

The Carceral System Makes Us Sicker, Not Safer

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Poor health and the carceral system are intimately linked. They function as a causal loop, where each compounds the other. Factors that threaten health—poverty, homelessness, lack of access to resources—also increase a person’s likelihood of being arrested or incarcerated, and the carceral system itself destroys physical and mental health. In a country where navigating the healthcare system is already a Herculean feat, our simultaneous overreliance on police and prisons—which abolitionist organizer Mariame Kaba calls “death-making institutions”¹—only intensifies harm to individual and community health.

In the name of public health and public safety, we need to not only ensure that people can access the healthcare they need to survive, but also shrink the criminal legal system.

I. The relationship between health and the criminal legal system is not just a correlation: the system *directly* harms the health of individuals, families, and entire communities.

- A. Incarceration is identified as a key issue within one of the five social determinants of health domains developed by Healthy People 2030.²
- B. One study found that every additional year in prison increased the odds of death by almost 16% and reduced life expectancy by 2 years.³ This means that, for a 30-year-old, **5 years in prison would increase the odds of death by around 80% and reduce their life expectancy by a decade.**⁴
- C. Being behind bars can lower life spans by 10-15 years, making incarcerated people more vulnerable to chronic health issues earlier in life.⁵
- D. Incarceration leads to higher risk of hypertension, asthma, stress-related disease, mental health issues, and overall health functioning.⁶
- E. **Healthcare in jails and prisons is often poor, inaccessible, negligent, and sometimes fatally harmful.**⁷
 1. In one survey, 83% of people reported that they experienced medical abuse or neglect while in prison.⁸
 2. For example, Hepatitis C is highly treatable, but not for people in prison, where treatment is often deferred to minimize costs. According to the CDC, 90% of Hepatitis C cases can be cured with treatment. In state prisons, however, 80%

¹ Taylor, K.Y. (May 7, 2021). *The Emerging Movement for Police and Prison Abolition*. The New Yorker.

<https://www.newyorker.com/news/our-columnists/the-emerging-movement-for-police-and-prison-abolition>.

² *Incarceration*. (n.d.) Healthy People 2030.

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>.

³ Patterson, E.J. (March 2013). The Dose–Response of Time Served in Prison on Mortality: New York State, 1989–2003. *American Journal of Public Health*, 103(3): 523–528. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673515/>.

⁴ Patterson, E.J. (March 2013). The Dose–Response of Time Served in Prison on Mortality: New York State, 1989–2003. *American Journal of Public Health*, 103(3): 523–528. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673515/>.

⁵ Widra, E. (February 13, 2020). *Deaths in state prisons are on the rise, new data shows. What can be done?* Prison Policy Initiative. <https://www.prisonpolicy.org/blog/2020/02/13/prisondeaths/>.

⁶ Binswanger, I.A., Redmond, N., Steiner, J.F., & Hicks, L.S. (2012). Health Disparities and the Criminal Justice System: An Agenda for Further Research and Action. *Journal of Urban Health*, 89: 98–107.

<https://link.springer.com/content/pdf/10.1007/s11524-011-9614-1.pdf>.

⁷ Ciaramella, C.J. (November 9, 2021). *Report Finds Gruesome Medical Malpractice and Death in Arizona Prisons*. Reason.

<https://reason.com/2021/11/09/report-finds-gruesome-medical-malpractice-and-death-in-arizona-prisons/>.

⁸ Mitchell, C. & Piatt, A.A. (February 2023). *From Crisis to Care: Ending the Health Harm of Women’s Prisons*. Human Impact Partners. <https://humanimpact.org/wp-content/uploads/2023/02/HIP-From-Crisis-to-Care-02-2023.pdf>.

of people who have had Hepatitis C still have it.⁹ If those same people were not incarcerated and could access treatment, they could be cured.

3. Pregnant people in prison face insufficient treatment. One survey found that, of the 4% of women in state prisons who were pregnant when they entered, 9% had not received an OB exam, 26% had not seen an outside provider since admission, and 50% had received no other prenatal care.¹⁰
4. A recent study found a higher risk of cancer mortality for people diagnosed while incarcerated or in the first 12 months post-release compared to people who had never been incarcerated, even after controlling for demographic characteristics, type of cancer, and stage of cancer at diagnosis.¹¹
 - a) **For screenable cancers like breast, colorectal, cervical, and prostate cancers, the 5-year survival rate for people diagnosed while incarcerated was 21% lower than for people with the same diagnosis who were never incarcerated (67.4% vs. 85.2%).**¹²
 - b) This study found that the first year post-release is a uniquely high-risk time, likely because of poor access to health care (lack of health insurance, poor access to medical records, no doctor's appointments) and the simultaneous challenges with securing housing, food, and employment.¹³
- F. The impact of incarceration on health is racialized: one survey found that Black respondents reported greater health declines after release than their white counterparts.¹⁴
- G. **These consequences last long after the person is released.** One study found that, over a 25 year period, formerly incarcerated people were more likely to die from homicides, accidents, substance use, HIV, liver disease, and liver cancer than their counterparts in the general public.¹⁵

II. People struggling with health-related challenges are overrepresented in the carceral system.

- A. Many of the same factors that make people more vulnerable to the carceral system (poverty, poor resources, exposure to violence, neighborhood disorder) also make people less healthy.^{16,17}

⁹ Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

¹⁰ Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

¹¹ Oladeru, O.T., Aminawung, J.A., Lin, H.J., Gonsalves, L., Puglisi, L., Mun, S., Gallagher, C., Soulos, P., Gross, C.P., & Wang, E.A. (2022). Incarceration status and cancer mortality: A population-based study. *PLoS ONE* 17(9).

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0274703#pone.0274703.ref024>.

¹² Oladeru, O.T., Aminawung, J.A., Lin, H.J., Gonsalves, L., Puglisi, L., Mun, S., Gallagher, C., Soulos, P., Gross, C.P., & Wang, E.A. (2022). Incarceration status and cancer mortality: A population-based study. *PLoS ONE* 17(9).

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0274703#pone.0274703.ref024>.

¹³ Oladeru, O.T., Aminawung, J.A., Lin, H.J., Gonsalves, L., Puglisi, L., Mun, S., Gallagher, C., Soulos, P., Gross, C.P., & Wang, E.A. (2022). Incarceration status and cancer mortality: A population-based study. *PLoS ONE* 17(9).

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0274703#pone.0274703.ref024>.

¹⁴ Kuper, J.L. & Turanovic, J.J. (2021). The Consequences Are Black and White: Race and Poor Health Following Incarceration. *Race and Justice*. <https://journals.sagepub.com/doi/abs/10.1177/2153368721998053>.

¹⁵ Rosen, D.L., Schoenbach, V.J., & Wohl, D.A. (December 2008). All-Cause and Cause-Specific Mortality Among Men Released From State Prison, 1980–2005. *American Journal of Public Health*.

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2007.121855>.

¹⁶ Binswanger, I.A., Redmond, N., Steiner, J.F., & Hicks, L.S. (2012). Health Disparities and the Criminal Justice System: An Agenda for Further Research and Action. *Journal of Urban Health*, 89: 98-107.

<https://link.springer.com/content/pdf/10.1007/s11524-011-9614-1.pdf>.

¹⁷ Wang, E.A., Redmond, N., Himmelfarb, C.R.D., Pettit, B., Stern, M., Chen, J., Shero, S., Iturriaga, E., Sorlie, P., & Roux, A.V.D. (June 20, 2017). Cardiovascular Disease in Incarcerated Populations. *Journal of the American College of Cardiology*, 69(4): 2967-2976.

- B. **People in prison are more likely to suffer from a number of chronic and physical health conditions.** Compared to the general public, incarcerated people are:
1. 2 times more likely to have asthma (16.7% vs. 8%);¹⁸
 2. 67% more likely to have hypertension (30% vs. 18%);¹⁹
 3. 3.4 times more likely to have heart-related problems (9.8% vs. 2.9%);²⁰
 4. 2.6 times more likely to have a stroke (1.8% vs. 0.7%);²¹
 5. And 2.7 times more likely to have a disability (40% vs. 15%).²²
- C. People struggling with mental illness and substance use disorders (SUDs) are also overrepresented in the carceral system. Lack of access to treatment in the community leads to an unnecessary reliance on police and jails to address behavioral crises. See PFJ's report on [mental health and SUD's in the carceral system](#) for more details.
1. **56% of people surveyed in state prisons struggle with a mental health problem, and 43% report a history of one or more mental health conditions.**²³
 2. Americans with severe mental illness are 3 times more likely to be in jail or prison than in a mental health facility.²⁴
- D. 83% of people surveyed in California women's prisons reported having an illness or disability, and 55% reported having 3 or more health conditions that required care.²⁵
- E. People involved in the carceral system are less likely to have health insurance.
1. A 2016 survey found that **50% of people in state prisons lacked health insurance at the time of their arrest,**²⁶ compared to an estimated 10.4% of the American general public in the same year.²⁷
 2. People who have been arrested have serious health needs (higher rates of mental illness, substance use disorders, and other health challenges), but are

<https://reader.elsevier.com/reader/sd/pii/S0735109717371693?token=08E3242473E25AAD05A74D5AD26150C29A98622710C5C5E3455ABE08A242E4D3B90FE2DE5E1C59BBE36CDF41E42D4D04&originRegion=us-east-1&originCreation=20230214194011>.

¹⁸ Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

¹⁹ Wang, E.A., Redmond, N., Himmelfarb, C.R.D., Pettit, B., Stern, M., Chen, J., Shero, S., Iturriaga, E., Sorlie, P., & Roux, A.V.D. (June 20, 2017). Cardiovascular Disease in Incarcerated Populations. *Journal of the American College of Cardiology*, 69(4): 2967-2976.

<https://reader.elsevier.com/reader/sd/pii/S0735109717371693?token=08E3242473E25AAD05A74D5AD26150C29A98622710C5C5E3455ABE08A242E4D3B90FE2DE5E1C59BBE36CDF41E42D4D04&originRegion=us-east-1&originCreation=20230214194011>.

²⁰ Wang, E.A., Redmond, N., Himmelfarb, C.R.D., Pettit, B., Stern, M., Chen, J., Shero, S., Iturriaga, E., Sorlie, P., & Roux, A.V.D. (June 20, 2017). Cardiovascular Disease in Incarcerated Populations. *Journal of the American College of Cardiology*, 69(4): 2967-2976.

<https://reader.elsevier.com/reader/sd/pii/S0735109717371693?token=08E3242473E25AAD05A74D5AD26150C29A98622710C5C5E3455ABE08A242E4D3B90FE2DE5E1C59BBE36CDF41E42D4D04&originRegion=us-east-1&originCreation=20230214194011>.

²¹ Wang, E.A., Redmond, N., Himmelfarb, C.R.D., Pettit, B., Stern, M., Chen, J., Shero, S., Iturriaga, E., Sorlie, P., & Roux, A.V.D. (June 20, 2017). Cardiovascular Disease in Incarcerated Populations. *Journal of the American College of Cardiology*, 69(4): 2967-2976.

<https://reader.elsevier.com/reader/sd/pii/S0735109717371693?token=08E3242473E25AAD05A74D5AD26150C29A98622710C5C5E3455ABE08A242E4D3B90FE2DE5E1C59BBE36CDF41E42D4D04&originRegion=us-east-1&originCreation=20230214194011>.

²² Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

²³ Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

²⁴ Aufderheide, D. (April 1, 2014). *Mental Illness In America's Jails And Prisons: Toward A Public Safety/Public Health Model*. Health Affairs.

<https://www.healthaffairs.org/doi/10.1377/forefront.20140401.038180/full#:~:text=Across%20the%20nation%2C%20individuals%20with,%2C%20prison%2C%20or%20community%20corrections>.

²⁵ Mitchell, C. & Piatt, A.A. (February 2023). *From Crisis to Care: Ending the Health Harm of Women's Prisons*. Human Impact Partners. <https://humanimpact.org/wp-content/uploads/2023/02/HIP-From-Crisis-to-Care-02-2023.pdf>.

²⁶ Wang, L. (June 2022). *Chronic Punishment: The unmet health needs of people in state prisons*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

²⁷ Finegold, K., Conmy, A., Chu, R.C., Bosworth, A., & Sommers, B.D. (February 11, 2021). *Trends in the U.S. Uninsured Population, 2010-2020*. U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/private/pdf/265041/trends-in-the-us-uninsured.pdf>.

less likely to have health insurance. People who were arrested more than once were over 3 times more likely to have no health insurance (27%) compared to people with no arrests in the past year (8%).²⁸

III. The carceral system is not only harmful to those it incarcerates. Their loved ones' health suffers massively as well.

- A. Having a family member incarcerated increases the likelihood of heart attack, stroke, obesity, and poorer health among women.²⁹
- B. Children of incarcerated parents experience unique health challenges.
 1. Having a family member incarcerated is an adverse childhood experience (ACE). The cumulative impact of ACEs over the course of childhood include increased likelihood of heart disease, cancer, chronic lung disease, liver disease, alcoholism, depression, and suicide.³⁰
 2. Children who have had a parent incarcerated are over 3 times more likely to suffer from depression (6.2% vs. 1.8%), more than twice as likely to struggle with behavioral or conduct problems (10.4% vs. 2.6%), and at least twice as likely to suffer from learning disabilities (15.3% vs. 7.4%), ADD or ADHD (18% vs. 7%), and anxiety (7% vs. 3.1%).³¹
 3. Having a parent incarcerated is also correlated with physical health problems for kids. They are more likely to have asthma (14% vs. 8.43%), epilepsy or seizure disorders (1.3% vs. 0.61%), hearing problems (1.93% vs. 1.19%), vision problems (2.11% vs. 1.26%), and bone, joint, or muscle problems (3.1% vs. 2.16%).³²

IV. The criminal legal system undermines the health of entire communities.

- A. Studies have demonstrated that **higher rates of incarceration are correlated to poorer population health.**³³
- B. A county-level analysis determined that higher rates of incarceration were correlated with lower life expectancies and higher likelihood of poor community health.³⁴
- C. A Louisiana study found a higher risk of preterm birth for Black women who live in parishes with higher incarceration rates, after controlling for other factors.³⁵

²⁸ Jones, A. & Sawyer, W. (August 2019). *Arrest, Release, Repeat: How police and jails are misused to respond to social problems*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/repeatarrests.html>.

²⁹ Lee, H., Wildeman, C., Wang, E.A., Matusko, N., & Jackson, J.S. (March 2014). A Heavy Burden: The Cardiovascular Health Consequences of Having a Family Member Incarcerated. *American Journal of Public Health*. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301504>.

³⁰ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (May 1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4): 245–258. <https://pubmed.ncbi.nlm.nih.gov/9635069/>.

³¹ Turney, K. (2014). Stress Proliferation across Generations? Examining the Relationship between Parental Incarceration and Childhood Health. *Journal of Health and Social Behavior*, 55(3). <https://journals.sagepub.com/doi/abs/10.1177/0022146514544173?journalCode=hsbb>.

³² Turney, K. (2014). Stress Proliferation across Generations? Examining the Relationship between Parental Incarceration and Childhood Health. *Journal of Health and Social Behavior*, 55(3). <https://journals.sagepub.com/doi/abs/10.1177/0022146514544173?journalCode=hsbb>.

³³ Wildeman, C. (May 2012). Imprisonment and Infant Mortality. *Social Problems*, 59(2): 228–257. <https://www.jstor.org/stable/10.1525/sp.2012.59.2.228>.

³⁴ Weidner, R.R. & Schultz, J. (2021). Examining the Relationship Between Incarceration and Population Health: The Roles of Region and Urbanicity. *Criminal Justice Policy Review*. 32(4) 403–426. <https://journals.sagepub.com/doi/10.1177/0887403420916907>.

³⁵ Dyer, L., Hardeman, R., Vilda, D., Theall, K., & Wallace, M. (December 27, 2019). Mass incarceration and public health: the association between black jail incarceration and adverse birth outcomes among black women in Louisiana. *BMC Pregnancy and Childbirth*, 19(525). <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2690-z>.

- D. Another study found a direct connection between community incarceration rates and rates of infant mortality, child mortality (for Black children), preterm births, and low-weight births.³⁶
- E. Studies have demonstrated that higher incarceration rates also increase rates of AIDS infection throughout the entire community.³⁷

V. Improving access to healthcare is a public safety mechanism.

- A. At the individual level, access to care reduces risk of criminal legal system involvement.
 - 1. A wealth of research has demonstrated that SUD treatment significantly lowers drug use and reduces crime at the individual level.³⁸
 - 2. One study found that **mental health treatment reduced recidivism among youth by 63 arrests per 100 youth**.³⁹
 - 3. One study found that access to Medicaid coverage reduced recidivism rates among people convicted of violent and public order crimes.⁴⁰
 - 4. A study from South Carolina examined the relationship between incarceration and access to health insurance, finding that **men who lost access to Medicaid coverage were 14% more likely to be incarcerated** in the two years after losing coverage.⁴¹
- B. Research suggests that healthcare access reduces community-level crime.
 - 1. One study considered the crime-reduction impact of Medicaid expansion and found significant reductions in robbery, aggravated assault, and larceny theft. It determined that the primary public safety mechanism was SUD treatment.⁴²
 - 2. A similar study found that providing access to SUD treatment reduced both violent and financially-motivated crime at the local level.⁴³
 - 3. One study found that state **Medicaid expansions led to a 3.3% decline in annual crime**, driven by decreases in both violent and property crimes.⁴⁴
 - 4. A similar study found that counties that expanded Medicaid under the ACA saw a 20-32% greater decline in arrests in the first 3 years than the non-expansion counties.

³⁶ Conway, J.M. (July 1, 2021). Mass Incarceration and Children's Health: A State-Level Analysis of Adverse Birth Outcomes and Infant, Child, and Teen Mortality. *Family and Community Health*, 44(3): 194-205. <https://europepmc.org/article/med/33646979>.

³⁷ Johnson, R.C. & Raphael, S. (May 2009). The Effects of Male Incarceration Dynamics on Acquired Immune Deficiency Syndrome Infection Rates among African American Women and Men. *The Journal of Law and Economics*, 52(2). <https://www.journals.uchicago.edu/doi/epdf/10.1086/597102>.

³⁸ Prendergast, M.L., Podus, D., Chang, E., & Urada, D. (June 1, 2002). The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies. *Drug and Alcohol Dependence*, 67(1): 53-72. doi:10.1016/s0376-8716(02)00014-5.

³⁹ Cuellar, A.E., McReynolds, L.S., & Wasserman, G.A. (Winter 2006). A cure for crime: Can mental health treatment diversion reduce crime among youth? *Journal of Policy Analysis and Management*, 25(1): 197-214. <https://pubmed.ncbi.nlm.nih.gov/16465707/>.

⁴⁰ Aslim, E.G., Mungan, M.C., Navarro, C., & Yu, H. (July 12, 2021). The Effect of Public Health Insurance on Criminal Recidivism. *Journal of Policy Analysis and Management*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3425457.

⁴¹ Jacome, E. (December 2022). *Mental Health and Criminal Involvement: Evidence from Losing Medicaid Eligibility*. Northwestern University. https://elisajacome.github.io/Jacome/Jacome_JMP.pdf.

⁴² Wen, H., Hockenberry, J.M., & Cummings, J.R. (October 2017). The effect of Medicaid expansion on crime reduction: Evidence from HIFA-waiver expansions. *Journal of Public Economics*, 154: 67-94. <https://www.sciencedirect.com/science/article/abs/pii/S0047272717301445>.

⁴³ Bondurant, S.R., Lindo, J.M., Swensen, I.D. (September 2016). *Substance Abuse Treatment Centers and Local Crime* (NBER Working Paper No. 22610). National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w22610/w22610.pdf.

⁴⁴ Vogler, J. (November 1, 2018). *Access to Health Care and Criminal Behavior: Short-Run Evidence from the ACA Medicaid Expansions*. University of Illinois at Urbana-Champaign. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3042267.

- a) The most notable declines were for drug arrests (25-41% greater decline than non-expansion counties), arrests for violence (19-29% greater), and low-level arrests (24-28% greater).⁴⁵

VI. Shrinking the carceral system is a critical public health intervention.

- A. In addition to ensuring that people have access to healthcare and treatment in order to prevent criminal legal system involvement, we must minimize arrests and incarceration itself to improve individual and community health.
- B. The carceral system's response to the Covid-19 pandemic offers a case study for how decarceration can improve health, providing an example of what Eric Reinhart calls "carceral-community epidemiology", or the spread of disease due to unnecessary incarceration.⁴⁶
 1. Early on in the pandemic, some jurisdictions decided to admit fewer people into jails and increase rates of pretrial release. This was effective in reducing Covid-19 cases and deaths without threatening public safety.⁴⁷
 2. One study found that **jails that implemented interventions to depopulate prevented 83% of projected Covid-19 cases, hospitalizations, and deaths over 83 days.**⁴⁸
 3. One study from Chicago found that cycling individuals through Cook County Jail in March 2020 alone accounted for 13% of all Covid-19 cases and 21% of racial Covid-19 disparities as of early August.⁴⁹
 - a) This study concluded that cycling people through jails for issues that could be resolved outside of the carceral system is making our broader communities sicker and less safe.⁵⁰

VII. Providing access to healthcare is cheaper than our overreliance on the carceral system.

- A. **State Medicaid expansions under the ACA not only reduced annual crime by 3.3%, but also led to annual cost savings of around \$13 billion.**⁵¹
- B. One study found that a 10% increase in the rate of people receiving SUD treatment at an average cost of \$1.6 billion can yield an average benefit of between \$2.9 billion and \$5.1 billion from reducing crime rates. The benefit-cost ratio of increased SUD treatment as it relates to crime reduction ranges from 1.8-3.2.⁵²
- C. Using moderately conservative estimates, the findings of one study suggest that, **for every dollar spent on providing Medicaid coverage to low-income young men, society gains around \$1.90 in social and fiscal costs.**⁵³

⁴⁵ Simes, J.T. & Jahn, J.L. (January 12, 2022). The consequences of Medicaid expansion under the Affordable Care Act for police arrests. *Plos One*, 17(1). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261512>.

⁴⁶ Reinhart, E. & Chen, D.L. (May 10, 2021). Carceral-community epidemiology, structural racism, and COVID-19 disparities. *Proceedings of the National Academy of Sciences*, 118(21). <https://www.pnas.org/doi/10.1073/pnas.2026577118>.

⁴⁷ Reinhart, E. (May 28, 2021). *How Mass Incarceration Makes Us All Sick*. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hblog20210526.678786/full/?s=09>.

⁴⁸ Malloy, G.S.P., Puglisi, L., Brandeau, M.L., Harvey, T.D., & Wang, E.A. (2021). Effectiveness of interventions to reduce COVID-19 transmission in a large urban jail: a model-based analysis. *BMJ Open*, 11. <https://bmjopen.bmj.com/content/11/2/e042898>.

⁴⁹ Reinhart, E. & Chen, D.L. (May 10, 2021). Carceral-community epidemiology, structural racism, and COVID-19 disparities. *Proceedings of the National Academy of Sciences*, 118(21). <https://www.pnas.org/doi/10.1073/pnas.2026577118>.

⁵⁰ Reinhart, E. & Chen, D.L. (May 10, 2021). Carceral-community epidemiology, structural racism, and COVID-19 disparities. *Proceedings of the National Academy of Sciences*, 118(21). <https://www.pnas.org/doi/10.1073/pnas.2026577118>.

⁵¹ Vogler, J. (November 1, 2018). *Access to Health Care and Criminal Behavior: Short-Run Evidence from the ACA Medicaid Expansions*. University of Illinois at Urbana-Champaign. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3042267.

⁵² Wen, H., Hockenberry, J.M., & Cummings, J.R. (October 2017). The effect of Medicaid expansion on crime reduction: Evidence from HIFA-waiver expansions. *Journal of Public Economics*, 154: 67–94. <https://www.sciencedirect.com/science/article/abs/pii/S0047272717301445>.

⁵³ Jacome, E. (December 2022). *Mental Health and Criminal Involvement: Evidence from Losing Medicaid Eligibility*. Northwestern University. https://elisajacome.github.io/Jacome/Jacome_JMP.pdf.

- D. Another study suggests that increasing per capita spending on public inpatient mental health by 10% would reduce the jail population by 1.5%, and that an extra dollar spent on public inpatient mental health would yield a return of a quarter dollar by shrinking jail populations.⁵⁴ The authors add that increasing access to mental health treatment should accompany other policies to shrink the jail population, as jails currently house a massive proportion of people struggling with mental health issues who could be more effectively—and more cheaply—served by health-based approaches.⁵⁵

Conclusion

In order to promote well-being, improve health outcomes, and enhance public safety, we must comprehensively rethink our approach to the carceral system. Our current overreliance on police, arrests, and incarceration damages health and exacerbates the health-related impacts of poverty, homelessness, trauma, and violence. This approach is not making us safer, and it is destroying the health of individuals, their kids, and their communities.

Mass incarceration is making us sicker, not safer. Accessible, community-based, holistic healthcare must be accompanied by an overhaul of the carceral system if we wish to meaningfully improve our nation's health.

⁵⁴ Yoon, J. & Luck, J. (December 2016). Intersystem return on investment in public mental health: Positive externality of public mental health expenditure for the jail system in the U.S. *Social Science & Medicine*, 170: 133-142. <https://pubmed.ncbi.nlm.nih.gov/27771546/>.

⁵⁵ Yoon, J. & Luck, J. (December 2016). Intersystem return on investment in public mental health: Positive externality of public mental health expenditure for the jail system in the U.S. *Social Science & Medicine*, 170: 133-142. <https://pubmed.ncbi.nlm.nih.gov/27771546/>.