



the  
**BEYOND DO NO HARM**  
discussion guide

*13 Principles  
for Health Care Providers,  
Staff, Public Health Workers,  
and Researchers  
to Interrupt Criminalization*

**IC** INTERRUPTING  
CRIMINALIZATION

# How to use this guide

This guide was created to help health care providers, nurses, midwives, doulas, hospital and clinic staff, public health, social work and allied health workers, organizers, researchers, students and people curious or concerned about the criminalization in the context of access to health care, to explore and reflect on the **Beyond Do No Harm** principles, and to inspire collective action to prevent and interrupt criminalization of people seeking care.

The guide offers prompts for self-reflection, study groups, organizing and advocacy collectives, and to spark conversation within organizing communities.

**Look for these symbols throughout the discussion guide:**



## Reflect

Think about the experiences and messaging that have shaped your personal understanding of policing, criminalization and punishment in the context of medical treatment and health care provision, and how you might create different paths forward.



## Research

Read more about histories and strategies of resistance to criminalization, and dig into data that can help inform your analysis. Interrogate what you know, how you know it, and what else you need to learn to continue to build toward care not punishment.



## Practice

Think through how you can practice the world you want to build. Identify who you can collaborate with to bring about transformative change. Use these exercises to build and deepen relationships with others who are aligned with your values around health justice, and build the community that will help you sustain this work. Skill up!



## Imagine

Stretch your imagination. Seek out the spaces, practices, relationships and community that expand possibilities for creativity, play, experimentation, and mutual support. Weaving in poetry, art, and creative expression in individual and community practice helps dislodge the idea that the way things are is how they will inevitably remain. Our creativity and collective power make new futures possible.

# Principle 1: **End police and ICE presence in hospitals and in or near health care facilities.**

- **What does police presence look like in your workplace? How is police, probation, parole and/or ICE presence a barrier to care? Which communities do their activities focus on?**
- How does your racial identity inform how you experience police and/or ICE in the workplace, as a patient and/or provider?
- Think about a time when police presence in a health care facility caused active harm to someone in your care or community. What supports would have been helpful to prevent that harm?
- Read the stories of [Alan Pean](#),<sup>1</sup> and [Jonathan Warner](#).<sup>2</sup> What feelings did this bring up? Imagine a different ending to their stories. What would supportive and loving care have looked like for these community members?
- **Read and discuss the following articles as a group:**
  - [Get Armed Police Out of Emergency Rooms](#)<sup>3</sup>
  - [WC4BL, Let's Take the Punishment Out of Healthcare](#)<sup>4</sup>



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1 [nytimes.com/2016/02/14/us/hospital-guns-mental-health.html](https://www.nytimes.com/2016/02/14/us/hospital-guns-mental-health.html)

2 [wsls.com/news/2016/01/14/family-of-man-shot-inside-lynchburg-hospital-releases-statement/](https://www.wsls.com/news/2016/01/14/family-of-man-shot-inside-lynchburg-hospital-releases-statement/)

3 [scientificamerican.com/article/get-armed-police-out-of-emergency-rooms/](https://www.scientificamerican.com/article/get-armed-police-out-of-emergency-rooms/)

4 [medium.com/whitecoats4blacklives/lets-take-the-punishment-out-of-healthcare-dceab5482c46](https://medium.com/whitecoats4blacklives/lets-take-the-punishment-out-of-healthcare-dceab5482c46)

- **How long have police been present in hospitals and health care facilities in your community?**
- How did they come to be there?
- What were the historical conditions and forces that led to this development?



**Think through scenarios in which police and/or security are typically called** - such as patient “non-compliance,” enforcement of hospital drug policies, racial profiling of patients as “aggressive” or “drug seeking,”; if a patient is sexually explicit, racist, or homophobic with other patients or staff; if a patient becomes verbally agitated or physically aggressive with staff; when a patient is destroying property in the hospital, etc.



- What could be done instead of calling the police? How could you practice the world you want by focusing on care not punishment?
- What skills would you and/or others need to acquire or deepen to make this response a reality?

- **Imagine yourself in a future where the very idea of policing and punishment in a health care setting would be seen as ludicrous.** What would it feel like to receive and give care in this future world?
- Read Franny Choi’s poem *the Museum of Human History*<sup>1</sup> or watch *A Message from the Future: Memories of Abolition Day*.<sup>2</sup>



**“Dry-mouthed, we came upon a contraption  
of chain and bolt, an ancient torture instrument**

**the guide called “handcuffs.” We stared  
at the diagrams and almost felt the cold metal...”**

—Franny Choi, *the Museum of Human History*

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1 [frannychoi.com/museum-of-human-history](http://frannychoi.com/museum-of-human-history)  
2 [youtu.be/2m8YACFJIMg](https://youtu.be/2m8YACFJIMg)

## Principle 2: End information gathering and documentation that is not directly relevant or related to the person's course of care



- **Reflect on your experience as someone seeking care in the medical system** - have you ever been asked questions that you felt were unnecessary for your care? Have you ever experienced judgment from health care providers which has stood in the way of getting the full care you needed?
- If you are a provider - have you ever asked people seeking care questions that made them uncomfortable or documented information that you - or they - didn't believe was essential to patient care?
- Read [No More Data Weapons](#) from Data for Black Lives<sup>1</sup>
- Read [Abolish Data Crim](#)<sup>2</sup>



### Check to see what your clinic/hospital/work place's policies are regarding documentation:

- What kinds of information do they require you to document about people in your care, their families, and about what caused the conditions they are seeking care for?
- Is the information necessary to provide care?
- How could it put people at risk of criminalization instead of care?
- Investigate how to change regressive policies that put patients at risk.
- Do people regularly gather information that is not required? Why? How might this information contribute to criminalization instead of care?

<sup>1</sup> [d4bl.org/dispatch/72-introducing-no-more-data-weapons](https://d4bl.org/dispatch/72-introducing-no-more-data-weapons)

<sup>2</sup> [abolishdatacrim.org/en](https://abolishdatacrim.org/en)



- **Talk to one of your co-workers** about why it is unnecessary to collect information that could contribute to criminalization such as information about immigration status or participation in criminalized activities that could trigger the involvement of the criminal punishment system.
- Facilitate a workshop with your co-workers or community using the activities in the Take Action section of the [Abolish Data Crim resource](#)<sup>1</sup>
- **Read Speculative Fiction piece 'Stealth' by Jillian Weise**<sup>2</sup>
- In what ways does surveillance intrude into the lives of disabled people? Migrants? People living with HIV? People who use drugs? People in the sex trades?
- What possibilities would open up for these communities in a world with less surveillance?

**“As if she had a choice. It was quaint how they still called it that: signing in. She placed her hand on glass counter and heard a tiny hum as the camera scanned her retina.”**

—Jillian Weise, *Stealth*

# Principle 3: End screening and testing without explicit and informed consent

**Read and discuss** the article “Do No Harm” Like You Mean It: Hospital Workers’ Role in the Policing of Pregnant Women<sup>1</sup>

- What laws are leveraged to test and criminalize pregnant people for drug use?
- How does racism shape the passing and implementation of these laws?



- How does your state handle drug or alcohol use during pregnancy? Check out [Maternity Drug Policies by State](#)<sup>2</sup>
- How many drug treatment programs and facilities in your community offer care to pregnant people and parents?



<sup>1</sup> [sfonline.barnard.edu/do-no-harm-like-you-mean-it-hospital-workers-role-in-the-policing-of-pregnant-women/#identifier\\_17\\_4265](https://online.barnard.edu/do-no-harm-like-you-mean-it-hospital-workers-role-in-the-policing-of-pregnant-women/#identifier_17_4265)

<sup>2</sup> [projects.propublica.org/graphics/maternity-drug-policies-by-state](https://projects.propublica.org/graphics/maternity-drug-policies-by-state)



- Learn more about harm reduction and drug-use during pregnancy through the National Harm Reduction Coalition’s ‘Pregnancy and Substance Use Toolkit’.<sup>1</sup>
- How are these approaches aligned with your workplace’s current practices and how do they diverge from them? How can you work to narrow the gap?



“Some days my only certain *we* is this certain *we* that didn’t, that wouldn’t, whose bodies or spirits wouldn’t go along. That we slowed, stood around, blocked the way, kept a stone face when the others were woeful and complicit with smiles.”  
 —Anne Boyer, *No*



- Read Anne Boyer’s piece “No”.<sup>2</sup>
- Think about powerful moments in history that required a politics of refusal.
- **Imagine a world where consent, respect and autonomy is centered, and power relations are not abused.** What are the barriers in the way of such a world? How can they be knocked down?

<sup>1</sup> [harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/](https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/)  
<sup>2</sup> [poetryfoundation.org/harriet-books/2017/04/no](https://poetryfoundation.org/harriet-books/2017/04/no)

# Principle 4: End the practice of calling police on suspicion of fraudulent identification documents

- **Have you ever been denied access to a place or a service because you didn't have the right documentation?**
- Who are the people most impacted by inability to obtain identification? How might this contribute to the use of fraudulent identification documents?
- What is the purpose of collecting identification documents as a condition of receiving medical care? What is the role of health care providers in "verifying" the accuracy of identification?
- Read [When it comes to health care, transphobia persists - The Globe and Mail.](#)<sup>1</sup>



**“A 2010 Trans Pulse study found that 21% of trans patients in Ontario avoid accessing emergency medical services because of a fear of transphobia and 52%... had negative experiences in emergency rooms related to transphobia.”**

—Gwen Benaway, *When it comes to healthcare, transphobia persists*

<sup>1</sup> [theglobeandmail.com/opinion/article-when-it-comes-to-health-care-transphobia-persists/](http://theglobeandmail.com/opinion/article-when-it-comes-to-health-care-transphobia-persists/)



- **What is required to obtain identification that your health care institution would accept? An address? Proof of citizenship?**
- What is required in your city or state to obtain identification that matches your gender identity?
  - Watch [How ID Laws can put Trans People in Danger](#)<sup>1</sup>
  - Watch [The Trans Panic Epidemic: The Daily Show](#)<sup>2</sup>
  - Watch ["False Personation"](#)<sup>3</sup>
- Read [Iroquois Lacrosse Team Faces Hardships by Traveling on Their Own Passports](#)<sup>4</sup>
- Read [Restrictive ID Policies: Implications for Health Equity](#)<sup>5</sup>



- **What is your hospital policy around the suspicion of fraudulent identification documents?** If existing policies present a barrier to care, what can be done to change them?
- Are there situations where your institution insists on ID? Why? Is it possible to reduce reliance on ID? Talk to frontline staff about identification policies and how they might be implemented to avoid or reduce criminalization.



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1 [youtube.com/watch?v=900bLSMuA4A](https://www.youtube.com/watch?v=900bLSMuA4A)  
2 [youtube.com/watch?v=PlvCh3EQv1Q&t=331s](https://www.youtube.com/watch?v=PlvCh3EQv1Q&t=331s)  
3 [youtube.com/watch?v=a1s\\_8fDwK6g&t=5s](https://www.youtube.com/watch?v=a1s_8fDwK6g&t=5s)  
4 [culturalsurvival.org/news/iroquois-lacrosse-team-faces-hardships-traveling-their-own-passports](https://culturalsurvival.org/news/iroquois-lacrosse-team-faces-hardships-traveling-their-own-passports)  
5 [ncbi.nlm.nih.gov/pmc/articles/PMC5735025/#CR3](https://ncbi.nlm.nih.gov/pmc/articles/PMC5735025/#CR3)

- Read these two poems by Maria Ibarra: “Papers”<sup>1</sup> and “A Different Oral Argument”<sup>2</sup>
- Read *Brown Out Shouts* by Kay Ulanday Barrett<sup>3</sup>
- **Think, write, draw or doodle about what belonging means to you.** If you need some inspiration, read “Self-Portrait with No Flag” by Safia Elhillo<sup>4</sup> and “Annunciation” by Marie Howe.<sup>5</sup>



**“Papers?  
I have all of them,  
Describing the shame of how easy it is to forget  
The face of someone you love  
When they are miles away from you,”**  
—Maria Ibarra, *Papers*

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1 [mariaibarra-91171.medium.com/papers-f822509d4464](https://mariaibarra-91171.medium.com/papers-f822509d4464)  
2 [mariaibarra-91171.medium.com/a-different-oral-argument-2c2cb705aec3](https://mariaibarra-91171.medium.com/a-different-oral-argument-2c2cb705aec3)  
3 [kaybarrett.net/hello-world/](https://kaybarrett.net/hello-world/)  
4 [kinnareads.com/2017/04/20/self-portrait-with-no-flag-by-safia-elhillo/](https://kinnareads.com/2017/04/20/self-portrait-with-no-flag-by-safia-elhillo/)  
5 [onbeing.org/poetry/annunciation/](https://onbeing.org/poetry/annunciation/)

# Principle 5: Stop calling police on people with unmet mental health or medical needs

- **What do you need when you are in crisis? What is helpful?** What is not helpful? What kinds of people do you need around you to de-escalate a situation?
- Discuss this article on [why not to call law enforcement on trans people in crisis](#)<sup>1</sup> and this article on a [community approach to mental health](#).<sup>2</sup>



**“The goal is to de-escalate the situation where police would likely escalate it, providing folks with trauma-informed peer support by talking with them and helping them plan their next steps.”**

—Megan McGee, *It is time for a community approach to mental health*

- **Research the Mental Health Response in your City**
- Assess it using the [IC Mental Health Response Models Checklist](#) on p. 58<sup>3</sup>



<sup>1</sup> [translifeline.org/why-to-not-call-the-police-on-trans-people-in-crisis-things-to-consider-when-supporting-a-friend/](https://www.translifeline.org/why-to-not-call-the-police-on-trans-people-in-crisis-things-to-consider-when-supporting-a-friend/)

<sup>2</sup> [roarmag.org/essays/mental-health-system-abolition/](https://roarmag.org/essays/mental-health-system-abolition/)

<sup>3</sup> [interruptingcriminalization.com/non-police-crisis-response-guide](https://interruptingcriminalization.com/non-police-crisis-response-guide)

- **Introduce yourselves to your neighbors, get their contact information, and share information for the non-police mental health crisis response if you have one in your city.** Create a group texting/ mailing list dedicated to mutual aid and to supporting people who are having a mental health crisis in your neighborhood instead of calling 9-11
- Fill out 'A Mutual Aid and Safety/Wellness Planning Workbook' and 'Mad Map'<sup>1</sup> to plan ahead and get the support you need when you are having a mental health crisis
- Use the crisis toolkit offerings from the [Fireweed Collective](#)<sup>2</sup>



- Listen to Junauda Petrus read her poem 'Give the Police Departments to the Grandmothers'.<sup>3</sup>
  - How do the grandmas handle people in crisis?
- Read Cara Page's *Psalm for the Mismeasured and Unfit*, a piece dedicated to the survival and reclamation of marginalized communities' stories.<sup>4</sup>
- **What kinds of prevention** (housing, health care, etc.) **and aftercare is needed to avert mental health and medical crises?**




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1 [madqueer.org/madsurvival](http://madqueer.org/madsurvival)  
 2 [fireweedcollective.org/crisis-toolkit/](http://fireweedcollective.org/crisis-toolkit/)  
 3 [vimeo.com/426276718](https://vimeo.com/426276718)  
 4 [sfonline.barnard.edu/psalm-for-the-mismeasured-and-unfit/](http://sfonline.barnard.edu/psalm-for-the-mismeasured-and-unfit/)

## Principle 6: Stop calling police on people in possession, distributing, or using drugs and controlled substances



- Read this personal [article](#) by Louise Vincent of Urban Survivors' Union on how stigmatization of drug use by health care systems can kill.<sup>1</sup>
  - **What are the different points of intervention where hospitals and other systems could have interrupted harm rather than contributing to it?**
- **What is your facility or hospital's policy on drug possession and use** - is it consistent with harm reduction principles?
- What harm reduction resources exist in your community? Does your city have a Safe Use Site or Supervised Site for Drug Use? A needle exchange program? A drug user's union? How might you connect the people you care for with non-judgmental support?
- Watch Drug Policy Alliance's Video 'What is the Drug War? With Jay-Z and Molly Crabapple'<sup>2</sup>
- Watch [Dope is Death](#)<sup>3</sup>
  - What was the Black Panther Party's approach to drug use and addiction in healthcare spaces?

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1 [filtermag.org/hospital-drug-wounds-stigma/](https://filtermag.org/hospital-drug-wounds-stigma/)  
2 [youtube.com/watch?v=HSozqaVcOU8](https://youtube.com/watch?v=HSozqaVcOU8)  
3 [youtube.com/watch?v=Ua-m7AANKQ4](https://youtube.com/watch?v=Ua-m7AANKQ4)



**Take a Free Online Harm Reduction Training** at the National Harm Reduction Coalition, see upcoming trainings [here](#).<sup>1</sup>

- Watch Shira Hassan’s Work on ‘[Harm Reduction, Abolition and Social Work](#)’<sup>2</sup>
- **Imagine what care would look like where drug use was not criminalized.** How would it increase access to care and reduce the harmful effects of chaotic drug use?

**“Harm Reduction is a philosophy & a set of practical, empowerment based strategies designed to reduce the harm from risks associated with drug use, sex, sex trade/work, self-injury, eating disorders, violence, policing, etc. It centers individual & collective models of care that gets us closer to liberation & a safer world.”**

—Shira Hassan, Just Practice

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<sup>1</sup> [harmreduction.org/our-work/training-capacity-building/online-training-institute/](https://harmreduction.org/our-work/training-capacity-building/online-training-institute/)  
<sup>2</sup> [youtube.com/watch?v=\\_iFwX\\_Jzunk](https://youtube.com/watch?v=_iFwX_Jzunk)



## Principle 7: End mandated reporting

- **What do you believe the purpose of mandatory reporting is? What have you been taught?**
- What kinds of things might lead you to make a report about someone under your care to the family regulation system? The criminal punishment system?
- What do you think will happen if you make a report? How do you think will improve the situation? How might it make it worse?
- What other supports might you offer instead of reporting someone?
- What are the harms of a “when in doubt, report” approach?



**“The majority of [the 2015 National LGBTQ study participants] said that the report made the situation worse or had no impact. 50% of participants who have been reported said it made the situation much worse.”**

*—There's No One I Can Trust: The impact of mandatory reporting on the help-seeking and wellbeing of domestic violence survivors*

- **What are you actually required to report in your state if you are a mandated reporter?** Look up [Elephant Circle's guide](#) on this.<sup>1</sup>
- Look up the numbers of mandated reports in the United States over time from 1985 to 2019 (most recent available data) on the [Mandatory Reporting is Not Neutral website](#).<sup>2</sup>
  - In 1985, 150,000 reports were made; in 2019 4.3 million reports were made.
  - What is the racial breakup of these numbers?
- Also look up the percentage of unsubstantiated reports over time. What does this tell you about what is happening?
- Read "[There's No one I can Trust](#)": A report from the National Institute on LGBTQ Domestic Violence in collaboration with the National DV Hotline. By: Dr. Carrie Lippy, Connie Burk, Margaret Hobart.<sup>3</sup>
- Listen to [this interview](#) with Dorothy Roberts and Lisa Sangoi on the history of the child welfare system<sup>4</sup>
- Read about [the consequences of calling the police in a DV situation](#)<sup>5</sup>



<sup>1</sup> [elephantcircle.net/dataresearch](http://elephantcircle.net/dataresearch)

<sup>2</sup> [mandatoryreportingisnotneutral.com/](http://mandatoryreportingisnotneutral.com/)

<sup>3</sup> [ncdsv.org/Natl-LGBTQ-DV-CBLC\\_There%27s+No+One+I+Can+Trust\\_2016.pdf](https://ncdsv.org/Natl-LGBTQ-DV-CBLC_There%27s+No+One+I+Can+Trust_2016.pdf)

<sup>4</sup> [americanassembly.org/wbi-podcast/black-families-matter-ending-family-regulation-systems-with-dorothy-roberts-and-lisa-sangoi](https://americanassembly.org/wbi-podcast/black-families-matter-ending-family-regulation-systems-with-dorothy-roberts-and-lisa-sangoi)

<sup>5</sup> [thehotline.org/wp-content/uploads/media/2022/09/2209-Hotline-LES\\_FINAL.pdf](https://thehotline.org/wp-content/uploads/media/2022/09/2209-Hotline-LES_FINAL.pdf)

## If you are a mandated reporter,

- Do you always let your patient/ client/ help-seeker know that you are a mandated reporter?
  - Are you familiar with your state laws around mandated reporting?
  - Have you ever felt that reporting might make a situation worse? In what ways? What are the ways in which mandatory reporting requirements sit in tension with best practices around patient and family-centered care, confidentiality and trust?
  - Do you prioritize the mandate to patient confidentiality (also a law) less than fear of “non-compliance” with mandated reporting? Why or why not?
- Make Domestic Violence safety plans using toolkits like BATJC’s [Pod-Mapping Toolkit](#)<sup>1</sup> and the [Safety Planning and Intimate Partner Violence Toolkit](#)<sup>2</sup>
  - Watch [this video](#) from transformative justice practitioner, Shannon Perez-Darby, and consider what you would do in the Scenarios presented starting at the 1:23:23 mark<sup>3</sup>
  - How might you start a conversation with other staff or providers about mandated reporting - why you report, why reporting may lead to more harm, and how to live into your ethical commitment to do no harm? Consider using the resources available at [Mandatory Reporting is Not Neutral](#)<sup>4</sup>



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1 [batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/](https://batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/)

2 [survivedandpunished.org/2022/04/13/new-toolkit-safety-planning-and-intimate-partner-violence/](https://survivedandpunished.org/2022/04/13/new-toolkit-safety-planning-and-intimate-partner-violence/)

3 [youtube.com/watch?v=1BcmFoZnjKM&t=7s](https://youtube.com/watch?v=1BcmFoZnjKM&t=7s)

4 [mandatoryreportingisnotneutral.com/resources](https://mandatoryreportingisnotneutral.com/resources)

- What if instead of paying a foster family \$76,000/year we gave it to the family that needs food/housing/respite care/support/ etc.?
- **How would it look to support the agency of DV/SA survivors by offering them options** beyond the criminal punishment system that led to safety and healing?



## Principle 8: Stop supporting prosecution in cases against people who manage their own care or offer community-based care, fail to seek care, refuse care, or fail to disclose their private medical information

- **Reflect on the reasons that someone might choose to manage their own care or seek community-based care.** Is it safe for all community members to access care in formal medical care systems? Why or why not?
- Listen to [Ceyenne Doroshow – NYC Trans Oral History Project](#)<sup>1</sup>



- 
- Read up on the history of formal vs. informal care, professionalization and licensing and the factors driving this, through the lens of the history of US midwifery: [Constructing the Modern American Midwife: White Supremacy and White Feminism Collide](#)<sup>2</sup>
  - Make a list of the kinds of care are not available to people in your community (i.e. abortion care, trans health care, care for migrants, care for pregnant drug users, mental health care for uninsured people, etc.) How might people in these situations seek to manage their own care? How might that lead to criminalization?
  - Read '[We Testify Abortion Comics](#)'<sup>3</sup>
    - What ways have people self-managed abortions historically and currently?
    - How does criminalization impact self-managed care?



<sup>1</sup> [nyctransoralhistory.org/interview/ceyenne-doroshow/](https://nyctransoralhistory.org/interview/ceyenne-doroshow/)

<sup>2</sup> [nursingclio.org/2020/10/22/constructing-the-modern-american-midwife-white-supremacy-and-white-feminism-collide/](https://nursingclio.org/2020/10/22/constructing-the-modern-american-midwife-white-supremacy-and-white-feminism-collide/)

<sup>3</sup> [wetestify.org/comics#history-sma](https://wetestify.org/comics#history-sma)

- Think through how you might support a friend or a family member navigating a self-managed abortion.
- If you are a clinician, review [these clinical recommendations](#) from the Society of Family Planning regarding self-managed abortions, and how to provide non-judgmental, compassionate care.<sup>1</sup>



## **What might it look like for everyone to access the care they need in the way they want to access it, where they want to access it?**

Paint a picture with words or images of a community where care is available in all forms at all times to all people in ways that honor agency, self-determination, consent, and the right to accessible and high quality care? What is needed to make this vision real? What is one step you can take today toward that vision?



<sup>1</sup> [societyfp.org/wp-content/uploads/2022/06/SFP-Interim-Recommendation-Self-managed-abortion-09.08.22.pdf](https://www.societyfp.org/wp-content/uploads/2022/06/SFP-Interim-Recommendation-Self-managed-abortion-09.08.22.pdf)

# Principle 9: Stop participating in or supporting prosecution in cases of transmission of infectious diseases, including HIV

- **In an ideal world, how do you think transmission of infectious diseases should be addressed?** Does it change based on what kind of disease you are thinking of? Who is perceived to be most likely to contract it?
- What are the consequences of criminalizing the transmission of infectious disease?



- 
- **Which health conditions have historically been criminalized in your area?** Which ones are currently criminalized? Why?
  - Which health conditions have traditionally been a bar to entry into the U.S.? Which ones still are? Are they treatable?
  - Is HIV criminalized in the state in which you live? [Check here.](#)<sup>1</sup>



- Review the Healing Histories Project [Timeline of the Medical Industrial Complex](#) to understand the ways that medicine and public health have pathologized people of color for transmitting infectious diseases <sup>2</sup>
- Watch these videos about HIV criminalization:
  - [Positively Trans: Tiommi](#)<sup>3</sup>
  - [SERO Stories - Monique Moree](#) <sup>4</sup>
  - [SERO Stories - Robert Suttle](#)<sup>5</sup>

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1 [hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-chlp-updated-2022](https://hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-chlp-updated-2022)  
2 [carapage.co/the-medical-industrial-complex-mic/](https://carapage.co/the-medical-industrial-complex-mic/)  
3 [youtube.com/watch?v=-DMetNcYlls&t=6s](https://youtube.com/watch?v=-DMetNcYlls&t=6s)  
4 [youtube.com/watch?v=XPvOga12MtU&t=108s](https://youtube.com/watch?v=XPvOga12MtU&t=108s)  
5 [youtube.com/watch?v=nTNHG3RrFec&t=9s](https://youtube.com/watch?v=nTNHG3RrFec&t=9s)



**Think about information you collect or share that could contribute to criminalization of people with a communicable condition.** Discuss the rationale for collecting that information with a colleague. What are the harms?



- **How can we imagine a different approach to infectious disease?**
- What other ways can you imagine to achieve the goals criminalization purports to address - preventing transmission, violence, etc. through care vs. criminalization.

**“They could not care less about me as a person, my children, what I've done in life. All they looked at was: she has HIV, what can we do to prosecute her.”**

**—Monique Moree**



# Principle 10: Stop participating in or supporting prosecution in cases related to drug use or overdose

- Read [Battling an Unjust System: How the War on Drugs Stole My Daughter](#)<sup>1</sup>
- Read [Bystanders to Fatal Overdoses Increasingly Becoming Criminal Defendants](#)<sup>2</sup>
- Think about the implications of prosecuting such cases on families and communities. What are the negative impacts? What new problems will such prosecutions create?



- **Check to see whether drug-induced homicide laws exist in your state.**
- Read the Drug Policy Alliance's resource on [Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane](#)<sup>3</sup>



<sup>1</sup> [sfoonline.barnard.edu/battling-an-unjust-system-how-the-war-on-drugs-stole-my-daughter/](https://sfoonline.barnard.edu/battling-an-unjust-system-how-the-war-on-drugs-stole-my-daughter/)  
<sup>2</sup> [npr.org/2018/07/02/623327129/bystanders-to-fatal-overdoses-increasingly-becoming-criminal-defendants](https://npr.org/2018/07/02/623327129/bystanders-to-fatal-overdoses-increasingly-becoming-criminal-defendants)  
<sup>3</sup> [drugpolicy.org/resource/DIH](https://drugpolicy.org/resource/DIH)



Take part in the **#ReframeTheBlame** campaign, led by people who are targeted and directly impacted by the war on drugs. Download the toolkit and factsheet.<sup>1</sup>



Read Shira Hassan's 'Saving Our Own Lives' pgs 136-140 on the Risk, Set, and Setting Model for Overdose<sup>2</sup>

- How does Liberatory Harm Reduction think about overdose differently?
- **How might you enact these principles in your workplace?**



**“The truth is that these laws, once intended to target major cartel dealers, are presently used to prosecute friends and loved ones of the individual who has lost their life due to a fatal overdose... All too often, these individuals selling have few options for procuring a sustainable income due to their criminal records... which further removes them from operating in the mainstream economy.”**

—#ReframeTheBlame

<sup>1</sup> [mailchi.mp/8cfd103ab803/reframetheblame](https://mailchi.mp/8cfd103ab803/reframetheblame)  
<sup>2</sup> [haymarketbooks.org/books/1939-saving-our-own-lives](https://haymarketbooks.org/books/1939-saving-our-own-lives)

# Principle 11: **Stop providing and/or sanctioning substandard/violative care for people who are in custody or incarcerated in jails, prisons, detention centers, residential centers, group homes, and state facilities**



- **How do we balance the fight between making sure that people currently incarcerated have access to adequate healthcare while fighting for the abolition of prisons?**
- What kind of care do you believe people in prisons, jails and detention centers receive? What barriers do you see to providing quality, accessible care to incarcerated people?
- What legacies of work by and in solidarity with criminalized and incarcerated people to demand care - and freedom as care - are we building on?



- **What standards of care for incarcerated people exist in your state** (i.e. can incarcerated pregnant people be shackled during labor and delivery?) How are they enforced? What role do health care providers play in enforcing them?
- Watch '[The Perils of Private Prison Health Care](#)'<sup>1</sup>



- **What is the jail, prison system, or detention center in your area?**

What is your institution's policy with respect to treatment of people who are incarcerated/in police/ICE custody - in terms of shackles, police/prison guard presence during treatment/in treatment areas, confidentiality, etc.? What are the common practices? How might you change this policy/these practices to improve care for incarcerated people/people in custody?

- Start a pen pal relationship with someone in prison through programs like [Black and Pink](#) and [Abolition Apostles' Penpal Programs](#)<sup>1 2</sup>
- If you are a health care provider, support the Transgender Law Center in their efforts to put together cases about denial of medical care in prison, and volunteer to be part of their [Medical Expert Network](#)<sup>3</sup>

**Watch and listen to “Beyond This Place,” Clint Smith<sup>1</sup>**

**“I immediately realized how deeply socialized I've been to think of these men [in prison] in a very specific sort of way.”**

**—Clint Smith, *Beyond This***

<sup>1</sup> [blackandpink.org/penpal-newsletter/](https://blackandpink.org/penpal-newsletter/)  
<sup>2</sup> [abolitionapostles.com/become-a-penpal/](https://abolitionapostles.com/become-a-penpal/)  
<sup>3</sup> [transgenderlawcenter-zixoe.formstack.com/forms/medical\\_expert\\_panel](https://transgenderlawcenter-zixoe.formstack.com/forms/medical_expert_panel)

<sup>1</sup> [youtube.com/watch?v=1QSYMZe4kwE](https://youtube.com/watch?v=1QSYMZe4kwE)

Principle 12: **Stop collaborating with the criminal punishment system to violate people in custody, including through performing cavity searches at the request of police or prison officials; evaluating competency to stand trial; experimenting on and sterilizing people who are incarcerated; facilitating torture; or administering the death penalty.**

**Make a list of all the ways you can think of that medical providers participate in the criminal punishment system** from arrest to the imposition of the death penalty. Are these consistent with the primary principle of "do no harm"?



**How are health care providers in your community participating in the criminal punishment system?** In your institution? Are they participating in prosecutions, competency proceedings, and death penalty executions?

- Read about [the impact of a nonconsensual genital exam on an incarcerated trans man](#)<sup>1</sup>
- [Survivors of California's Forced Sterilizations: 'It's like my life wasn't worth anything'](#) - Guardian <sup>2</sup>
- [American Psychological Association Bolstered CIA Torture Program](#) - NYT<sup>3</sup>

<sup>1</sup> [nysfocus.com/2022/08/31/prison-transgender-genital-exams/](https://nysfocus.com/2022/08/31/prison-transgender-genital-exams/)

<sup>2</sup> [theguardian.com/us-news/2021/jul/19/california-forced-sterilization-prison-survivors-reparations](https://theguardian.com/us-news/2021/jul/19/california-forced-sterilization-prison-survivors-reparations)

<sup>3</sup> [nytimes.com/2015/05/01/us/report-says-american-psychological-association-collaborated-on-torture-justification.html](https://nytimes.com/2015/05/01/us/report-says-american-psychological-association-collaborated-on-torture-justification.html)



**Who are the people, groups, organizations and allies who you can build with** to push back against such practices? Make a list and convene a gathering to develop a plan for refusal to participate in such harms.



- **What would happen if health care providers refused to participate in executions?** If they refused to participate in abortion prosecutions? In any prosecutions of the people entrusted to their care? How might the world look different if providers refused to participate in the harm of criminalization?
- Read the [Angels of Bread](#) by Martin Espada<sup>1</sup>
- Read Aurora Levins Morales' poem "[V'ahavta](#)"<sup>2</sup>



**“...embroider them on your garments, tattoo them on your shoulders, teach them to your children, your neighbors, your enemies, recite them in your sleep, here in the cruel shadow of empire:  
*Another world is possible.*”  
—Aurora Levins, *V'ahavta***

<sup>1</sup> [martinespada.net/uploads/6/9/9/8/69989673/imagine\\_the\\_angels\\_of\\_bread.pdf](http://martinespada.net/uploads/6/9/9/8/69989673/imagine_the_angels_of_bread.pdf)  
<sup>2</sup> [studyandstruggle.com/s/Vahavta-Aurora-Levins-Morales.pdf](http://studyandstruggle.com/s/Vahavta-Aurora-Levins-Morales.pdf)

# Principle 13: Stop punishing other health care providers and staff, public health workers, and researchers by calling police on them, reporting them for disciplinary action, or terminating their employment for their refusal to participate in systems of harm.



**How do you address conflict with your colleagues?** What practices, structures and policies support you in this?

- Learn about [Asmara's strike](#) against Policing in San Francisco General Hospital<sup>1</sup>
  - How did she advocate for her patient?
  - What were the consequences?
- Read a short [article](#) on the arrest of nurse Alex Wubbles for resisting criminalization (CW embedded video: Police Rough Handling of Nurse)<sup>2</sup>
  - How did she advocate for her patient?
  - What were the consequences?



<sup>1</sup> [leftvoice.org/black-midwife-strikes-against-cops-at-her-hospital/](http://leftvoice.org/black-midwife-strikes-against-cops-at-her-hospital/)

<sup>2</sup> [npr.org/sections/thetwo-way/2017/11/01/561337106/utah-nurse-arrested-for-doing-her-job-reaches-500-000-settlement](http://npr.org/sections/thetwo-way/2017/11/01/561337106/utah-nurse-arrested-for-doing-her-job-reaches-500-000-settlement)

- Attend one of the upcoming Beyond Do No Harm (BDNH) provider workshops around implementing the BDNH principles.
- **Connect with other BDNH Signatories as part of the Network** and discuss how you would support each other if you were criminalized for interrupting criminalization.



- 
- How did the Young Lords engage in health justice work? *Takeover: How We Occupied a Hospital and Changed Public Health Care*<sup>1</sup>



- What did you think of the short documentary and the action the Young Lords took at Lincoln Hospital?
- What can we learn from the Young Lords and their health activism?
- **What does Abolition Medicine look like?**<sup>2</sup>

**“Abolition medicine is a practice of inward and outward speculation, of dreaming of a more racially just future and acting to bring that vision to fruition. It is asking ourselves, *What is the healing work we aspire to?*, and then making that work a reality in the world.”**

— Zahra H. Khan, MS, Yoshiko Iwai, MS, and Sayantani DasGupta, MD, MPH, *Abolitionist Reimaginings of Health*

<sup>1</sup> [youtube.com/watch?v=aK\\_ALMA1NMk&t=4s](https://www.youtube.com/watch?v=aK_ALMA1NMk&t=4s)  
<sup>2</sup> [journalofethics.ama-assn.org/article/abolitionist-reimaginings-health/2022-03](https://journalofethics.ama-assn.org/article/abolitionist-reimaginings-health/2022-03)