

Health & Human Rights Prison Project

**Bureau des Avocats Internationaux
Institute for Justice & Democracy in Haiti**

in collaboration with

**Zanmi Lasante
Partners in Health**

EXECUTIVE SUMMARY

I. Executive Summary

The Health and Human Rights Prison Project (HHRPP) was launched in February 2008 by the Institute for Justice & Democracy in Haiti (IJDH), the *Bureau des Avocats Internationaux* (BAI), Partners in Health (PIH) and *Zanmi Lasante* (ZL) to improve conditions in Haiti's notoriously miserable prisons. HHRPP combines the organizations' recognized expertise in law and healthcare, in both delivery of services and advocacy, to holistically address the violations of prisoners' civil, political, social and economic human rights. Through HHRPP, we will develop a model, integrated human rights approach to prisons that ensures that prisoners receive the medicine and treatment they need to remain healthy and the legal services they need to ensure that their cases are handled promptly and justly.

The Health and Human Rights Prison project was launched as a pilot in three prisons: Hinche and Mirebalais in the Central Plateau and St. Marc in the Artibonite Department. BAI lawyers have represented prisoners in court, begun a prisoner census, developed relationships with prison and judicial authorities, and coordinated with *Zanmi Lasante* to identify prisoners' health problems and ensure they receive treatment. BAI and IJDH are currently working on securing additional funding (approximately \$100,000) to scale up their part of HHRPP and to develop an advocacy plan to extend HHRPP to the rest of Haiti.

Over the next twelve months, IJDH and BAI are working on the following three project outcomes:

1. Complete and maintain a prisoner database to: a) identify prisoners' legal and medical needs, b) identify problem areas in the prison system, c) provide Haitian officials with data to encourage their collaboration, d) establish baselines for evaluating the project's success, and e) track the project's progress;
2. Represent pre-trial detainees in individual cases, especially those held in violation of their rights or for a prolonged period without a trial. Representation will particularly focus on forcing compliance with the June 2008 decision of the Inter-American Court of Human Rights in the *Yvon Neptune v. Haiti* case; and
3. Design a detailed plan (goals, strategies, target cases) for legal and advocacy work to be carried out in year 2, in both the pilot prisons and other prisons in Haiti.

PROBLEM STATEMENT

II. Problem Statement

Haiti's prisons are among the worst detention facilities in the Americas, and they dramatically illustrate the range of systematic violations of civil, political, economic and social human rights that plague all of Haiti's poor. The Inter-American Court on Human Rights recently declared the conditions "inhuman." A U.S. Court of Appeals likened them to conditions on slave ships. Infectious and malnutrition-related diseases thrive because prisoners do not have adequate access to potable water, food, healthcare, shelter, or exercise. Cells are so overcrowded that many prisoners must take turns to sleep on the floor.

Over 90% of prisoners have not been convicted of a crime, and most are held in violation of their legal and constitutional rights. Prisoners spend months, even years waiting for their day in court: the current median stay for pre-trial detainees is 20 months. The long wait in crowded, unsanitary conditions often converts pre-trial detention into a sentence of death by infectious disease or malnutrition.



Almost all of the prisoners in Haitian jails arrive poor, and their incarceration usually leaves their families even poorer. Most prisoners are men, who in Haiti are usually the primary wage earners. When primary wage earners are imprisoned, families go hungry, lose housing, separate from their social networks, and lose the means to send their children to school. Moreover, the lack of adequate food in the prisons forces families to spend precious time and money delivering their own food to the imprisoned.

Haiti's prisons are at the center of a nationwide bribery racket within the justice system in which prosecutors, defense attorneys and judges extort money by colluding to increase prison time and further expose the incarcerated to mistreatment and disease. There is no effective system of legal aid in Haiti. When poor defendants can pay for representation, their defense lawyers often act more as paid brokers. They negotiate bribes and pocket commissions, rather than defend their clients' rights. The bribery racket and its tragic consequences operate with impunity, because no one other than the disempowered defendant has an incentive to combat it. If we attack these injustices in Haiti's prisons in ways that strengthen the judicial and health care systems, then we strike at the human rights injustices affecting all of Haiti's poor.

PROJECT DESCRIPTION

III. The Health and Human Rights Prison Project (HHRPP)

Project Description

HHRP applies interconnected solutions to interconnected problems. The project addresses prolonged pretrial detention and horrific prison conditions by systematizing the delivery of health and legal services to individual prisoners and advocating for broader, systemic reforms. We combine the transnational advocacy and coordinating capacities of U.S.-based IJDH and PIH, with the expertise of Haiti-based BAI and ZL in delivering legal and health services to comprehensively challenge violations of prisoners' economic, social, political and civil human rights. In the course of treating prisoners, ZL health care workers often hear of political and civil rights violations that the BAI can address. As BAI legal representatives discuss prisoners' legal situations, they often are the first to uncover illnesses and the need for treatment or to discover that medical treatment has been interrupted. Meanwhile, IJDH and PIH bring seasoned and effective advocacy programs to bear on specific cases, political obstacles, and endemic problems.

The project seeks to reduce pre-trial detentions while improving prison conditions for those who are not released. HHRP will reduce detentions by: a) challenging the detention of prisoners held in violation of their legal rights, which will force the court system to either release them or correct the deficiencies; b) advocate for pre-trial release for people who are legally detained, where appropriate; and c) encourage speedy trials where defendants are not released. The project will also provide legal assistance at trial, as appropriate, in order to protect the defendant's legal right to a fair trial and to reduce prison populations.

In the first year we are focusing on three prisons: Hinche and Mirebalais in the Central Plateau and St. Marc in the Artibonite Department. Those facilities were chosen because ZL has extensive experience in providing healthcare in the prisons and the surrounding areas, and because ZL and BAI have established good working relationships with local prison and justice

The project is already underway....

Since February 2008, BAI lawyers have visited prison facilities and met with local prison officials, prosecutors, judges, and UN officials, as well as many of the prisoners and their families.

BAI has commenced a census of prisoners' legal and healthcare needs. The database for the prison in Mirebalais, which includes preliminary baseline data for that prison, was completed at the end of July.

Over the course of the summer, the BAI worked with judicial officials in Mirebalais to ensure that as many cases as possible were ready for the jury trials. In most jurisdictions, jury trials are held once or twice a year. A prisoner charged with a jury offense whose case is not ready for the upcoming session must wait until the next one.



The BAI represented one of the defendants, Ermite Titus (*in photo at left*), accused of murder and due to give birth in early August. BAI's Mario Joseph convinced the jury to acquit Ermite on July 28, and she returned to her home where she soon after gave birth to a healthy baby.

officials. We see this initial phase of work in the three prisons as a pilot, giving us the opportunity to engage with each other, learn, and fine tune a model process for systematizing health care and legal services, which we will then apply to additional prisons in an expanded second phase of the project. In addition to helping us learn how to best integrate health care and legal services, this is also a demonstration project. We intend to demonstrate to prison and government officials, to prisoners and their families, to health and justice advocates, and to major funders that legal and health efforts can be efficiently and cost effectively inter-connected to advance human rights.

“Interconnected solutions for interconnected problems”

In the first year, HHRP will systematize the delivery of health and legal services at three prison sites, collect the data needed for a more intensive and widespread project, and develop an advocacy plan

for the second year. In the first six months of the project, we will focus on designing and maintaining the prisoner database. In the following six months, we will continue to update the databases but will begin also to systematize our knowledge about how to integrate legal and health services. The Timeline section provides more details.

In addition to developing the database and the advocacy plan, BAI will provide ongoing legal representation to clients at the prisons. The three paralegals will maintain regular contact with prison officials and medical workers to coordinate the provision of legal and medical services, and IJDH will provide litigation and advocacy support. These ongoing activities will be coordinated during monthly project meetings with members of the team, which include three paralegals, the managing attorney, and the BAI office manager. Two additional meetings will help us integrate the knowledge of the project team: a mid-year assessment meeting in the sixth month and an advocacy-planning meeting at the ninth month. Finally, BAI Managing Attorney Joseph will provide a training seminar to other lawyers in Haiti covering legal and advocacy strategies useful for addressing prolonged pre-trial detentions and inhumane prison conditions. Finally, project leaders will meet with government officials and others working on justice reform to point out the successes of the effort and the possibilities for replicating the project in other prisons.

Project Outcomes

HHRPP will generate three complementary outcomes in the first year. First we will create and maintain a database establishing baseline information about: the prisons, identifying individual prisoner’s legal and health care needs, and providing aggregate data to help shape the project’s work. Second, we will provide direct legal and healthcare services to individual prisoners. Third, we will prepare a litigation and advocacy plan for prison reform advocacy on a national scale.

1. Database. The HHRPP Database will systematize our knowledge of health and medical information at the three prison sites, and become the projects’ primary tool for problem diagnosis and evaluation. It will also systematize how we integrate legal and health services and inform our advocacy efforts. The database will serve five primary functions:

a) establish baselines for evaluating the project’s success. By recording an accurate picture of prison conditions at the beginning of the period (the number and legal status of

detainees, and their health condition), the database will show where the project makes progress, and where it does not;

b) identify prisoners' legal and medical needs, by tracking individual's cases as they proceed through the legal system and recording important health data. Beyond caring for individual prisoners, the established healthcare system administered by ZL/PIH in the communities surrounding these first three prisons will provide vital information to the database. The database will record the types of illness suffered by prisoners, the kinds of treatments that are needed, and any barriers to successful treatment.;

c) pinpoint problem areas in the prison system through aggregating information. For example, the Database will show how many cases become stalled at a particular point in the criminal proceedings or before a particular judge. Comparing health needs across the prison population and between three separate prisons will allow a better understanding of the ranking health problems in Haiti's prisons. This data, and experience treating individual prisoners, will become the basis for system-wide reform advocacy. Aggregated information will also help track the project's progress: consistent, up-to-date data will help us continually evaluate our strategies, and adapt the project to the changing realities in the prison;

d) provide Haitian officials with the data they need to improve prison conditions. The aggregate information that helps us pinpoint problem areas in the system would also point local and national officials to places where they can most efficiently intervene at the three prisons in the pilot project, and also help implement national policy reforms; and

e) provide advocates with the data they need to effectively pressure the Haitian government and major funders regarding prison reform.

The Database will be designed and maintained in collaboration with all project participants, in order to adapt it to all project goals. It will be primarily maintained by an on-site paralegal at each prison, under the supervision of BAI's managing lawyer. The database will be maintained on a wiki, to provide real-time access for all participants.

2. Direct Services: Legal Representation and Healthcare.

Throughout the project period, the BAI will represent pre-trial detainees in formal and informal proceedings. Representation will a) challenge illegal detentions; b) advocate for legally-detained prisoners to be released pending trial; c) encourage speedy trials, especially where defendants are not provided pre-trial release; d) help those remaining in prison challenge substandard prison conditions; and e) advocate for the defendants when their case reaches trial.

BAI's managing lawyer, Mario Joseph, will coordinate the legal representation program, and he will be the primary lawyer on the cases. Attorney Joseph will visit each site at least once every month, and more often as needed for court hearings and urgent cases. On-site paralegals will monitor the prisons in



Attorney Mario Joseph escorts recently-freed client.

between Mr. Joseph's visits, providing information to project collaborators and advocating for prisoners where appropriate.

Legal representation advances the project's goals in three ways. First, it helps vindicate the rights of prisoners in individual cases. Second, by encouraging pre-trial release, prompt trials and the dismissals of illegal actions, legal representation will decrease the prison population and allow the prison to concentrate its limited resources on a smaller number of prisoners. Third, challenging the system in individual cases will provide important information about bottlenecks in the system and obstacles to reform.

Zanmi Lasante will provide free healthcare to prisoners in four ways. Initially, it will bring a fully functional mobile clinic to each prison at least once every three months. Mobile clinics will include nurses, doctors, and phlebotomy for routine blood testing. Routine medications will be prescribed and distributed. Medical charts will be established and maintained for each prisoner, allowing for comprehensive follow-up care and for statistical analysis. Further diagnostics – including x-rays – and/or more sophisticated medical therapy would need to be administered at one of ZL's inpatient hospitals. Second, ZL will make its inpatient facilities fully available to prisoners in the case of acute illness, diagnostic dilemmas, or need for medical intervention that cannot be carried out within the prison. In Hinche, ZL routinely receives sick prisoners at the hospital after establishing a strong working relationship with prison staff. Third, ZL will establish the ability to perform community health work within the prisons. When a prisoner is found to have a complex illness – like tuberculosis or HIV – they should receive the same services as any patient under ZL's care. This includes, in many cases, daily, directly-observed therapy carried out by a community health worker. Daily contact with a ZL professional helps assure adherence to prescribed medications and helps maintain close contact with ZL clinic staff. Finally, ZL will support under-resourced prison health workers through training, coordination, and clinical assistance.

3. Litigation and Advocacy Plan. The litigation and advocacy plan has three components.

a) Impact litigation strategy: includes suits on behalf of classes of prisoners or symbolic cases on behalf of individual prisoners. Impact litigation seeks to enforce individual rights while simultaneously pushing for systemic reforms. For example, a series of suits might seek enforcement of the right of pre-trial detainees to be segregated from the general population of convicted prisoners. The cases would help individual prisoners obtain better conditions, but collectively they would force the government to establish procedures for separating pre-trial detainees from convicted criminals. Impact litigation cases will initially be filed in Haitian Courts, but suits will also be filed with the Inter-American Commission on Human Rights where necessary.

b) Public advocacy strategy: the project will develop a public advocacy strategy designed to create a constituency for prison reform and to apply pressure for reform on the Haitian government. A public advocacy strategy is important because prison reform in Haiti, as in most countries, has little public support among the general public. People concerned about crime focus on imprisoning more people, while ignoring those who are unfairly or illegally held. In a country such as Haiti where daily realities produce so much suffering among the general population, many people have little sympathy for suffering among prisoners or for the seemingly abstract concept of prisoner's legal rights. The public advocacy strategy will develop support by educating citizens about the costs of pre-trial detention and substandard prison conditions to the prisoners and their families, to public health, to the rule of law and to the national budget. Advocacy will promote voices that the general public will find credible, including professionals such as doctors and budget experts, and sympathetic prisoners or family members.



Women from the Collective for Families of Political Prisoners hold a press conference at the BAI offices.

Outside Haiti, the public advocacy strategy will include outreach to international organizations, donors to Haiti and organizations working on prison reform, as well as grassroots advocacy through action alerts. These audiences are more likely to begin with support for prisoners' rights, so the primary purpose of the outreach will be to direct their attention and resources to the specific problems that the project pinpoints, and to demonstrate potential solutions to the problem.

c) Collaboration strategy: HHRPP will leverage its efforts through collaboration with others acting to improve prison conditions, especially Haitian Government officials, members of the international community, including the UN and donors to Haiti, and non-governmental human rights and legal advocacy organizations.

i) Collaboration with Haitian officials will include both formal and informal collaboration, and with national and local officials. The BAI has honed its "carrot and stick" approach to legal advocacy during 14 years of work in Haiti. Through HHRPP, BAI will support officials who are willing to improve conditions in the prison and more justly apply the law, by providing information and legal or other support. HHRPP will apply pressure through litigation and public advocacy on officials who do not comply with their obligations towards prisoners in their custody. ZL/PIH has over 20 years of experience in public health epidemiology and intervention, including effective collaboration with the Haitian Ministry of Public Health and Population.

ii) Collaboration with the international community. HHRPP is complementary to many other efforts working on the ground to address prison conditions and implement penal reform, including programs sponsored by the UN, USAID and others to reduce pre-trial detention by focusing on specific actors or processes within the justice system, because it is the only program that includes direct representation of prisoners. HHRPP will maximize the synergy between its work and the other efforts through informal cooperation, consultation on both HHRPP and the other efforts, and, where appropriate, formal participation in working groups.

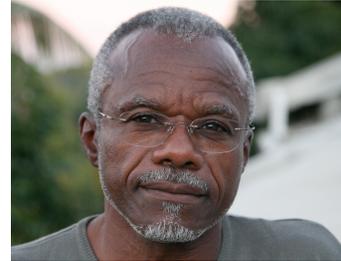
iii) Collaboration with non-governmental organizations. HHRPP will recruit other organizations to work systematically on prison reform, by providing trainings, technical assistance, access to the information and materials we develop. For example, Seton Hall Law School and the Catholic Law School of Jeremie in Haiti have approached us about helping them develop a prison program in the remote city of Jeremie.

**OPPORTUNITIES,
PARTNERSHIPS,
STRATEGIES**

IV. Opportunities, Partnerships, Strategies

Window of Opportunity

HHRPP is designed to take advantage of a major window of opportunity to significantly impact prison conditions in Haiti. First, Haiti has enjoyed relative stability since the return of democracy in May 2006. A stable and accountable, elected government makes progress in human rights possible. Second, the international community, including major donors, is currently investing in Haiti's justice and penal systems through system-wide infrastructure, training and other projects. Third, in June 2008 the Inter-American Court of Human Rights ordered Haiti to adopt a plan to improve its prisons within two years. The decision came in the case *Yvon Neptune v. Haiti*, which was brought by IJDH, and is binding on the Haitian government. The Court found that Haiti's miserable prison conditions and abusive pre-trial detention violate international law and so ordered the Haitian government to:



Former Prime Minister and political prisoner Yvon Neptune

adopt, in a reasonable period of time, legislative, administrative and other appropriate measures necessary to substantially ameliorate the conditions of the Haitian prisons by bringing them in line with international human rights norms. To this effect, the State must establish, within two years, a program of action and planning with a timeline of activities linked to the execution of this order.

We expect that the *Neptune* decision will be useful in two ways. First, it will put pressure on the Haitian government to improve all prison conditions within a two-year window of time. We will offer the aggregate information from the Database and our experience with the HHRPP to help the Haitian government in this effort. Second, the opinion includes language, especially regarding prison conditions and pre-trial detention procedures, that will be influential in convincing judges to release individual prisoners.

Moreover, organizations currently working on the ground increasingly recognize that the state of the penal system and prisons is now one of Haiti's most compelling human rights issues. US foreign aid to the country includes major investments in Haiti's justice and penal

**"Now is the time
for us to act."**

system, including large-scale infrastructure projects such as building prisons. MINUSTAH, the UN peace mission in Haiti, has a mandate that explicitly includes addressing problems with the justice and penal systems. This emphasis by key players in Haiti, in combination with the Inter-

American Court's ruling and our recent successes demonstrate that substantial progress in reforming Haiti's prisons is attainable in the short term.

As collaborating organizations, we are both positioned and compelled to fully commit our resources to systematically address the interconnected human rights violations in Haiti's prisons. We are now ready to push the system to work in individual cases using our recognized client-centered model and the precedents set by our recent victories. In fact, prison reform studies and proposals repeatedly urge that programs like ours are necessary

for effective prison reform. Unfortunately, though, the major donors have neither undertaken nor underwritten such work. Therefore, while we have the key pieces in place, and in order to capitalize on this window of opportunity, we require additional support to mobilize those pieces into meaningful and broadly effective action.

Partnering to Make a Difference: Our Strategy and Its Implications

ZL/PIH and BAI/IJDH share a common founding principle of providing a preferential option for the poor in our particular areas of expertise, as well as a common rights-based approach. ZL/PIH's comprehensive and community-based approach to healthcare ensures that its patients receive not only medicine, but also the food, housing and other services they need to truly recover their health.

Similarly, BAI/IJDH's *victim-centered approach* to lawyering goes beyond traditional legal services to help its clients and their supporters organize to advocate for their own rights in the courts, on the streets and in the media.

The organizations' respective approaches are comprehensive within their sphere - economic and social rights for ZL/PIH, civil and political rights for BAI/IJDH. However, the organizations recognize that they fail to address their clients'/patients' rights in the other organizations' sphere. The prison context highlights this limitation: ZL's excellent healthcare can arrest a

prisoner's tuberculosis, but it cannot secure the prisoner's freedom. BAI/IJDH's legal work can open prisoner doors, but it cannot prevent or treat clients' illnesses while their cases work their way through the system. For example, Wantales Lormejuste was a political prisoner, arrested along with several others in March 2004. From the time of the arrest, the BAI worked to secure his release and that of his co-defendants. In April 2007, after three years in prison, all but one of the co-defendants had been released, but Mr. Lormejuste had died of tuberculosis in the St. Marc prison while awaiting the appeal court's decision.

Zanmi Lasante, of course, must address the health consequences of prison detention. Many of the prisoners' health problems could be prevented or more effectively treated if prisoners' legal and human rights were properly enforced to begin with. Haiti's legal system places a heavier than needed burden on ZL's personnel and supply budgets as an inefficient, overloaded and partially corrupt justice system unjustly and tragically raises the number of prisoners who need treatment, lengthens their time of exposure, and increases the severity of their health problems. Swifter resolution of injustices would not only benefit individual prisoners and their families, it will also strengthen legitimate legal processes in Haiti. Further it will also reduce the number of prisoners and their duration of exposure to health risks, while helping existing treatment be more reliably delivered and thus more cost effective.

EARLY LEGAL SUCCESS...

On March 3, BAI lawyer Mario Joseph convinced an investigating magistrate to dismiss the cases against two girls — “Junie”, age 15, and “Judith” age 16 — whose cases had been improperly diverted to a procedure that could have kept them in pre-trial detention for two years or more.

This victory illustrates the connectedness of human rights violations that stem from illegal detention: in this case, illegal detention interacted with the *loss of right to an education*. The families of both girls had been sending them to school prior to their detention.

These limitations reflect a broader perceived dichotomy between civil/political rights on one hand, and economic/social/cultural rights on the other hand. Typically, well-meaning interventionists fail to make a real difference because they focus on one of the areas to the exclusion of the other. The dichotomy is reflected in human rights instruments and theories, and in the practices of governments, human rights advocates, development workers and service providers. The reality is that for most of the people suffering from human rights violations, especially in countries like Haiti, their poverty, including illness and hunger, is inextricably linked to the lack of respect for their civil and political rights. HHRPP pioneers an interconnected solution to the interconnected suffering of our patients/clients.

Organizational Roles

IJDH, which provides virtually all of the financial support for the BAI, will:

- perform legal work in support of BAI, including legal research, drafting of pleadings, designing legal strategies and adapting strategies;
- administer the project and serve as the responsible party in any contractual funding arrangements;
- create and maintain electronic templates for database development;
- engage its network of activists in the U.S. in collaboration with and support of activists in Haiti through its popular, web-based Half-Hour for Haiti action alerts and its many contacts with the media, government, and advocacy groups;
- work closely with the BAI and ZL/PIH to generate the promised outcomes;
- lead an effort for broader public advocacy for reform in Haiti's prisons, through writing, speaking, briefings, and consultations.

BAI lawyers and paralegals will provide prisoners a wide spectrum of legal representation, including:

- documentation of legal needs;
- challenges to the charges for which they are imprisoned;
- advocacy for pre-trial release;
- challenges to sub-standard prison conditions; and
- advocacy for the right to adequate health treatment through meetings with officials, courtroom challenges, and through logistical support for grassroots advocacy groups in Haiti.

ZL/PIH health care workers provide a wide spectrum of health activities, including:

- training, medical consultation, materials and medicine to prison health workers;
- diagnoses, medical consultations and dispensing of medicines to prisoners;
- hospitalization of prisoners when necessary;
- community health work – including daily directly observed therapy – within the prisons; and
- systematically informing BAI representatives of prison corruption and abuse as revealed through its public health and medical treatment efforts.

ACTIVITIES, TIMELINE & PERSONNEL

V. ACTIVITIES, TIMELINE & PERSONNEL

Year 1: Assessing, systematizing and integrating health and legal services in three prisons in Haiti

In the first year, HHRP will systematize the delivery of health and legal services at three prison sites. We will accomplish this by collecting and maintaining a database of health and legal data for each site and by developing an advocacy and litigation plan describing how to address prolonged pre-trial detention and prison conditions in Haiti.

During the course of the first year several kinds of activities will be on-going and in response to needs and opportunities. These include prison visits, contacts with prison and judicial officials, discussions with major donor representatives, strategic guidance for Haitian grassroots advocacy groups, and meetings with prisoners' families.

To give the project structure and provide benchmarks to measure our progress, the following list identifies intervals at which specified actions will be completed in the first year.

- Month 2: Paralegals hired
- Month 3: Database framework is developed, understood and in use at each site
- Month 6: Mid-Year Assessment Meeting in Port-au-Prince; site data reviewed and major elements of advocacy plan discussed
- Month 8: Training seminars for lawyers in other jurisdictions
- Month 9: Litigation and Advocacy Plan Meeting in Port-au-Prince: Series of meetings with paralegals, partners, collaborators, justice and penal system officials; detailed review of each database as current, complete and clean
- Month 12: Litigation and Advocacy Plan completed and readied for implementation

In addition to these specified meetings, there will be monthly check-in meetings among Mario Joseph, the three paralegals, and the BAI office manager. Three of these meetings are incorporated into the major meetings held at the BAI office in Port-au-Prince at months 6, 9 and 12 respectively. Of the remaining monthly meetings, at least three will be held at prison sites, one per site. The remainder will be electronic/telephone meetings. IJDH Director Concannon will attend the three major meetings and all electronic monthly meetings. Finally, BAI Managing Attorney Joseph will visit each of the sites at least on a monthly basis over and above the planned meetings.

Year 2: Implementation of Litigation and Advocacy Plan

The timeline and activities for Year 2 will be detailed in the Litigation and Advocacy Plan.

Description of Activities by Personnel

Paralegals. Each paralegal will be responsible for maintaining a database for their site, through regular visits to the prisons and coordination with other project participants, prisoners' families and government officials. They will also be responsible for establishing

on-going relationships and contacts with health workers and officials at each of the prison sites. They will inform the BAI managing attorney if any particular cases require his immediate attention.

Office manager. The office manager will be responsible for maintaining the wiki (central database), overseeing case flow, and assisting with litigation documents, translating, and correspondence, and supporting the managing attorney and the paralegals.

Managing Attorney. The Haiti-based managing attorney, Mario Joseph, will be responsible for interfacing with judicial officials, developing trial strategies, providing legal representation to clients, visiting sites on a bi-monthly basis, providing training seminars to lawyers and supervising the office manager and paralegals.

Director: IJDH's US-based Director, Brian Concannon, will provide litigation support and lead the planning and writing of the advocacy plan. He will also provide US-based advocacy support for on-going cases on the ground through IJDH's Half-Hour for Haiti program.

Medical Coordinator: The US-based internist and clinician with PIH/ZL, Dr. Evan Lyon will provide oversight and coordination of all medical care for prisoners. When Dr. Lyon is in Haiti, he will participate directly in prisoner medical care. He will also coordinate closely on analysis of the project and advocacy work with the legal team.

ABOUT US

VI. ABOUT US

IJDH, BAI, PIH and ZL are highly experienced in bringing out the best in troubled government systems in Haiti. ZL/PIH has worked with the Ministry of Health since the 1980's, helping it install basic public health infrastructure, while PIH advocated for the Haitian public health within the International Community. BAI/IJDH plays a similar role in legal services. The Haitian government in 1995 originally established BAI as an autonomous group that could help open the justice system's doors to Haiti's poor. The organization has received no government funding since 2004 and instead depends on IJDH for its finances. Over its fourteen years of work, BAI has honed its "carrot and stick" approach, combining assistance to willing officials with pressure on those who fail to fulfill their obligations. BAI helps build a constituency for the justice system within Haiti; IJDH does the same abroad.

BAI and IJDH are both recognized for their innovative and successful legal and advocacy work on behalf of Haiti's poor. The BAI spearheaded the prosecution of the Raboteau Massacre Trial, regarded as one of the most important human rights cases in the Americas over the last two decades. BAI and IJDH persisted in their pursuit of those found responsible, resulting in judgments in U.S. court against former death squad leader, Col. Carl Dorelien. In May 2008, BAI Managing Attorney Mario Joseph delivered \$430,000 in damage awards to the victims. On receiving the award the victims' decided to donate 10% of the total, an average of 14 months wages each, to the BAI, so that it continues fighting for other victims of political violence and detention. BAI's victim-centered approach was the subject of a model case study by Harvard's Kennedy School of Government. BAI and IJDH have addressed prison issues in Haiti by defending political prisoners, investigating prison conditions, and authoring several reports on human rights violations in Haiti.

BAI Director Mario Joseph, Av., is Haiti's most respected human rights lawyer. He spearheaded the prosecution of the *Raboteau* Massacre trial in 2000, one of the most significant human rights cases anywhere in the Western Hemisphere.

IJDH Director Brian Concannon, Esq. worked nine years in Haiti for the United Nations and the BAI. He received fellowships from Harvard Law School and Brandeis University and has trained international judges, U.S. asylum officers and law students across the U.S. He is a member of the Editorial Board of *Health and Human Rights, An International Journal*.

IJDH board members:

Dr. Paul Farmer, MD, Ph.D., of Partners in Health, changed the way the world treats infectious diseases among the poor.

Ira Kurzban, Esq. is one of the pre-eminent immigration and refugee lawyers in the U.S.

Laura Flynn is an author, teacher, and activist.

Bryan Stevenson, Esq. is a tireless, successful advocate for death-row inmates, founder and Executive Director of the Equal Justice Initiative of Alabama, and a MacArthur Foundation "Genius Award" winner.

Irwin Stotzky, Esq. is a Professor of Law and Director of the Center for the Study of Human Rights at the University of Miami.