AMERICAN MEDICAL STUDENT ASSOCIATION HOUSE OF DELEGATES 2017 RESOLUTION: B16

INTRODUCED BY: Devki Joshi, Chair, Action Committee on Race, Ethnicity and Culture in Health; Eva Shelton, Programming Coordinator, Action Committee on Race, Ethnicity and Culture in Health; Luis Carlos Perez, Advocacy Coordinator, Action Committee on Race, Ethnicity and Culture in Health SCHOOL: SUNY Downstate College of Medicine; University of Wisconsin-Madison; Baylor College of Medicine SUBJECT: Principles Regarding Healthcare in the Criminal Justice System (new principle) TYPE: Resolution of Principles WHEREAS there is no principle regarding healthcare in the criminal justice system THEREFORE BE IT RESOLVED that the Principles Regarding Healthcare in the Criminal Justice System be AMENDED to state: The American Medical Student Association: 1. CONDEMNS cruel, inhuman and degrading conditions including but not limited to overcrowding, violence, and sexual abuse, which pose grave risks to prisoner health and safety; 2. OPPOSES solitary confinement, torture and the expansion of "supermax" prisons; 3. ACKNOWLEDGES the lack of access to of adequate medical, reproductive and mental health care in prison systems and ENCOURAGES the expansion of these services at every level of the criminal justice system; 4. SUPPORTS the movement for prison industrial complex abolition which seeks to advance the goal of eliminating imprisonment, policing, and surveillance and create lasting alternatives to punishment and imprisonment; 5. ENCOURAGES in the process of prison industrial complex abolition to increase efforts to evaluate and, if indicated, divert convicted or alleged offenders being

held in jails or prisons with long-term medical problems to alternate forms of

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24 25 confinement, such as halfway houses, work releases, education or group homes, to more effectively deal with their medical problems.

6. ENCOURAGES the development of adequate screening, maintenance and emergency health-care facilities in jails, prisons detention centers, and rehabilitation centers and FUTHER ENCOURAGES medical schools to prioritize development of these programs.

7. SUPPORTS efforts of correctional facilities to use the least restrictive restraints necessary when the facility has an actual or constructive knowledge that an inmate is in the 2nd or 3rd trimester of pregnancy. No restraints of any kind shall be used on an inmate who is in labor, delivering her baby or recuperating from delivery unless there are compelling grounds to believe that the inmate presents: an immediate and serious threat or harm to herself, staff, or other correctional officers should be available and required to remove shackles immediately upon request of medical personnel.

FISCAL NOTE: None

REPORT OF REFERENCE COMMITTEE B

DISCUSSION

BOT: Recommends the following changes to the resolution

- 5. ENCOURAGES in the process of prison industrial complex abolition to SUPPORTS increased efforts to evaluate and, if indicated, divert convicted or alleged offenders being held in jails or prisons with long-term medical problems to alternate forms of confinement, such as halfway houses, work releases, education or group homes, to more effectively deal with their medical problems.
- 6. ENCOURAGES the development of adequate screening, maintenance and emergency health-care facilities in jails, prisons detention centers, and rehabilitation centers and FUTHER ENCOURAGES medical schools to prioritize development of these programs.

7. SUPPORTS efforts of correctional facilities to use the least restrictive restraints necessary to restrain inmates. when the facility has an actual or constructive knowledge that an inmate is in the 2nd or 3rd trimester of pregnancy. No restraints of any kind shall be used on an inmate who is in labor, delivering her baby or recuperating from delivery unless there are compelling grounds to believe that the inmate presents: an immediate and serious threat or harm to herself, staff, or other correctional officers should be available and required to remove shackles immediately upon request of medical personnel.

SUPPORTS efforts of correctional facilities to use the least restrictive restraints necessary to restrain inmates.

1	BRD: Adopt as written.
2	PRD: Adopt as written.
3	IRD: Adopt as written.
4	ACTE: Adopt as written
5	International Caucus: None.
6	Premedical Caucus: None.
7	Resident Caucus: None.
8	Other Groups: None.
9	Other Discussion: None.
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11	SYNTHESIS OF DISCUSSION
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13	Aside from BOT's testimony of recommended changes [see above] no other suggested
14	amendments were given.
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16	REFERENCE COMMITTEE COMMENTS
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18	The reference committee highly is concerned that considering criminal inmates living out
19	there sentences in alternate forms of confinement like halfway houses is deemed
20	unreasonable. There is considerable vague language in the proposition. This proposal
21	requires a subcommittee to further discuss the proposition adequately, further research
22	and reword the language.
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24	REFERENCE COMMITTEE RECOMMENDATION
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26	Reject and refer to subcommittee:
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28	The current Chair [Action Committee on Race, Ethnicity and Culture in Health], the
29	Chair, [Community Public Health], Chair [Professionalism in Ethics] and Secretary will
30	draft new-amended resolution before May 1 st 2017 to be submitted to HOD 2018.
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32	In this subcommittee, the current Secretary will lead the research and discussion to
33	adequately provide a resolution that is reasonable, ethical and encompasses inmate
34	cultural sensitivity. The Chairs in Professionalism in Ethics and Action Committee on
35	Race, Ethnicity and Culture in Health will facilitate the Secretary with research and

discussion.