

“Overcoming
correctional politics and
policies to study prison
health issues”

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Importance of prison health research

- ◆ More than 2.3 million people locked up in U.S. jails, prisons, immigrant detention centers, military posts
- ◆ Isolation and punitive treatment of those inside
- ◆ An ethical and a public health responsibility



I. What to study?

Three important prison health research models are

- ◆ the traditional medical model,
- ◆ the social organizational model and
- ◆ the human rights model.



Research Model #1: Epidemiological and Medical

- ◆ Examines:
 - Patterns of illness and effectiveness of treatment
- ◆ Example:
 - ◆ HIV epidemiology and treatment studies



Research Model #2: Social-structural

- ◆ Examines:
Sociological organization and/or political economy of prison conditions and health care
- ◆ Examples:
Lorna Rhodes: *Total Confinement: Madness and Reason in a Maximum Security Prison*;
Brie Williams, *et al.*, “Being old and doing time”



*The value of the social-
structural approach:*

- ◆ It hypothesizes that some problems which prisoners face concerning their health may be caused directly or indirectly by incarceration.
- ◆ Research results may suggest environmental or policy interventions to prevent illness and trauma



Research Model #3: The human rights framework.

- ◆ Examines:
Degree to which prison practice meets ethical standards, described as “human rights.”
- ◆ Examples:
UN and EU correctional standards for evaluation and implementation



II. Research Access

- ◆ *Factors assisting:*
 - ◆ Correctional system confidence in the apolitical nature of the research
 - ◆ Institutional sponsorship for researcher (governmental, academic)
 - ◆ Direct sponsorship by correctional medical service or high level administrators
 - ◆ Type #1 research model (medical or epidemiological)



Access Barriers

- ◆ Security concerns
- ◆ Fear of lawsuits
- ◆ Aversion to publicity
- ◆ Requirement of multiple human subject reviews (e.g., university, prison system, health care provider)
- ◆ Inadequate staffing
- ◆ Daily prison practices, e.g., lockdowns



Alternative Access Strategies

- ◆ “Undercover” use of another project (educational, health-focused, social service) to collect information through observation and informal interviewing
- ◆ Work with a litigation project
 - ◆ Example: *Shumate* lawsuit and California Policy Research Center study on women’s health care access in CA prisons



III. Data collection strategies for social-structural and human rights research

- ◆ Ethnography
 - ◆ Observation
 - ◆ Open-ended interviewing
 - ◆ Field notes
 - ◆ Photography
 - ◆ “Found materials”
- ◆ Life histories
- ◆ Surveys --written or oral



IV. Giving voice to prisoners

- ◆ Oral histories
- ◆ Lengthy interview excerpts
- ◆ Prisoner writing and art
- ◆ Photography
- ◆ Action research with prisoners and/or advocates



V. Ethical concerns

1. Selection of topic, approach
 - ◆ What is *really* important? Important to whom? What is the researcher's goal?
2. Handling of legal and administrative barriers
 - ◆ Consequences of revising one's project for access
 - ◆ Telling the truth about your goals



Ethical concerns, cont'd.

3. Confidentiality

Is there confidentiality in prison?

How does one encourage trust?

Post-visit consequences of research participation

Loss of prisoner identity

4. Maintenance of contact with subjects after the project

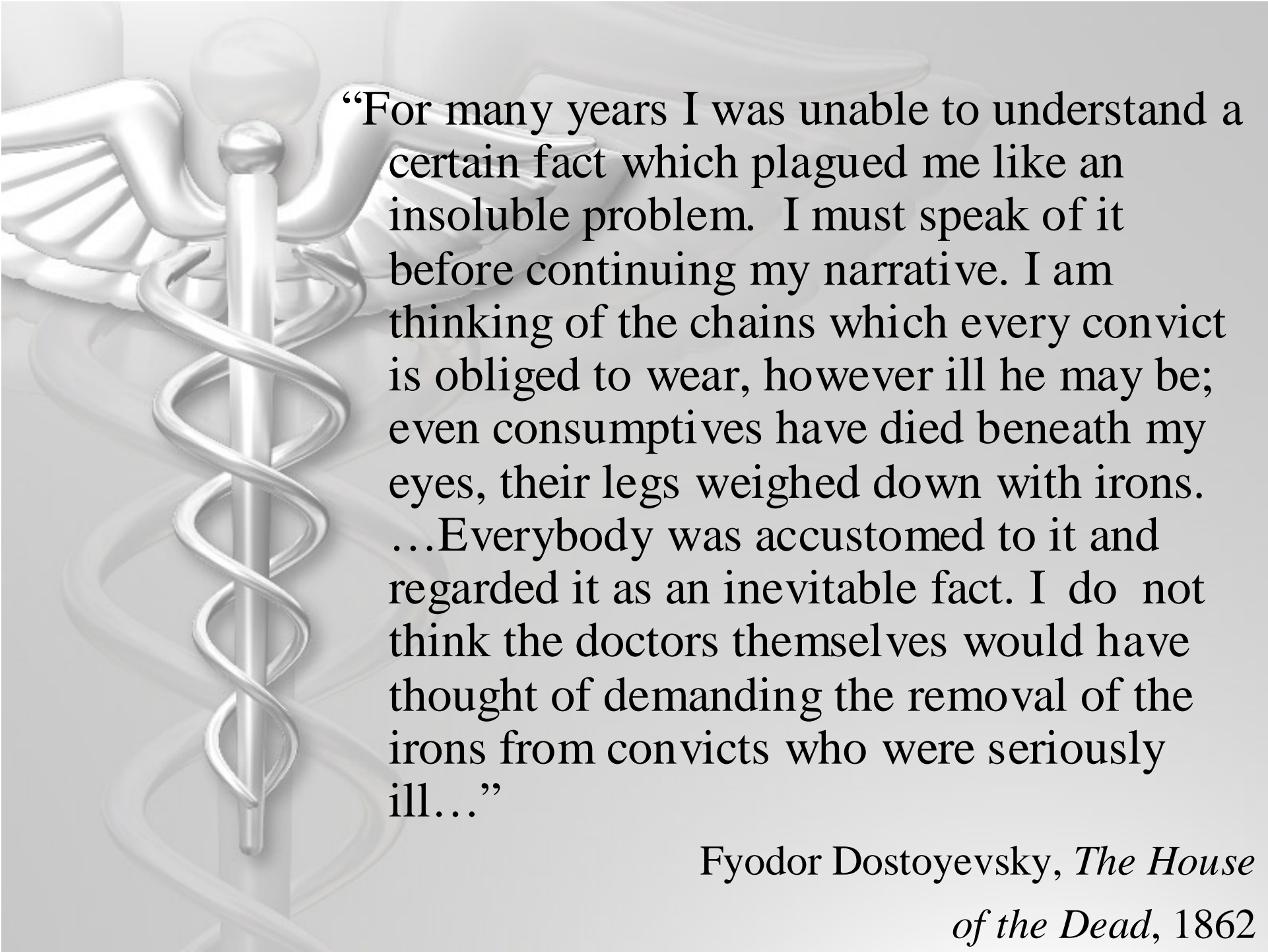
Difficulties

Value to project and to subjects



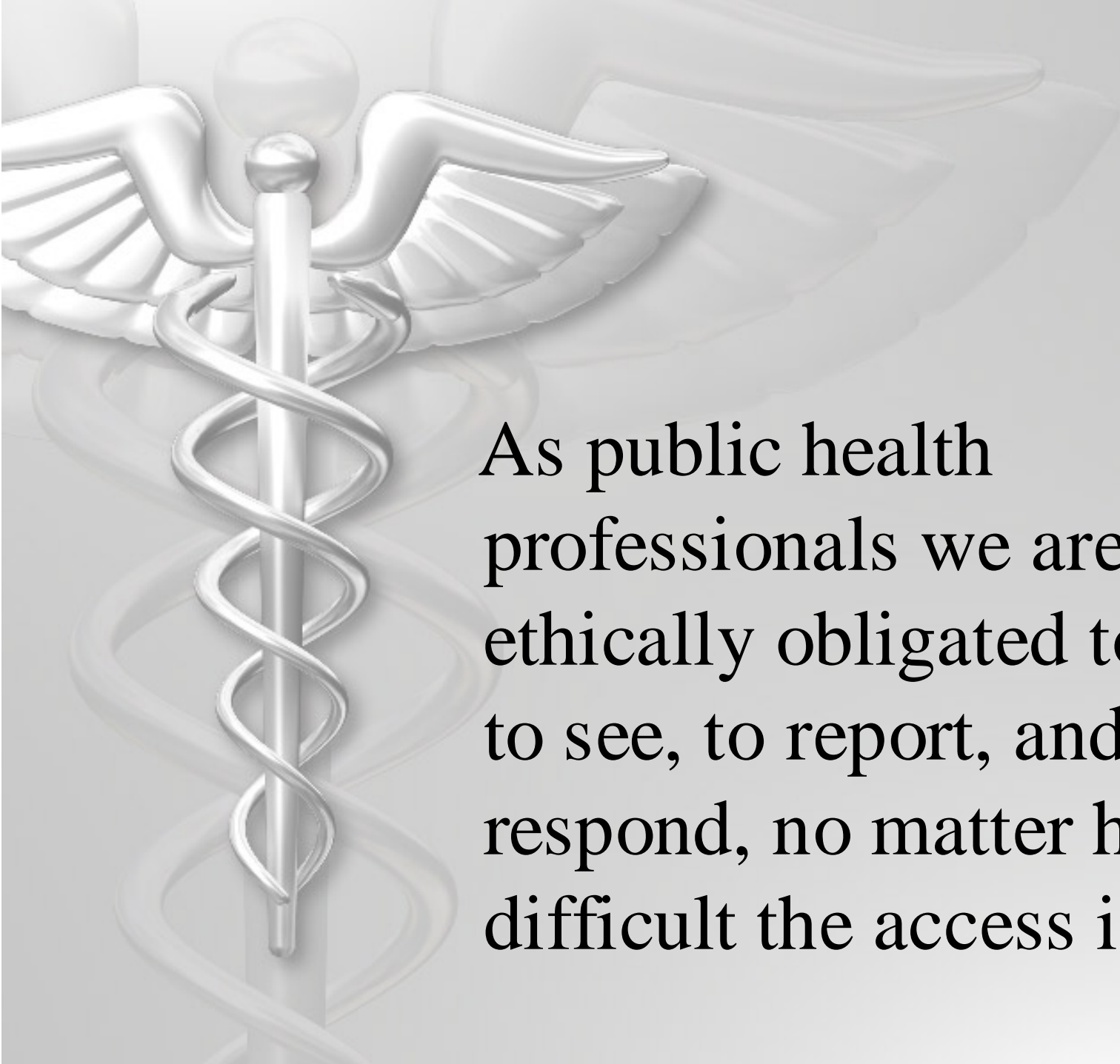
Persistence: Current Success, Failure, Compromise

- ◆ Two years of negotiation with the Federal Prison Service to re-visit five prisons. -- compromise
- ◆ One year of negotiation with Connecticut Department of corrections to re-visit one prison. --failure
- ◆ Examining records and interviewing through a legal organization in California. --success
- ◆ Examples from the audience...



“For many years I was unable to understand a certain fact which plagued me like an insoluble problem. I must speak of it before continuing my narrative. I am thinking of the chains which every convict is obliged to wear, however ill he may be; even consumptives have died beneath my eyes, their legs weighed down with irons. ...Everybody was accustomed to it and regarded it as an inevitable fact. I do not think the doctors themselves would have thought of demanding the removal of the irons from convicts who were seriously ill...”

Fyodor Dostoyevsky, *The House of the Dead*, 1862



As public health professionals we are ethically obligated to look, to see, to report, and to respond, no matter how difficult the access is.