected of smuggling drugs from neighboring Burma. Atrocious in their own right, these killings – and the state-sponsored campaign of fear that accompanied them – have driven scores of injection drug users into hiding, placing them at high risk of HIV infection from the sharing of blood-contaminated syringes. With HIV rates soaring above 40 percent among heroin users, who number in the hundreds of thousands, the Thai government must halt its illegal and inexcusable counternarcotics practices if it wishes to curb its raging HIV/AIDS epidemic.

Thailand: Published June 2004

<http://www.hrw.org/campaigns/aids/2004/thai.htm>

## “Unprotected: Sex, Condoms, and the Human Right to Health in the Philippines”



*“I like to have plenty of condoms in my bag, but if I see the police, I throw my bag away.”*

- Jessica R., 19, a sex worker in Pasay City, January 30, 2004

*“I would guess a condom is about 60 percent effective against AIDS ... Maybe you can also catch AIDS through kissing. To protect myself, I clean myself after every customer. I brush my teeth and wash my body.”*

- Joel R., Angeles City, January 23, 2004

Condoms are the single most effective prevention against the sexual transmission of HIV, and the cornerstone of HIV/AIDS prevention efforts since the beginning of the epidemic. Yet in many countries – particularly those which face pressure from religious conservatives – condom use faces legal and policy restrictions that are fueling this epidemic. In the Philippines, the largest Catholic country in Asia, HIV/AIDS advocates who promote the use of condoms have faced an international assault. The Philippine government, under the administration of President Gloria Macapagal-Arroyo, is standing in the way of aggressive HIV prevention strategies by failing to support comprehensive reproductive health legislation. The government has banned the use of national funds for condom supplies, and permits local jurisdictions to prohibit condom distribution in health facilities. Additionally, by failing to provide proper education, the government has implicitly fueled common misconceptions about the ineffectiveness of condoms, which many Filipinos associate exclusively with sin, infidelity or sexual promiscuity. Though condoms are often available to those who can afford private health care, the poorest, most vulnerable members of society have been deprived of this lifesaving prevention method. Without proper education and the widespread availability of condoms, the Philippine government is risking premature and preventable death for many of its citizens.

Philippines: Published May 2004

<http://hrw.org/reports/2004/philippines0504/>

## “Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation”



*“They were trying to do something good by keeping some drug stores open 24 hours. Nighttime is the most dangerous time for drug users; it’s the time they shoot.”*

- Fyodor N., Saint Petersburg, February 21, 2004

The Russian Federation faces a deadly AIDS epidemic that is being driven by the human rights abuse of the more than 1 million Russians living and coping with HIV/AIDS. Though injection drug use is the primary cause of HIV transmission in Russia, the Russian state has done little to support measures that would prevent the spread of HIV by these means. The government has permitted police to disrupt syringe exchange programs and it bans outright the use of methadone as a heroin substitute – measures that have been proven central to effective HIV prevention.

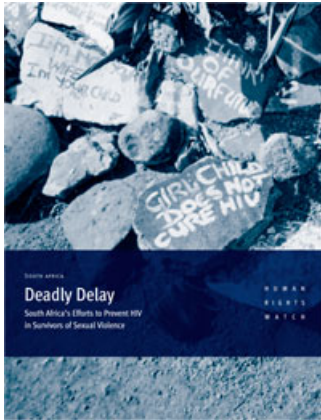
Harsh penalties for small-scale drug consumption has landed many drug users in jail, and the absence of HIV prevention services in prisons (and elsewhere) has spelled a death sentence for many of these people. Yet rather than learning from the experiences of countries with more mature treatment programs, Russia has systematically rejected well-established lessons of fighting AIDS. It has also done little to combat common stigma and ignorance related to HIV infection, including the misperception that HIV can be spread through casual contact. To prevent the further spread of this growing epidemic, the Russian government must act to combat misunderstandings and abuse.

Russia: Published April 2004

<http://hrw.org/reports/2004/russia0404/>



## Deadly Delay: South Africa's Efforts to Prevent HIV in Survivors of Sexual Violence



*“The hospital superintendent was scared to give the antiretrovirals because he thought it was against government policy. He got a protocol, but he had no drive from the government to help staff the program. I had to convince the hospital superintendent to start providing PEP [post-exposure prophylaxis].”*

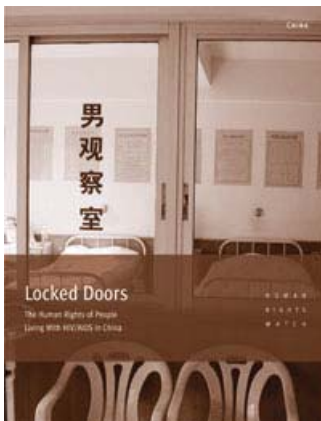
— Dr. Herman Reuter, project manager, Médecins Sans Frontières mission in Lusikisiki, May 14, 2003

Sexual violence against women and girls in South Africa has been a problem of pandemic proportions, including a virtually unprecedented epidemic of child rape. In a nation with the highest reported rate of HIV/AIDS in the world, this violence could be a death sentence. In 2002, the South African government took the important step of pledging to provide rape survivors with the short, affordable course of antiretroviral drugs known as post-exposure prophylaxis (PEP). If administered promptly, PEP can reduce the risk of HIV transmission. In a 2004 investigation, Human Rights Watch found that while this effort was a crucial step toward protecting women from the consequences of sexual violence, the government's failure to provide adequate information or training about PEP left rape survivors and service providers without basic information about PEP. PEP was generally unavailable outside major urban centers. By law, children under 14 could not consent to medical treatment; while provisions existed to obtain proxy consent in cases where no parent or guardian could be reached; many health care staff did not know or did not follow them. Inadequate police response to rape complaints, coupled with health professionals' insistence that rape survivors file a police report in order to receive services, also undermined survivors' access to services. In pledging to provide PEP, South Africa took an important stride in protecting rape survivors from HIV/AIDS. But without measures to ensure its availability, these commitments were compromised.

South Africa: Published March 2004

<http://hrw.org/reports/2004/southafrica0304/>

## “Locked Doors: The Human Rights of People Living with HIV/AIDS in China”



*“When I get sick, later, I might just leave here. I don't want to take medicine. I'll just go somewhere far away, a nice place, and wait to die.”*

— Ji, Kunming, Yunnan province, 2002

Widespread discrimination by state and public sectors against those living with HIV/AIDS in China has forced many victims to live like fugitives. Fired from their jobs, evicted by their landlords and oftentimes refused care by hospitals because of their HIV status, these people fear dying a painful death alone, in squalor, with no one to bring food or change their sheets, afraid to show their faces to neighbors. At one Chinese hospital, in Yunnan, Human Rights Watch found that the door to an AIDS ward had been closed and padlocked. Yet rather than effectively addressing these abuses, the Chinese government has contributed to the problem. They have placed restrictions on journalists, activists and grassroots AIDS organizations who are trying to educate about the issue. They have allowed the arbitrary detention of injection drug users – who are at high risk of contracting HIV through needles – as well as requiring mandatory HIV testing at state facilities and then violating confidentiality codes. They have also failed to take essential action to treat those infected with HIV by state-run blood collection centers in seven provinces in the 1990s, also failing to prosecute those responsible. If China wishes to curb this epidemic before it reaches monstrous proportions, it must accept responsibility for these egregious abuses and take action to stop them.

China: Published September 2003

<http://www.hrw.org/reports/2003/china0803/>

### “Injecting Reason: Human Rights and HIV Prevention for Injection Drug Users”



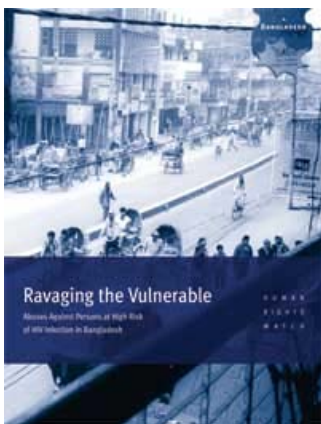
*“I am more afraid of carrying a needle than sharing one.”*  
- Cody F., Sacramento, California, February 4, 2003

A quarter-century into the AIDS epidemic, injection drug use remains a major risk factor for HIV transmission in the United States, accounting for up to half of all new infections. While the proper and consistent use of sterile syringes would all but eliminate this problem, efforts to provide sterile needles are scattered, lack support, and remain heavily regulated by an intricate body of state law. Though the U.S. Department of Public Health and the Centers for Disease Control and Prevention have both advocated for sterile needle use, laws in many states have made unauthorized possession of such needles a criminal offence. In California, the clash of these two policies has been clear: while syringe exchange services are legal in several counties, until 2004 the unauthorized possession and distribution of hypodermic syringes was illegal statewide. As a result, drug users have been arrested, harassed, searched and penalized for possessing these sterile needles that in some instances were legal to obtain but illegal to possess. In counties that have banned needle exchange outright, drug users have resorted to finding syringes in trash cans, dumpsters and “shooting galleries,” where HIV infection poses a high risk. The health value of sterile syringe programs is beyond dispute. But to prevent the further spread of HIV among these drug users, state and federal law must come together to support such programs.

United States/California: Published September 2003

<http://www.hrw.org/reports/2003/usa0903/>

### “Ravaging the Vulnerable: Abuses against Persons at High Risk of HIV Infection in Bangladesh”



*“One night, three police officers came to my hotel room and asked for sex. I was sleepy and refused. They started to beat me, especially on the face, and locked me in the room overnight.”*

--Layla Y., Dhaka, December 12, 2002

Evidence has shown that early in HIV/AIDS epidemics, when the disease is “contained” among people at “high-risk” of the disease, the most effective anti-AIDS strategy is to protect and respect the rights of these people. But in Bangladesh, where HIV/AIDS rates are relatively low, the government has taken the opposite approach, which may spread the crisis among sex workers, drug users, and men who have sex with men. These vulnerable groups, already marginalized from society, have faced frequent and violent abuse – abduction, rape, arrest and extortion – at the hands of police, as well as *mastans*, powerful thugs who sometimes act as musclemen for Bangladesh’s political parties. Such abuses have been shown to further alienate these “high-risk” groups from society, rendering them more difficult to reach with HIV prevention services, and less able to protect their own health. These abuses not only violate both Bangladeshi law and international human rights law, but reduce Bangladesh’s capacity to curtail an emerging epidemic.

Bangladesh: Published August 2003

<http://www.hrw.org/reports/2003/bangladesh0803/>

### “Just Die Quietly: Domestic Violence and Women’s Vulnerability to HIV in Uganda”



*“Even when he was HIV-positive he still wanted sex. He refused to use a condom. He said he cannot eat sweets with the paper [wrapper] on.”*

—Sules Kiliesa, Tororo, December 16, 2002

For many women in Uganda, domestic violence and unwanted sexual relations are not isolated or aberrant acts, but part of the context of their daily lives. Many Ugandan women have been involved in polygamous unions and a number have been coerced into unprotected sex, exacerbating the risk of contracting HIV in a region with already-high infection rates. Ugandan women who confront such abuse contend with widespread social tolerance of such practices, coercion and emotional abuse by their husbands and extended family, as well as – in some cases – marital rape. In this environment, fear has stopped women from accessing information about HIV/AIDS, from being tested for infection, or from receiving treatment and counseling. Women often attend HIV/AIDS clinics in secret, and are afraid to discuss HIV/AIDS with their husbands—even if they suspect the men are the source of their own infection. Those who are widowed by AIDS have faced eviction from their homes, and in some cases have confronted the traditional practice of widow inheritance. The Ugandan government has failed to criminalize, condemn or prosecute this deadly abuse against women, and if it hopes to curb an already disastrous epidemic, it must take immediate action.

Uganda: Published August 2003

<http://www.hrw.org/reports/2003/ugandao803/>

### “Fanning the Flames: How Human Rights Abuses Are Fueling the AIDS Epidemic in Kazakhstan”



*“Sometimes I injected three or four times with the same needle ... or used dirty needles ... when I didn't have enough money on me for new needles, and because of the police it was too frightening to go to the drugstore.”*

– Vitaly Bumakov, Almaty, September 11, 2002

The government of Kazakhstan has had a rare and limited opportunity to contain the rapidly-growing spread of HIV/AIDS, which in 2003 had infected more than 25,000 people. So far, the spread of HIV/AIDS in this former-Soviet republic has been largely confined to specific populations – in particular, injection drug users (who make up more than 80 percent of those living with HIV/AIDS) and sex workers. But the human rights abuses these people face have impeded their access to treatment and prevention programs, fueling an epidemic that could be contained. Injection drug users have been regularly subjected to police brutality, lack of due process, false criminal charges, and lack of access to treatment options for their addiction. Sex workers face rape, violence and extortion by police. Overall, those living with HIV/AIDS have faced social isolation and discrimination in jobs, housing and government services. If the spread of this epidemic is to be curbed, these abuses must be addressed.

Kazakhstan: Published June 2003

<http://hrw.org/reports/2003/kazako603/>

### **Abusing the User: Police Misconduct, Harm Reduction and HIV/AIDS in Vancouver”**

*“I'm not even being arrested, they're not even reading me my rights. They just like grab me.... He said, ‘Well, you're too clean to be an addict’ ... which means I must be a dealer.... What did I do wrong, other than living in the poorest zip code in Canada?”*

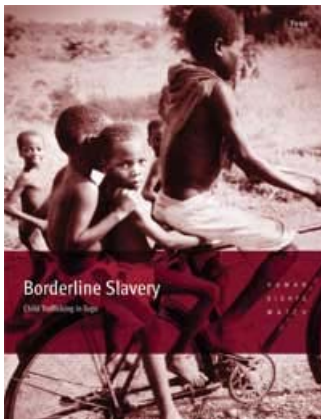
- Gerald B., Downtown Eastside of Vancouver, April 12, 2003

Vancouver, British Columbia, is home to one of the worst AIDS epidemics in the developed world, with injection drug users making up the majority of new cases. In an effort to combat those numbers, the Vancouver Police Department in April 2003 launched a major drug crackdown in Vancouver’s impoverished Downtown Eastside neighborhood, where 40 percent of drug users were estimated to be living with HIV/AIDS. Despite the effort, the consequences of this crackdown have been to drive drug users underground and away from lifesaving HIV prevention services. Human Rights Watch found that, out of fear of police harassment or arrest, drug users had curtailed their use of needle exchange programs, a vital service for HIV and hepatitis C prevention. Street-based health services, crucial to assisting injection drug users and the homeless, have been greatly impeded, causing some health workers to fear a major new wave of disease transmission. City officials and police must address this problem before it exacts a high and avoidable human cost.

Canada: Published May 2003

<http://www.hrw.org/reports/2003/canada/>

### **Borderline Slavery: Child Trafficking in Togo**



*“I was told she would be helping to sell candy... I wasn't sure how a four-year-old could help, but the woman said she needed help.”*

—mother of four-year old daughter, Hahatoe, May 11, 2002

Each year, thousands of West African children are trafficked from their homes and forced into hazardous and unpaid labor. Lured with promises of education, vocational training, paid employment or material goods, these children find themselves brutally exploited in the fields, factories, markets and homes of many West African countries. In Togo, these children come from predominantly poor, agricultural backgrounds and have little schooling. In many cases, they are recruited after running out of money to pay for school, despite the guarantee of free primary education in Togo. Others are trafficked following the death of a parent, or as orphans. For whichever reason, these children take life-threatening journeys to their countries of destination, often by boat on the open sea. They describe brutal working conditions, beatings, death threats, and the prospect of never seeing their families again. Some who escape end up working in prostitution in Lomé, Togo’s capital, where they face HIV infection and other dangers. The government of Togo, its donors and the United Nations must address these abuses, which are in violation of international human rights law.

Togo: Published April 2003

<http://hrw.org/reports/2003/togoo403/>



### **“Double Standards: Women’s Property Rights Violations in Kenya”**

*“I don't use condoms with the women. It must be body to body. I must put sperm in her.... If no sperm comes out, she is not inherited.”*

– Guy Udoyi, Siaya district, November 3, 2002

*“I didn't want to be inherited because he had other wives and I thought he was not in a position to inherit me, I didn't want to have sex, but I had to because of custom.”*

– Alice Akelo, Nairobi, October 21, 2002

In Kenya, women from various regions, ethnic groups, religions and social classes have one thing in common: because they are women, their property rights have been trampled. Women are excluded from land inheritance, evicted from their property by in-laws, stripped of their possessions and forced to engage in risky sexual practices in order to keep their homes. If they try to fight back, they may be beaten, raped or ostracized from their communities. These rights violations have the intent and consequence of perpetuating women’s dependence on men for property rights and undercutting their social and economic status. In addition, these practices have perpetuated risky sexual behavior, fueling the risk of HIV/AIDS. If the government of Kenya, which has ignored this problem for decades, does not act to eliminate this insidious form of discrimination, Kenya will see its fight against HIV/AIDS stagger and fail.

Kenya: Published March 2003

<http://hrw.org/reports/2003/kenya0303/>

### **“We’ll Kill You If You Cry”: Sexual Violence in the Sierra Leone Conflict**

*“Then he said, ‘Well, tonight you are going to have sex, because you are going to be killed and you should do it before you die.’”*

– A.J., 14 year-old student, Pujehun, February 12, 2002.

Throughout the 1991 to 2001 armed conflict in Sierra Leone, thousands of women and girls were systematically subjected to brutal sexual violence initiated predominantly by rebel forces, including individual and gang rape and rape with objects such as weapons, firewood, umbrellas and pestles. Many of the younger victims of such atrocities did not survive: some bled to death or suffered severe infections. Those who did survive were often abducted, subjected to sexual slavery by members of rebel forces, and put at risk of HIV infection. Though the war was declared over in 2002, an unknown number of these women and girls remained sexual slaves as of 2003, when Human Rights Watch published this report. There was no accountability for the thousands of sex crimes that were committed during the war, and few assistance programs existed to provide support to survivors. Victims not only lived with the severe physical and mental health consequences of the abuses suffered, but they also feared non-conflict-related sexual violence, largely perpetrated with impunity. Human Rights Watch called on international donors and nongovernmental organizations to work together with the government of Sierra Leone to establish programs to rehabilitate the survivors of sexual violence.

Sierra Leone: Published January 2003

<http://hrw.org/reports/2003/sierraleone/>



## **Suffering in Silence: Links between Human Rights Abuses and HIV Transmission to Girls in Zambia**

*“I used to go to church, and I was raped by the priest.... I'm scared to tell the police; they won't believe me because he's a priest. I might have HIV/AIDS or STDs. It happened three months ago. I haven't had a period since then.”*

– Brenda K., 17 years old, Lusaka, May 22, 2002

*“If we don't get involved in the fight against HIV/AIDS, there will be no girls left to educate.”*

–Daphne Chimuka, FAWEZA, Lusaka, May 31, 2002

In many countries in eastern and southern Africa, HIV prevalence among young girls is four to seven times higher than among boys the same age. In Zambia, tens of thousands of girls—many orphaned by AIDS or without parental care—suffered in silence as the government failed to provide basic protections from sexual assault, Human Rights Watch found in 2003. Assault of young girls in Zambia was widespread and complex: girls were often assaulted by family members or taken advantage of by male caretakers, and some girls were so impoverished they had to trade sex for survival. Younger girls became extreme targets for abuse because of the false but widespread belief that sex with a virgin would cure AIDS. The subordinate social and legal status of women in Zambia made it difficult for them to negotiate safer sex or take steps to protect themselves from HIV infection. Human Rights Watch urged the Zambian government to take action to curb this abuse, particularly by placing pressure on the criminal justice system to deal appropriately with complaints of sexual assault.

Zambia: Published January 2003

<http://hrw.org/reports/2003/zambia/>

## **“Epidemic of Abuse: Police Harassment of HIV/AIDS Outreach Workers in India”**

*“No one believes us about peer education; we are always accused of being sex workers. The police don't listen. They beat us in the street.”*

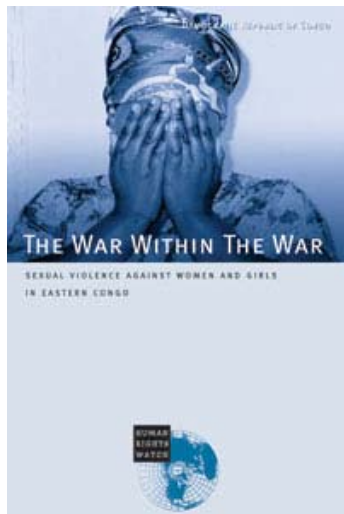
– Geeta R., peer educator, Chennai, March 20, 2002

India has seen a sharp increase in the number of its people living with HIV/AIDS, from a few thousand in the early 1990s to around 5.7 million adults and children in 2005. High-risk groups such as sex workers, injection drug users and men who have sex with men have alarmingly high rates of infection, though the epidemic has begun spreading to the general population. The Indian government has recognized that in order to combat the spread of this disease, programs that provide information, condoms and HIV-testing are crucial. Yet despite support among the public health sectors for such programs, outreach efforts have been undermined by police harassment and abuse of HIV/AIDS workers. Police have beaten peer educators, claimed that outreach work promotes prostitution, and bought trumped-up criminal charges against activists. AIDS outreach workers have also been accused by police of being “threats to national security.” In order to appropriately address and combat the spread of this disease, the government of India must recognize the importance – and ensure the safety – of these outreach programs and their staff.

India: Published July 2002

<http://www.hrw.org/reports/2002/india2/>

### The War within the War: Sexual Violence against Women and Girls in Eastern Congo



*“Women are victims of the war. We don't take up arms but we, the women, suffer the most.”*

– Hélène C., raped while working away from home, Goma, October 2001

In violence-riddled Congo, rape was a weapon of war, Human Rights Watch found in 2002. Women and girls were continually and systematically sexually assaulted by members of the many warring militias, many of whom were infected with HIV/AIDS. And because war has ravaged this region intermittently since 1996—despite the signing of a peace accord in 2003—women were forced to flee their homes, seeking shelter in unfamiliar towns where they were increasingly subject to abuse by soldiers, police or government officials. A climate of impunity has prevented rape cases from being taken seriously, furthering a culture of violence that ostracizes rape survivors from their community and families. Unless this culture is addressed, women will continue to suffer sexual violence, and more will die.

Democratic Republic of Congo: Published June 2002

<http://hrw.org/reports/2002/drc/>

### Ignorance Only: HIV/AIDS, Human Rights and Federally Funded Abstinence-Only Programs in the United States

*“I don't know any other way but abstinence to prevent HIV.”*

—Linda P., 16-years old, Waco, Texas, May 2, 2002

The Bush Administration has advocated hard for abstinence-only programs in the fight against HIV/AIDS. By portraying abstinence from sex until heterosexual marriage as the only acceptable behavior for youth, these programs deny adolescents basic information that could prevent the spread of sexually-transmitted diseases, including HIV/AIDS. By law, abstinence-only programs cannot “promote or endorse” condom use, nor provide HIV/AIDS information sensitive to the rights and needs of lesbian, gay, bisexual, and transgender youth. In a 2002 investigation in the United States, Human Rights Watch found that U.S. government-funded abstinence-only programs restricted teachers from providing complete, accurate information about HIV prevention, including information about condoms to prevent HIV transmission; in some cases, teachers inaccurately told students that condoms were ineffective in preventing HIV transmission. The Bush administration has advocated for significant funding increases to support abstinence-only programs, notwithstanding the paucity of evidence that they work to delay adolescent sex, much less change the sexual behavior that puts adolescents at risk of HIV/AIDS. In addition, abstinence-only programs interfere with fundamental rights guaranteed by international law, including the right to “seek, receive and impart information and ideas of all kinds,” the right to nondiscrimination, and the right to the highest attainable standard of health.

United States (a Texas case study): Published 2002

<http://hrw.org/reports/2002/usa0902/>

## In the Shadow of Death: HIV/AIDS and Children's Rights in Kenya

*"I may have to go into prostitution, and then I know I will get HIV and die. I would rather have a real business, but it is not easy."*

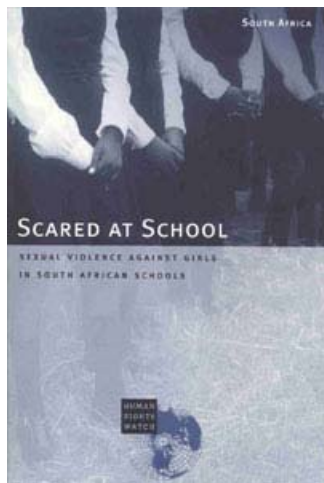
– Claire S., 22, Kisumu, February 28, 2001

Kenya's estimated one million orphans in 2003 represented only a fraction of the population of Kenya living with HIV/AIDS, which in that year was affecting 15 percent of the adult population. Because HIV/AIDS so often impoverishes and stigmatizes the children it affects, these children were at high risk of ending up on the street or in other dangerous situations. AIDS-affected children faced many obstacles to staying in school, as many were forced to withdraw to care for a sick relative, or, oftentimes, to become breadwinners to replace a family member's death from AIDS. In many cases they were further disadvantaged by the unscrupulous and unlawful appropriation of property they were entitled to inherit from their parents. These problems were compounded by poor access to information and education about HIV/AIDS. After many years of a weak official response to HIV/AIDS, the government of Kenya began to take aggressive measures to energize its fight against the disease, including the passage of legislation designed to facilitate the importation of cheaper, generic antiretroviral drugs and the first steps to removing tariffs on imported condoms. In this report, Human Rights Watch suggested that equally aggressive measures must be taken by the government to ensure protection of the rights of children affected by HIV/AIDS.

Kenya: Published June 2001

<http://www.hrw.org/reports/2001/kenya/>

## Scared at School: Sexual Violence against Girls in South African Schools



*"He asked me to take off my shirt but if part of my school uniform was still on I would look sexy. Then he touched me. I told him to stop. My parents came ten minutes later. My mother asked me, 'How was your Afrikaans lesson?'"*

– P.C., 15, Johannesburg, March 18, 1999

South African schoolgirls of every race and class were being held back by sexual violence and harassment that impedes their right to education, Human Rights Watch found in this 2001 report. Girls were raped in school bathrooms, in empty classrooms and hallways, and in hostels and dormitories. They were harassed, assaulted and verbally degraded by classmates and teachers. And with each act of sexual assault, these girls faced the possibility of contracting HIV—a virtual death sentence in a country that has witnessed more HIV/AIDS cases than any other country in the world. Moreover, school authorities concealed this violence and failed to take action against its perpetrators, while girls who reported abuse were often victimized to a greater degree. As a result, girls lost their educational rights, as many interrupted or left school because they felt unsafe, and others were required to cope with a deadly epidemic. Despite initial steps by the South African government toward recognizing that violent crime poses a threat to school safety, sexual violence was a significant hurdle to equal education and public health. Human Rights Watch called on the government to enforce a proactive, coordinated and system-wide response, requiring national leadership and commitment at every level of the education system.

South Africa: Published March 2001

<http://www.hrw.org/reports/2001/safrica/>