Bedtime Radicalism

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The United States currently ranks first in the world for incarcerated populations with about 2.1 million people detained; the next closest country is China with a prison population of 1.7 million (Statista Research Department, 2022). A major factor that creates the carceral state in America is the industry of the prison systems involving both the public and private sectors. Despite the high rate of imprisonment within the US, the nation’s prison systems have a history of subpar care. This is evidenced by the National Institute of Corrections stating that “health problems that plague our society plague the corrections industry at an even greater rate” (National Institute of Corrections, 2022).

The importance of this issue lies within the sheer volume of incarcerated people. A population of 2.1 million people lacking or receiving improper medical care would be unacceptable in any other context, yet it is seemingly overlooked regarding the imprisoned population. To further put the situation into perspective, according to the United States Census Bureau (2022), currently a population of 2.1 million residents would be larger than the city of Phoenix (1,743,469) and a little smaller than the city of Houston (2,378,146), making the US prison population the fifth largest city in the nation. The mistreatment of a population of this scale is absurd considering several cases of communicable diseases such as polio or monkeypox have the potential to put a city into a state of emergency, yet the increasing prison population is statistically proven to be plagued at a greater risk of these pathologies.
How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 573 per 100,000 residents. But to end mass incarceration, we must first consider where and why 1.9 million people are confined nationwide.

State Prisons
1,042,000

Local Jails
547,000

Federal Prisons & Jails
208,000

Sources and data notes: See https://www.prisonpolicy.org/reports/pie2022.html
At the federal level drugs is the biggest reason for incarceration. Biden's new executive action will help LITERALLY 0 People federally imprisoned for drugs

Despite reforms, drug offenses are still a defining characteristic of the federal system

Also important to note there are more fraud charges than there are rape AND murder COMBINED but the media sensationalizes some crime and not others

Lastly, please SHUT TF UP about private prisons. They make up 8% of incarcerated people. Could abolish them all today and still have well over a million ppl locked up

Only 8% of confined people are held in private prisons

Mass incarceration is driven by government policy and spending, but the private companies that contract for less than 8% of all cells get a disproportionate share of attention. Why is that?

Have to realize its not corporations driving this but mass incarceration is a choice by the amerikkan government to destroy communities in order to maintain their power
Proposal to Address the Issue

There are multiple interventions proposed to address this issue, but they all have major gaps in existing proposals. An example of such a proposal is the Federal Bureau of Prisons (BOP) Health Management Resources. The BOP Health Management Resources are sets of clinical guidelines that are in line with the objectives of the Correctional Officers Health and Safety Act of 1998 for “infectious disease prevention, detection, and treatment of inmates and correctional employees” (BOP, 2022). This list of resources includes protocols for issues ranging from hypertension, management of bipolar disorder, lice protocol, zika virus, to COVID-19 vaccine guidance among other issues, yet these are only clinical guidelines. These Health Management Resources should be recommendations for institutions to be using, however, the actual implementation of these protocols likely varies widely by each facility. This means that these guidelines are limited to the resources available in each correctional institution. For example, BOP will recommend for an inmate to be put in isolation if they present with a positive tuberculin skin test, yet a correctional institution might be limited to the lack of space they have.

Another key piece of legislature that is failing to support carceral health standards is the Affordable Care Act (ACA). After the ACA was upheld in 2012, each state has the option for further Medicaid expansion. Medicaid coverage prior to the expansion option included a population of pregnant women, children, and 65-year-old beneficiaries. In states that expand Medicaid programs, residents qualify for government service based on a resident income of 133% below the poverty level (U.S Centers for Medicare & Medicaid Services, 2022). This means that the expansion also encompasses “childless adults which includes a sizeable subset with criminal justice involvement” (COCHS, 2022). This led to the Medicaid option being falsely deemed to be for “felons” considering it prevented people from losing healthcare coverage once incarcerated (COCHS, 2022). This loss of coverage is also known as the “inmate exception”.

The Community Oriented Correctional Health Services (COCHS) is one nonprofit organization which has a stake in the ACA expansion option. This is because the Act aligns with their mission to “integrate community healthcare with correctional healthcare” (COCHS, 2022). Therefore, since 2010, COCHS was a proponent for the ACA considering the organization understands how the Act can potentially provide healthcare to incarcerated populations. They evidence their support by using research from Washington State to suggest that treating substance abuse disorders, a disorder largely found within the inmate population, “showed a decrease in arrests and costs following treatment” that can be provided through the Medicare Expansion option (COCHS, 2022).
Imprisonment, for some, is not a permanent condition, and prisoners are released at the end of their sentences. Upon reintegration into society, there should be a continuity of care to help patients transition from (lack of) healthcare in prison to healthcare in society. Each environment carries health concerns that must be addressed. While incarcerated patients have a higher prevalence for chronic diseases such as hypertension, diabetes mellitus, and asthma, when released, these chronic illnesses still require the same level of attentive care (Cohen et al., 2021). To manage these health concerns, prison healthcare should not be managed by vague clinical practice guidelines or privatized healthcare services.

The prison industrial complex, like any other business, aims to make revenue as well as limit spending as displayed by the employment of private services such as prison healthcare professionals. In several cases such as the Walter Balla, et al. v. Idaho State Board of Correction (IDOC), these cutbacks were shown to be problematic for the prison because “serious problems with the delivery of medical and mental health care” happened within their use of a private Corizon Health care system (Stern, 2012, p 3). Evidence suggests that “many of these problems either have resulted or risk resulting in serious harm to inmates” within the Idaho State Correctional Institution (Stern, 2012, p 3). The private practitioners are not subject to the government’s standard accountability which creates more risks within prison and jails. Similarly, regarding the inmate exception, health care organizations are typically required to participate in Medicaid and Medicare programs as evidenced by President Lyndon B. Johnson’s 1965 signing of these social programs into law. These social programs were meant to protect “the health and well-being of millions of American families, saving lives, and improving the economic security of [the] nation”, yet this did not seemingly include America’s prison population (CMS, 2021). This is because, in this same legislation, correctional health care would be “exempt from this requirement, resulting in poor health care oversight” (Fiscella et al., 2017, p 1). The lack of oversight, again, leaves the care of the inmate population to the discretion of prison and jails which, historically, has led to maltreatment.
GUESS WHAT?

I DON'T STOP CRIME!

THE MAIN ROLE OF LAW ENFORCEMENT, IS TO CATCH AND PROCESS CRIMINALS AFTER CRIMES HAVE ALREADY OCCURRED.

ABOLITION AND DEFUNDING EFFORTS, SEEK TO REDISTRIBUTE FUNDS INTO PROGRAMS FOCUSED ON FIXING SOCIAL & ECONOMIC ISSUES THAT CREATE CRIME IN THE FIRST PLACE.

"I can't pay no doctor bill, but Whitey's on the moon."

– 1970, Gil Scott-Heron
In conclusion, the US prison population is massive and is still growing at a staggering rate, thus there must be radical interventions made to treat those incarcerated.

Prison populations are historically, at a greater risk of contracting communicable pathologies, yet proposals set forth are subpar in addressing this issue. This is both due to the government not directly intervening in correctional health standards, as seen in the Health Management Resources, and public stigma denying healthcare coverage for inmates (Medicaid expansion). Rather than wait on the government to provide care to citizens, I believe that we must organize and create governmental pressure.
On a less formal note, this is a piece I wrote for one of my courses in university. Therefore, as you might have noticed, I did not provide definitive solutions to the prison healthcare problem in this piece because I redacted the previous ones. This is because the ones I provided to my professors were quite ephemeral and lacking radicality. In the previous version of this piece, I suggested governmental lobbying through interest groups such as the American Nurses Association. I did not believe that lobbying would get to the root of the antiblack machine of the prison industrial complex or speaks about the war on drugs. However, like any college student, I needed to get a good grade.

So, then what should we do as radicals? Should we push for new legislatures, take to the streets through picketing, advocate for the abolishment of the carceral structures, or simply burn the state to the ground? Each of the solutions, in some capacity, were implemented in the US, except for the latter. Thus, when we look through the annals of prison activism, we must critically analyze how past reformist solutions have both assuaged and shaped the current carcereal state. In my mind, I cannot objectively tell you what to do, however, as seen in the failure of the BOP Health Management Resources and the ACA expansion, working within the governmental structure through lobbying has failed time and time again. This is not a new issue at all because there has been pushes for prison reforms since 1787, yet the carceral population is continually climbing. To be frank, there has been a 500% increase in the last 40 years; so, in the case of prison reform are we really slowly chipping away at injustice? I don’t think we are. All in all, I would be remiss to claim that I would not want this piece to elicit a reaction from the reader, yet I don’t want it to be reactionary. Rather, in their frustration of the current state of the prison systems I want the reader to commit themselves to both theory and praxis. Joy James speaks more about this in her talk at Brown University titled Joy James: The Architects of Abolitionism https://youtu.be/z9rvRsWKDx0

a note from
Slim Phil
Content Recommendations

Soledad Brothers by George Jackson

Medical Apartheid by Harriet A. Washington

Belly of the Beast (Documentary)

Assata by Assata Shakur

THE STATE HAS A MONOPOLY ON VIOLENCE. THAT'S WHY BREAKING A FEW WINDOWS IS VIEWED AS VIOLENT BUT DENYING PEOPLE HEALTHCARE IS NOT.
References


