



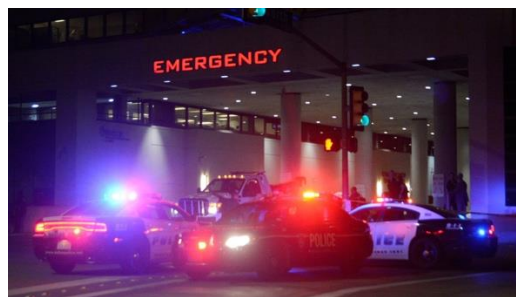
REFUSING CARCERAL COLLABORATIONS: IDEAS FOR HEALTH CARE WORKERS

**Roberto Sirvent for the
Beyond Do No Harm Network**

THE PROBLEM

In his book, [*The Anti-Black City: Police Terror and Black Urban Life in Brazil*](#), Jaime Amparo Alves articulates one of the many tensions he confronts when demanding better medical care for his incarcerated friends in São Paulo prisons. The prison is both a genocidal regime, he observes, and a resource. Many health care workers and community organizers in the United States experience similar tensions and contradictions when working within – and *against* – carceral facilities. Demands for better health care come from incarcerated individuals themselves and friends on the outside. And while survival work is no doubt fundamental to abolitionist work, complex situations leave many of us wondering if and when our demands for better health care end up *expanding* the carceral state by ways of the medical and mental health wings in prisons.

Some health care workers – due to their medical oath, ethical principles, abolitionist political commitments, or some combination of the three – believe that collaborations with police, prisons, and other carceral regimes actually harm their patients, and do not, for the most part, keep them safe. But due to the many pressures and expectations placed on health care workers to assist in the punitive aims of carceral facilities, it is often difficult for them to engage in any form of refusal or resistance. Whether it be engaging in force-feedings, providing health screenings to determine whether a patient in custody can be physically restrained, disclosing results of medical tests, participating in body cavity searches, or providing testimony and reports to prison administration and judges, health care workers are placed in many situations where their loyalty to their patient is in conflict with their (purported) loyalty to the state. And while some legal protections are in place to protect health care workers who refuse to engage in these carceral collaborations, it is often unclear when and where a worker is protected. Plus, not only do these health care workers fear losing their license by refusing to do something they're legally required to do; they also fear that, even if the law *does* protect their license; there's no guarantee that the law will protect them from facing retaliation at their job or in their community.



With this in mind, we've curated a short collection of examples of health care workers and groups who have fought back – and continue to fight back – within and against carceral facilities. Our hope is that these examples might provide inspiration for health care workers and move them to similar action.

REFUSING TO PERFORM A CAVITY SEARCH

Dr. Adam Ash, in [Annals of Emergency Medicine](#), writes about the police escorting 54-year-old David Eckert to his emergency room to execute a search warrant ordering a cavity search on Mr. Eckert. Ash refused to perform the cavity search, citing his ethical obligations to the patient. Police then took Mr. Eckert to another medical facility where he was subjected to “serial rectal examinations, 3 enemas, a computed tomography scan, and a colonoscopy, all of which had negative results.” Dr. Ash does not blame the physician(s) who agreed to perform these procedures on Mr. Eckert, arguing that they probably just did what they thought was legally mandated or appropriate given the circumstances. In light of an overwhelming response to a 2016 [Resolution](#) at the American College of Emergency Physicians (ACEP) Council annual meeting, which requests that ACEP study the moral and ethical responsibilities of emergency physicians and support these responsibilities in situations when physicians are asked to do things that go against a patient’s will or consent, Dr. Ash remains optimistic that the ACEP will continue to promote more conversations around the need for patient advocacy on matters pertaining to “court-ordered forensic collection of evidence and/or medical treatment.”



STANDING UP TO COPS IN THE ER

Dr. Michele Harper, author of the book, [*The Beauty in Breaking*](#), [details the time](#) when four white police officers brought Dominic Thomas, a Black man, to her emergency room demanding that the health care workers perform a medical examination on him. The officers had raided Dominic's house earlier that day and arrested him on suspicion that he swallowed bags of drugs. In the ER, the charge nurse and second-year resident, both white, were ready and willing to perform the medical examination against Dominic's will. After all, they had cooperated with other attending physicians at the hospital before whenever police brought in individuals they had arrested. When Dr. Harper, a Black woman, entered the room, however, she asked Dominic a series of questions about why he was there, whether he had any medical problems, and whether he would like to be examined. Since he did not wish to be examined, and because there wasn't a court order, Dr. Harper said Dominic could be discharged. Despite the hostility, condescension, and microaggressions directed at Dr. Harper by the police officers, charge nurse, and second-year resident — and despite the resident's complaint to the hospital Medical Ethics committee — the hospital agreed with Dr. Harper that they could not force an evaluation on the patient. The article ends with Dr. Harper explaining the events leading up to her resignation from the hospital, including a promotion she was denied as a Black woman.



STANDING UP TO COPS IN THE ER: PART II

In an article for *The Cut*, Michele Harper shares another story of feeling like the only doctor in her emergency room [who stands up to the cops](#). A nurse in Dr. Harper's ER had called the cops because a patient with head trauma wanted to file a report for an assault. Once the cops arrived, Dr. Harper started to hear shouts from the examination room. The patient, Vanessa Wells (name changed in article), started yelling, "Leave me alone!" To Dr. Harper's surprise, none of the white nurses nor the white physician did anything upon hearing Vanessa's screams. Dr. Harper went to the examination room, put herself between Vanessa and cop and asked the police to leave so she could take care of her patient. After an initial check-in, none of her white colleagues were supportive of her actions. One even warned her that the cops left to get their sergeant, who was likely to arrest her for interfering with a police investigation. When the sergeant, a Black man, arrived, he spoke with Dr. Harper and asked if there was any more work she had to do with Vanessa. When Dr. Harper said yes, he said he wasn't going to interfere with her work and that Vanessa is welcome to finish filing her report later at the police station if she would like.

GOING ON STRIKE

In July 2020, nurse midwife Asmara Gebre [went on strike](#) to protest the presence of sheriffs at the San Francisco hospital, where she works after experiencing harm. Gebre is involved in a larger movement called [DPH Must Divest](#) which demands the elimination of the presence of sheriffs from San Francisco General Hospital and all San Francisco Department of Public Health clinics. Documented as a “sick strike,” because she was “[sick of their racism and targeting of Black people](#),” Gebre called in sick every day the hospital continued to employ sheriffs at the hospital. In October 2020, a few months after beginning her strike, three sheriffs were removed from the hospital, and the public health director made promises to help create a “healing environment.” Gebre continued her strike up to May 23, 2021. The strike brought attention and accountability to the injustice experienced by Black people, and to demands to continue to shift from sheriffs to unarmed crisis response, and inspired many to join the movement.



ICE WHISTLEBLOWER

Dawn Wooten, a nurse who worked at a Georgia immigration detention center, filed a whistleblower complaint in 2020 detailing unsanitary living conditions, medical neglect, and an alarmingly high rate of forced hysterectomies performed on immigrant women. Represented by the advocacy group Project South and a whistleblower protection organization called Government Accountability Project, Wooten claims to have been demoted because she asked “hard questions” about the unsafe work conditions at Irwin County Detention Center that, ultimately, facilitated the spread of COVID-19 to those who were detained. Wooten’s complaint [caught the attention of House Democrats](#) who called for an investigation by the Department of Homeland Security. [Fifty-seven women](#) came forward to share their stories, and a [class action lawsuit was filed](#) regarding medical mistreatment the detention center. By May 2021, the doctor responsible for mistreatment was prohibited from seeing patients at the detention center and all women were transferred elsewhere. By September 2021, the immigration detention center was shut down entirely.



NO TO FORCE-FEEDING

The advocacy group Physicians for Human Rights (PHR) [launched a campaign](#) for a navy nurse who refused to force-feed a detainee engaging in a hunger strike at Guantánamo Bay detention center. The group was able to mobilize various medical, legal, and political organizations to prevent the military from punishing the nurse for his refusal. Although it is forbidden to force-feed a hunger-striking inmate – and doing so has been described by the World Medical Association as complicity in torture – various state penal institutions still pressure health professionals to engage in this severe violation of a patient’s medical autonomy.



INTERROGATING OUR COMPLICITY

Excerpt from “[#WhiteCoatsForBlackLives — Addressing Physicians’ Complicity in Criminalizing Communities](#),” *New England Journal of Medicine*

“So after we have put away our #WhiteCoatsForBlackLives signs, we should not simply return to participating in systems grounded in the same racist practices and policies we seek to change in law enforcement.

As we continue to object to police violence against Black communities and work with our institutions to issue statements supporting Black lives, we should also interrogate our own active and passive complicity. We should seek ways to reduce our collusion with the carceral system. This effort includes using the goals and techniques of harm reduction for patients with substance use disorder, including advocating for eliminating universal or mandated drug testing in pregnant and postpartum people. It means supporting primary prevention of substance use disorder, improved access to treatment, and family unification, which improves outcomes for families.

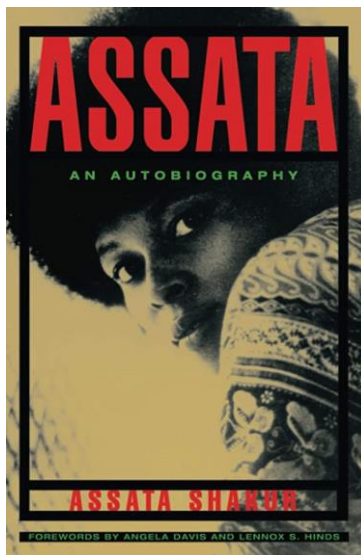
The effort should include opposing policies that criminalize patients for seeking health care, including reporting suspicion of self-managed abortion, pregnancy loss, and substance use during pregnancy. And we should educate ourselves, our colleagues, and trainees about the harms of mandatory reporting, its racist history, and its uneven and discriminatory implementation.⁵

As more Americans call for the destruction or reformation of the criminal legal system, we should voice full-throated objections to policies and practices that increase the likelihood of entry into the carceral system through health care institutions. As physicians, we have a critical role to play in this movement.”



LESSONS FROM *ASSATA: AN AUTOBIOGRAPHY*

In Assata Shakur’s autobiography, *Assata*, we read about a few health care workers who intervened on Shakur’s behalf while she faced constant medical neglect, abuse, and torture from police at Middlesex General Hospital. The first, a nurse with a German accent, gives Shakur a call button to use whenever the police are interrogating her in an abusive way. When one of the state troopers asked the nurse if there was “any way to disconnect that thing,” she replied, “No, there is no way to remove it. If you pull it out, it will just keep ringing in the nurses’ station. She is having difficulty breathing and she needs it.”



Shakur briefly refers to an encounter with a bone specialist, “a very good doctor and a very kind man,” who came to her aid after the warden and other health care workers refused to let her wear a brace for her broken clavicle. “He told the warden in no uncertain terms that i needed my brace and without it i could be disfigured,” Shakur writes. “He gave me a lot of encouragement for my hand so that i could regain full use of it.”

MORE LESSONS FROM *ASSATA: AN AUTOBIOGRAPHY*

Shakur also mentions two Black nurses who went out of their way to make sure she was okay, making regular stops to her room during Shakur's first few days at the hospital. The nurses gifted her three books, which Shakur called a "godsend." "Whenever i tired of the verbal abuse of my captors," she writes, "i would drown them out by reading the poetry out loud." Shakur explains how she read some poems out loud to send a message to the guards, and how another book helped her feel "in communion with all the forces on the earth that truly love people, in communion with all the revolutionary forces on the earth."



After a prison doctor recommends she abort her fetus and threatens to deny her medical care if she continued with a high-risk pregnancy, Shakur's lawyers requested that a Black doctor who she trusted, Dr. Garrett, be allowed to oversee her care during the remainder of her pregnancy and the birthing process. Dr. Garrett testified in court on behalf of Shakur, recommending that, for the sake of her health and safety during pregnancy, that she should be hospitalized, should not stand trial, and her shackles should be removed. When Dr. Garrett warned Shakur that the judge might push her into trial despite her poor medical condition, Dr. Garrett said: "Assata, there is no way we are going to let that happen. I am prepared to fight all the way for your right as a human being to receive decent medical care and for your baby to be born healthy. I'm doing the same for you as I would for any other patient."

PREGNANT IN PRISON

A coalition consisting of current and formerly incarcerated people, medical providers, the American Friends Service Committee (AFSC) and Siwatu Freedom Team [successfully organized](#) for policy measures changing the inhumane treatment of pregnant people in prison. The legislative changes reduced the state’s use of restraints on those who are pregnant and increased the amount of time parents had with their newborns. Siwatu Freedom Team (now called the Freedom Team) is named after Siwatu-Salama Ra, an organizer who was forced to give birth in prison and who has helped mobilize other incarcerated people to share their own stories about medical neglect and abuse. Medical providers have played a vital role in this work, including Dr. Charlene Williams, OBGYN, who was central to a medical motion that helped to free Siwatu. In the motion, Dr. Williams outlined how vulnerable pregnant people are, particularly from criminalized and surveilled neighborhoods, and how prisons create conditions that exacerbate these vulnerabilities.

The broad coalition of Michigan-based organizers is uncompromisingly abolitionist, with a fierce commitment to bringing an end to prisons while attending to the needs and demands of the most vulnerable people inside. “Our coalition is rooted in the belief that prisons are not conducive to healing, transformation, or accountability,” the AFSC writes. “Ultimately, we must create the community care necessary to ensure no one—including pregnant people and caregivers—is ever subject to prison and jails.”



“CAN’T GET WELL IN A CELL”

In 2016, The Frontline Wellness Network (FWN) was started in response to efforts by Los Angeles County to expand jails in the region. FWN, founded by a JusticeLA organizer Mark-Anthony Clayton-Johnson, [mobilized a large group of health care workers](#) committed to racial and economic justice. Drawing on an abolitionist approach, the workers collectively resisted the county’s expansion efforts by declaring police and prisons as public health crises. In a move to counter the county’s purported claim that a prison expansion will increase the health and safety of incarcerated individuals, FWN and JusticeLA declared slogans like “Care, Not Cages” and “Can’t Get Well in a Cell.” After years of facing constant pressure and resistance from grassroots groups, Los Angeles County abandoned its prison expansion effort in 2020 and passed a motion that would eventually close its largest jail.



BEYOND BEDSIDE RESISTANCE

The Frontline Wellness Network (FWN) campaign to prevent the construction of more LA jails is just one example of health care workers and community health organizations advocating for structural change that goes beyond the important work of everyday “bedside resistance” efforts at hospitals and correctional facilities. Thus, not only do many health care workers find creative ways to refuse collaboration with carceral institutions in the clinical setting; they are also developing pronounced stances against the state’s punitive practices and participating in community efforts to abolish these institutions. This includes campaigns to:

- [end medical violence and health harm of women’s prisons](#);
- [demand immediate actions](#) to address the immediate and long-term health needs of currently [incarcerated people in San Quentin](#);
- [#StopCopCity and Defend the Weelaunee Forest in Atlanta](#) as critical efforts in protecting public health and wellbeing; and
- [unite public health professionals](#) to help build a social justice movement around the health needs of low-income communities and communities of color.

