

Allying Public Health and Abolition: Lessons From the Campaign Against Jail Construction in Los Angeles

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An increasing number of medical and public health practitioners are seeking to address the toxic consequences of policing and incarceration, which overwhelmingly affect racial/ethnic minority communities.¹ A few of these efforts have engaged with movements inspired by a vision of abolition, which have long emphasized the incompatibility of public health and the criminal legal system. One of the central ideas inspiring the recent mobilizations led by the Movement for Black Lives, an ecosystem of more than 150 Black-led organizations across the United States fighting for racial justice, is abolition, which seeks to end the use of police and prisons as “catchall solutions to social problems.”² This vision, we argue, is consonant with medical and public health practitioners seeking to address the harms of policing and incarceration.

We use the 2012 to 2019 campaign against jail construction in Los Angeles, California, as a case study to propose that the health community is a natural and needed ally in the movement for abolition.

US CARCERAL STATE

In the 1980s, the United States began building the largest infrastructure for incarceration in the world. This prison-building and jail-expansion project followed two decades in which social movements successfully expanded some claims to citizenship, such as voting rights and prisoners’ rights, and unsuccessfully pursued others, such as full employment and universal health care in the United States. The growth of carceral institutions had no clear connection to reported crime rates. It did, however, coincide, not

coincidentally, with the flight of industry overseas, as well as shrinking social welfare. The end result is that the United States has the world’s highest incarceration rate by a dramatic margin. This statistic is just the surface of a massive criminal legal system with far-reaching effects, some of which can go overlooked (e.g., more than 70 million with criminal records) and others that cannot (e.g., racially targeted police killings).

CAMPAIGN AGAINST LOS ANGELES JAIL EXPANSION

In 2015, Los Angeles County, historically a trailblazer in the turn to extreme policing and incarceration, paused plans for jail expansion for the first time in decades. The Los Angeles jail system, at that time, held approximately 19 000 people, making it the largest in the world. After years of urging by advocacy groups, the Los Angeles Board of Supervisors decided to reevaluate whether expansion was necessary. This perspective was new; until then, elected leaders and reformers were concerned primarily with improving jail conditions, not with the system’s overall size.

To guide their decision, the supervisors hired an external consultant group, which listed correctional health as an area of expertise. After just two months, these consultants recommended the same size jail as originally planned. The only differences proposed were to its design, so that it could meet the future population’s health needs, which they expected would grow in medical and psychiatric complexity. Their reasoning provoked disbelief from advocates against jail expansion: how could health be a reason to build a jail?

Five years later, Los Angeles abandoned the expansion plan altogether and in July 2020 passed a motion to

close its largest jail without adding new jail beds elsewhere. In these decisions, the Los Angeles Board of Supervisors frequently invoked health but this time as a rationale for reducing jail capacity. Los Angeles County, the supervisors decreed, was overdue for a paradigm change toward care, not punishment, and a budget that reflected that commitment to “care first, jail last.”³

This unprecedented reversal did not happen overnight. A broad alliance of community organizations across Los Angeles, which united as the “JusticeLA Coalition,” had shifted the political landscape. Formed in tandem with the Movement for Black Lives, this coalition flipped the jail plan’s notion of health on its head. Through campaign slogans, “Care, Not Cages” and “Can’t Get Well in a Cell,” JusticeLA argued that rather than build a jail that meets the health needs of its future population, Los Angeles should not build a jail because jails can never meet the health needs of incarcerated people and their wider communities. The consultants had accepted as a given that the Los Angeles jail population would continue to grow; JusticeLA argued that such a trend represented a health crisis.

Early on, health professionals’ voices were mostly silent. In 2016, Mark-Anthony Clayton-Johnson, one of JusticeLA’s leaders, founded the Frontline Wellness Network to disrupt that silence. The network pointed to the tradition of health professional engagement in movements for racial and economic justice. Medical students, nurses, psychiatrists, emergency physicians, social workers, and others responded, supporting JusticeLA’s claim that policing and incarceration are health crises. They wrote letters, signed petitions, submitted public comments, organized and attended

demonstrations, and met with supervisors. They elaborated the many services needed by their patients, instead of incarceration. In a county with a shortage of affordable housing, substance use treatment, and psychiatric facilities, they had plenty of ideas. Their voices contributed to the transformation in Los Angeles, where 8000 fewer people were incarcerated in July 2020 compared with 2012.

MOVEMENT FOR ABOLITION

Abolition has been the central idea animating JusticeLA’s organizing. As a framework, abolition offers two inter-related insights. First, abolition rejects anything less than a reduction in the size and scope of the criminal legal system. In this regard, abolition overcomes a dilemma particular to carceral institutions. Efforts to reform practices of punishment have, historically, tended to have the effect of strengthening and expanding their overall power; in fact, prisons, themselves, were once the reform to corporeal punishment. Many reforms in recent years, for example, led to the expansion of electronic community supervision.

Second, abolition challenges institutions (police, jails, and prisons) that many take for granted as a natural part of the social landscape.⁴ This provocation focuses attention on why these institutions have become catchall solutions to social problems. The framework puts the criminal legal system into its wider context. Abolition, thus, also makes clear its affirmative commitment to building alternative institutions that could solve social problems rather than police and prisons. In this commitment—to building what is needed for police and prisons to be

absent—health professionals have a critical role to play.

Some health professionals may be wary about embracing abolition. They might defer to what legal authorities decide regarding innocence, guilt, and sentencing. By ceding so much ground to legal and political authorities, we argue, health professionals may, wittingly or unwittingly, abdicate their responsibility to righteously decry the US practice of extreme punishment. The US massive criminal legal system is deadly, especially since the arrival of coronavirus disease 2019.⁵ Permitting this system to proceed unchallenged undermines what health professionals seek to promote: long, healthy, and meaningful lives.

A position of passivity also may prevent health professionals from realizing the opportunity that is now before them. The Movement for Black Lives, by challenging the legitimacy of this prison system, has created new possibilities to demand resources for vulnerable patients, within and outside the prison walls. The reversal in Los Angeles demonstrates this unique responsibility and opportunity.

In characterizing places where governments do not invest so deeply in policing and incarceration, scholar Ruth Wilson Gilmore concluded, “where life is precious, life *is* precious.”^{6(p1)} For health professionals, this phrase should have immediate resonance: the struggles of patients and the tireless work of health care workers are testaments to just how precious life is. Yet it should also recall the uprisings that have swept the United States, formed in response to the callous disregard for Black life. Health professionals must listen to and participate in long-standing movements for racial and economic justice. They should add their voices to local policy and budget debates on the criminal justice system and help build social institutions

in place of police and prisons. If recent history in Los Angeles is any guide, there is a lot to lose with inaction—and so much to gain in struggle. **AJPH**

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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