

Chapter 1. Evin Prison

In 2003, I was invited to deliver training on HIV to prison doctors in Iran. After the training, I was taken on a study tour of Iranian prisons. When I asked about women in prison, I was offered a chance to tour their wing within Evin Prison. I had accepted immediately. This was an environment that we see and hear nothing of in the West. To enter the female wing, I had to walk through several metal doors from the male wing. Inside, the walls were white with a pale blue trim. I had just visited eight prisons for men over the last ten days. But it was this visit—to a female prison in Iran—which would have a lasting effect on me. It changed my focus at work, my circle of friends and the way I viewed Iran and Islam. This prison in North West Tehran was newish, having been built in 1971. It sat at the foot of the Alborz Mountains, which are covered in snow in winter. This was the first trip of many I would make to Iran over the next decade.

The foyer of the women's wing was clean like a hospital, sparse even. We walked down the corridor and there, on the right, was a cell. As we stood in the doorway, all the occupants turned away to hide, holding their chadors—long, flowing capes—up close under their chins. Each woman was wearing the same navy blue and white patterned chador, the prison-issue uniform. Some inmates had small children with them, and a few had babes in their arms. My visiting party comprised my interpreter, my guide, a prison guard and me.

Even with a borrowed hejab—the mandatory headscarf to cover a woman's hair—everyone could see I was a foreigner. Strands of my blonde hair protruded from my pale hejab and my peaches and cream complexion meant I was from somewhere other than Iran. The female inmates were taken aback, suspicious even, to see me, as were their male peers when I was in their prisons. The interpreter introduced us to the women. As the interpreter spoke, they slowly turned around. Without exception they looked harmless, terrified even. These prisoners did not need to be locked up for society's safety. They were here for punishment.

Female offenders tend to commit fraud and other non-violent crimes, but still I was intrigued to find out what crimes had resulted in their imprisonment. You realise as a prison visitor you should refrain from asking someone what the reason is for their imprisonment. I did

ask the interpreter, though, about the sort of crimes, in general, they might have committed that resulted in their incarceration. He said a variety of offences, which, like in most countries; revolve around income generating scams to raise money to buy drugs. Female prisoners the world over are twice as likely as male ones to have a drug problem.

As we entered the first prison cell, I was surprised at how large, airy and light it was. Two bunk beds were pushed up against two walls that met at a corner. White cotton makeshift curtains hanged down from the top bunk, softening the metal bedframes and hiding the bottom bunk bed. The prisoners' eyes ferreted across the room and back and forth to each member in our party. Then my guide explained the reason for my presence, on this warm sunny day in a female prison in Iran, of all places. He told them I was from Australia examining the programs Iran was implementing to prevent HIV. He informed them of my workshop for prison doctors, where we discussed treating females who had a heroin problem so they could avoid prison. I knew any mention of heroin and ways to avoid prison would be of interest to those who used drugs.

My student and I had delivered a three-day workshop to Iranian prison doctors. The workshop covered everything from sharing syringes and transmitting HIV to conjugal visits, condoms and homosexual sex. I remember thinking how would these Muslim men, as all participants were male, respond to two western women discussing homosexual sex in prison? Homosexual sex is illegal in Iran. Offenders are hanged. But the participants were all doctors, so I had hoped that they were pragmatic about the repertoire of human sexual behaviour. One key topic was strategies to prevent HIV. In practice it was rather straightforward, but in reality, many issues hindered prevention. Homophobia and a dislike of drug users discouraged prison authorities from providing condoms and other assistance. Even though methadone is a very effective treatment, authorities disliked it because it is a powerful narcotic drug with euphoric qualities. Most prison authorities preferred that inmates went cold turkey even if that approach was a resounding failure. It was unclear whether our proposed HIV prevention actions were going to be embraced or rejected outright.

My guide went on to say 'This week we have been visiting prisons around the country.' I had hoped this went some way to building a rapport between us. I complimented them on their children and was keen to know how long a baby or child could stay with its mother in

prison. Elsewhere, mothers can keep their child for several months or maybe a year or two if they're lucky but then the child is taken from its mother. But some children here were much older than that so I was curious about the rules on this issue. Over the next 30 minutes, we chatted about their families and their children, the ones with them and the ones at home.

One baby-faced girl, who was just a teenager—17, 18, maybe 19 years old but no more—said 'I'm happy with most things.' I was surprised at her volunteering this information; as if it was scripted. But then an elderly tired lady said 'Things are fine; these young people complain about anything.' Maybe the elderly lady knew the youngster had a complaint coming as she cut her off. I asked the elderly lady if she had been here long. Details about the length of someone's prison sentence can give an idea of what sort of crime they might have committed. But she threw me when she said 'This time, ten months. Last time, two years and...' her voice trailed off as she waved a dismissive hand indicating that was all she wanted to say. She was a drug user, 50-something-years old. It wasn't just her multiple prison sentences that gave her away; it was also her swollen hands that revealed a history of injecting into her arm for some years, decades even. The adulterants that were added to heroin had damaged her veins, clogging them up and hindering the blood from circulating to her hands. I surmised she no longer injected into her arm's crook but was sticking the needle into her hands and probably into her legs, her groin area, even. Then another one woman piped up and said, 'the food is good and we have access to a doctor but I'm looking forward to getting out so I can return home to see my family.' So mostly they were happy; well, at least in front of our party.

Then my guide wondered if I would care to speak to the women without any staff present. I was astounded by this offer and hastily accepted, in case there had been a mistake, or someone might object and rescind the offer. My interpreter stayed with me while everyone else departed. By now we had accumulated quite an entourage of five curious onlookers who all watched me as they filed out. And there I stood in the middle of a cell for female inmates in Iran. I was so unprepared. I held my breath, not wanting to make a mistake. Ideas swirled around in my mind, while I tried to frame them into questions or comments. I was unsure if I should even ask them anything, chat or invite questions from them. The interpreter picked up on my apprehensiveness and suggested perhaps they could tell me if they had any complaints about

the prison. My anxiety grew as it was unclear what I could do about their complaints. Pass them onto the authorities? How had I become some go-between?

Every pair of eyes focused tightly on me. Inmates waited for me to begin. Then a well-groomed woman who had been watching our exchanges asked if I was married. This ice breaker was usually followed by how many children do you have? Rather than do you have any at all? I had to admit I wasn't married, and I had no children. This was met with 'Tsk, Tsk' while she pursed her lips and shook her head. So I asked her if she was married and how many children she had. This line of inquiry seemed an acceptable thread to pursue. Then I broached the topic of how they were faring. This opening meant they could take it up however they pleased. This approach also excused me from leading the conversation. What if some travesty was recounted to me? Was the discussion destined to venture onto topics that should not be shared with a visiting foreigner?

'I'm not getting all my medication,' a frustrated lady in her mid-twenties exclaimed. She looked weary and seriously underweight. Although all wore the same chador, hers was faded and swamped her tiny frame. She seemed quite annoyed about her predicament. Hers was a common complaint among drug users; I guessed they always felt like they were being swindled. Nevertheless, I decided to explore her complaint.

'What sort of medication are you on?' I asked.

She said 'I should get pills to put me to sleep but I don't get enough, I don't sleep at night.'

Another explanation for her insomnia could be due her being dependent on sleeping pills and that she required more pills to induce sleep. Insomnia was a typical problem for many inmates. Prisons were filled with noises of people fighting, screaming, gates shamming shut and PA announcements. And prison wings were full to the brim of damaged, crazy and loud people. Finally, one young woman said 'I want to get off heroin but I can't do it. If someone helped me outside, I wouldn't be here now.' She was right. If drug users received treatment in the community, they were less likely to end up in jail.

More women came forward, with more complaints. I just sighed and looked at the interpreter. He set about gathering a pen and notepaper to record their issues and promised to raise them with the prison director. I felt compelled to participate. I was unable to extricate myself from

this impromptu roundtable of complaints about the prison, their lives and soon enough husbands. Chairs were brought to us to form a circle where we listened to their complaints, tumbling out one after another.

We duly listed them and promised to inform them what could be done. The complaints were not so serious and seemed to be reasonable. Just then my guide returned to the cell and asked us if we were ready to move on. We bid them farewell and there was much grabbing and holding of hands and hugging. They kept saying *Lotfan* and *Merçi*, please and thank you in that order, over and over again.

As we moved along a sparse white corridor, we passed more cells on both sides. The parallel rows of florescent lights on the ceiling without any metal cage covering them called out to be smashed. The several chandeliers each with a dozen glass candles hanged from the ceiling, tempting an angry inmate to destroy them. Next, we came upon a large room filled with plants. I quickly surmised it was a waiting room for the doctor and a busy one at that. Prison-based doctors were either very dedicated or worked there because they couldn't work anywhere else.

The waiting room was spotless and tidy. We stopped at the doctor's surgery and I briefly wondered if this was where I should offload all the complaints I had gathered down the corridor. But no opportunity presented itself. Next, we went to the vocation rooms where there were plenty of work opportunities and activities. A huge loom sat in the corner with two inmates twisting their fingers around the warp threads. The steps of a mosque had begun to materialise at the bottom of the weaving. In another corner several girls who were making hair pins giggled when I approached them. '*Salam*,' I said, and they just giggled some more. Why these girls were incarcerated in an adult prison was a mystery. My enthusiastic guide motioned it was time to move on as a female worker gave me an assortment of their handicrafts, which were very appealing. One item which stood out was a beaded sheaf for a pen, which sounds simple but was rather beautiful.

As we continued on our excursion through the prison, we approached the main entrance. A cluster of prison entrants was milling around the reception room. All were adorned in the same black chador. I motioned that I was curious to enter, and the guide obliged me. Twenty-five to 30 very restless women darted about, whispering to each other. Some may have been withdrawing from drugs and others were maybe just plain nervous. Perhaps some still carried drugs on their person, desperate to dump them. A video about HIV was playing on the screen high up in