

Prisons, Public Health, and Human Rights

Johns Hopkins Bloomberg School of Public Health

Term 4, 2021-22: Monday, 5:30 - 7:20 pm

Course Instructor: Gabriel Eber, JD, MPH, CCHP

I. Course Description

Overview and Objectives

Explores the public health implications of mass incarceration and discusses the human rights and ethical ramifications of providing health care to men, women, and children in jails, prisons, and detention centers both in the United States and internationally. Takes a systems approach to addressing the basic health needs of the prison population, including infection control, care for acute and chronic medical conditions, and mental health care. Students apply problem-solving skills and explore the challenges of providing care in incarcerated settings. Emphasizes the roles of human rights principles and professional ethics in public health.

Upon successfully completing this course, students will be able to, among other things:

1. Examine the intersection of incarceration, public health practice and policy, and human rights principles;
2. Apply public health principles to specific health care processes, including intake screening, COVID-19 response, and acute care;
3. Describe the key elements of carceral health care systems and how they operate, succeed, and fail, incorporating factual investigation techniques;
4. Consider and elucidate the ethical conflicts and clinical challenges faced by correctional health care professionals, including dual loyalty and the tensions between patient autonomy and the coercion inherent in incarceration; and
5. Demonstrate learned principles to practical, in-class exercises that challenge students to navigate real-life problems in carceral health.

Course Faculty

<p>Gabriel Eber, JD, MPH, CCHP Senior Associate Dept. of Epidemiology Affiliate Faculty, Center for Public Health and Human Rights geber@jhu.edu (703) 980-9486</p>		<p>Vivian Su, Teaching Assistant MPH Candidate Department of Health Policy and Management vsu1@jhu.edu (425) 516-8819</p>
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II. Course Policies and Procedures

A Warm Welcome

Welcome to *Prisons, Public Health, and Human Rights*. We're just beginning and we're already running out of time to cover all the material I'd like to share with you. Because eight class sessions merely scratch the surface of the topic described by the course title, I've selected themes and used those themes to guide topic selection. Perhaps one day we'll have more time. But for now, become some of the few individuals who know what lies behind prison walls and how it intersects with your public health training and knowledge of human rights. Over the past two years, the pandemic has highlighted the importance of carceral health care more than ever before. You have the opportunity to become a part of public health history. **Welcome to the course.**

Assignments and Evaluation

Your course grade will be calculated based on three written assignments, and *Active Participation* (see below) in class discussions and small group exercises. The percentage contribution of the assignments is as follows:

Assignment	Due	% of Grade
Assignment #1 (1-2 pages)	Monday, April 4 by noon	5%
Assignment #2 (7-8 pages)	Thursday, April 21 by noon	40%
Assignment #3 (5-7 pages)	Thursday, May 5 by noon	40%
<i>Active Participation</i>	Ongoing	15%

Written Assignments: Instructions for written assignments are included at the end of the syllabus. All assignments should be double-spaced and use 12-point type and standard one-inch margins. All sources should be properly cited using APA or AMA style. Written assignments should be submitted to the DropBox by noon on the due dates listed above. Please submit assignments in Word format. **Note: Please bring a copy of your completed Written Assignment No. 1 with you to each class. We will discuss them briefly as time permits.**

Requests for extensions will not be granted absent proof of truly extenuating circumstances and must be made by email to both Gabe and Vivian at least 72 hours in advance of the deadline except in the case of real emergencies. Late assignments must be submitted to both Gabe and Vivian in addition to the Dropbox. Late assignments submitted without approved extensions will be marked down two points per day late, beginning with the first day that they not submitted on time. Please feel free to contact me with substantive questions about the assignments. When feasible, we will try to leave time to answer questions during class.

Lectures: You may find that we skip segments of lectures in order to allow sufficient time for class discussion, small-group exercises, or other parts of the lecture. Please do not be rattled by this fluidity. Sometimes, I'd rather have a really good class discussion on one topic and omit another topic. This course is designed with flexibility in mind; I prefer this approach to rigidity. Please feel free to ask questions during lectures. I would rather answer a question about a particular topic while we are discussing that topic than have you hold the question until it is less timely. I will let you know when there are exceptions to this general rule. But answering questions that you have is important, as is having you answer questions that I ask the class. Guest lecturers may have their own preferences. Certain lectures may be recorded.

Readings: Required and optional readings can be found in the CoursePlus library with the exception of one or two brief videos. Hyperlinks to these videos are located in the syllabus. To follow a blue hyperlink, either click on it or press ctrl-click, depending on the pdf software you are using. Additional course materials may be circulated by e-mail or in-person throughout the term. **Please note that, for certain readings, only certain pages or sections are assigned; it is not intended that you read the whole document.** Please contact Vivian if you encounter any difficulties accessing readings.

Readings in this course are required and you are expected to come to class familiar with them. That said, their primary purpose is to provide background, kindle interest, and give context to the material we'll be covering in class. They are assigned to enrich and not to bore. That we may not discuss readings in class does not mean that they aren't critical to this course's learning plan. I administer my own course evaluations each year and give students the opportunity to rate readings. Readings that score low on a scale of value are generally replaced. I do this to ensure that readings remain relevant and useful. As you read, look for themes and questions that the readings raise for you. Let them create a framework of what you want to learn in the coming week. You may find that, for some weeks, the reading load is heavier than in other courses you are taking. This is because there is so much I want you to come away being familiar with and we only have eight weeks. No reading is assigned without being reviewed and determined to serve a specific purpose. My goal is to convey as much information as is reasonable within Hopkins' guidelines for a 2-credit class so that you leave the course with as broad of a knowledge base as possible.

Optional readings are ones that have the same enrichment value as required readings but are slightly off-topic or would otherwise make the required reading load too onerous (in the opinion of some). Please download and glance at them to see if they pique your interest enough to read in full.

Suggested readings are just that: readings that are recommended for those who want to pursue additional reading on a given topic. And I am always willing to point you in the

direction of additional materials, resources, readings, and contacts if you have a particular interest that you wish to pursue.

Participation and Attendance: This course is predicated on the active participation of all students. Regular attendance and familiarity with each week's readings are required. *Active participation* in class discussions is an important part of the course as well as participation in small-group activities. *Active participation means contributing thoughtful, frequent comments and asking thoughtful, frequent, and insightful questions.* It also means taking a leadership role when appropriate in small group activities and challenging guest lecturers with probing questions. If you know in advance you are going to miss a class, please email [Vivian](#). This will help us plan in-class activities. Please sign-in using the sign-in sheet circulated during each class session.

Name Cards: Given the class size, it can be difficult for students, the instructor, and TA to remember everyone's names. During the first class, I'll bring materials to make name tent cards. These are incredibly helpful throughout the course, so **please bring them to every class session.** They will also enable our guest lecturers to call on students by name, providing for a more intimate classroom experience. Thanks in advance for your cooperation!

CoursePlus Discussion: Two hours is often not enough time for everyone to express their valuable thoughts, insights, comments, and questions. I **strongly encourage** you to post anything on your mind to the Course Plus Discussion Forum so that fellow students and I can respond and create an extended community. Use of the Discussion Forum will be counted as a form of *Active Participation*.

Office Hours: Office hours will be held by appointment only. Please email me or Vivian to set up an appointment to meet in person or to talk over the phone or by Zoom. I greatly enjoy chatting with students about anything they're interested in, whether it be the course, their careers, or anything else that interests them.

Laptop/Device Policy: This is the sort of course where, most of the time, you will learn more if you actively listen and participate rather than take notes. There is no final exam to review for. I will let you know if there is material that lends itself to note-taking. Laptop, tablet, or phone use is strongly discouraged and excessive use may affect class participation scores.

Trigger Warnings: Incarceration is unpleasant and is replete with violence, suffering, and cruelty. But there is also compassion and even love behind bars. With regard to the former, we will view some photographs and video clips that some students may find particularly troubling or disturbing. I have done my best to provide trigger warnings prior to showing this material in response to student feedback.

Assistance with CCHP Certification: Assistance will be available for students wishing to sit for the [Certified Correctional Health Professional](#) (CCHP) exam offered by the [National Commission on Correctional Health Care](#) (NCCHC), the nation's largest organization dedicated to correctional health practice, workforce development, education, and advancement of the field. This is not a course requirement and is completely optional.

Journals and Other Resources: [NCCHC](#) publishes the [Journal of Correctional Health Care](#). I encourage you to peruse its contents as each issue contains a variety of articles that will appeal to diverse audiences. For those interested in articles covering detention-related health issues beyond the United States, the [International Journal of Prison Health](#) is a good resource. You can sign up on their respective websites for free table-of-contents alert emails (disclaimer: I sit on the Editorial Boards of both journals). However, in recent years, the number of journals that publish articles concerning detention and health has grown rapidly and a PubMed search will reveal hundreds on an entire spectrum of topics. Several on-topic books are also available. You can always consult me if you are interested in additional resources on a particular topic, or just want to discuss it.

Assistance and Concerns: The School of Public Health's [Student Disability Services](#) is the official route for obtaining reasonable accommodations for documented disabilities. However, if there is anything that I can do to make help you participate in the course for any reason, please do not hesitate to discuss the matter with me.

Johns Hopkins University values diversity and inclusion. We are committed to providing welcoming, equitable, and accessible educational experiences for all students. Students with disabilities (including those with psychological conditions, medical conditions and temporary disabilities) can request accommodations for this course by providing an Accommodation Letter issued by Student Disability Services (SDS). Please request accommodations for this course as early as possible to provide time for effective communication and arrangements.

Miscellaneous Issues: The School's code of academic ethics and information related to accessibility are lengthy but important. They can be found on the CoursePlus version of the syllabus. If you have any questions about attribution, plagiarism and how to avoid it, or any other thorny issues, I am happy to discuss. Better to discuss now than to inadvertently find yourself in trouble later.

A Final Word: Finally, a personal note. A week before class began, my best friend and former colleague, Margaret "Peggy" Winter, passed away. She was an outstanding human being and the best prisoners' rights lawyer I've ever known and the finest of human beings. She touched thousands of lives and I cannot begin to explain how much I've learned from her. When I began to email her friends and colleagues to notify them of

her death, I realized I was emailing opposing counsel, former wardens, and people from all walks of life. They all respected her, and I will greatly miss traveling around the country with her from dungeon to dungeon, saving our clients at the last minute, and staying up all night strategizing and collaborating. This course is dedicated to her memory, may it always be a blessing and may you be fortunate enough to have someone live Peggy in your lives.

Please understand that this course is a labor of love for me and one of only a few offered in the United States. The guest lecturers and I have devoted our careers and lives to working with the incarcerated population in this country and elsewhere. We hope our passion is evident throughout the course. We're always available to discuss the course, your ambitions, opportunities to work in detention settings, or anything else. And feedback is always appreciated. Feel free to email feedback or submit it anonymously using the survey feature in CoursePlus once that feature is enabled.

III. Course Schedule and Readings

Week 1 – March 28, 2022

***Mass Incarceration at the Intersection of Public Health and Human Rights:
A Systems Approach***

*****Written Assignment #1 due in Drop Box by noon on Monday, April 4
(don't worry, it's short!)*****

Required Readings:

- Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annu Rev Public Health*. 2012;33:325-339.
Dumont and her co-authors argue that the relationship between mass incarceration and public health cannot be ignored and discuss some of the health consequences of large-scale imprisonment.
- The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela rules), https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf (accessed March 21, 2022) [**read Rules 24-35**].

After years in development, the “Mandela Rules” were finally released in 2015. The United States supports the document and its principles – but does it adhere to them? Do other countries?

- Yap L, Richters J, Butler T, Schneider K, Grant L, Donovan B. The decline in sexual assaults in men's prisons in New South Wales: a "systems" approach. *J Interpers Violence*. 2011; 26:3157-3181. [read 3158-3161, 3164-3178 (marked in green)].

In this course, we will frequently take a systems approach to look at problems surrounding public health, ethics, human rights, and incarceration. This article by Yap et al. is an apt example of what a systems approach means in the context of a prison with a problem – sexual assault.

- Hot Mess at the Entropy State Prison: A Systems/Ecological Approach to Problem Solving. Please read this hypothetical briefing paper which we will use in our first in-class exercise, as time permits. **Please come to class familiar with its details and ready to begin the exercise.**

Optional Readings:

- *Brown v. Plata*, 563 U.S. 493 (2011) [read selections].

Brown v. Plata is a landmark United States Supreme Court case in which the Court found, among other things, that health care was so poor in California prisons that the only way to remedy the situation was to release residents and ease overcrowding. This reading describes conditions that are still present in many jails and prisons in the United States today. I HIGHLY RECOMMEND THIS READING.

- Kuehn BM. Criminal justice becomes front line for mental health care. *JAMA*. 2014; 311(19):1953-1954.

Cook County (Chicago) Sheriff Thomas Dart discusses how jails have become the nation's largest mental health institutions and the consequences of locking up people with mental illness.

Week 2 – April 4, 2022

Intake Screening, Public Health, and the Continuum of Care

Required Readings:

- Faiver K. *Correctional Health Care Delivery: Unimpeded Access to Care*. Springfield, IL: Charles C. Thomas Publishers, 2020 [**read selections**]

Faiver's recently-published book provides a slightly different perspective on carceral health care than other volumes. In these selections, he discusses the bedrock principle of access to care along with certain elements along the continuum of care. The selections end with a discussion of charging incarcerated patients a copay for health care services, which is a common practice.

- Anno BJ. *Correctional Health Care: Guidelines for the Management of an Adequate Delivery System*. Chicago, IL: National Commission on Correctional Health Care; 2001. [**read pages 157-171**].

Jaye Anno was one of the leading figures in correctional health care for years. These selections from her 2001 book give a good overview of the essential services that prisons and jails should offer. For those interested, Anno's entire book is available for download at <https://s3.amazonaws.com/static.nicic.gov/Library/017521.pdf>.

- American Public Health Association. *Standards for Health Services in Correctional Institutions*. Washington, DC: American Public Health Association; 2003:25-31.

The APHA standards are almost two decades old but were way ahead of their time from a human rights and clinical perspective. They have a lot to say on a lot of topics. This selection looks at intake and screening from a clinical and public health perspective.

- Raba JM. Intake Screening and Periodic Health Evaluations. In: Puisis M, ed. *Clinical Practice in Correctional Medicine*. 2nd ed. Philadelphia, PA: Mosby Elsevier; 2006:41-49. [**read pages 41-44**].

This chapter discusses the importance of intake screening and considerations for designing an effective intake program. We will focus on intake screening in class.

Optional Reading:

- Anno BJ. *Correctional Health Care: Guidelines for the Management of an Adequate Delivery System*. Chicago, IL: National Commission on Correctional Health Care; 2001. [read pages 172-183].

This selection from Anno's book focuses on essential mental health care services. For those interested, Anno's entire book is available for download at <https://s3.amazonaws.com/static.nicic.gov/Library/017521.pdf>.

Week 3 – April 11, 2022

COVID-19: The Challenge of the Century

Guest Panelists: Dr. Raed Aburabi, Gregory Greenwood, Dr. Lara Strick, Dr. Chad Zawitz

Required Readings:

- Reitman J. ‘Something is going to explode’: when coronavirus strikes a prison: An oral history of the first fatal outbreak in the federal prison system, in Oakdale, La. *New York Times Mag*, April 18, 2020:
<https://www.nytimes.com/2020/04/18/magazine/oakdale-federal-prison-coronavirus.html>

Throughout the pandemic, the media has highlighted particular jails and prisons as hotspots, or even “epicenters,” of COVID-19 infection. This New York Times Magazine article discusses the impact of the pandemic on various members of a prison town in Louisiana – from officers to residents and beyond.

- Suhomlinova O, Ayres TC, Tonkin MJ, O’Reilly M, Wertans E, O’Shea SC. Locked up while locked down: prisoners’ experiences of the COVID-19 Pandemic. *Br J Criminol*. 2021; DOI: 10.1093/bjc/azab060

What was it like to be locked up in a jail or prison, and then locked down further to prevent the spread of COVID-19? Preventing the transmission of COVID-19 necessarily requires isolation and quarantine. But these public health measures can feel a lot like solitary confinement in detention settings. This article presents the viewpoints of those whose liberty was restricted during the pandemic in a British prison.

- AMEND. COVID-19 in correctional facilities: medical isolation. (<https://amend.us/covid-19-in-correctional-facilities-medical-isolation/>, accessed January 12, 2022).

AMEND is an organization dedicated to the health of incarcerated people and to preserving their rights. This briefing paper discusses how to differentiate between the public health measures of quarantine and isolation and the punitive measure of disciplinary or administrative segregation.

- Franco-Paredes C, Ghandnoosh N, Latif H, et al. Decarceration and community reentry in the COVID-19 era. *Lancet Infect Dis.* 2021;21(1):e11-e16.

From the start onset of the pandemic, public health experts, criminal justice advocates, and many public officials called on reducing jail and prison populations as a means of controlling the spread of infection. But what happens to those who are released once they leave the prison gates? What needs to happen to keep them safe?

- Barnert E, Kwan A, Williams B. Ten urgent priorities based on lessons learned from more than half a million known COVID-19 cases in US prisons. *Am J Pub Health.* 2021;111(6):1099-1105.

What have we learned from the rapid spread of infections in American jails and prisons? What should we have learned? What can we do to mitigate morbidity and mortality in the future? This article argues for ten priorities that we cannot ignore.

Week 4 – April 18, 2022

Nutrition and Food Security in Detention Settings

*****Written Assignment #2 due to Drop Box by noon on Thursday, April 21*****

Guest Lecturer: Mija-Tesse Ververs

Required Readings/Video:

- Video: International Committee of the Red Cross. *Malnutrition can turn a prison sentence into a death sentence.* 2016.
<https://www.youtube.com/watch?v=qq6bwV3R58I>

*ICRC's brief video about food in detention Madagascar provides an excellent introduction to this week's topic. **Watch the video using the link above.***

- Godderis R. Dining in: the symbolic power of food in prison. *Howard J.* 2006; 45:255-267.

Food is more than nourishment in places of detention; it is power. It can be traded, used as a weapon, punishment, or used as a means to build group identity. Godderis describes these phenomena in one of many articles on the role of food as power in carceral settings.

- Smoyer AB, Blankenship KM. Dealing food: Female drug users' narratives about food in a prison place and implications for their health. *Int J Drug Policy.* 2014; 25:562-568.

The anthropology of food in detention settings is a fascinating subject of study. This article delves into the food-related practices of one particular population – female drug users – and examines how they eat, how they obtain their food through official and less-than-official means, and the social bonds that food creates.

Optional Reading:

- Gould C, Tousignant B, Brian G, et al. Cross-sectional dietary deficiencies among a prison population in Papua New Guinea. *BMC Int Health Hum Rights.* 2013; 13(21):1-7.

Most articles focusing on malnutrition in places of detention focus on a single nutrient (e.g., Vitamin D). This article takes a broader approach and lays out the consequences of malnutrition among incarcerated persons in Papua New Guinea.

Week 5 – April 25, 2022

Dual Loyalty, Patient Autonomy, and Public Health Ethics

Required Readings:

- International Dual Loyalty Working Group. *Dual Loyalty & Human Rights in Health Professional Practice; Proposed Guidelines & Institutional Mechanisms.* Boston, MA: Physicians for Human Rights; 2002. **[read selected pages]**.

What is dual loyalty and why is it so important in institutional health care settings? A working group was convened to answer these very questions.

- Trestman RL. Ethics, the law, and prisoners: protecting society, changing human behavior, and protecting human rights. *J Bioeth Inq.* 2014;11(3):311-318.

Psychiatrist Robert Trestman discusses the interplay of mental health care, human rights, and the challenges of providing care within established legal standards.

- Venters, H. *Life and Death in Rikers Island.* 2019. Baltimore, MD: Johns Hopkins University Press: 71-88. **[read pages 71-88].**

Dr. Venters served as the Chief Medical Officer for the jails of New York City, including the infamous Rikers Island. In this selection, With his human rights orientation and dedication to using clinical data stored in electronic health records, Dr. Venters discusses the dual loyalty conflicts he observed during his tenure and his efforts to help patients inadvertently entangled in their web. He also surveys his staff to gauge their attitudes towards such conflicts. The entire book is certainly worth reading.

- **Choose one or both of the following:**

1. Code of Federal Regulations, Title 45, Part 46 (Protection of Human Subjects): **[read 45 C.F.R. §§ 46.107-109, 46.111, 46.116, 46.302-306 (sections are highlighted)].**

Known as the “Common Rule,” these Department of Health and Human Services regulations, updated in 2018, serve as the American model for regulating research involving human subjects. The regulations include “Part C,” which provides special extra protections for research participants who are incarcerated. The regulations remain controversial as there are many who believe that they deny incarcerated persons the autonomy to participate in clinical research and contribute to society. Any annotations or highlighting to the document are mine and not those of the U.S. government publishers.

2. World Medical Association, Declaration of Helsinki (as amended in 2013). **[read ¶¶ 6-20, 24-32].**

The World Medical Association has offered many statements regarding prison health care over the years; the Declaration of Helsinki is their position on prison-related research.

Optional Readings

- Lerner BH. Subjects or objects? Prisoners and human experimentation. *N Engl J Med.* 356:1806-1807.

If we want to improve health care in detention settings, then we need to learn more about it, evaluate interventions, and try out new ideas. But research in prisons has a troubled history. Lerner explains.

- *In re Caulk*, 125 N.H. 226 (1984) [read selections].

New Hampshire prison resident Joel Caulk wanted to starve himself to death. The New Hampshire Supreme Court took up the issue in these selections from its opinion. Just where does patient autonomy stand behind bars? This fascinating selection presents the majority (winning) opinion as well as the dissenting (losing) opinion, providing two very contrasting ways of viewing the autonomy of people incarcerated.

Week 6 – May 2, 2022

Clinical Challenges: Conflict, Creativity, and Patient Safety

*****Written Assignment #3 due in Drop Box by noon on Thursday, May 5*****

Guest Lecturer: Dr. Marc Stern

Required Readings:

- Niveau G. Relevance and limits of the principle of "equivalence of care" in prison medicine. *J Med Ethics*. 2007;33:610-613.

Should people behind bars receive the same quality of care that those in the community receive? What if the community lacks resources to provide health care to the non-incarcerated population? What ethical issues does this raise? Niveau takes on these issues.

- Handtke V, Wolff H, Williams BA. The pains of imprisonment: challenging aspects of pain management in correctional settings. *Pain Manage*. 2016;6(2): 133-136.

There are numerous clinical challenges in detention settings; the treatment of pain is one of the greater challenges. Common pain medications have a high potential for abuse and diversion, but does that mean that detained persons shouldn't receive

them? Should detained residents have to pay for ibuprofen? This article raises these questions and others.

- Puisis M, Appel H. Chronic Disease Management. In: Puisis M, ed. *Clinical Practice in Correctional Medicine*. 2nd ed. Philadelphia, PA: Mosby Elsevier; 2006:66-88. [read selections marked in green].

Longtime correctional health expert Michael Puisis discusses the challenges posed by managing chronic diseases such as asthma and diabetes in prisons, where glucometers and lancets for self-blood sugar testing are often considered contraband.

- **Please read and become familiar with the small-class exercise materials for next week's exercise on human rights monitoring and the Convention on the Rights of Persons with Disabilities (CRPD), available on CoursePlus. Read and be familiar with the briefing, read the CRPD, and strongly consider reading the highlighted portions of the legal case involving Argentina. The included readings may be lengthy, but please read them so that you may meaningfully participate in next week's group exercise.**

Optional Reading

- Smith S. Nursing Sick Call. In: Schoenly L, Knox CM, eds. *Essentials of Correctional Nursing*. New York, NY: Springer; 2013:283-305. [read selections marked in green].

Sick call is the bedrock of primary care in jails and prisons and the logistical and clinical issues it raises are significant. Smith looks at sick call and other related issues from a nursing perspective and the challenges they pose.

Suggested Reading

- Greifinger RB, ed. *Public Health Behind Bars: From Prisons to Communities*, 2nd ed. New York, NY: Springer; 2022.

Dr. Greifinger is a leading expert in correctional health and this second edition of his book is chock full of provocative insight, new ideas, and practical advice. If you have trouble locating a copy, let me know. It was just realized earlier this year. The material is fascinating.

Week 7 – May 9, 2022
Diverse Populations, Diverse Needs

Guest Lecturer: Dr. Carolyn Sufrin

Required Readings:

- American College of Obstetricians and Gynecologists. *Reproductive Health Care for Incarcerated Pregnant, Post Partum, and Nonpregnant Individuals*. Committee Opinion No. 830 (July 2021).

The American College of Obstetricians and Gynecologists (ACOG), is the professional medical association and board for OB/GYNs. This recently-released document is their statement on the care of pregnant, post-partum, and non-pregnant persons who are incarcerated.

- Reyes H. Investigation of Ill-treatment during Detention. In: Payne-James J, Beynon J, Vieira DN, eds. *Monitoring Detention, Custody, Torture, and Ill-treatment: A Practical Approach to Prevention and Documentation*. Boca Raton, FL: Taylor & Francis Group, LLC; 2018:215-230.

Reyes provides practical advice for monitoring compliance with international law and investigating torture and ill-treatment in detention. The techniques he offers and pitfalls he warns about are invaluable. This is a lengthy chapter, but it provides fascinating guidance for those interested in human rights investigation and documentation. The entire book is an invaluable resource and is highly recommended.

n.b.: There is a wide and diverse literature on human rights monitoring and documentation. The United Nations Officer of the High Commissioner on Human Rights (OHCHR) has an extensive library of materials, including several related to prisons, in its [library of publications](#). I have not reviewed all of these materials for content and thus have not listed them as Suggested Readings. but offer them for those who wish to expand their knowledge.

- Schlanger M. Prisoners with Disabilities: law and policy. In: Greifinger RB, ed. *Public Health behind Bars: From Prisons to Communities*. 2nd ed. New York, NY: Springer Nature; 2022:43-61. **[read 43-54]**

Margo Schlanger is a renowned law professor in the field of the rights of incarcerated people. Her Civil Rights Litigation Clearinghouse (<https://www.clearinghouse.net/>), hosted at the University of Michigan Law School, is a veritable treasure chest of documents related to prison-related litigation and is readily accessible. In this selection, she introduces the experiences and legal rights

of incarcerated persons with disabilities, an oft-forgotten sub-population of residents.

- Williams BA, Stern MF, Mellow J, Safer M, Greifinger RB. Aging in correctional custody: setting a policy agenda for older prisoner health care. *Am J Pub Health*. 2012;102(8):1475-1481.

Many detained in the United States prisons serve long sentences and are getting older. How will prison health care adapt to meet their needs? This article, though a decade old, proposes an ambitious, still-relevant, and necessary agenda.

- Bromdal A, Clark KA, Hughto JMW, et al. Whole-incarceration-setting approaches to supporting and upholding the rights and health of incarcerated transgender people. *Int J Transgend*. 2019;20(4):341-350.

The lived experiences of transgender residents have been an important topic of research in recent years. Bromdal and her colleagues take a systems approach to these experiences and synthesize a variety of prison components to produce a holistic view of transgender residents, health, the violence they experience, and other hardships.

Suggested Reading:

- Sufrin C. *Jailcare: Finding the Safety Net for Women behind Bars*. Oakland, CA: University of California Press; 2017.

Dr. Sufrin's (our guest lecturer this week) book takes a qualitative, anthropological perspective to the experiences of incarcerated women and the health care they do and do not receive. The book is difficult to draw excerpts from and is best read in its entirety. If you choose to read it, you will be rewarded and enlightened not only with material on health and reproductive justice, but with the experiences of incarcerated women in general.

- Payne-James J, Beynon J, Vieira DN, eds. *Monitoring Detention, Custody, Torture, and Ill-treatment: A Practical Approach to Prevention and Documentation*. Boca Raton, FL: Taylor & Francis Group, LLC; 2018.

If you are interested in the kind of human rights monitoring and investigation that we did in our in-class exercise, this book is for you. It covers everything from recognizing the signs of various tortures, children in detention, sexual assault, death investigation, and ethical dilemmas for investigators.

Week 8 – May 16, 2022

Factual Investigation and Parting Thoughts

Required Readings:

- Cohen RL. Health and public health advocacy for prisoners. In: *Clinical Practice in Correctional Medicine*. 2nd ed. Philadelphia, PA: Mosby Elsevier; 2006:28-38. **[read marked-up sections]**

Dr. Cohen's book chapter issues a call for prison and jail health care staff to act as advocates for their patients – that is, to go beyond providing care and to challenge unjust aspects of the system that keep patients behind bars and treated poorly. There's no better reading to end the course with.

- Thompson J. Today's deliberate indifference: providing attention without providing treatment to prisoners with serious medical needs. *Harvard Civil Rights-Civil Liberties Law Rev.* 2010;45(2):635-654.

Joel Thompson is a veteran attorney who has dedicated his career to representing people behind bars in Massachusetts. This article describes the various, insidious ways that a prison or jail health care system can ignore the needs of those it is supposed to serve. Our discussion of patient "Neal" comes from this article. It is lengthy, but I encourage you to read it. It will give you a final look into the challenges of maintaining a working continuum of care and dovetails nicely with this week's group exercise.

[\[Written Assignment Instructions Begin on the Next Page\]](#)

IV. Written Assignments

Written Assignment #1: Article Summary

Due: Monday, April 4 (noon) via DropBox

Suggested length: 1-2 pages

Instructions: Choose a recent (past year) news story (newspaper, web, magazine, etc.) or journal article that discusses health care in jails or prisons in any country. In no more than one page, please explain: (1) what issues are raised in the article; and (2) why those issues are important. **Please attach a copy of the article to your assignment. And please bring a copy of your assignment to each class; we may discuss them as time permits.**

Written Assignment #2: Critical Thinking about European Court of Human Rights Cases

Due: Thursday, April 21 (noon) via DropBox

Suggested length: 7-8 pages

Background:

The European Court of Human Rights (ECHR) hears a variety of cases from individuals who believe that their rights under the European Convention on Human Rights were violated.¹ The Convention dates back to 1950. Since then, additional protocols have been added. Many cases are brought by incarcerated persons challenging their conditions of confinement, including the health care that they did or did not receive while in custody. Most of these cases are brought under Article 3, which states that “No one shall be subjected to torture or to inhuman or degrading treatment or punishment.” For your reference, a copy of the [Convention](#) is in CoursePlus so you can understand what the Court is referring to when it mentions a particular article.

The ECHR, located in Strasbourg, is charged with proceeding and ruling over alleged violations, or “applications,” of the Convention. Individuals and states can bring a case before the Court, but only state parties can be found in violation of the Convention. However, an individual filing an application does not have to be a citizen or national of the Convention’s

¹ http://www.echr.coe.int/Documents/Convention_ENG.pdf.

member states. The ECHR does not have authority over private entities or citizens. Prior to filing an application with the Court, individuals alleging a violation must have exhausted all domestic remedies and legal options. Once the last domestic decision has been settled, the individual has 6 months to file an application to the Court in order to be considered. All applications must be directly related to violations of the rights established by the Convention.

Proceedings before the Court generally have two phases. First, the Court determines [whether a complaint is admissible](#): that is, whether it may proceed or should be dismissed for a substantive or procedural reason. One of the most common reasons for a case to be found inadmissible is if the applicant failed to exhaust all remedies available under the domestic law of his or her country. Thus, before the ECHR will hear a case, the applicant must go through the courts or whatever processes for redress are available in the country at issue. However, you may notice that, in some cases, the ECHR is less than impressed with the competence or diligence of the domestic courts that heard the case. If the case is found to be admissible, it proceeds to a judgment on the merits. A judgment on the merits is when the Court decides in favor of either the applicant or the responding government. For the most part, you will be looking at judgments on the merits, as they contain the most interesting material for our purposes. You can ignore the details about unrelated to conditions of confinement in detention (e.g., the crimes the applicant committed or the criminal proceedings held).

Instructions:

Download “Assignment 2 – ECHR Case Summaries” from CoursePlus. Read the summaries and select three cases that interest you. Click on the hyperlink for each case to download the full text of the Court’s decision. You probably do not need to read the entire decision; there is often a sizeable amount of procedural background that is not relevant to the substantive claims raised in the case. Skim or read the case and locate the section(s) containing the allegations of the applicant, the response of the government, and the legal claims relating to the ECHR. Then skim some more and locate the Court’s decision. Sometimes the Court will just find that the government acted in contravention of the Convention. Other times it will award damages to the applicant. Sometimes the Court will include in its fact section the findings of NGOs and other groups. These can be interesting to read and may provide you with additional material to consider.

For each of the three cases you selected:

1. Identify the case and provide the hyperlink;
2. Summarize in a paragraph or two the facts of the case;
3. Summarize in another paragraph or two the Court’s decision and why it ruled that way;
4. Write two pages explaining why you agree or disagree with the Court. Then argue against yourself (that is, if you agree with the Court, provide the best arguments when the Court was wrong, and vice versa); and
5. Given whatever you know about American law, how would an American federal court have decided the case? Even if you know very little about American law, feel free to rely

on your best guess or a hunch. Why do you think an American federal court would decide the way you posit? Or, if you are from a country other than the United States or are more familiar with the law of a country other than the U.S., feel free to state how you think that country's courts would rule on the case, and why.

You do not need to be a lawyer or familiar with international law to successfully complete this assignment. There are no right or wrong answers. I am more interested in your reasoning and how you approach the question put before the Court. Finding the relevant facts, relevant law (i.e., Articles of the Convention, you can ignore other laws mentioned unless you're particularly interested), and the Court's ruling may be challenging. But do your best. I have included this assignment on the syllabus for several years and most students find it challenging but rewarding. It is not meant to be a struggle, so please do not hesitate to ask questions if you have them.

Written Assignment #3: **Hypothetical Research Protocol**

Due: Thursday, May 5 (noon) via Dropbox

Suggested length: 5-7 pages

Background:

The article by Lucas et al. ("[Risk, feasibility, and cost evaluation of a prisoner condom access pilot program in one California state prison.](#)")² investigates condom access at a California prison. In that article, Lucas identifies a problem: transmission in prisons of HIV and outbreaks of other sexually transmitted diseases such as syphilis, gonorrhea, and hepatitis B.

Using this problem as a starting point (and in response to a mandate issued by the governor's office), Lucas and her team designed a study to answer the following research questions about a pilot program to install condom dispensing machines at a state prison:

- (1) what is the potential impact of condom distribution on safety and security?;
- (2) would the availability of condoms be impeded by barriers to access?; and
- (3) what are the estimated costs of distributing condoms?

² Lucas KD, Miller JL, Eckert V, Horne RL, Samuel MC, Mohle-Boetani JC. [Risk, feasibility, and cost evaluation of a prisoner condom access pilot program in one California state prison.](#) *J Correct Health Care.* 2014;20:184-194.

For this assignment, you will formulate a research question and draft a hypothetical research study protocol – similar to what Lucas and her team did when designing their condom intervention study.

Instructions:

- ***First, select the general subject matter of the study.*** Examples of appropriate general subjects include delivery of health care services, prison violence and injury control, epidemiology of acute or chronic conditions, solitary confinement, discharge planning, and health education.
- ***Second, drill down and select a sub-topic that is amenable to empirical study.*** You may invent any factual circumstances necessary. Examples of sub-topics include the effect of a new interpersonal skills education intervention on the incidence of assault, the prevalence of past-year domestic violence in a sample of newly-arrived women residents, sleep apnea patients' attitudes toward a policy of mandatory housing in the infirmary, pilot test of allowing residents to keep glucometers in the cells, etc.
- ***Third, formulate and write down a research question – that is, a question that can be answered by your study.*** Example: What is the correlation between a history of traumatic brain injury and prison disciplinary infractions? Discuss why you believe that this question deserves the significant outlay of resources required to conduct any study.
- ***Fourth, draft a research protocol that includes the following:***
 - A. ***Precise formulation of your research question.***
 - B. ***Introduction:*** Draft this section as you would an introductory section for the journal article in which you would ultimately present your findings. Research your topic and write up a brief – but relevant – review of existing literature. Identify gaps in the existing literature that justify your proposed study. State your research question and why it is significant. If your study will rely on any hypothetical facts (such as an imaginary new education program), be sure to disclose them. Describe the facility or facilities at which you will conduct your study. Below are two articles whose introductions may be helpful to use as models:

Binswanger IA, Merrill JO, Krueger PM, White MC, Booth RE, Elmore JG. Gender differences in chronic medical, psychiatric, and substance-dependence disorders among jail inmates. *Am J Public Health*. 2010; 100(3):476-482.
[\[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820077/pdf/476.pdf\]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820077/pdf/476.pdf)

Baillargeon J, Williams BA, Mellow J, et al. Parole revocation among prison inmates with psychiatric and substance use disorders. *Psychiatr Serv*. 2009; 60(11):1516-1521.
[\[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981345/pdf/nihms208351.pdf\]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981345/pdf/nihms208351.pdf)

- C. *Methods:*** Describe the population to be studied (e.g., newly-discharged female residents) and how you will select your sample (e.g., randomly select patients from a list of diabetics provided by the correctional health provider). Describe how you will obtain data (e.g., review of medical records, distribution of survey questionnaires). Be sure that you provide sufficient detail so that the reader will know exactly how your study will be carried out (e.g., will officers be distributing and collecting surveys?). Be sure how to explain how you will comply with the ethical requirements of either the United States Department of Health and Human Services' Common Rule (45 C.F.R. §101 *et seq.*) and special protections for incarcerated persons (45 C.F.R. § 301 *et seq.*) or the Declaration of Helsinki (see readings for Week 5).
- D. *Results:*** Describe how you will present your results to readers (e.g., table showing average number of assaults per month by housing unit, summaries of focus group discussions, etc.).
- E. *Limitations:*** Explain what difficulties you might face while conducting the study (e.g., refusals to participate). Also, even if everything goes as planned, every study has inherent and unavoidable limitations. Discuss the limitations of your proposed study. The two articles listed above discuss their respective limitations; you may use them as a model.
- F. *Possible Conclusions:*** List all of the possible conclusions that you anticipate being able to reach at the conclusion of your study.
- G. *Anticipated Impact/Ideas for Additional Research:*** Explain how your possible conclusions might influence correctional health care practice and policy. List some ideas for how your research protocol could be expanded in the future and/or list some additional ideas for related research that would complement the study that you have proposed.

Any questions? Email me!

Be creative and have fun!

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