

January 2022

LIBERATION IS ESSENTIAL:

Leveraging Governmental Public Health Tools to Address the Harms of the Criminal Legal System

There is staggering evidence and growing consensus that policing and carceral* systems actively harm individual, family, and community health in the United States and beyond. When we understand the prison industrial complex (PIC)* as a social determinant of health and driver of health inequities, it is clear that the field of public health must address the harms of carceral systems as a fundamental element of health equity work. The current systemic reliance on punishment, confinement, and surveillance is not inevitable; effective non-carceral systems of community-based safety and accountability exist. As in efforts to eliminate lead poisoning or other public health hazards, it is critical that we tackle the PIC with an anti-racist and root cause analysis. When we do, abolition* emerges as the most practical and necessary solution.

Governmental public health has a crucial role to play in promoting health, dignity, and safety for all. This resource provides non-exhaustive examples of how local, state, and territorial health departments (referred to in this resource as HDs) can use their power to support abolitionist visions and campaigns. We use the 10 Essential Public Health Services, which were recently updated to center equity, as an entryway to discussing steps HDs can take to shift policy, practice, and resources.

How can HDs use this essential public health service...

To challenge the notion that the PIC increases safety & to reduce the scope and scale of the PIC?

To build health-affirming structures without PIC contact?

<p>Assess and monitor population health status, factors that influence health, and community needs and assets</p>	<p>Public health evidence is increasingly illuminating the ways that the PIC negatively impacts health and safety. Understanding the PIC to be the threat it is — like harmful working conditions or a global pandemic — brings the HD's realm of responsibility into sharper focus. For example, HDs must ensure there is space to collect data on police violence in their death certificates.</p>	<p>Investing in the social determinants of health — including affordable housing, clean water, accessible transportation, and economic security — is a great primary prevention strategy against PIC harm. Do intentional outreach to those most impacted by the PIC when assessing your communities' needs and assets — for example, as part of your CHIP/CHA process.</p>
<p>Investigate, diagnose, and address health problems and hazards affecting the population</p>	<p>While some HD staff may intimately understand the harms of the PIC, it is safe to assume that not all will. Ongoing workforce development to ensure a shared baseline analysis of the harms of the PIC is crucial.</p>	<p>Many problems currently handled by the PIC are social, political, or economic in nature and would be better approached with a public health lens. For example, HDs can create or support harm reduction services for drug use and sex work.</p>
<p>Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it</p>	<p>It is crucial to directly educate those with decision-making power over the PIC's funding and policies. For example, HDs could present on the health impacts of incarceration in their presentations about health equity.</p>	<p>Beyond disseminating information about the health harms of the PIC, HDs can design informational materials (e.g., brochures, fact sheets) to amplify local/state community organizing that is pushing for structural change.</p>
<p>Strengthen, support, and mobilize communities and partnerships to improve health</p>	<p>Social capital broadly impacts health and must be harnessed intentionally toward health equity. Thus, HDs must be clear-eyed about the consequences of their partnerships — including contracts — and take care to shrink the scope of their relationships with agencies in the PIC.</p>	<p>Mutual aid* can help meet immediate needs, especially when government contact could be unsafe (e.g., for undocumented people). While staying conscious of real or perceived risks, HDs can offer support on such efforts, such as by helping distribute face masks.</p>
<p>Create, champion, and implement policies, plans, and laws that impact health</p>	<p>Population-level problems like the PIC require population-level solutions. HDs can find creative ways to speak out in favor of shrinking PIC budgets and releasing people from carceral facilities.</p>	<p>HDs can use root cause analyses to advance non-carceral solutions (e.g., People's Response Act). Many structural interventions that improve health also diminish reliance on criminalized activities.</p>

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Utilize legal and regulatory actions designed to improve and protect the public's health

HDs may have specific power over carceral facilities, including authority to perform inspections. In those cases, HDs must establish authentic accountability mechanisms, including conducting unscheduled visits, training inspections staff on the harms of the PIC, and using regulatory action to address hazardous conditions.

HDs can use their regulatory knowledge and tools to improve conditions for those most impacted by the PIC. For example, HDs can perform proactive outreach before formal inspections to restaurants owned or operated by immigrants to ensure they have the resources needed to create safe, healthy workplace and dining environments.

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Places where people receive services and health care are a critical frontline to reduce the scope and scale of the PIC. For example, HDs can and must prohibit law enforcement, including ICE, from entering clinics and hospitals.

People's needs are rooted in their material conditions and historical experiences. HDs can hire health workers with lived experiences with the PIC to make sure formerly incarcerated people's needs are heard and addressed in reentry.

Build and support a diverse and skilled public health workforce

HDs can and should hire formerly incarcerated people — and people from communities that are disproportionately impacted by the PIC, including Black and Indigenous communities — to do work related and unrelated to the PIC.

Beyond formal internal hires, HDs can offer accessible skill-based trainings to support communities learning to take safety and accountability into their own hands (e.g., through partnerships with restorative justice facilitators).

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

While more data on the harms of the PIC are welcome, HDs must avoid partnering with PIC agencies in data collection, which could increase the PIC's capacity to police, surveil, and incarcerate people.

HDs could bolster the body of public health evidence for promising alternatives to the PIC, including but not limited to transformative justice in communities and police-free school campuses.

Build and maintain a strong organizational infrastructure for public health

Social and financial support for public health has reached record lows as PIC budgets have expanded dramatically. It is time for HDs to speak out in favor of divesting our collective resources from the PIC.

Simultaneously, HDs can and should ask for what they need: greater, sustainable funding to address the root causes of health inequities and build a society where there is no need for prisons, jails, detention centers, or policing.

Glossary:

Carceral: of or pertaining to the prison industrial complex.

Prison industrial complex: The prison industrial complex (PIC) is a term we use to describe the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social, and political problems.

[definition courtesy of Critical Resistance]

Abolition: PIC abolition is a political vision with the goal of eliminating imprisonment, policing, and surveillance and creating lasting alternatives to punishment and imprisonment.

[definition courtesy of Critical Resistance]

Mutual aid: one term used to describe collective coordination to meet each other's needs, usually stemming from an awareness that the systems we have in place are not going to meet them. Those systems, in fact, have often created the crisis, or are making things worse.

[definition courtesy of Dean Spade]

About the Organizations:

Human Impact Partners is a national organization that transforms the field of public health to center equity and builds collective power with social justice movements.

Critical Resistance is a national organization that seeks to build an international movement to end the Prison Industrial Complex by challenging the belief that caging and controlling people makes us safe.

About the Resource:

The authors — Amber Akemi Piatt and Christine Mitchell — would like to thank those who provided feedback on this resource: Cory Cole, Julian Drix, Woods Ervin, Jess Heaney, Rehana Lerandean, Clara Liang, Kate McMahon, PhyuSin Myint, Jamie Sarfeh, Mohamed Shek, Ana Tellez, and Salomeh Wagaw.

This resource builds upon Critical Resistance's imprisonment chart and policing chart and Human Impact Partners' framework on incarceration and guide to address police violence. This resource was designed by Raina Wellman. Finally, we thank the Blue Shield of California Foundation for their generous support.

Have questions about this resource, examples of how you are putting these ideas into practice, or want support strategizing on how to implement abolition in your jurisdiction? Contact HIP's Health Instead of Punishment Program Director Amber Akemi Piatt at amber@humanimpact.org.