I. Course Description

Overview and objectives

This class 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. The course takes a systems approach to addressing the basic health needs of the prison population. Students will apply problem-solving skills and explore the challenges of providing care in incarcerated settings. Special emphasis will be given to the roles of human rights principles and professional ethics in public health. The course consists of the following learning objectives:

1. To understand the intersection of prisons, public health practice and policy, and human rights principles.
2. To become familiar with the key elements of prison health care systems and the challenges of providing care in detention setting.
3. To consider the ethical conflicts faced by health care professionals who treat incarcerated persons.
4. To appreciate the role of public health ethics in the correctional context, including the tension between patient autonomy and the coercion inherent in incarceration.
5. To identify the health needs of special populations of prisoners.
6. To apply public health principles to better understand specific health care processes, including intake screening.

Course Faculty

<table>
<thead>
<tr>
<th>Gabriel Eber, JD, MPH, CCHP</th>
<th>Homer Venters, MD</th>
<th>Gilbert Burnham, MD, MS, PhD</th>
<th>Len Rubenstein, JD</th>
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Teaching Assistant: Shamelle Richards, MPH Student 2019, shamelle@jhu.edu
II. Course Policies and Procedures

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 we’d like to share with you. Because eight class sessions merely scratch the surface of the topic described by the course title, we’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 who have seen what lies behind prison walls and how it intersects with your public health training and knowledge of human rights. Welcome to the course.

Assignments and Evaluation

Your course grade will be calculated based on three written assignments, and participations in discussion/activities. The percentage contribution of the assignments is as follows:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due</th>
<th>Percent of Grade</th>
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<tr>
<td>Assignment #1 (1-2 pages)</td>
<td>Friday, March 29 by noon</td>
<td>5%</td>
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<tr>
<td>Assignment #2 (6-8 pages)</td>
<td>Thursday, April 18 by noon</td>
<td>40%</td>
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<tr>
<td>Assignment #3 (5-7 pages)</td>
<td>Tuesday, May 7 by noon</td>
<td>40%</td>
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<tr>
<td>Participation in Discussion/Activities</td>
<td>Ongoing</td>
<td>15%</td>
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Written Assignments: Instructions for written assignments are included at the end of the syllabus. All assignment 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 Assignment No. 1 with you to each class as we will discuss them briefly.

Late assignments must be submitted to both Gabe Eber and Shamelle Richards. Late assignments will be marked down two points per day late. All extension requests must also be submitted and approved in advance via email. Extensions of up to three days require an explanation showing good cause. Extensions beyond three days require a more detailed explanation showing a pressing need. In either case, extensions will not be unreasonably withheld. Send requests to both Gabe Eber and Shamelle Richards.

Weekly Feedback: Your thoughts on the course are important to me and are used to make changes to the curriculum, readings, etc. You will receive a more comprehensive course evaluation during the last class session. In addition, there is a brief template survey on Course Plus for each week that will take you a few minutes to complete. It is anonymous. It doesn’t affect your grade. But I would be grateful if you took the time to fill it out. Here’s a direct link to the survey:
Readings: All required and optional readings can be found in the CoursePlus library or via the hyperlink in the syllabus. Additional course materials may be circulated by e-mail throughout the term. Please note the assigned pages for each reading; for several readings, it is not intended that you read the whole document.

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 evaluation 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.

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.

Participation and Attendance: This course is predicated on the active participation of all students. Regular attendance and familiarity with each week’s readings is 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 both Gabe Eber and Shamelle Richards. This will help us plan in-class activities.

Tweeting: Let your voice be heard (and help your participation score). The Course Plus Twitter Tracker will track tweets with the hash tag #prisonhealthhumanrights. Share opinions, thoughts, readings, whatever, provided it’s civil and related to the course. Frequent, quality tweeters will get a boost in their participation scores.

Office Hours: Office hours will be held by appointment only. Please email course faculty to set up an appointment to meet in-person or to talk over the phone.
**Laptop 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. Laptop or tablet use is strongly discouraged and excessive use may affect class participation scores.

**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 ([http://www.ncchc.org/health-professional-certification](http://www.ncchc.org/health-professional-certification)). This is not a course requirement and is completely optional.

**A Final Word:** This course is a labor of love by its faculty. Some of us 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.

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**III. Course Schedule and Readings**

**Week 1 – March 25, 2019**

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

***Written Assignment #1 due to Drop Box by noon on Friday, March 29***

**Required Readings:**


  > 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.
• **Brown v. Plata**, 563 U.S. 493 (2011) [read marked selections only].

_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 prisoners and ease overcrowding._


_Cook County (Chicago) Sheriff Thomas Dart discusses how jails have become the nation's largest mental health institutions and the consequences of locking up the mentally ill._


_In this course we will frequently take a systems approach to looking 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._


_This newspaper article provides a snapshot of the heat problem at the Angola prison in Louisiana. We will use it as background for an exercise in class. Regrettably, the photographs were unavailable._

Optional Reading:

• The United Nations. _The UN standard minimum rules for the treatment of prisoners (the Nelson Mandela rules)._ The United Nations; 2015. [read Rules 24-35. This is a significant optional reading that will act as a guide throughout the course if human rights is your focus].

_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?_
Week 2 – April 1, 2019

Intake Screening, Public Health, and the Continuum of Care

Required Readings:


  Jaye Anno was one of the leading figures in correctional health care for years. Her 2001 book gives a good overview of the essential services that prisons and jails should offer.


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


  Alcohol and benzodiazepine withdrawals can kill and opioid withdrawals can be painful and, in some circumstances, can even be deadly. Detoxification is a critical part of the intake process. And yet jails around the country routinely fail to meet the standard of care for detoxification. Fiscella’s article, written in 2004, is still highly relevant today.


  With the “opioid epidemic” finding its way from the front page of the New York Times to the front pages of local papers, it is too often forgotten that little treatment, especially Medication Assisted Treatment, considered the gold standard, is available to prisoners and detainees in a variety of scenarios. And even those fortunate enough to be treated face significant obstacles to continuing their treatment upon release.

Optional Readings:

  This selection from Anno’s book focuses on essential mental health care services.


  Three noted correctional psychiatrists end their textbook with predictions for the future as well as an assessment of where current needs are.

Week 3 – April 8, 2019

Dual Loyalty, Patient Autonomy, and Public Health Ethics

Required Readings:


  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.


  Dr. Venters provides a prescription for how health in detention can be transformative on a societal level and the ingredients toward a higher-quality system.


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

   *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.*

• Choose one of the following:


     *Known as the “Common Rule,” this Department of Health and Human Services regulation serves as the American model for regulating research involving prisoners.*


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


   *Can you change the system? What do you do when the subject of the dual loyalty conflict is you? What have the events of the past two decades taught us?*

Optional Readings:

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

   *New Hampshire prisoner Joel Caulk wanted to starve himself to death. The New Hampshire Supreme Court took up the issue in these selections from its opinion.*

• World Medical Association: Declaration of Malta.

   *The Declaration of Malta is the WMA’s position statement on hunger strikes.*


   *Can prisoners refuse nutrition? This article will not answer those questions (the optional readings will provide some guidance as to that question), but this article*
from Swiss doctors will explain how to address the clinical needs of a hunger-striking patient.

Week 4 – April 15, 2019
Special Populations, Special Needs, and Racial Disparities in Health in Detention

***Written Assignment #2 due in Drop Box by noon on Thursday April 18***

Guest Lecturer: Carolyn Sufrin, A.M., M.D., PhD

Required Readings:

  
  This article takes a systems approach to the health needs of women imprisoned in Zambia, viewed through a systems lens.


  ACOG is the premier professional organization of OB/GYNs. As incarceration often seeks a one-size-fits-all approach, women prisoners are often shoehorned into health systems that do not recognize their needs. This position statement seeks to set forth guidance for reproductive health care.


  The National Institute of Corrections developed this brief guide for prisons and jails wishing to revise their policies to take into account the needs of lesbian, gay, bisexual, transgender, and intersex prisoners.

Health disparities are not born out of nowhere. Nor are socioeconomic or racial disparities. This article looks at the intersection of all three and a common risk factor: incarceration.


  *Incarceration is a form of structural violence that can change lives forever. This case study demonstrates a poignant example.*

Optional Readings:


  *This article explains the history and power dynamics of male sexuality in Jamaican prisons in the context of efforts to control HIV.*


  *Nurse practitioner Lorrie Schoenly explains the key elements of a women’s health care program from a nursing perspective, looking at clinical needs and beyond.*


  *Histories of trauma are common in the incarcerated population: abuse, violence, sexual assault, and neglect are a few of the traumas common to prisoner-patients. Trauma-informed care seeks to recognize the role that trauma has played in the lives of patients and attempts to use that knowledge to offer care sensitive to that history.*

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**Week 5 – April 22, 2019

Infection Control and Treatment, and Health Promotion Behind Bars**

**Guest Lecturer:** Michael Ninburg, Hepatitis Education Project

**Required Readings:**

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• Spaulding AC, Anderson EJ, Khan MA, Taborda-Vidarte CA, Phillips JA. HIV and 
HCV in U.S. prisons and jails: the correctional facility as a bellwether over time for the 
community’s infections. *AIDS Rev.* 2017;19:134-147

> Top correctional epidemiologist and correctional infectious disease physician Anne 
Spaulding and her team look back at studies of HIV in prisons from 15 years ago and 
glean lessons that we can apply to both the HIV and HCV epidemics today.

• Reid SE, Topp SM, Turnbull ER, et al. Tuberculosis and HIV control in sub-Saharan 

> Reid and his co-authors discuss novel ways of tackling infectious diseases in prisons 
with high prevalence of tuberculosis and HIV.

• Stover H, Weilandt C, Zurhold H, Hartwig C, Thane K. Final report on prevention, 
treatment, and harm reduction services in prison, on reintegration services on release 
from prison and methods to monitor/analyse drug use among prisoners. Brussels: 
European Commission; 2008. [read pages 90-101].

> Harm reduction is a vital strategy practiced in prisons throughout the world to 
varying extents. Stover et al. explain harm reduction strategies to prevent disease 
transmission among incarcerated intravenous drug users, recipients of tattoos, and 
other at-risk groups.

• Seal DW, Eldridge GD, Zack B, Sosman J. HIV testing and treatment with correctional 
populations: people, not prisoners. *J Health Care Poor Underserved.* 2010;21(3):977-
985.

> Seal and his colleagues take an ethical and humanizing approach to the care of 
prisoners with HIV. They note how subtle structural features of incarceration can 
have a significant impact on the lives of patients and suggest strategies for change.

Optional Readings:

• 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 

> Condom distribution is still a rarity in American prisons and jails. Lucas and her 
colleagues conducted a pilot study to consider making condoms available in the 
California prison system.

  *Jurgens et al. discuss various strategies to control HIV transmission by targeting interventions toward intravenous drug users. Some of these strategies will be familiar from other readings, some will be new.*

### Week 6 – April 29, 2019

**Clinical Challenges: Conflict, Creativity, and Patient Safety**

**Guest Lecturer:** Marc Stern, MD, MPH

**Required Readings:**


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


  *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 detainees shouldn’t receive them? Should prisoners have to pay for ibuprofen? This article raises these questions and others.*


  *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.*

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 from a nursing perspective.

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**Week 7 – May 6, 2019**

*Nutrition and Food Security in Detention Settings*

***Written Assignment #3 due in Drop Box by noon on Tuesday, May 7***

**Guest Lecturer:** Mija-tesse Ververs, Dep’t of International Health and the Centers for Disease Control and Prevention

**Required Readings:**

  *ICRC’s video provides an excellent introduction to this week’s topic.*

  *This brief AP story graphically illustrates the effects of malnutrition and the lack of other resources in Haitian jails, where detainees wait for long periods of time as they go through the criminal justice system. Go online (URL below) for additional photographs.*

  *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.*

  *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 prisoners in Papua New Guinea.*
Week 8 – May 13, 2019
Factual Investigation and Parting Thoughts

***PLEASE bring your Medical Record Training Materials to Class with You!!***

Required Readings:

- Eber G. Medical Record Training Materials (to be distributed in previous class)

  *Evaluating the adequacy of a correctional health program requires reviewing health care records – lots of them. We will use these training materials to see what a medical record review looks like and learn how to identify common problems along the continuum of care.*


  *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.*

Optional Reading:


  *Veteran prisoners’ rights litigators John Boston and Dan Manville’s treatise is on the bookshelf of many a civil rights lawyer. This section explains some of the case law governing the right to medical care in American prisons and jails.*

***Instructions for Written Assignments Begin on the Following Page ***
IV. Written Assignments

Written Assignment #1
Article Summary

Due: March 29 (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 two pages, 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.

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

Due: April 18 (noon) via DropBox  
Suggested length: 6-8 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. Many cases are brought by prisoners or detainees 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.”

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 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.

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. Locate and read the section(s) with the facts and legal claims and then read the Court’s decision. For each of the three cases you selected:

1. Identify the case and provide the hyperlink;
2. Summarize in a paragraph the facts of the case;
3. Summarize in another paragraph 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 what you know about American law (or your country’s law, how would an American federal court or a court in your country have decided the case? Why?

Written Assignment #3

Hypothetical Research Protocol

Due: May 7 (noon) via Dropbox  Suggested length: 5-7 pages

Background:

Week 5’s recommended (but optional) readings include an article by Lucas et al. (“Risk, feasibility, and cost evaluation of a prisoner condom access pilot program in one California state prison.”) regarding 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?
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 prisoners, sleep apnea patients’ attitudes toward policy of mandatory housing in the infirmary, pilot test of allowing prisoners 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 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 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


C. **Methods:** Describe the population to be studied (e.g., newly-discharged female detainees) 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 prisoners (45 C.F.R. § 301 et seq.) or the Declaration of Helsinki (see readings for Week 4)

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 us!**
Be creative and have fun!

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