

**Social and Health Systems (SHS) 3
Health and Human Rights: Selected Topics
Fall 2018**

**Jeffrey Sonis, MD, MPH
Associate Professor of Social Medicine
Associate Professor of Family Medicine
University of North Carolina at Chapel Hill**

1. OVERVIEW

In the last 25 years, there has been a growing realization that there are strong connections between health and human rights. In this seminar, we explore the connections between health and human rights in a variety of contexts. By the end of the course, students should be able to articulate a human rights perspective on health and describe the health effects and health system responses violations of human rights. In the seminar, we will address some of the following questions (among others): What are human rights? Are human rights universal? Is there a human right to health? What are the effects of human rights violations on individuals and societies? What are the health effects of violations of economic and social rights? Why do some physicians perpetrate human rights violations? Why (and how) do some physicians put themselves at risk to protect and defend human rights? What are the social responsibilities of physicians? Can societal attempts to achieve justice promote societal “healing”?

Course material includes textbook chapters, journal articles, and films. Some videos will need to be viewed prior to class.

2. GOALS

All of the seminars offered as part of the Social and Health Systems 3 (SHS3) course have the following aims:

1. Engage humanities and social sciences scholarship on health, illness, and medical care
2. Demonstrate knowledge of and analyze the social, cultural, and historical dimensions of health, illness, and medical practice
3. Demonstrate knowledge of and analyze the legal, ethical, and political dimensions of health, illness, and medical practice
4. Develop skills in critical thinking and analysis, conducting social science and humanities research, writing research papers, creating and giving oral research presentations and teaching each other

5. Develop leadership skills and capacity to welcome and embrace change as well as to manage transitions in ourselves in the face of organizational change

These course objectives embody UNC School of Medicine competencies:

1. Communicate effectively in oral format with colleagues, and other health care professionals. (Interpersonal and Communication skills, IC 2)

2. Communicate effectively in written format with patients, patients' families, colleagues, and other health care professionals (Interpersonal and Communication skills, IC 3)

3. Demonstrate skills in retrieving, critically assessing, and integrating social and biomedical information into clinical decision-making (Life-long Learning, LL1)

4. Identify and develop the leadership skills required in an era of teamwork (Social and Health Systems, SHS 8)

The *content* objectives that are specific to this course are to:

1. Describe the major human rights documents
2. Explain the three major linkages between health and human rights
3. Apply the human rights framework to health policies
4. Define the role of physicians and other health professionals in defending human rights
5. Identify factors that have led to physician participation in human rights violations
6. Describe the potential health impact of justice mechanisms that have been used in post-conflict settings

The *process* objectives specific to this course are to:

1. Read critically.
2. Develop positions on issues based on evidence from the readings or from other sources and defend those positions, using logic and evidence, in seminar discussions.
3. Listen, actively and carefully, to points that are made by your classmates. True listening is not simply waiting politely to interrupt!
4. Critique your classmates' and your own arguments. Disagree with an idea not a person. Learn when (and how) to change your mind about an issue when evidence or logic convinces you that your original position was incorrect or not justifiable.
5. Develop and refine a topic suitable for an original paper.

6. Search the medical literature and other literatures using standard databases like PubMed and Web of Science.
7. Identify key questions suitable for seminar discussion, as a seminar co-leader, based on the readings, and lead your classmates in an invigorating and thoughtful discussion.

3. COURSE STRUCTURE

The course is composed of 12 sessions. The course meets the following dates:

August 21, 28

September 4, 11, 18, 25

October 2, 16, 23, 30

November 6, 13

Most of the sessions are seminars. Doing the required readings is essential to mastering the course material.

Each session is 1 hour and 40 minutes. We will take a 5-minute break in the middle of the seminar. The class meets on Tuesdays from 10:15 AM to 11:55 AM. Class begins on time and ends on time.

Each student will be required to:

1. Write a 5-page to 8-page (double-spaced) paper on any topic relevant to the course. The paper should demonstrate analytical and original thinking. (Due date: Friday Nov 16 at 5 PM)
2. Participate actively in seminar discussions
3. Co-lead the discussion for one seminar
4. Give an oral presentation on his / her paper topic

4. STUDENT ASSESSMENT

A. Honor Code

The Honor Code is, as always, in effect in this course. The following sections explain what is expected from each student in terms of meeting these standards. If students have any questions at all about these matters, please do not hesitate to ask.

Pledge: *The Instrument of Student Judicial Governance* requires that students sign a pledge on all written work. (“On my honor, I have neither given nor received unauthorized aid on this assignment.”) This includes all papers and exams. Students are expected to write out the pledge in full.

Paper: Students are encouraged to discuss their paper with classmates and anyone else, for that matter. The crucial thing to remember is that students must give citations for ideas that are not their own, whether or not those ideas have been written down somewhere. If a roommate comes up with a brilliant example and it is used in your paper, then the roommate must be cited in a footnote. The paper must be the student's own work only. If you paraphrase a written work and change only a few words or the placement of words in a sentence, you must cite the work.

B. Student Absences

Seminar attendance is required, though each student will be permitted one absence without penalty, with the exception of the seminar devoted to oral presentations (Oct 30), for which attendance is required. Attendance is required for *all* seminars that are taught under the rubric of SHS 3 because learning in this course is dependent on seminar participation by all students. Absence from seminar will be excused for the following conditions, only:

1. Illness
2. Serious illness in the family or death in the family
3. Autopsy scheduled by Pathology
4. Oral presentation at a scientific meeting or formally scheduled conference. The student must actually be the person giving the oral presentation, not simply listed as a co-author. Attendance at a scientific meeting or conference without giving an oral presentation will not be considered an excused absence.

We recognize that students have many important activities in their lives other than school. However, we cannot make exceptions to this policy for individual students. Please do not ask. This is consistent with the policy on excused absences from the Office of Student Affairs. You will be penalized 3% of your overall grade for each unexcused absence.

If you have one absence for an excusable reason (i.e., one of the four conditions mentioned above), you do not need to have the Office of Student Affairs send me a note; just send me an email with a brief explanation. For your second or subsequent absence for an excusable reason, please have the Office of Student Affairs send me a note.

C. Course Grade

As with other courses/blocks in the Foundation phase, your final course grade is either Pass or Fail. A passing score is 70 or above. A failing score is 69 or below. In addition, I will submit a narrative evaluation of your work that is used in the Dean's letter when you apply to residency programs.

D. Grading

Students' grades are based on the following graded elements:

1. Seminar contribution (45% of grade)
2. Leading seminar (20% of grade)
3. Oral presentation (5% of grade)
4. Paper (30% of grade)

Each graded component will be scored 0 – 100. The final score, used to determine the final grade (P / F), is therefore a weighted average of the scores for the graded elements, with the weights equal to the percentage for each graded element. I will round up to the nearest integer for final scores that are not integers.

D.1. Seminar Contribution

Seminar contribution makes up 45% of the final grade. Seminar contribution grading is based on: 1) participation and preparation; 2) understanding; 3) quality of questions asked; 4) contribution to the overall learning environment of the class.

Quality of participation is more important than quantity, though it is difficult for students who speak infrequently to demonstrate their understanding of and engagement with the material. Dominating the discussion does not contribute to the overall learning environment and will not improve your seminar contribution grade. You will get a good seminar contribution grade if you are engaged with the material, contribute to the discussion and promote dialogue among your classmates.

D. 2. Leading Seminar

Each student will co-lead one of the seminars. Seminar leaders are expected to: 1) start the discussion; 2) pose key questions, based on the readings; 3) pursue new lines of thought generated during the discussion, if appropriate; 4) clarify and re-state ideas, if necessary; 5) steer the discussion back to the main issues if it veers off-course; 6) stimulate discussion if it falters; 7) summarize ideas and key controversies. Students will have an opportunity to sign up to lead seminars during the first meeting of the course. Please note that I have intentionally not listed key discussion questions or themes for each of the seminars in the syllabus. One of your tasks as a seminar co-leader is to come up with questions to help guide the class discussion. Student co-leaders should send me, via email, a list of key discussion questions that they plan to use one week prior to the session that they will lead. I will provide feedback within three days.

D.3. Oral Presentation

Each student will give an oral presentation on the topic of their paper on Nov 6. Each student will have 6 minutes, total, for presentation plus discussion. Please plan a 4-minute presentation and leave two minutes for 1-2 questions.

Obviously, four minutes is very brief. You will only have time to tell your classmates the key elements of your paper topic.

D.4. Papers

Students will be required to write one paper for this course, a 5- to 8-page paper on any of the topics covered in the course, or stimulated by topics covered in the course. The paper must have: 1) 11-point or 12-point Arial or Times font; 2) at least one-inch top and side margins; 3) double-spacing.

The paper is intended to be a thoughtful and scholarly reflection or critique of a topic in the course and should cite at least five references. While personal feelings or opinions may be included in the paper, if appropriate, the paper must be more than just opinions.

The paper must include the two key elements that make up the course: 1) Health; 2) Human Rights.

Papers that simply report on a health and human rights catastrophe in a particular country or region, based on data collected by someone else, will not be considered a satisfactory completion of this assignment. For example, if you simply describe the health and human rights situation in, say, Syria, based on reports from, say, Human Rights Watch or Physicians for Human Rights, it will not be considered a satisfactory completion of this assignment. On the other hand, if you wrote a paper on the ethical conflict that individual physicians working in Yemen face between the imperative to protect individual patients who are victims of human rights violations, such as rape, and the desire to publicize those violations (thus putting individual patients at risk), it would be a successful completion of the assignment.

I use the following criteria to grade the paper:

1. To what extent did the paper use a human rights framework?
2. To what extent did the paper link the discussion to health?
3. Originality: Were the topic, methods and discussion creative?
4. Critical thinking and logical exposition: Were the ideas analyzed critically and explored logically? Was the paper analytical and not simply a description of what someone else opined?
5. Organization: Was the paper well organized? Was there a reasonable flow to the paper?
6. Clarity of exposition: Was the paper written clearly?
7. Did the conclusions follow from the evidence presented in the paper?

The titles of *some* student papers in the last nine years are shown below:

1. The Necessity of Military Intervention in Complex Disasters: The experience of the Rwandan refugees in Zairian camps
2. Medical Neutrality and Systematic Sexual Violence in Darfur
3. Improving Maternal Mortality and Addressing Women's Rights Violations
4. Identifying Risk Factors for the Use of Rape as a Systematic Tool of War: A Case Study analysis of Bosnia and Democratic Republic of Congo
5. Rethinking Post-conflict Commitments to Survivors: Psychosocial Services as Reparation
6. American Physicians and Human Rights in WWII: What were they thinking?
7. Rehabilitation and Reintegration of Child Soldiers
8. Families First: Mental Health of Child Refugees in America
9. The Ethics of Using Nazi Experiment Data
10. Conflict and health in northeast India – the impact on malaria and human rights in Karbi-Anglong district, India
11. Think Outside the Fence: New Ideas for the Care of Refugees
12. Is Force-Feeding Prisoners Torture?
13. Mental Health Interventions for Refugee Children in Resettlement: A Critical Look at the Existing Literature
14. Improving Humanitarian Relief: Learning from Criticism
15. Bioethics in scarce medical resource allocation in public health emergencies: to what degree can we include human rights and ethics?
16. Human Rights Abuses Surrounding Intercountry Adoption Practices
17. Exploring the Use of a Truth and Reconciliation Commission in the Israeli-Palestinian Conflict based on Lessons Learned from South Africa
18. Factors Contributing to Success in Healthcare Interventions in Conflict Situations
19. Child Soldiers and Child Survivors: A Comparison of the Effects of War and Strategies for Rehabilitation
20. Suicide in Kosovo: A Biopsychosocial Analysis
21. Unequal in America: Gay Rights, Human Rights and Health
22. Accessory to competence: the medical ethics of forced medication to restore trial competence
23. Faith, health and human rights
24. The right to sight: current methods and best practices for curing preventable blindness from cataracts
25. Comparing the teeth of shame: an assessment of three shaming methods for the enforcement of health-related human rights bills
26. The role of health education in vindicating the right to health
27. Gender Discrimination: A Link between Women's Right to Education and Health
28. Sentenced to Death: Prison Rape, Sexual Slavery, and HIV-Transmission among America's Most Vulnerable Inmates
29. New York: A Safer City, Or an Oppressed One? An Analysis of the Stop and Frisk Policy
30. Health and Human Rights in the 2012 US Presidential Election
31. Approaching Conscientious Refusal Laws from a Human Rights Framework
32. China's One Child Policy: A Human Rights Assessment

33. Health and Human Rights: African American Male Incarceration and HIV/AIDS in the Black community
34. Physician Involvement in Human Right Violations in Abu Ghraib & Guantanamo Bay: An examination through the lens of Deontology, Utilitarianism, & Human Rights Framework
35. Not All Traditions are Worth Preserving: Eradicating Honor Killings in Pakistan
36. Whole Genome Sequencing, Incidental Findings, and Human Rights
37. The Prison-Industrial Complex: Health and Human Rights Violations of the Private Prison Industry
38. Human Rights Violations of Female Sex Workers: structural barriers and adverse health outcomes
39. Cancer and Patient Stigmatization in India
40. Medicalization Of Female Genital Cutting: Provider Perspectives
41. The Unhealthy Implications of Gerrymandering in North Carolina
42. Human Rights Implications of Restriction of Abortion Services at Public Academic Medical Centers
43. Pain Management in Sickle Cell Disease and Human Rights
44. Human Rights Violations by Physicians, Restorative Justice, and What Victims and Perpetrators Want and Need
45. Breastfeeding and human rights
46. Sex Work: How Laws & Regulations Affect the Health and Human Rights of Voluntary Sex Workers
47. Human Rights Assessment of the Treatment of Addiction in the Criminal Justice System
48. Health and Educational Implications of Menstrual Taboos
49. Immigration Policy: Restriction of Right to Healthcare Access and Freedom from Discrimination among Latino Citizen-Children
50. The human right of a heart
51. The betrayal of military sexual trauma

Late Submissions

Students are expected to submit the course paper by the due date/time. Late submission of the paper must be excused by the Assistant Dean of Student Affairs to avoid penalty. The paper will be marked off 10 points (out of a total of 100) for each day late.

5. SMALL GROUP CONDUCT

All participants are expected to adhere to class beginning times. Coming late to seminar is disruptive to everyone.

Seminar leaders are expected to adhere to class ending times. Seminars will end by 11:55 AM.

Disagreements:

I have tried to represent a range of perspectives in the papers you read for each topic and you may disagree with one or more papers. That's fine. It is acceptable to express your opinion, but opinions should be grounded in reason. Please try to understand what an author is saying before deciding whether you like or dislike what they're saying. Please do not assume that I agree (or disagree ...) with any perspective represented by any paper we will read in this course.

Students and seminar leaders should use appropriate ways to disagree in class discussions. It is fine to express a different opinion from others; it is not acceptable to belittle another person in any form.

Students are expected to *turn off* cell phones prior to class. If a student has a truly crucial message that s/he is expecting, the student is expected to turn the phone to the vibration mode prior to class to minimize disruption to the rest of the class.

Students may use their laptops only to view seminar reading materials during class. Use of laptops to view any other material, such as email or other class work, is not acceptable.

6. COMMUNICATION

The course syllabus and links to all of the readings are on Sakai. For some sessions, there are many readings and I ask you to read only some pages from some of the readings or to skim a reading. DO NOT simply go to Sakai and read all of the readings shown on the calendar for that day. Please look at the session schedule in this document to see the assignment for each session.

7. READINGS

There is no textbook for the class. Links to all readings for the course are on the course web site on Sakai. Please download all readings prior to each seminar.

8. SESSION SCHEDULE**Session 1: Aug 21****What are human rights?****Course Expectations**

Introduction and objectives of course, expectations.

Introduction to human rights: what are human rights?

Health and human rights: what's the connection?

Readings

1. Mann JM, Gostin L, Gruskin S, Brennan T, et al. Health and human rights, in Mann JM, Gruskin S, Grodin MA, Annas GJ, eds. *Health and human rights: a reader*. Routledge: New York, 1999, pp 7 – 20.

2. The Universal Declaration of Human Rights
3. International Federation of Red Cross and Red Crescent Societies et al., Human rights: an introduction, in Mann JM, Gruskin S, Grodin MA, Annas GJ, eds. *Health and human rights: a reader*. Routledge: New York, 1999, pp 21– 28.

Optional

1. What are human rights? United Nations Human Rights, Office of the High Commissioner for Human Rights, Available at:
<http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx> (1 page)
2. Lombrozo T. The Selective Laziness Of Human Reasoning
Available at: <http://www.npr.org/sections/13.7/2016/08/01/488228453/the-selective-laziness-of-human-reasoning>. Accessed August 1, 2016.

Session 2: Aug 28

Are human rights universal? The case of male and female genital cutting

Readings

1. Rachels J. The challenge of cultural relativism. Available at:
<http://comp.uark.edu/~obalson/Rachelsarticle.pdf>
2. Lane SD and Rubinstein RA. Judging the other: responding to traditional female genital surgeries. *Hastings Center Report* 1996; 26: 31-40.
3. Universal Human Rights in a World of Diverse Beliefs and Practices. From “Human Rights”, in *Stanford Encyclopedia of Philosophy*, available at:
<http://plato.stanford.edu/entries/rights-human/#UniHumRigWorDiv>
4. Is infant male circumcision an abuse of the rights of the child? *BMJ* 2007; 335: 1180-1181

Optional:

1. Ignatieff, M. The Attack on Human Rights. *Foreign Affairs* 2001; 80(6): 102-116.
2. Donnelly J. The relative universality of human rights. *Hum Rights Quarterly* 2007; 29:281-306.

Session 3: Sept 4—Student-led session

Role of physicians and other health professionals in protecting human rights in the context of war and terrorism / physician advocacy

Readings:

1. Geiger HJ, and Cook-Deegan, RM. The role of physicians in conflicts and humanitarian crises: case studies from the field missions of Physicians For Human Rights," 1988-1993. JAMA 1993;270:616-620.
2. Huddle TS. Medical professionalism and medical education should not involve commitments to political advocacy. Acad Med 2011; 86:378-383.
3. Sonis J, Crane T. Family physicians and human rights: a case example from Former Yugoslavia. Fam Med 1995; 27:242-248.
4. Letters to the Editor (response to Huddle). Acad Med 2011; 86:1061-1065.

Session 4: Sept 11**Is there a right to health care? A debate**Readings

1. Beauchamp TL, Faden RR. The right to health and the right to health care. J Med Philos., 1979; 4:118-131.
2. Kelly D. Is there a right to health care? Available at: http://www.atlassociety.org/is_health_care_a_right_obamacare
3. Amin AE. The right to health under international law and its relevance to the United States. Am J Public Health 2005; 95:1156-1161. (Skim)
4. Pro/Con web site: <http://healthcare.procon.org/>
5. Gawande A. Is health care a right? The New Yorker. Oct 2, 2017.

Optional

1. Rugar JP, Rugar TW, Annas, GJ. The elusive right to health care under U.S. law. NEJM 2015; 372: 2558-2563.
2. Baumrin, SB. Why There Is No Right to Health, in eds., Rhodes R., Battin M., Silvers A. Medicine and Social Justice: Essays on the Distribution of Health Care. Oxford Scholarship Online: May 2015. DOI: 10.1093/acprof:osobl/9780199744206.001.0001

In class activity:

During class, you will debate the question: Is there a right to health care?

You will be assigned to take the affirmative or negative position in class. You will have the first 45 minutes to work together in your teams to plan your debate strategy. The format of the debate is shown below:

1. Constructive argument (reasons in favor of your position)

5 minutes: Affirmative team,

5 minutes: Negative team

5 minutes: Affirmative team

5 minutes: Negative team

2. Rebuttal (Note: either team may rebut the arguments of the opposing team in the constructive argument period but neither team may introduce new arguments in the rebuttal period supporting its own position. In other words, the rebuttal period must be used only to rebut the other side's position)

5 minutes: Negative team

5 minutes: Affirmative team

3. Summary:

5 minutes: Negative team

5 minutes: Affirmative team

After the debate, I will announce the winning team. I will judge which team has made better points, used logic /reason to support its position and successfully refuted the other side's arguments. We will also have a chance to discuss some of the general issues raised in the debate.

This format is intended to be fun and to get you to think about positions on an issue that you might or might not hold yourself.

Session 5: Sept 18—Student-led session

Physician participation in torture and other human rights abuses

Readings:

1. British Medical Association. *Medicine betrayed*. Zed Books: London, 1992. Chapter 4, Medical involvement in torture, pp. 33 – 62 (Skim)
2. Lifton RJ, *The Nazi Doctors: medical killing and the psychology of genocide*. Basic Books, Inc.: New York, 1986:
pp. 3 – 6 (up to “The Interviews”);
Chapter 10 (Socialization to killing, pp.193 – 213) (Skim)
3. Lifton RJ. Doctors and torture. *N Engl J Med* 2004; 351(5):415-416.
4. Miles SH. Abu Ghraib: its legacy for military medicine. *Lancet* 2004;364;725-729

5. Milgram S. Behavioral study of obedience. *J Abnormal and Social Psychology* 1963; 67:371-378.
6. Satterwhite RC, Satterwhite WM 3rd, Enarson C. An ethical paradox: the effect of unethical conduct on medical students' values. *J Med Ethics* 2000; 26:462-465. (Abstract only)

In class activity (Videos)

1. Milgram's Obedience to Authority Experiment, 2009, Parts 1 – 3, available at:
<http://www.youtube.com/watch?v=8olVHKgIBXc>
2. CIA Torture: Interrogating the torturers. Available at:
<https://www.nytimes.com/video/us/100000005176335/cia-torture-interrogating-the-interrogators.html?playlistId=1194811622217®ion=video-grid&version=video-grid-headline&contentCollection=Times+Video&contentPlacement=7&module=recent-videos&action=click&pgType=Multimedia&eventName=video-grid-click>

Session 6: Sept 25- Student-led session **Short-Term Medical volunteering in global health**

Readings:

1. DeCamp M. Ethical review of short-term medical volunteerism. *HEC Review* 2011; 23:91-103.
2. Unite for Sight, The significant harm of worst practices, available at:
<http://www.uniteforsight.org/global-health-course/>
3. Ilich I. To hell with good intentions. Available at: http://www.swaraj.org/illich_hell.htm
4. Can “voluntourism” make a difference? Available at:
<https://www.nytimes.com/roomfordebate/2014/04/29/can-voluntourism-make-a-difference>

Optional:

1. White M, Evert J (2012) Developing ethical awareness in global health: four cases for medical educators. *Developing World Bioethics* 12(3).
2. Jesus JE (2010) Ethical challenges and considerations of short term international medical initiatives: an excursion to Ghana as a case study. *Annals of Emergency Medicine* 55(1): 17-22.

Session 7: Oct 2**Can societal mechanisms to promote justice foster social “healing”, Part 1: Tribunals**

1. Minow M, Between vengeance and forgiveness: facing history after genocide and mass violence, pp. 1 – 14 and pp. 25 – 51.
2. Sonis J, Gibson J, de Jong, JTVM, Field NP, Hean S, Komproe I. PTSD and disability in Cambodia: associations with desire for revenge, perceived justice and attitudes toward the Khmer Rouge Trials. JAMA 2009; 302: 527-536.

In class, I will give a presentation of the latest findings from my national longitudinal study of Cambodians’ responses to the Khmer Rouge Tribunal. The JAMA paper included as a reading for today’s session was from our first study in Cambodia, conducted prior to the start of the Khmer Rouge Tribunal.

Session 8: Oct 16-Student-led session**Part A: Conscience clauses and medical responsibilities****Part B: Do health professionals have a duty to care for patients with serious infectious illnesses like Ebola Virus Disease?**Readings

Part A:

1. Birchley G. A clear case for conscience in healthcare practice. J Med Ethics 2012; 38(1): 13-17.
2. Berlinger N. Conscience clauses, health care providers, and parents, in From birth to death and bench to clinic: The Hastings Center Bioethics Briefing Book for Journalists, Policymakers, and Campaigns, ed. Mary Crowley (Garrison, NY: The Hastings Center, 2008), 35-40.

Part B:

1. Sugarman J, Kass N, Rushton CH, Hughes MT, Kirsch TD. Translating professional obligations to care for patients with Ebola Virus Disease into practice in non-epidemic settings. Disaster Med Public Health Prep, 2015. 28:1-4.
2. Tomlinson T. Caring for risky patients: duty or virtue? J Med Ethics 2008;34:458–462.

Session 9: Oct 23 Student-led Session

Can societal mechanisms to promote justice foster social “healing”? Part 2: Reparations and the North Carolina Eugenics Program

Readings: (Don't worry. Most of these readings are very brief.)

1. Against their will: North Carolina's Sterilization Program, available at: <http://www.journalnow.com/specialreports/againsttheirwill/> from Winston-Salem Journal.
2. Sample Eugenics Board Hearing, Cases 1, 9, 11.
3. Sample Patient Case File (Skim)
4. Just carrying out orders : Some doctors performed sterilizations with no qualms; others, looking back, recall having some reservations.
Available at: http://www.journalnow.com/news/local/just-carrying-out-orders/article_e5f07d40-8fed-11e2-8506-0019bb30f31a.html
5. Thousands Sterilized, a State Weighs Restitution, Available at: <http://www.nytimes.com/2011/12/10/us/redress-weighed-for-forced-sterilizations-in-north-carolina.html?pagewanted=all>, from NY Times, December 9, 2011.
6. Final Report: The Governor's Task Force To Determine the Method of Compensation for Victims of North Carolina's Eugenics Board, pp. 1 – 13.
7. Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/RemedyAndReparation.aspx>

In class activity (video):

North Carolina Eugenics Program, Part 1 (of 2). Available at:

<https://www.youtube.com/watch?v=oZ2p3OdYF8I>

Session 10: October 30

Student oral presentations

Session 11: Nov 6
Incarceration, health and human rights

1. National Research Council. (2014). *The Growth of Incarceration in the United States: Exploring Causes and Consequences*. Committee on Causes and Consequences of High Rates of Incarceration, J. Travis, B. Western, and S. Redburn, Editors. Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

Read:

Summary, pp 1-11

Figures: 2-1 (p35), 2-2 (p36), 2-4 (p41), 2-7 (p48), 2-10 (p54), 2-11 (p57), 2-13 (p61)

Conclusion to Chapter 2, pp 68-69

pp 91-103

2. Klein MDS. The prison patient. *Annals of Internal Medicine* 1997; 127(8):648-649.
3. Paris JE. Why prisoners deserve health care. *American Medical Association Journal of Ethics* 2008; 10(2): 113-115.
4. Peteet T, Tobey M. How should a health care professional respond to an incarcerated patient's request for a particular treatment? *AMA Journal of Ethics* 2017; 19(9): 894-902
5. Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annu. Rev. Public Health* 2012; 33:325–39.
6. Labelle D. Criminal justice and human rights in the United States. US Human Rights Network. Available at: <https://www.ushrnetwork.org/resources-media/criminal-justice-human-rights-united-states>

Session 12: Nov 13
Can societal mechanisms to promote justice foster social “healing”? Part 3: Reconciliation and forgiveness

Readings:

1. Rosenberg T, Recovering from apartheid. *The New Yorker*, Nov 1, 1996, pp. 86-95.
2. Epstein A. Why I cannot forgive Germany. *The Jewish Daily Forward*, June 9, 2010. Available at: <http://www.forward.com/articles/128652/>

3. Minow M, *Between vengeance and forgiveness: facing history after genocide and mass violence*, pp. 14-24

Videos

1. View the trailer for the film, *Forgiving Dr. Mengele*. Available at:
<http://www.imdb.com/video/screenplay/vi1017643289/>
2. Watch the film, *Long Night's Journey into Day*, via UNC Library. Copy and paste the link below into your browser:
<https://search.lib.unc.edu/search?R=UNCb7948738>

Then, click the link, "Streaming video available via the UNC-Chapel Hill Libraries." Watch up to 56:00. We will watch the remainder of the film in class.