I am writing in support of efforts to pass Elder Parole (S.15A-Hoylman) and Fair & Timely Parole (S.7514-Salazar) bills. I write as someone who has been engaged in public health research for more than 36 years and as a professor of public health at Columbia University for 32 years. I have been very fortunate, as well, to teach public health courses in six NY State prisons for the Bard Prison Initiative (BPI) where I serve as the Senior Advisor for Public Health Programs.

Teaching public health in a correctional facility during the height of the COVID-19 pandemic was a revelation. I had regular interactions and discussions with my students about the horrors they were experiencing. Epidemiologists have been extremely concerned about the impact of the pandemic on persons in congregate facilities, and by the end of 2021, their worst fears had been realized. COVID-19 not only had a deadly impact on incarcerated populations, fellow public health researchers Reinhart and Chen noted in the Journal of the American Medical Association, “Incarcerated individuals have faced 5.5 times higher risk of contracting COVID-19 than those in the general US population and, after adjusting for age, sex, and race/ethnicity, 3 times the COVID-19 mortality rate.”

Incarcerated persons and their plight are rarely a topic of concern for the general public. They are, as the expression goes, “out of sight and out of mind.” But Reinhart and Chen are among a host of public health scientists who are very concerned about how the COVID-19 in carceral facilities may have impacted COVID-19 rates beyond prison walls. They write:

COVID-19 outbreaks in jails, prisons, and immigrant detention facilities do not only pose risks to incarcerated people, they also appear to spread to surrounding communities. This carries particularly pronounced consequences for Black and Latinx communities that are subjected to disproportionately high rates of arrest and incarceration, which may partially explain the disproportionate burden of COVID-19 that has been borne by racialized groups in the US.

COVID-19 serves to underscore a critically important point as the State Legislature debates the a variety of measures designed to lighten the public health burden carried by incarcerated persons, but most especially, those who are aging in prison. In its simplest terms, we in public health are very aware of the fact that time in prison has devastating consequences for the health and wellbeing of those who are living behind bars. COVID-19 demonstrated powerfully that in a pandemic, populations that are marginalized in prison cells are at greatest risk for sickness and death.

Because the coronavirus was particularly deadly among aging populations – more than 75% of COVID-19 mortality was among those 55 years old or older – elders in New York State prisons were and continue to be at elevated risk for severe illness and death from COVID-19. As has been noted by a multitude of other presenters, this aging group of individuals no longer pose a risk to public safety. However, the costs of their medical care, even before the onset of COVID, were and are substantial. Rather than continue to use tax dollars to pay for the medical care of a population that is no longer a public threat, this series of bills has the potential to return this group of aging individuals to their communities where many will contribute to the health and wellbeing of their neighbors and their family members.

In my 13 years teaching in the Bard Prison Initiative, I have observed more than 100 formerly incarcerated persons engage in programs and activities that promote community health. Six of my former students have earned graduate degrees from Columbia University in public health and in social work. A substantial number of BPI alums work for the New York City Department of Health and Mental Hygiene and during the height of the pandemic, were heavily engaged in efforts to inform, test, and vaccinate their neighbors for COVID-19.

Simply put, they are a resource, not a threat. Moreover, the epidemiologic evidence is compelling: policies that overcrowd our correctional facilities pose a threat to the health of everyone, not just those behind bars. We have the potential to reverse the historical trends that populated our state prisons with persons whose long sentences contributed to the conditions that facilitated the transmission and propagation of COVID-19.

These two bills offer the possibility of reversing these trends and facilitating efforts to engage these returning citizens in the life and times of the communities to which they will return. There can be no question in my mind that it is an idea whose time has most certainly come.

Signed

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